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Aurora Health Care

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A PUBLICATION OF ST. LUKE'S MEDICAL CENTER
OFFICE OF PHILANTHROPY

the
SPIRIT
OF ST. LUKE'S

ST. LUKE'S MISSION OF CARING REACHES INTO THE COMMUNITY

SPRING/SUMMER 1998

St. Luke's Medical Center
Aurora HealthCare
a not-for-profit healthcare delivery system
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Cover: St. Luke's Medical Center surrounded by some of the many individuals touched through its charitable mission.

A special thank you to Burton & Mayer, Inc., for their generous contribution of the color printing on our cover.
MEMORANDUM

DATE: May 27, 1998

TO: Administrators, Directors, and Managers

FROM: Brad Holmes
Vice President for Philanthropy

SUBJECT: THE SPIRIT OF ST. LUKE'S

Our staff is pleased to send you the latest issue of The Spirit of St. Luke's - Spring/Summer 1998. We hope you will share this issue with your staff and visitors to your area.

The Spirit of St. Luke's is published throughout the year with objectives of recognize our donors who support the hospital and to inform them about the many programs and services St. Luke’s provides to the people and their families.

Human interest stories, “ways of giving” and, of course, donor recognition listings are included in each issue.

Each year we proudly recognize the generous giving of our employees. By featuring the various departments throughout the medical center, we hope to assure our donors their philanthropic support is providing the very best in health and patient care. With each issue our intent is to increase our donors’ awareness of St. Luke’s as a caring healthcare institution.

We hope you enjoy The Spirit of St. Luke’s and welcome your comments and suggestions. If you have a story you wish to share, please call us at 649-7122. Thank you.
THE SPIRIT OF ST. LUKE'S SPRING/SUMMER 1998

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Dear St. Luke's benefactors:

In the last two issues of *The Spirit of St. Luke's*, I've discussed the importance of philanthropy to health care and have emphasized the fact that St. Luke's Medical Center and its parent organization, Aurora Health Care, are not-for-profit organizations with a mission of meeting our community's health care needs. That's paramount and our primary purpose for existence. The feature article in this issue of *The Spirit* highlights how St. Luke's is meeting some of these needs through a variety of charitable clinics and programs. When you read this article, I think you will be impressed and inspired by the wide scope of our charitable activities and by the difference we're making in people's lives. I would also like you to read the following perceptive article written by a friend and colleague, Jack Donovan, whose extensive experience in health care philanthropy across our country has led him to some insights I think you will find informative and helpful.

We hope you enjoy this very special issue of *The Spirit of St. Luke's*.

Brad Holmes  
Vice President for Philanthropy

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**AT NOT-FOR-PROFIT HOSPITALS, HEALTH CARE IS A LOCAL AFFAIR**

*Jack Donovan, Chairman  
J. Donovan Associates, Inc.*

Americans do not need to watch an episode of *ER* to encounter the intense competitive turbulence of our nation's health care environment as the new millennium approaches. They just need to watch the commercials! It is perhaps appropriate, although alarming, that investor-owned hospitals view health care as a commodity and are promoting their services next to prime time pitches for detergents and diapers. For-profit hospitals' entrepreneurial status, big business climate, and adherence to market discipline mandate that their services be considered akin to any other market commodity.

This approach to health care poses a poignant question: Should health care be treated as a commodity? The late Cardinal Joseph Bernardin, an ardent supporter of not-for-profit health care, has said, "By its nature [health care] is not and cannot be a mere commodity... [It] advances human dignity... our bodies, minds, and spirits." Similarly, health care aids in providing those most basic rights accorded to us as Americans—liberty, the pursuit of happiness, and the most obvious, life. Each is the result of our physical and mental health.

Therefore, the assertion that health care should be treated as a commodity like any other lies at the
heart of the problem with investor-owned hospitals. Their supporters contend that treating health care as we do all other economic goods, allocated on a customer's ability to pay, provides the only way to cut costs and survive in a managed care environment.

Thus, for-profit hospitals argue that the tax-exempt status of non-profit institutions encourages wasteful spending and affords not-for-profits a competitive edge in attracting customers.

The argument omits logical reasoning and misrepresents the issue. Investor-owned hospitals are motivated by profit, and must return that profit to investors by caring for sick people. By contrast, our not-for-profit community hospitals are motivated by patient and community need, and typically provide services regardless of a patient's ability to pay—as their missions unequivocally state. Not-for-profit hospitals' tax exemptions are a result of this mission, not the reason for it.

Bottom line, through the competitive turbulence, not-for-profits must continue the integrity and long-standing traditions of their health care practices. The not-for-profit community hospital model preserves doctor-patient and trustee-community relationships and allows them to coexist in a managed care environment by balancing professionalism, profitability, and services.

As Dr. Michael Collins, President of the Caritas Christi Health System and St. Elizabeth's Hospital of Boston, states, "We [not-for-profit hospitals] have to ensure that the physician-patient relationship is preserved, and that meaningful moments of engagement between caregiver and patient are protected and promoted."

The dehumanizing process of moving toward investor-owned health care places the trust of patients and the involvement of communities in jeopardy. It threatens the livelihood of a community hospital's proud legacy of volunteerism and philanthropy. These are components of health care that could very easily dwindle into nonexistence within the investor-owned model.

At present, attorneys general are closely monitoring the dealings of for-profit hospital corporations and are also taking a subsequent look at the tax-exempt status of not-for-profits. From California to Massachusetts, attorneys general are requiring that not-for-profit hospitals clearly communicate and overtly demonstrate a primary commitment to their service mission and its charitable endeavors.

Not-for-profit hospital executives and trustees can view this challenge as a burden or opportunity to enhance and expand the benefits that their institutions offer to their communities.

Across the country, not-for-profits are emphasizing and improving their community service programs in accord with their missions. At Baltimore's St. Agnes Hospital, free prenatal care is now offered to pregnant teenagers. At Memorial Hospital, South Bend, Indiana, an "Urban Care" program has been coordinated to deliver medical services to low income areas. At St. Raphael's, a bus providing prenatal care to "children expecting children" roams the neighborhoods to provide care.

At St. Luke's Medical Center in Milwaukee, a strong mission focusing on community outreach is reflected in a variety of innovative programs and clinics established to respond to specific community needs. As examples, the Madison Street Outreach Clinic provides free medical care for the homeless and uninsured; the Clarke Square Family Health Center is located in a grocery store and has extended hours in order to make health care more easily accessible to the surrounding neighborhood; and the Mitchell Point Family Health Cen-

The not-for-profit community hospital model preserves doctor-patient and trustee-community relationships and allows them to coexist in a managed care environment by balancing professionalism, profitability, and services.

As a result of these endeavors and others like them, not-for-profit hospitals are expanding upon the services that provide for a healthy and happy community. In turn, our healthy citizens will value their local hospital as a precious community resource and rally around it in times of need.
For a moment, put yourself in the shoes of someone else in our community—someone who is almost a neighbor, someone who is really not so different from you, someone whose family is a priority, someone who appreciates the importance of good health care.

Perhaps you are a middle-aged man, newly immigrated from Mexico, looking for employment to support your family. Your six-year-old son falls off a playground swing and cries. His arm hurts and may be broken. But you have no health insurance and no income. Where do you go to get the care your son needs?

Maybe you are eighteen years old, single, and pregnant. You’ve been working as a waitress, but have no health insurance. You want good health care for yourself and your developing baby, but you have no money to pay for medical care. Where do you go?

Maybe you are elderly and struggling to make ends meet. You are new to this country and not eligible for Medicaid. You live with relatives and have no home of your own. You are able to get nutritious meals from an agency providing free meals every day, but where do you go for the pains you’re feeling in your chest?

Maybe you are a single mother with three young children. You have a job cleaning an office building that pays you a bit more than minimum wage, but it doesn’t provide any other benefits. For medical emergencies, you’ve been going to a nearby hospital emergency room, but you know your children need immunizations, check-ups, and ongoing preventive health care. Where do you go to get services you can afford?

Maybe you are a member of three families living under one roof and all seven children have ear-aches. An emergency room or a doctor’s visit for all of the children would cost more than a month’s rent—an impossible amount to pay when your household’s current income barely covers necessities. Where do you go?

These scenarios represent thousands of real people in our community whose health care needs are not being met. Milwaukee is not alone as it grapples with this overwhelming problem. The reality of the medically underserved in the Milwaukee area reflects a nationwide crisis in health care access. According to the US Census Bureau, 42 million Americans were without health insurance in 1996. Where do these people go for the health care they need? They may end up in emergency
rooms that provide charitable care when their problem becomes acute. Or, even more likely, they may go without the care they need.

Fortunately, St. Luke's Medical Center and its parent organization, Aurora Health Care, in partnership with the University of Wisconsin Medical School, have recognized this pressing need in our community and have established a variety of programs and clinics that have dramatically improved the access this underserved population has to health care. Each program is unique and responds to the needs of specific populations. This issue focuses on four very special clinics supported by St. Luke's Medical Center: Madison Street Outreach Clinic, Mitchell Point Family Health Center, Clarke Square Family Health Center, and Wiselives.

It may come as a surprise to our readers that St. Luke's Medical Center provides such substantial charitable care since these programs have not been highly publicized and are not readily visible outside of the geographic areas they serve; however, they represent a significant priority in the mission of St. Luke’s and Aurora Health Care.

Mark Ambrosius, President of the Metro Region for Aurora Health Care, says, “Our mission to provide health care for the underserved in our community comes directly from the St. Luke’s board of directors. We are doing what a not-for-profit health care organization should be doing—recognizing the specific health care needs in our community.

Pablo Melendez

Pablo Melendez, who is 54 years old, came to Milwaukee about five months ago to be with his six children and thirteen grandchildren who live in Milwaukee. He speaks only Spanish but is comfortable coming to the Madison Street Outreach Clinic because of its bilingual staff. Pablo had been diagnosed with diabetes; however, since moving to Milwaukee he received no health care until finding Madison Street. At this point in his life, Pablo has no way to cover any medical expenses. He is waiting for immigration to give him permission to work, but until then he has no income and no insurance. Pablo says he finds his situation very frustrating because he has always worked and he would like to be working again. In Mexico he was a mechanic, but here he hopes to find a job cleaning a clinic or a hospital.

When he first came to Madison Street, his condition was serious. He had high blood pressure, circulation problems, and trouble with his eyes. He says, "I've gotten great care here. They're really helping me control my diabetes. I've improved my diet and walk at least an hour every day. I feel much better. Now I just need a job because I'm not used to sitting at home.'

Pablo expressed great appreciation for the care he's received and describes Milwaukee as a "beautiful place." Before finding Madison Street, he had nowhere to go for medical care. His provider, nurse practitioner Kathleen Murphy, confirms that his condition has substantially improved since he started coming to Madison Street. His blood pressure is down and his overall health is much better.
José Gonzalez

About three years ago, José Gonzalez was at the lowest point in his life, living on the street in Minnesota. When he decided he had to make some changes in his life, he moved to Milwaukee to join his family. Without a job or insurance, when he became sick his only alternative was the Madison Street Outreach Clinic. He recalls, "I really liked what was happening there. No one was turned away because they couldn't pay. There was room for everybody—and there was time for everybody. The whole attitude was 'we're here to help.'"

José, who has two small daughters and is engaged to be married, was having trouble finding a job, so he volunteered to be a translator at Madison Street. He impressed the staff so much that they decided to hire him through a temp service to work at Mitchell Point Family Health Center as a clinic assistant and translator for non-Spanish-speaking health care providers. Eventually, he was hired in a permanent full-time position and is now a key member of the Mitchell Point staff. He also helps coach the girls' softball team.

José says, "It's hard to express how much this job has meant to me. I was giving a lot of myself at Madison Street and now the same system has given so much back to me. Just a few years ago all I owned was the shirt on my back and now I have so much more. I hope to go back to school in health care and perhaps become a nurse practitioner. Now I have a future."

To illustrate what he sees going on at Madison Street and Mitchell Point, José tells a story that Barbara Bush told when she gave a motivational speech in Milwaukee a few months ago: "A little boy was out on the beach and the tide had gone out, leaving all these starfish stranded on the sand to die. He was picking them up, one-by-one, and throwing them back in the ocean as fast as he could. A man walked up behind him and said, "You're never going to get them all back in the water, so what does it matter?" The little boy picked one up and threw it back in and said, "It matters to that one.""

José emphasizes this point. He says, "I found out that I matter. Everybody matters. We'll never be able to help everybody, but if we can make a difference with one person, the effort is worth it."

and establishing ways to meet those needs. I'm very pleased to see the progress we have made in providing accessible health care to these populations."

Nick Turkal, MD, has a dual role in managing these clinic programs—as Associate Dean for the Milwaukee Campus of the University of Wisconsin Medical School and as Vice President of Academic Affairs for Aurora Health Care. In these roles, he has been very involved in the establishment and development of the clinics. He says, "These programs are unique because we are learning to ask the communities what people need rather than assuming that we know what they need. As a result, we have clinics located in communities that are evolving and changing as we discover more about each community's needs and as those needs change."

Sally Bunce Turner, RN, Executive Director of Academic Operations for Aurora Health Care, says, "I believe we are building communities of caring with our clinic programs. To be cared for is an intimate experience that enriches us all, individually and collectively. Our clinics are health centers in their truest sense because they generate hope.
and healing among people in great need who might not otherwise have anywhere to go for health care.

Steve Ohly, RN, the Manager of Community Health Programs for Aurora Health Care’s Department of Family Medicine and an active nurse practitioner, has played a key role in the establishment of both the Madison Street and Clarke Square clinics. He says, "All these clinics evolved from St. Luke’s Family Practice Center which has been directed by a vision of getting out into the community and providing the kind of care that is needed. 'Community care' is our key focus. Because of our medical school affiliation, we hope to get medical residents and other health profession students involved in the bigger picture of what community care means."

John Brill, MD, the Department of Family Medicine’s Medical Director for Community Health Programs, feels that working with community organizations is key to reaching out to the populations the clinics serve. He gives numerous examples of clinics being actively involved in neighborhood associations and area schools. John emphasizes, "I believe we can make the most significant impact in our community by partnering with existing community organizations."

**Madison Street Outreach Clinic**

Madison Street Outreach Clinic was established on the near south side of Milwaukee in 1994. One hundred percent of the care provided at Madison Street is free care. The population served includes 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

"These programs are unique because we are learning to ask the communities what people need rather than assuming that we know what they need."

— Nick Turkal, MD

Street was originally created to provide care for the homeless; however, as it began operating the staff discovered that its primary population would be the working poor—people who had low-paying jobs with no insurance.

Nick Turkal says, "These families are right on the edge; one visit to an emergency room or a doctor’s office, one more bill, can put them into bankruptcy or homelessness. We try to keep people from teetering over that edge."

On any given day the waiting room is full of people who come

**Pelshanique Davis**

Seven months pregnant, 24-year-old Pelshanique came to Madison Street Outreach Clinic for prenatal care. She had moved to Milwaukee from Chicago two weeks before with her boyfriend who came here because his mother is very ill and needs his care.

While she had seen a doctor several times in Chicago, Pelshanique had made no medical contacts in Milwaukee before coming to Madison Street and had no health insurance. The Madison Street staff gave her a thorough check-up and started looking for a doctor who would take over her care through her delivery. Her boyfriend was also waiting to be seen at the clinic because he had a very bad cough.

Pelshanique says, "I don’t know where else we could go, but I know I needed to see someone before I go into labor. I feel like they’ll take care of me here and that I’ll be OK. I just hope I have a healthy baby."

**Postscript to this story:**
At the time we went to press, Pelshanique’s pregnancy was progressing well as she awaited the birth of her baby.
without appointments, knowing that good quality health care is available to them even though they have no way to pay for it. Many of the clinic’s patients learned about Madison Street through a free meal program held in the same building which serves 400-800 people daily.

Steve Ohly says, "From the very beginning, we’ve had an overflow of patients at the Madison Street clinic and our challenge has been managing our success. We’ve really focused on being as accessible as possible. We’ve built up a lot of trust among other community-based agencies. They know that when they refer people to Madison Street, we’ll do our best to handle their situation."

Shawna Dills
Shawna Dills, the mother of two school-aged children, came to Madison Street Outreach Clinic for the first time with painful symptoms of the stomach flu. She had a fever and was achy all over. Shawna said she was referred to Madison Street by another clinic because, although she has a part-time job, she has no health insurance. She said her only other alternative was to try to arrange some partial payments at another clinic which would be difficult since she only has a part-time income to support her family.

She was treated with skill and compassion at Madison Street where nurse practitioner Evelyn Merriett diagnosed the flu, and gave her advice about taking Tylenol and drinking plenty of liquids because she was dehydrated. Shawna left Madison Street feeling that she had received good advice and planning to bring her children back. She said, "I was so happy to find this place because I didn’t know where else to go and I felt so bad. They treated me so nicely. Now I have a place to bring my kids when they get sick."

One hundred percent of the care provided at Madison Street is free care.
The population served includes the uninsured and the homeless.

Steve Ohly also points out that at Madison Street practitioners are learning to deliver health care in totally new ways. He says, "We learn to do bare bones medicine here. We find ourselves basing decisions on clinical judgments more than on the expensive, high-tech testing we might use in more traditional settings. We’ve learned to take the patient’s special circumstances into consideration when providing care. For instance, if the patient doesn’t have a refrigerator, we can’t prescribe a medication that needs refrigeration—a factor that wouldn’t even be considered in a traditional clinic setting. We also bring in numerous specialists—dentists, cardiologists, dietitians, podiatrists—who volunteer their time to provide care."

There is a heavy focus on prevention at Madison Street. When a patient comes in with an acute problem, the staff also uses that opportunity for such procedures as TB testing, immunizations, and lead screening—preventive services these people would not otherwise have.

Madison Street also offers an opportunity for health care providers and students to learn and understand the cultural and economic differences that often prevent people from obtaining health care. For the past three years, the clinic has benefited from the involvement of volunteers from the Jesuit Volunteer Corps, a Catholic service organization similar to a domestic peace corps. St. Luke's Medical Center provides support for the volunteer's rent and also pays a small monthly stipend. This year's Jesuit volunteer, Layne Carson, is a recent graduate of Notre Dame who works full-time in the clinic as an assistant. She has found her experience to be very rewarding.

Layne says, "My work here is my effort to work toward social justice which is one of the goals of the Jesuit Volunteer Corps. I've been thoroughly amazed at the dedication of the staff at Madison Street. They are not only providing vital health care here but are also addressing all kinds of social issues. I've seen that it's not
enough to provide allergy medication when people don’t have food at home. I’ve learned a tremendous amount about poverty and the underlying forces that prevent people from having access to health care. My experiences here have confirmed my decision to go on in medicine and continue working with the underserved.”

Both Steve Ohly and Madison Street’s clinic supervisor, Kathleen Murphy, RN, attended special language and cultural immersion programs in Mexico to improve their communication with Spanish-speaking patients. They believe that communicating with patients and developing trusting relationships are the first steps in providing the health care they need. Kathleen Murphy says, “Our staff is completely committed to the mission of serving our patients. We don’t turn people away. We always find a way to help them.”

She points out that many of the clinic’s patients have immigrated from Mexico or other countries to find better lives for their children. She emphasizes that most of them are working but don’t have insurance or high enough incomes to pay for health care. She says, “I think sometimes the popular myth is that people are just coming here for care because it’s free, but that is really not the reality. At Madison Street, we are helping these people as they make transitions in their lives and get launched in jobs. At some point, most of them will be able to access health care on their own.”

Nick Turkal points out, “Our real goal at Madison Street is to get people hooked up with the right resources in the community. We assess people, deal with any acute problems, and then help them get into a relationship with a primary care provider so they’ll have better access to health care in the long term. The individual stories about how we’ve been able to help patients are very moving.”

Gale Lovejoy
When Gale Lovejoy woke up in the middle of the night gasping for breath, she knew she was having an asthma attack. She says, “I was very frightened. I couldn’t breathe. I knew I needed to see a doctor and I was starting to panic.” Early the next morning, she called Clarke Square to confirm an appointment. She says, “It was great to know I could get in right away and get the help I needed.”

Gale, who lives nearby, discovered Clarke Square about three months ago when she was shopping in the grocery store. Since she works full-time for a cleaning company, she especially appreciates the extended hours. She says, “It’s so convenient to have a clinic in the same place where I grocery shop. There’s a pharmacy here too. I can come after work and do everything in the same place.”
Square Family Health Center, which opened in January of 1997, is the first clinic to operate in a grocery store in the Midwest. The clinic provides both primary care and urgent care during significantly extended hours, including evenings, weekends, and holidays. Patients, who typically live in the neighborhood, are ethnically diverse and come with a range of insurance plans. About one-fourth of patients are uninsured.

The patient load at Clarke Square has recently been increasing at the rate of about 20 percent a month as

“Clarke Square focuses on providing convenient, safe access to health care, and people are starting to discover us and really appreciate the ease of getting the care they need.”

— Mary Pophal, RN

more people become aware of the clinic. Mary Pophal, RN, clinic supervisor, says, “Having a clinic in a grocery store is such a unique concept that our challenge has been letting people know we are here for them.

Clarke Square patient Doris Senner and nurse practitioner, Sharon Merton, RN

Doris Senner
Doris Senner, a 55-year-old woman who is a regular patient at Clarke Square Family Health Center, is totally disabled, with numerous health problems, including a heart condition, osteoporosis, occasional seizures, and emphysema. Because of her disabilities, Doris is unable to work or drive. Before finding Clarke Square while she was grocery shopping, Doris was traveling a long distance for her health care, taking several buses to a clinic much farther away.

She really appreciates the convenience of being able to walk to Clarke Square, but the clinic has meant much more to her than accessible health care. With all these medical problems, Doris was very depressed before coming to Clarke Square. She has no family and says, “I consider the wonderful staff at Clarke Square my family. They’re teaching me how to take care of myself and they really care about me. They don’t push me aside and make me feel unwanted. I did not have much self-esteem when I first came here, but now I’ve found a reason to live.”

Doris has a very limited income from Social Security and her Medicaid insurance covers some, but not all, of her health care costs. She says, “I get just enough money to pay my rent and buy food without much left over. At Clarke Square they understand my situation and I can make small payments over time for what my insurance doesn’t cover.”

Doris feels that Clarke Square may have saved her life. Several months ago, during a regular check-up, nurse practitioner Sharon Merton discovered an unusual lump on Doris’s throat. It turned out to be a serious thyroid tumor which could have developed into cancer. Surgery was scheduled at St. Luke’s Medical Center and the tumor was removed. Doris says, “Sharon is my guardian angel. She might have saved my life by discovering that tumor. I know the people at Clarke Square are looking out for me.”

US Congressman Tom Barrett (left) visits Clarke Square and talks with its medical director, John Brill, MD.
Clarke Square focuses on providing convenient, safe access to health care, and people are starting to discover us and really appreciate the ease of getting the care they need.

Steve Ohly says, “Clarke Square is an innovative response to W-2. We saw this major social engineering initiative having a profound effect on people’s lives in many ways, including on how they are able to access health care, even if they have insurance. People are going back to work, managing child care, and facing safety and transportation issues they haven’t faced before. By establishing Clarke Square in a grocery store right on a convenient bus line and providing extended hours, we are making access to health care easier and safer. Clarke Square is definitely making a difference to people.”

Continuity of care is also an important issue addressed at Clarke Square. Sometimes patients come in who are between jobs and temporarily have no insurance, or regular patients may suddenly lose their jobs. While more traditional clinics might turn these people away because they couldn’t pay, Clarke Square tries to help them through this transitional point in their lives by providing sliding scale fees or payment plans that allow them to continue receiving health care from the same providers whatever their job status. Steve says, “Establishing good relationships and building trust is our goal and having a history with a provider helps that process.”

Education is a major focus at Clarke Square. A Health Education Room with informational resources is always open. Since an estimated 30,000 to 40,000 customers may pass by the clinic each week, the staff is exploring effective ways to reach those people. Extensive blood pressure, diabetes, and lead screenings have been performed for customers using the store. Plans include having recessed video screens where people could type in questions about medical issues and receive answers.

The Clarke Square clinic space is compact, taking up only 1,900 square feet; however, in many ways the whole grocery store provides interaction space for patients and staff. A variety of activities are taking place that would not be possible without the grocery store setting. For instance, when a baby is reacting negatively to certain formulas, the Clarke Square staff can take the mother into the store and point out alternative formulas. The same kind of activity happens in the Aurora pharmacy located in the grocery store where staff members actually take patients to pick out the medications being recommended. Staff members have also taken patients into the grocery store to look at alternative formulas.

“Establishing good relationships and building trust is our goal and having a history with a provider helps that process.”

— Steve Ohly, RN

Physician assistant Angie Montoto says, “I remember how happy and relieved Aracely was when I was able to tell her that the baby seemed to be developing normally.” Aracely had a normal pregnancy and eventually gave birth to a beautiful baby girl she named Geisy. Now one year old, Geisy is lively, curious, and healthy.

Aracely and her husband moved to Milwaukee three years ago in search of more economic stability. They like Milwaukee and Aracely’s husband found work at a factory in Waukesha. Their seventeen-year-old son, Manuel, is also a patient at Mitchell Point. The family has some limited insurance provided by the State of Wisconsin. Aracely says, “Our whole family comes here and we have received wonderful service and medical care.”
Mary Ann Ayala
Mary Ann Ayala joined the Mitchell Point Family Health Center softball team two years ago when she was eleven years old. Now, at the age of thirteen, she is the team's pitcher and is looking forward to the season starting again soon. She had never been involved in a sports activity before joining the team and admits to not knowing much about softball, but says, "I learned that practice makes a big difference. I just kept practicing until I got better."

Mary Ann likes getting to know the staff from Mitchell Point who coach the team and says, "Playing softball makes me feel good about myself, especially because I'm the pitcher. It's hard work and I know people are depending on me so I have to do my best, but even if I make a mistake, they say 'good try.' I think I've learned a lot about being on a team and working together, but I really like it because it's fun."

One unique clinic activity that illustrates Mitchell Point's community commitment is its girls' softball team. Diane recalls, "When we decided we wanted to sponsor our own girls' softball team, we identified girls living in our area between the ages of eight and thirteen and went to them and said, 'Do you want to play softball?' Most of them responded by saying, 'What is softball?' But we found an enthusiastic group of girls who were interested in being on our team. Now we have their mothers involved as volunteers too. We've been able to build a close relationship with these girls which has opened the door to discussing a whole range of health issues. We also talk about values and the importance of education. I believe strongly that the softball team is a very positive and appropriate involvement for us. We need to be involved in our community in order to reach people."

Diane feels that the softball team has raised the self-esteem of team members and encouraged them to make healthier lifestyle decisions. A study is now underway to evaluate the effectiveness of this softball team as a health care intervention.

discuss nutritional issues by looking at food products and labels.

Mary Pophal emphasizes, "Wonderful stories are taking place here on a daily basis as we make personal connections with patients. Our staff is totally dedicated with a real sense of mission."

**Mitchell Point, which was operating at a full capacity of patients within three months of opening, is always a busy, lively place full of children, families, and individuals seeking health care from the nurses, physician assistant, and physicians on staff.**

**Mitchell Point Family Health Center**
The Mitchell Point Family Health Center, which opened in January, 1995, on Milwaukee's near south side, provides primary health care for all patients, including those on Medicaid, and care for uninsured patients on a sliding fee basis. Since more than 70 percent of the Center's patients are Spanish-speaking, the staff is primarily bilingual. Mitchell Point, which was operating at a full capacity of patients within three months of opening, is always a busy, lively place full of children, families, and individuals seeking health care from the nurses, physician assistant, and physicians on staff.

Diane Sisler, RN, clinic supervisor, has led the clinic's outreach efforts to become closely involved in the community. The clinic participates in community health fairs, city health department immunization programs, Spanish Center activities, neighborhood associations, and local school activities. Diane says, "We've learned that in order to provide good health care, we need to really know the community. The more we've become involved, the more we've learned."

Angie Montoto, physician assistant (top center), cares for Mitchell Point patients, Emanuel, Christian and Angel Lopez.
Most of the staff at Mitchell Point comes from the surrounding neighborhood. Migdalia Delgado, who has been a medical clerk at the clinic for a year and a half, provides an inspiring example of how much a good job can mean to a person and a family. She has lived in the Mitchell Point neighborhood for about seven years with her husband and four children. After visiting the clinic with her children, she knew she wanted to work at Mitchell Point.

She recalls, “At that time my husband wasn’t working and we were on welfare. I was desperately looking for a job, but I really wanted to work in health care. It was very hard not to be working—and not just because of the money. I really wanted to do something worthwhile.” Migdalia, who had some previous health care experience, let the Mitchell Point staff know she was interested in working with them. When a position became available, she applied and anxiously went through several interviews.

She remembers the day she learned she was chosen for the position out of several applicants. She says, “I was so thrilled I cried. This is exactly where I wanted to work and I’ve never been disappointed. Every morning when I wake up, I look forward to coming to work.” Migdalia’s husband also found a job and the family is now completely self-sufficient.

Diane Sisler emphasizes how important Migdalia has become to the Mitchell Point staff. She says, “Migdalia’s positive personality and caring manner mean so much to our patients and to the rest of our staff. Her bilingual capability is also very helpful since so many of our patients speak only Spanish.”

Migdalia says, “I love working with the community. It’s such a good feeling to help people understand what the doctor or nurse is saying to them. It also feels so good when patients ask for me and I know I’m needed. I can’t imagine working anywhere else.”

Diane says, “We have many wonderful, dedicated staff members like...”
Migdalia at Mitchell Point who work together as a very effective team. Sometimes, as a staff, we get overwhelmed because we see so much need all around us, but I tell everyone here that they're doing awesome things. We've touched a lot of lives and made a lot of difference.

**Journey House**

In addition to these clinics, St. Luke's also provides financial support for a nurse, Kay Heyer, to spend twelve hours a week at Journey House, a community-based organization on Milwaukee's near south side. The mission of Journey House is to provide quality education, recreation, and life skills programs. Kay works with young people in programs aimed at increasing self-esteem and decreasing interpersonal violence. She provides a very special kind of non-traditional intervention, such as bringing homemade cookies to hungry basketball players or having a group of girls to a candlelight dinner in her home. Kay is also an accomplished "storyteller" and uses this skill to help girls in the central city learn and create their own stories. These gestures, delivered with lots of hugs, have opened the door to providing health care education and services. For instance, Kay is frequently the confidante for teens, helping them make wise decisions when pressures toward sex, drug use, or gang affiliation are so strong.

A Unique Mission and Commitment

St. Luke's and Aurora's commitment to these clinics is a reflection of their organizational values and mission of bringing quality health care to as many people as possible. Sally Turner emphasizes that the "collaborative triad" of a health care organization, a university medical school, and a community working together to provide health care to the underserved is fairly unique.

She says, "We know we are providing role models for other developing programs. State and national legislators are regularly touring the clinics. Recently we took the president of the Wisconsin Hospital Association and four of his staff members on a tour."

The increasing national visibility of these programs is underscored by several recent events. Ed Howe, the president of Aurora Health Care, has been asked to give a presentation on the organization's charitable mission at the American Hospital Association's national convention next fall and Steve Ohly has been chosen as one of the top candidates for the Robert Wood Johnson Foundation's national award for outstanding community health leadership. Out of a pool of 867 nominees, the number was narrowed to thirty (including Steve Ohly) and ten candidates will ultimately be recognized.
As these programs continue to develop, Steve Ohly sees a need for evaluation to determine how to increase community impact. He says, “We know we’re making a huge difference in access to health care, but how are we making a difference in people’s lives? From the stories we hear, we know we are having a positive effect, but we need to find a way to measure that impact. This information will help us in building our current programs and planning programs for the future.”

As much as possible, staff members are hired from the communities served by the clinics. Numerous jobs have been provided and people have grown in skill levels and self-esteem. As is the case with Migdalia at Mitchell Point, these jobs have frequently provided an opportunity for individuals and families to move to a self-supporting status in positions that are challenging and immensely rewarding.

In addition to the patient and staff benefits, the clinics are providing economic models for the efficient delivery of health care. Using nurse practitioners and physician assistants promises to be highly successful in the delivery of cost-effective quality health care. Providing preventive health care and intervening earlier in the process of disease has obvious long-term economic benefits. Health care delivered in a clinic setting is substantially less costly than emergency room care—the only option for many underserved patients prior to the clinics being established.

The Importance of Philanthropy
These charitable outreach programs are obviously not self-supporting and never will be. St. Luke’s Medical Center has been their primary source of support, in addition to grants and individual and corporate gifts. Even St. Luke’s employees have made a commitment to charitable care. For instance, two years ago the Employee Philanthropy Club donated all the funds they raised to the Madison Street Clinic. And last year, St. Luke’s Family Medicine staff contributed enough money to Mitchell Point to cover the costs of the softball team’s gloves, uniforms, and other equipment.

Sally Turner, says, “Philanthropic contributions help these programs in numerous ways—whether it’s the small donation that comes in unexpectedly from an appreciative patient or the large donation of dental equipment at Madison Street. Every cent donated to us is used wisely and improves the care we can deliver.”

“Our clinics are health centers in their truest sense because they generate hope and healing among people in great need who might not otherwise have anywhere to go for health care.”

— Sally Turner, RN
Executive Director of Academic Operations for Aurora Health Care

“These families are right on the edge; one visit to an emergency room or a doctor’s office, one more bill, can put them into bankruptcy or homelessness. We try to keep people from teetering over that edge.”

— Nick Turkal, MD
A variety of community foundations and grants have supported specific projects. For instance, the Faye McBeath Foundation and the Patrick and Anna M. Cudahy Fund supported the start-up of Clarke Square with generous grants. The Milwaukee Area Health Education Center has partnered with Madison Street in educational and training efforts. A grant from the Robert Wood Johnson Foundation brought nurse practitioner Evelyn Merriett, who was recently named Black Nurse of the Year in Milwaukee, to the Family Practice team. Boldt Construction has donated a tremendous amount of labor and materials to Madison Street.

Nick Turkal says, "We are extraordinarily appreciative of the people and organizations that have donated dollars or time or materials to our programs. Aurora Health Care, St. Luke's Medical Center, and the University of Wisconsin Medical School have been exceptionally generous with their resources, but as health care funding changes and as these programs grow, it is inevitable that philanthropy will be essential if we are to continue to provide this kind of access to health care."

Mark Ambrosius says, "At St. Luke's, we have a long-term commitment to providing accessible health care to these underserved populations, but as health care funding gets tighter and tighter, our ability to continue this mission will become increasingly dependent on philanthropy."

Nancy Paris, RN, Director of the Department of Family Practice at St. Luke's, sees the future of this charitable effort based in community support and partnerships. She says, "We know the need is there. We could double the capacity of Madison Street or Mitchell Point and still not be meeting all the need that exists. The same will probably be true at Clarke Square in the near future. Community support is essential if these programs are to expand. We have a strong base at St. Luke's, but we need to develop other partners. I believe the key to our success in the future is to involve the community through donor contributions and through community partnerships with other organizations. With this kind of support and with the strength and spirit of St. Luke's behind us, we will continue to be successful."

"We know the need is there. We could double the capacity of Madison Street or Mitchell Point and still not be meeting all the need that exists. The same will probably be true at Clarke Square in the near future."

— Nancy Paris, RN
Director of the Department of Family Practice at St. Luke's
Wiselives, a family practice clinic located in Wauwatosa that opened in November, 1996, offers patients a progressive approach to health and wellness. The clinic provides comprehensive health care for the entire family but focuses on wellness through complementary preventive programs—including yoga, acupuncture, stress management, meditation, massage, natural hormone replacement, spiritual counseling, and psychotherapy.

Jean Slane, MD, Medical Director of Wiselives and of Complementary Medicine at Aurora Health Care, says, "Through an integrated program of sound medical care and holistic preventive options, we help our patients become healthier and more connected to their own healing powers." The term "integrated" refers to combining traditional Western medicine with complementary therapeutic options.

Dr. Slane feels there are a variety of reasons that complementary medicine is appealing to an expanding group of patients. Patients feel they have more control over their own well-being and are attracted to the partnership approach to health care where the patient and doctor collaborate on the patient's care. Patients are also appreciative of the variety of therapeutic options, such as massage or acupuncture, which offer a more benevolent or gentler approach to health care.

Dr. Nick Turkal, Associate Dean for the Milwaukee Campus of the University of Wisconsin Medical School and Vice President of Academic Affairs for Aurora Health Care, says, "We've learned through Wiselives that there are many kinds of underserved people in our community. We've found a whole population of women and their families who have been looking for the kind of services we're offering at Wiselives. Their need is just as acute as the needs of those served by our other clinics. Again, we've listened to a population in our community with previously unrecognized needs, and responded."

"Through an integrated program of sound medical care and holistic preventive options, we can partner with our patients to create a healthier lifestyle and enhance the quality of their lives."

— Jean Slane, MD
Medical Director, Wiselives

The Wiselives clinic has a calm, soothing atmosphere created through the Chinese art of Feng Shui.

Janet Laughlin, RN, clinic supervisor, says, "I think what we are offering at Wiselives is very important. We like to say our services span 'joyful birth to elegant old age'—a phrase which captures the positive spirit at Wiselives. We focus on really learning about the whole patient. For instance, an initial patient visit will take at least 45 minutes."

The Wiselives office is calm and pleasant, decorated in soothing shades of pale green, lavender, and blue and decorated according to the principles of Feng Shui, the ancient Chinese art which designs space to create a positive, healing environment. Thought-provoking artwork highlights the walls and includes..."
engaging masks created by staff and patients during mask-making workshops sponsored by the clinic.

The patient response to Wiselives has been overwhelmingly positive.

“We’ve learned through Wiselives that there are many kinds of underserved people in our community. We’ve found a whole population of women and their families who have been looking for the kind of services we’re offering at Wiselives.”
— Nick Turkal, MD

Karen Howland, the mother of a one-year-old daughter, says she had been looking for the exact approach to health care that she has found at Wiselives. Karen is a perceptive person with a fascinating background who obviously has strong feelings about her role in her own health care. A registered nurse who worked as a nurse for ten years, she also has a master’s degree in writing and has studied voice for seven years at the Wisconsin Conservatory of Music. In addition to going to Wiselives as a patient, Karen has participated in a woman’s retreat sponsored by Wiselives and led by Dr. Jean Slane—an experience she found stimulating and encouraging.

She says, “We were looking for a family practitioner who could treat our whole family, someone we could trust and who would present a lot of creative options to us. . . . I get the sense that at Wiselives, health is well-being—not just the absence of disease.”
— Karen Howland, patient

“Mid-life Discussion Group” and “PMS: Reclaiming the Balance.”

As a certified nurse practitioner at Wiselives, Kristin Kastner functions as a primary care provider, doing patient histories and physicals, ordering lab tests and diagnostic studies, and writing prescriptions. She collaborates with the doctors on staff for patients with complex or multiple problems. She says, “I enjoy the Wiselives patients because they are usually very motivated and willing to become involved in their own health care. The atmosphere at Wiselives encourages the free exchange of information and ideas with patients which I find very rewarding.”

Until recently, the staff at Wiselives has been all women and 80 percent of the patients have been women; however, recently Dr. Robert Pachner has joined the staff. Dr. Slane emphasizes that men and children are also patients at Wiselives and are very receptive to the complementary medical services offered. The patient base at Wiselives has been growing steadily since it opened, attracting patients from eight counties and four states.
Philanthropy at St. Luke's Medical Center takes place in many important ways—not only with monetary contributions but also with contributions of much-appreciated volunteer time. One group of dedicated volunteers deserves special recognition because of the many hours they have spent helping the Office of Philanthropy with mailings. Several times a year this group gets together to handle the time-consuming task of putting letters and other materials in envelopes. Their efforts save the Philanthropy Office precious staff time and related costs. This group has been affectionately and appropriately named the "Stuffer Duffers" by Walter Landowski, one of the volunteers.

"Helping with these mailings is a social experience as well as a volunteer experience. We've made some new friends and also feel that we are helping a hospital that has helped us so much."

— Kenneth Jorgensen

In addition to performing a valuable service for the hospital, members of the group reap significant personal benefits from this volunteer activity.

Priscilla Derepkowski who volunteers with her husband, Clarence, says, "Many of us who volunteer have been patients at St. Luke's and we have had such good care that we want to give something back. We always enjoy ourselves and have met some wonderful people. The office staff makes us feel so comfortable. It's a very pleasant experience."

Kenneth Jorgensen who volunteers with his wife, June, says, "Helping with these mailings is a social experience as well as a volunteer experience. We've made some new friends and also feel that we are helping a hospital that has helped us so much."

June Jorgensen adds, "We are very grateful for the excellent care we've received at St. Luke's and decided that this is one way we can express our appreciation. We've been retired for a number of years and also really enjoy meeting the other people who volunteer."

The Office of Philanthropy would like to thank the following invaluable Stuffer Duffers: Hope and John Barr; Loraine Borck; Priscilla and Clarence Derepkowski; Jeanette and George Fiolich; June and Kenneth Jorgensen; Donna and Carlton Kirst; Phyllis and Walter Landowski; Olive and Robert Luebke; Mary and John Nault; and Irene and Albin Rutkowski.

If you are interested in joining this helpful, congenial group sometime, please call Shelly at 414-649-7194.

Aurora moves into cyberspace

If you're a computer user, please check out Aurora Health Care's new Website on the Internet. The address is www.aurorawc.com. You will find descriptions of all of Aurora's affiliates and be able to make connections with physicians and staff members. If you would like to communicate through e-mail, please let us know.

Brad Holmes:
philanth@execpc.com

Kelly Sachse:
ksachse@execpc.com

Laverne Schmidt:
laverne@execpc.com

STUFFER DUFFERS
MAKE A DIFFERENCE AT ST. LUKE'S

Stuffer Duffers hard at work.
WINS Mission

The Women’s Initiative for St. Luke’s (WINS) was created two years ago to bring women’s talents and resources together to make an impact on women’s health care. It is particularly appropriate that WINS has been launched at St. Luke’s—a regional medical center in a unique position to lead our community toward greater awareness of women’s health care issues. A variety of relevant programs have been attended by WINS members and their guests. These programs have included topics as diverse as hormone replacement therapy, menopause, heart disease, stroke, breast cancer, and caregiving. More informational and inspirational programs are planned for the future, including a luncheon program on fitness and wellness scheduled for May 19 at the Woman’s Club.

Two new, innovative projects are also well underway which will provide significant benefits for WINS members and their families. One is an Advocacy Program that involves the assignment of a specially trained St. Luke’s nurse to each WINS member. This nurse will be a resource for the member’s health care questions and concerns and will also act as a coordinator for WINS members or their family members who are receiving care at St. Luke’s. A goal is for the Advocacy Program to become a model for Aurora Health Care and for health care systems across the country. This program could not be undertaken without the cooperation of the exceptional nurses at St. Luke’s Medical Center who have volunteered to contribute their time and expertise.

Another exciting and unique WINS project is the publication of a Caregiver Journal. This publication has been developed by WINS member, Lynn Sileno, and her

Benefits of WINS Membership

- Making a difference in health care and research significant to women
- St. Luke’s advocate partner
- Caregiver Journal, family record of medical history
- Up-to-date information on women’s health issues
- Invitations to educational programs and events

Marija Bjegovic-Weidman, Director-Cancer Services, Aurora Health Care, Metro Region, (standing) makes a presentation at a WINS Leadership Council meeting.
committee. It is designed to help caregivers collect pertinent information about the recipient of their care. Everything from medications to insurance companies, from medical history to allergies and blood type, can be recorded and organized in this helpful booklet. This journal will help to ease the tremendous demands on those of us who find ourselves caring for a parent or other relative or friend while still trying to balance the rest of our lives. A Caregiver Journal will be sent to all WINS members.

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

WINS holds reception in Naples

WINS member, Laura Strain, and her husband, Ron, were the generous and gracious hosts for a reception for WINS members and guests in their lovely Naples, Florida, home at the end of March. At the well-attended event, guests learned about St. Luke’s Medical Center and WINS projects and goals. Women and heart disease was discussed in an informative presentation given by Deborah L. Manjoney, MD, cardiovascular and thoracic surgeon. Joining her from St. Luke’s was Audrey Blumenfeld, manager of the Karen Yontz Women’s Cardiac Awareness Center and Laverne Schmidt, director of the WINS program. Everyone attending had a wonderful time and enjoyed the camaraderie. It was especially nice to have so many people in this distant (and sunny) location express their interest and support of St. Luke’s Medical Center.

Judy Drinka receives philanthropy award

Judy Drinka, WINS chair, was honored with the Todd Wehr Award for her volunteer dedication in raising philanthropic funds at the 1997 Partners in Philanthropy Awards Luncheon sponsored by the National Society of Fund-Raising Executives (NSFRE), Greater Milwaukee Chapter.

The Karen Yontz Women’s Cardiac Awareness Center at St. Luke’s Medical Center has been chosen as the recipient charity of the 53rd U.S. Women’s Open at Blackwolf Run in Kohler, Wisconsin, June 29 to July 5, 1998. This premier event—the biggest week in women’s golf anywhere—will welcome 150 of the world’s greatest women golfers who will compete for the most coveted title in women’s golf. More than 120,000 people are expected to attend. This year’s Women’s Open will be particularly notable, not only for the national golf title it awards, but for the opportunity it will provide to expand awareness for a primary women’s health issue—heart disease.

The Karen Yontz Women’s Cardiac Awareness 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 that are so vital because more women have died from heart disease than from all cancers combined. If you are interested in purchasing tickets or in volunteering your time, please call The Karen Yontz Women’s Cardiac Awareness Center at 414-649-5767.

WINS Leadership Council

Patricia Apple
JoAnne Brandes
Judith Drinka
Vicki George, R.N.
Linda Grunau
Lorna Hemp
Susan J. Montgomery

Arleen Peltz
Pam Renick
Laverne A. Schmidt
Robyn Shapiro
Lynn Sileno
Laura Strain
Jean Sucher

Kay Sullivan
Dorothy Thomson
Sally Turner, R.N.
Debra Usinger
Mary Wolverton
Fred Chase believes he is alive today because of the care he received at St. Luke's Medical Center. In appreciation and because he believes in the expertise and skill he found at St. Luke's, he and his wife, Helen, have become major supporters of St. Luke's, beginning their charitable giving in 1976. They have donated an apartment complex they owned in Portage, Wisconsin, to a charitable trust they have created. This trust pays the Chases income for the balance of their lives, and when the survivor of the two dies, whatever remains in the trust will go to charity. St. Luke's Medical Center will receive $1 million from the trust.

In 1971, Fred had four-bypass heart surgeries performed at St. Luke's. Although at the age of 83, Fred admits to feeling some of the aches and pains of growing older, he says he has generally felt good since this surgery and has been able to lead a full life. He says, "I have been very pleased with the care I received from my physicians and the St. Luke's staff. I think I'm here today because of the good care I had."

Fred feels that making this donation through a charitable trust is the ideal philanthropic approach for his family's situation and goals. His family will be well taken care of financially and he and Helen are able to give a substantial amount to charity, avoiding a great deal of taxes that would otherwise go to the government. Because of their $1 million gift, a portrait of Fred and Helen Chase will soon join portraits of other major donors on the Hall of Honor in St. Luke's front lobby.

Fred started his business career by owning lumberyards and then investing in real estate. At one point, he was involved in contracting and built numerous schools, churches, and public buildings all over Wisconsin. Eventually he went exclusively into the wholesale lumber business, with partial interests in a number of lumberyards. His lumberyard interests were so widespread in Wisconsin that he recalls (with a chuckle) that some people described him as "the lumber baron."

Fred and Helen believe strongly in philanthropy. Fred says, "Life has been very good to us and we feel that we should give back. After all, we can't take it with us. We looked at what was important to us in our lives and decided that's where our money should go. Obviously, St. Luke's has been very important to us."

Wisconsin natives, the Chases spend their winters in Fallbrook, California, which is close to San Diego. During the warmer months, they return to their long-time home of DeForest, Wisconsin, a community near Madison. Fred and Helen have a son, Neal, and two grandchildren and two great-grandchildren—all living in Wisconsin.
Why We Give...

Dr. James R. Barton

Dr. James R. Barton is an otolaryngologist (ear, nose and throat doctor) who has been on the staff of St. Luke’s Medical Center since 1980. During this time period, he has been very involved in St. Luke’s through a variety of positions, including serving as chair of the ENT department for four years, and Chief of Staff at St. Luke’s. In addition, he served as President of the Medical/Dental Staff Endowment Fund for several years. As well as contributing his time, Dr. Barton supports St. Luke’s through philanthropic contributions. He believes that physicians and employees of medical organizations need to provide this kind of support.

He emphasizes, “I believe that an organization’s success depends in great part on the support of the people participating in the organization. St. Luke’s Medical Center’s needs are not much different from the needs of any successful business or institution that relies on support from alumni or board members to keep the organization afloat. If you look at highly successful large health care institutions—the Mayo Clinic, the Cleveland Clinic, Harvard—you will see a high degree of financial support coming from philanthropy.”

Dr. Barton points out that just as physicians find their traditional sources of income eroding, the same is true of large medical organizations like St. Luke’s. He says, “St. Luke’s has been a very effective and successful hospital at the leading edge of health care in many areas; but to continue to offer our patients this high level of expertise and care in the future, we will need to become more dependent on philanthropy because our other sources of funding will continue to tighten.”

Dr. Barton emphasizes that he contributes to St. Luke’s because he believes in the excellent care the hospital offers its patients and he wants to see this care continue into the future.

Loraine Borck

Loraine Borck has lived in Milwaukee her entire life in a neighborhood close to St. Luke’s Medical Center. Now retired, Loraine worked as head cashier and bookkeeper for the A & P Company until it closed in 1979. After that, she volunteered in an elderly nutrition program for a number of years.

“St. Luke’s has been a very effective and successful hospital at the leading edge of health care in many areas; but to continue to offer our patients this high level of expertise and care in the future, we will need to become more dependent on philanthropy because our other sources of funding will continue to tighten.”

— James R. Barton, MD
ST. LUKE'S
PHILANTHROPISTS CLUB

St. Luke's Philanthropists Club is an annual giving club established to honor and recognize annual donors of $100 and above for their charitable support of St. Luke's Medical Center. Recognition is provided on an annual basis with your name engraved on a unique display in a prominent location near the main entrance. Membership benefits also include an invitation to the Annual Dessert Gala.

We cordially invite you to join the many friends of the hospital with your charitable support and become a member of this prestigious honorary organization. Your generosity will have a significant impact on people's lives. For further information, please call Laverne Schmidt, director of development, at 414-649-7123.

As a member of the "Stuffer Duffers" (see article on page 19), Loraine also supports St. Luke's with her philanthropic contributions because of the excellent care her husband, Leonard, received before he died in 1996. She says, "My husband spent many weeks in St. Luke's and received such wonderful care so we decided that by donating to the hospital, we would be able to show our appreciation for everything the staff has done for us."

— Loraine Borck

"My husband spent many weeks in St. Luke's and received such wonderful care so we decided that by donating to the hospital, we would be able to show our appreciation for everything the staff has done for us."

In 1988, Loraine's husband had open heart surgery performed by Dr. Paul Werner. She says, "Dr. Werner and St. Luke's gave my husband outstanding care. We both got to know St. Luke's very well since we spent so much time there and we were always impressed with how well we were treated."

Loraine also points out that her family's history goes way back with St. Luke's since all three of her children were born at St. Luke's when it was at its original location.

Now that she is retired, Loraine has found more time to spend with her five grandchildren and one great-grandchild. She also enjoys playing cards with a group of friends.

Joan Greb

By contributing to St. Luke's, Joan Greb is supporting her late husband's commitment to medical research. She says, "My husband was encouraged to contribute to St. Luke's by his heart surgeon, Dr. Richard Shore [who died in 1994], because he wanted to support the excellent research in cardiac surgery that goes on at St. Luke's. Dick strongly believed in the importance of cardiac research and knew that St. Luke's had an outstanding reputation in heart care. I know he would want me to continue to support St. Luke's."

Joan has lived in Kenosha, Wisconsin, her entire life. She and her husband had been married for 41 years when he died at the age of 61 in 1996. During his career, Dick Greb was the owner of Stainless Products, Inc. for 26 years. Meanwhile, Joan was a homemaker devoted to raising the couple's three children.

Today Joan enjoys spending time with her four grandchildren who live close by and also playing golf and occasionally traveling with friends.

Joan remembers her husband as a very successful businessman, but she also emphasizes, "Dick was a generous and caring kind of person. With my support of St. Luke's, I hope to carry on his legacy."
Betty and Norbert Pischke

Betty and Norbert Pischke are thoroughly enjoying their retirement together. They live on a small lake in Lake Villa, Illinois, and spend much of their time helping other people. Norbert has served on their local high school board of directors for eleven years and both the Pischkes are very active in their church. They regularly deliver Meals on Wheels in their community and volunteer at a nearby nursing home, where Betty

The Pischkes began contributing to St. Luke's at the request of Dr. King, who asked them to consider supporting the Transmyocardial Laser Revascularization Research (TMLR) program . . .

has contributed more than 3,500 hours of volunteer service and Norbert has contributed many hours writing the nursing home's newsletter.

In 1992, as the result of a routine check-up, Norbert was surprised to be diagnosed with serious heart vessel blockages. He was immediately taken by ambulance to St. Luke's Medical Center in Milwaukee where Dr. James F. King performed angioplasty to open up the blocked vessels. Norbert has had two additional angioplasty procedures performed by Dr. King, since then and is doing very well, particularly since he exercises rigorously every day on a treadmill. Betty also keeps in shape, primarily by swimming.

The Pischkes began contributing to St. Luke's at the request of Dr. King, who asked them to consider supporting the Transmyocardial Laser Revascularization Research (TMLR) program going on at St. Luke's. Norbert says, "We were very interested in supporting this research and will continue to do so. We believe in contributing to medical research and we appreciate the excellent care and expertise we found at St. Luke's. I believe I can attribute the success in my treatment to the skilled care I received. Who knows what needs I might have in the future? Perhaps someday I may directly benefit from the TMLR research we're supporting."

It's obvious from the way the Pischkes conduct their lives that they believe strongly in the importance of giving their time and money to support the causes they believe in. Betty says emphatically, "Giving to St. Luke's Medical Center is the right thing to do!"

Before retiring, Norbert worked at Illinois Tool Works for more than 38 years, concluding his career there as Manager of Quality Control. He then pursued another career working for Lake County in computerized tax mapping for eight years. The Pischkes enjoy spending time with their five children and four grandchildren who all live in the suburbs of Chicago. They also enjoy occasional traveling and pursuing their study of family genealogy.

Office of Philanthropy events

The following is a list of activities being sponsored during 1998 by the Office of Philanthropy at St. Luke's Medical Center. For more information about these events, please call Shelly at 649-7194.

May 19:

WINS program: Fitness and Wellness, noon luncheon, Woman's Club of Wisconsin

May 20:

Lunch and Learn, 11:45 a.m., St. Luke's Medical Center

June 17:

Wills Seminar, 9 a.m. and 7 p.m., St. Luke's Medical Center

June 29-July 5:

U.S. Women's Open, Blackwolf Run, Kohler, Wisconsin

Sept. 17:

Wills Seminars, 1 p.m. and 7 p.m., St. Luke's Medical Center

Sept. 22:

WINS Annual Meeting, St. Luke's Medical Center

Sept. 23:

Lunch and Learn, 11:45 a.m., St. Luke's Medical Center

Oct. 14:

Lifetime Philanthropists Luncheon, Westmoor Country Club

Oct. 28:

Lunch and Learn, 11:45 a.m., St. Luke's Medical Center

Nov. 18:

Lunch and Learn, 11:45 a.m., St. Luke's Medical Center
Joseph Sileno, long-time supporter of St. Luke’s Medical Center, died earlier this year at the age of 73. Sileno served on the board of directors of the Vince Lombardi Memorial Classic golf tournament, which benefits the Vince Lombardi Cancer Clinic at St. Luke’s. Sileno was director and president of the tournament in 1990 and 1991, a member of the board of trustees of the Lombardi Foundation Trust, and helped found the Lombardi Gene Therapy Research Laboratory at St. Luke’s.

President of Sileno Companies, Inc., Sileno was a developer and builder. Born in Milwaukee on Jan. 26, 1924, to Serafino and Carmela Sileno, Joseph grew up on the east side of Milwaukee where he graduated from Lincoln High School before serving in the Air Force.

He received a degree in business administration from Marquette University in the late 1940s before going into the real estate business with his brother, Anthony. Sileno and his brother first started building single-family homes and then multifamily units. The firm then began developing condominium complexes, commercial developments, shopping centers, and hotels, such as the Manchester Suites.

His wife, Lynn Sileno, reflected about her husband: “He loved the business because it gave him the opportunity to create. He could build something that could make life better for people, always a quality home and always at an affordable cost.”

Before he died, Sileno was working to establish a family cancer counseling center at St. Luke’s after his son, Joseph Jr., died of cancer in June of last year. Lynn Sileno said, “He felt there was a need for families to have a place where they could go and deal with the psychological and emotional aspects of how cancer affects both patients and loved ones. This was his last mission.”

The quote below was distributed at Joseph Sileno’s memorial service and captures his spirit well.

**Live Well, Laugh Often, Love Much**

He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his tasks; who has left the world better than he found it, whether by an improved poppy, a perfect poem, or a rescued soul; who has never lacked appreciation of earth’s beauty or failed to express it; who has looked for the best in others and given the best he had; whose life was an inspiration; whose memory is a benediction.

— Mrs. Arthur J. Stanley
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.

RETIREMENT EQUATES TO COMMUNITY SERVICE FOR SLMC VOLUNTEER

Paul Piaskoski, anchor: At an age when most people are well into retirement, George Robles may be one of the busiest men in Milwaukee. Tonight, CBS 58's Saul Garza introduces us through the first in a series of special reports on life in the city's Hispanic community.

Saul Garza reporting: Meet George Robles. At eighty-four years old, he is busier than ever. Today he is volunteering his time at St. Luke's Medical Center—something he has done for the past seventeen years.

Robles was born in 1913 in Fort Worth, Texas. His parents were Mexican migrant workers who worked the fields in the upper Midwest. They settled here in Milwaukee during the Depression.

George Robles: (Has lived in Milwaukee since 1926) It was rough. There were no jobs available. People got along as well as they could. The County used to help out, you know, with food and sometimes pay the rent and stuff like that. It was very, very hard.

Garza: Robles realized early on that education was key. He excelled in sports and became the first Hispanic to graduate from Bay View High School. After graduating, Robles held a number of jobs, including work at a tannery, General Electric, and Miller Brewing. He finally retired from the Oil Gear Company in 1976.

Robles: Over the years, Milwaukee has changed. In those days, they didn't have the crime that they have nowadays. They didn't have to worry about the kids getting in trouble.

Garza: Robles hasn't slowed down. He spends his time working for a school lunch program, playing golf, volunteering at various agencies, including the United Community Center, Hispanic Chamber of Commerce, Umos, and Mexican Fiesta. Robles says he doesn't worry about watching what he's eating. He says he eats whatever he likes. So what's his secret to a long life? Well, he says exercise and keeping busy.

Robles: I enjoy helping people out and I know they appreciate what I do for them. That's why I keep doing it.
Carole Meekins, anchor: The fear of cancer. More than half of us are afraid we'll get it, and those who already have it often fear the treatments. Tonight in Cover Story, how one woman deals with life after diagnosis, and what doctors say are the five things you can do to reduce your risk.

Jann Willens (cancer patient): I think that's my biggest fear right now... is what's to stop it from happening again.

Meekins: It's been a tough stretch for Jann Willens. She was diagnosed with breast cancer, her marriage dissolved, and now, in addition to taking care of her kids and working full time, she must undergo chemotherapy.

Willens: It just totally wipes me out. I'm nauseous all the time; tremendous fear of the chemo ... which probably makes it worse.

Meekins: Jann's biggest fear is that she won't be around to see her children grow up. Clinical psychologist Geraldine Banks says fear and cancer go hand in hand.

Willens: It just totally wipes me out. I'm nauseous all the time; tremendous fear of the chemo ... which probably makes it worse.

Meekins: Jann's biggest fear is that she won't be around to see her children grow up. Clinical psychologist Geraldine Banks says fear and cancer go hand in hand.

Geraldine Banks (St. Luke's Medical Center): The truth is when individuals are diagnosed with cancer, they're hit between the eyes with their mortality, and that's what becomes so frightening.

Meekins: Fortunately, Jann found her cancerous lump early and sought immediate treatment. Her prognosis is good, but for many, the fear of cancer is paralyzing.

Banks: It's almost a sense of if I don't look at it, it's not there. And it's a way that individuals protect themselves.

Willens: I hear stories every day of people dying with cancer. Even though there's never been cancer in my family, there's no history of it, there was just always this fear in the back of my mind.

Meekins: A recent poll shows that Americans live in tremendous fear of cancer, ranking it just behind being in a car crash. Current statistics from the American Cancer Society justify that fear. One out of two men will develop cancer in their lifetime, as will one out of three women. A million and a half new cases will be diagnosed by the end of this year.

Meekins: In the early 1900s, the prognosis for cancer patients was not that good, but today, the five-year cancer survivor rate is about ninety-seven percent, and doctors say there are five things you can do on a daily basis to reduce your risk of getting cancer. That includes the following: Don't smoke. Stay out of the sun. Eat a low fat diet that includes plenty of fruits and vegetables. Exercise. And reduce alcohol consumption.

Julie Jensen (R.N., Sinai Samaritan Medical Center): The word cancer—does that mean death? No, it doesn't. People are indeed living a lot longer. We're picking up cancers much earlier.

Meekins: For the next few months, Jann will continue chemotherapy. Radiation will follow. As a single mom, she needs her job and is working with her boss to make the best out of a bad situation.

Meekins: And if you'd like more information on cancer prevention and treatment, you can call the American Cancer Society at 1-800-227-2345.
Julie Feldman reporting: Hello, everyone. I want to tell you about a drug that is saving lives. It got government approval just this year and it's used to treat primary pulmonary hypertension, or PPH. Although the disease has been around a very long time, recently, some people believe they got this potentially fatal disease from taking the diet drug Redux.

LuAnne Washburn (patient): Ten years ago, I couldn't even go up a flight of stairs.

Feldman: Ten years ago, most patients with primary pulmonary hypertension were told to put their affairs in order and prepare to die. LuAnne Washburn isn't sure why she got PPH. She does believe she's alive and active today because of the medication in this pump.

Washburn: It saved my life. I don't think I'd be here if I wouldn't have been on the drug.

Feldman: LuAnne agreed to be part of a drug trial for Flolan.

Washburn: It's attached to me. I have to wear this pump 24 hours a day

Feldman: It's administered through a catheter from this pump which she wears all day every day. The drug dilates or opens arteries in LuAnne's lungs, which had virtually shut down. PPH causes pulmonary arteries to grow thick, cutting off a healthy blood flow.

Feldman: Without this drug, LuAnne's time would have been very limited. At the time, her only chance for long-term survival would have been a heart-lung transplant if she could hang on long enough for a perfect match. Even then a transplant would have been very tricky.

Dr. Dianne Zwicke (cardiologist, St. Luke's Medical Center): Absolutely. This has been a huge breakthrough because average time from diagnosis to death, prior to Flolan becoming available, was 18 months.

Feldman: And now, how long are people living?

Dr. Zwicke: There have been people on this, through the investigational stages, up to twelve years.

Feldman: LuAnne has taken Flolan for almost nine years and feels fortunate. She's active, relatively healthy, and looks forward to a long life.

Once again, this drug is not experimental anymore. It is government-approved. While the drug is sold as Flolan, the chemical name is prostacycline. It's expensive. It costs about seventy thousand dollars every single year to maintain one patient on an average dose.
NEW TREATMENT FOUND FOR ABDOMINAL PAIN

WTMJ-TV (NBC) Channel 4
5:00-5:30 PM The Five O’Clock Report
November 24, 1997
Milwaukee, Wisconsin

Carole Meekins, anchor: When we’re sick and go to the doctor, we do expect to find out what’s wrong. But one woman suffering from extreme abdominal pain could not find the answer until she came to Milwaukee. Pam Seeber tells us about a procedure that’s drawing patients from all over the country.

Pam Seeber reporting: Diana Barber comes to St. Luke’s Medical Center for something she can’t find in her home state of Michigan: a proper diagnosis for her abdominal pain.

Diana Barber (patient): It felt almost like a gall bladder attack ... real ... sharp pains. And then it shoots right into the back.

Seeber: Diana had her gall bladder removed three years ago and has suffered pain ever since. Doctors couldn’t pinpoint the problem. Until she came to St. Luke’s. That’s where she’s undergoing a procedure that’s done at only four places in the country. It tests the muscle at the end of her bile duct.

Dr. Joseph Geenen (gastroenterologist, St. Luke’s): What we do is actually measure the muscle opening and closing, and if the basal pressures are elevated, that means there is backup of fluid and we have to cut the muscles.

Seeber: When the muscle works properly, it pushes bile into the small intestine. To test it, Dr. Geenen first puts in an endoscope with a camera and light so he can see what he’s doing.

During the procedure, Dr. Geenen will insert a tube into Diana’s bile duct, which will measure its pressure. Dr. Geenen puts in the tube and tests the bile duct and the pancreatic duct. A computer records the pressure readings.

Dr. Geenen: This is elevated more than forty millimeters of mercury, that’s abnormal ...

Seeber: If Dr. Geenen finds the ducts don’t work properly he cuts the muscle, allowing bile to flow freely and alleviates the pain. He’s performed the procedure on thousands of patients with a ninety-five percent success rate.

Meekins: Now this kind of obstruction can be a hidden cause of digestive pain and occurs more frequently in women than in men. The procedure at St. Luke’s lasts about an hour and requires a one-night hospital stay, but not much time when you consider... the relief of agony.

Gousha: Ninety-five percent success rate too ...

Meekins: Very nice.

Gousha: That’s great for those folks. Thanks, Carole.
Mike Jacobs, co-anchor: Good afternoon. 'Tis the season for migraine headaches, but statistics show that two-thirds of all people suffering migraines do not go to a doctor.

Nancy Chandler, co-anchor: Pam Seeber talks with a local woman who says there are treatments that offer people much needed relief.

Dr. John Porter (neurologist, St. Luke’s Medical Center): OK, let’s have you just look straight ahead for me.

Pam Seeber reporting: Bev Westen suffers from migraine headaches. They started four years ago after she had surgery for a brain aneurysm.

Bev Westen (migraine patient): ... But after the surgery, they started getting worse and worse—to the point that there were times that I would be in bed for two days with pain, unable to function.

Seeber: At first, Bev just thought they were bad headaches. They got worse during her menstrual period and she used over-the-counter medications. But nothing helped.

Westen: It's always there, there's no relief. You can lie down, you can take a nap, you wake up and it's still there.

Seeber: Migraines are caused by a chemical imbalance in the brain. Hormones, diet and stress can make them worse. But they can be treated.

Porter: Women will say, 'I have these headaches when I have my period. My mother had them. It's part of life. Nothing I can do.' That's not true anymore.

Seeber: Bev says she knows some of the things that trigger her migraines, like chocolate, wine and cheeses. So she tries to stay away from those. She’s also part of a clinical study on a new drug for migraines and says she gets the headaches about half as often now. Bev's tried injections. She's tried pills and she'll soon try a nasal spray for migraines. With new treatment available she believes no one needs to suffer.

In Milwaukee, Pam Seeber, Today's TMJ 4.

Chandler: Men suffer migraines, too. But it’s less frequent. About one in twenty men get them.
Mark Concannon, co-anchor: Well, a hospital in Cudahy is welcoming thousands of teddy bears.

Joanne Williams, co-anchor: They were collected for the children who were treated in the hospital’s emergency room. The man who came up with the idea is Real Milwaukee. What do you think about when you look at the furry face of a teddy bear? Chris Pawlak thinks of his wife, Cathleen; she died of breast cancer in August of 1996. She was only forty-six-years old.

Chris Pawlak (teddy bear donor): I’m thinking that maybe if she knows what’s going on she’s real happy about it. And it definitely makes me feel good. But more importantly it’s going to make the kids and the adults that we give the teddy bears to feel good.

Williams: When Cathleen was first diagnosed with breast cancer in 1995, she told him that she didn’t want flowers or candy while in the hospital. So he gave her a teddy bear. She held and hugged that bear to her heart for weeks, during all her first cancer treatments.

Pawlak: And after she had her mastectomy, she used to walk around the halls with a teddy bear somewhat like this one. And she’d stick it under her arm for support.

Williams: Then when a friend had a baby shower, Cathleen gave the teddy bear away. She gave it to the expectant mother for the baby. Chris believed that’s what teddy bears are for…to be given to someone for comfort and love.

Pawlak: And she said that the child needed the teddy bear more than she does. And she taught us a great lesson about giving away teddy bears which really cause people to smile and feel good.

Williams: That’s why, as part of the philanthropy board for St. Luke’s South Shore, Chris Pawlak suggested that the hospital collect teddy bears to give to children that end up in the emergency room during the holidays. He knows what it’s like to be in a hospital and to be scared.

Pawlak: The people you give it to always smile. It always makes them feel good. You really don’t have to say anything. There’s no language barrier; there’s no culture barrier. Teddy bears are universal and are meant to be given away.

Williams: The hospital has collected about three thousand teddy bears. Enough to give to each child that comes through the ER. Chris believes that’s the best thing you can do, give to somebody else and make them smile.
Carole Meekins, co-anchor: Thanks to some young students in Greendale, holiday cheer is rampant on the seventh floor of St Luke's Medical Center. It's a tradition that began when a teacher got sick. In tonight’s Cover Story: how some fifth graders are using their artistic skills to create the Volunteer Touch.

These students at Highland View School in Greendale are cutting, drawing, and pasting their way into the hearts of others. This is more than a lesson in art, it’s a guidance in giving. Ten times a year the fifth graders here take on a serious responsibility: they make decorations to brighten the lives of those living and working in the hospital. So the task that begins in earnest at their desks culminates in the corridors of St Luke's Medical Center.

The student’s art gives the walls of the seventh floor a special holiday cheer. Spearheading the effort, fifth grade teacher Pam Hart remembers being a patient on this very ward. She says the staff was so caring and friendly, she was inspired to give the volunteer touch.

Pam Hart (fifth grade teacher): I came on this floor and was very sick for about a month, so I got to know everybody. And when I was dismissed from the hospital, I felt I had made so many good friends and so many people had helped me that I wanted to do something in return. So I became a regular volunteer at St Luke’s.

Meekins: Through her service, Pam realized her students could use their talents to cure the barren hospital walls of the seventh floor.

Hart: And after the summer vacation, one of the nurses mentioned about decorations and that there was just no time at all for them to decorate. Well, that led to one thing, and another thing, and I thought, well, we could do those, easily.

Meekins: And so many kids want to visit, students have to be chosen by chance.

Andy Cota (student): We get to decide, or whatever, by picking a name out of a can.

Unidentified Student: It will make them happy to see all the pictures all around.

Meekins: And if you think the effort goes unnoticed, think again.

Mary Lou Hoffman, R.N. (St Luke’s Medical Center): Oftentimes they’ll write messages. The first thing we have to do after Pam has placed them on the wall is to take a tour of the whole floor and to see all the messages. Families love them, patients love them, doctors love them, so it’s a lot of fun.

Meekins: So thanks to these dedicated students, patients can spend precious moments not thinking about their illness, and instead, see the world through the eyes of a child.

Mike Burke (patient): It’s nice to know that somebody from the outside has been in the hospital and thought enough to come by and make these little decorations and put them on each room. Some of them have little signs on them and it’s really cute. I enjoyed them very much.
Carole Meekins, co-anchor: People waiting for life-saving transplants must often spend holidays in the hospital, away from family.

Mike Gousha, co-anchor: One man has been at St Luke's Medical Center for six weeks waiting for a new heart. But our Pam Seeber reports innovative technology will allow him to go home for the holidays.

Pam Seeber reporting: It's a sound this man lived with for months, but Bryant Duncan is happy to be alive. (Seeber is referring to a sound similar to a heart beat coming from his Heartmate.) In September, at the age of twenty-eight, Bryant Duncan suffered a heart attack.

Bryant Duncan (heart attack patient): I was having a lot of chest pains. I didn't know what was wrong. And I went to the hospital one night and they told me I had pneumonia. Twelve hours later, I was having a heart attack.

Seeber: Doctors sent this Gurnee, Illinois, man to St Luke's Medical Center.

Dr. Alfred Tector (cardiovascular surgeon): He had very extensive disease in all three of his coronary arteries and had a large amount of damage to his heart muscle.

Seeber: Bypass surgery didn't work. The alternative? Something called a Heartmate.

Duncan: All it does is pump air and electricity to the heart.

Seeber: The equipment electrically pumps his heart. A control box monitors its work. Bryant couldn't go home until his wife learned how to use this hand pump. If something goes wrong with the Heartmate, Bryant or his wife can hook up this hand pump and pump sixty to ninety beats a minute, to keep Bryant's heart working. Now he goes home for Christmas.

Duncan: It's a miracle. I'm just glad that technology has come a long way because if this would have happened ten years ago, where would I be?

Seeber: The father of three now waits for a transplant, believing his best Christmas present already lies inside, close to his heart.

Gousha: To learn more about organ donations, please call the Wisconsin Donor Network at 257-5807.
Jocelyn Maminta, co-anchor: Packer fans, do we have a treat for you. It is a song guaranteed to get us ready for the title dance on Sunday. Are you ready, Wisconsin, let's rock and roll.

Dr. Kevin Derus (emergency medicine physician, St. Luke's Medical Center): Are you ready to rumble? ... Going out west where they belong. With Packer fans everywhere singing our song.

Maminta: California sun, a sixties hit, revised Packers style. They're rocking at this pep rally at Chesterburns School in East Troy. At the mike, Dr. Kevin Derus, an emergency doctor at St. Luke's Medical Center.

Dr. Kevin Derus: And the way I do the words is that I have a little hand-held microphone that takes me a half hour to get back and forth from home to St. Luke's. Well, that's down time and I never have any down time, normally, so I just wrote words as I go back and forth to work and we rewrote the whole song. And, it's great.

Maminta: Missing at this gig is his brother, Dr. Jeff Derus, who's the other half of the Rockin' Doctors duo. He's a urologist, also at St. Luke's. Dr. Jeff says it's not unusual for him to play the Packers song during surgery.

Can the patients hear it as well?

Dr. Jeff Derus (urologist, St. Luke's Medical Center): No, they're asleep. However, I was doing a vasectomy last week and I was playing it for the patient and he enjoyed it. In fact, he went out and bought the CD.

Maminta: You can hear the entire song if you buy this CD, Rock the Pack. The proceeds go to charity.

Dr. Jeff Derus: We used to play in a band. It was fun to do a song for the Packers.

We've been active in the Make-a-Wish Foundation so we thought we would try to raise some money for them.

Maminta: Meanwhile, it's back to dancing under the California sun, onto a Superbowl win. Sounds good doesn't it? By the way, the two are performing on Sunday at Farve's in Muskego. And, last year, the pair released the song, "Hey, Hey Green Bay." It raised twenty-one thousand dollars for the Make-a-Wish Foundation. It was enough to send two children and their families to last year's Superbowl. Now, this year, the money will go to a youngster who is not well enough to make the trip. Instead, it will go to making his wish of a Packer room come true.
Carole Meekins, anchor: Millions of Americans suffer from back pain, and some cases are so severe that people really can’t hold down a job. In tonight’s Cover Story, Pam Seeber tells us about a new treatment that’s putting people back to work and giving them a new lease on life.

Diane Evert (St. Luke’s patient): It’s been a whole new life for me.

Pam Seeber reporting: Diane Evert is back on the job with Wisconsin Gas thanks to a new medical treatment that’s easing her chronic back pain. There was a time when Diane was off work as much as she was on the job—five to six months out of the year.

Diane Evert: I wasn’t able to do anything. Now I’ve been able to resume my job and have a whole new outlook on life.

Seeber: She had this small device implanted under her skin and it’s helping her regulate her severe pain.

Dr. Richard Lennertz (Anesthesiologist, St. Luke’s Medical Center): Basically, it’s almost like a remote control for your TV. The patient is able to place this over the site of the implanted generator and regulate the stimulation they feel.

Seeber: So far, Dr. Richard Lennertz has successfully treated fifty patients with the device.

Dr. Lennertz: This electrode cell gives a low-voltage electrical stimulation in the area of the spinal cord. The pain is then blocked from transmission to higher centers where we perceive pain; so basically we’re trading a painful sensation for what becomes a tingling sensation.

Seeber: So patients no longer experience the pain that in some cases has crippled them for years.

Dr. Lennertz: Pain typically is physiologic in that if you put your hand on a hot stove, it hurts; you remove your hand.

Seeber: That’s what’s known as acute pain. But chronic pain is different.

Dr. Lennertz: Unfortunately with chronic pain, there is sometimes felt to be no physiologic need for this pain. The pain continues despite the fact that it’s not serving any useful purpose for the patient.

Seeber: Dr. Lennertz’s typical patient has suffered chronic pain for two to three years and has not responded to traditional treatments.

Dr. Lennertz: Our goal with this therapy is to improve the patient’s quality of life and make them functional members of society again so that they can return to their work environment.

Seeber: Many of his patients have been out of work for a year or more. Dr. Lennertz says their chances of going back to work without this therapy are slim.

Evert: I probably would have been totally disabled. Without a doubt.

Seeber: For Diane, it’s made a big difference. Not only is she back on the job she loves, she feels she has her old life back.

Evert: Taking a shower or doing laundry, trying to cook myself something to eat ... Just things that we do in everyday life that we don’t think anything of.

Seeber: For the Night Team, Pam Seeber, today’s TMJ 4.

Meekins: And for more information, you can call the Pain Management Center at St. Luke’s Medical Center. The number is 649-6750.
Needling snorers can end nightly jab in ribs

Keith Olson’s snoring could rattle a door on its hinges. “One time I stayed in a hotel in St. Louis, and I had the people in the next room pounding on the doors,” he said. “I had to turn on the air-conditioning,” to drown out the noise.

Olsen, 48, of South Milwaukee, said he had been sleeping in a separate bedroom for several years so his wife could get a good night’s sleep. “Never bothered me. I never knew it,” he said of his snoring.

About seven minutes of microwave energy zapped into the floppy, soft palate of the roof of his mouth likely took care of the problem Thursday.

Olson underwent the latest high-tech assault on a problem that some experts estimate affects 19% of adult Americans: serious snoring. It is estimated that 24% of adult men and 14% of adult women are chronic snorers in the United States, or a total of 40 million, according to James B. Maas, a psychologist and sleep disorder expert at Cornell University in Ithaca, N.Y.

Outfitted with the fancy moniker “Somnoplasty,” the procedure involves inserting an inch-long, thin, needle-like electrode into the soft palate.

Radio frequency energy—the same kind that heats up your cold mug of coffee in the microwave—then heats up the tissue, causing destruction in the soft palate. After six or eight weeks, the treated area shrinks and scar tissue forms, all of which stiffens up the palate.

Voila! The end of window-rattling snoring.

Snoring occurs when the soft palate near the airway relaxes during sleep and vibrates. Once the tissue is reduced and made less flexible, the snoring should go away.

Benjamin Teitelbaum, the physician who performed the procedures Thursday at St. Luke’s Medical Center, said the machine is used to alleviate excessive “benign” snoring—not snoring associated with a more serious breathing disorder known as sleep apnea.

How severe must the snoring be to warrant the $1,500 procedure?

“The snoring should be loud enough to be heard in a different room or be constant, virtually every night,” Teitelbaum said. The procedure is elective, which means medical insurance will not pay for it.

The procedure arrived in Milwaukee in the past month at Froedtert Memorial Lutheran Hospital and St. Luke’s. Currently, four otorhinolaryngologists (ear, nose and throat specialists) at St. Luke’s, and one at Froedtert, are using the proprietary device.

After anesthetizing the back of the palate, the thin electrode is inserted and held in place while the energy courses through. Three different areas are treated.

From prep to exit, it takes about 30 minutes. The ultimate size of the resulting lesion is roughly an inch to an inch-and-a-half long, and about a half-inch wide.

The patient will have a mild sore throat for a couple of days, with up to eight weeks needed for complete healing and an end to heavy snoring. In some cases, a second treatment is needed at eight weeks.

Another patient, Ben Navarro, 31, of Oak Creek, also had the treatment Thursday—after his girlfriend had given him a different kind of treatment over his snoring. “It was loud enough for her to have to give me a nudge,” to stop the racket while he slept, he said.

Does it hurt? Not at all, said Navarro. “I was in a happy place,” he said smiling, describing a personal relaxation technique during the treatments.

A place, one hopes, where there is no snoring.
EMPLOYEES COLLECT FOOD, CLOTHING AND GIFTS FOR MADISON STREET CLINIC

WDJT-TV(CBS) Channel 58
6:00-6:30 PM CBS 58 News
December 18, 1997
Milwaukee, Wisconsin

Mike Strefflow, co-anchor: Aurora Health Care employees are taking some time today to help feed a few hungry families.

Charlotte Deleste, co-anchor: Workers at St. Luke's Medical Center, Sinai Samaritan, and West Allis Memorial Hospital collected food, clothing and gifts for the needy at the Madison Street Clinic. They are hoping to top last year's total of 36 thousand pounds of gifts delivered for the holidays.

Streghlow: A lot of giving going on this holiday season.

Deleste: There really is. It's nice to see that.
Welcome New Donors

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Gifts received after February 28, 1998 will be recognized in our next issue.

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Existance is a strange bargain. Life owes us little; we owe it everything. The only true happiness comes from squandering ourselves for a purpose.

—William Cowper
We thank the following employees for their spirit of giving to help provide the technology, the programs, and the continued high quality care for patients and their families.

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"The dream is not the destination but the journey."
— Diane Sawyer

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Gifts received January through February 1998

"When you stop giving and offering something to the rest of the world, it's time to turn out the lights."
— George Burns

Gifts received after February 28, 1998 will be recognized in our next issue

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"I am convinced that we must train not only the head, but the heart and hand as well."
— Madame Chiang Kai-Shek

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+ Deceased
The sweetest lives are those to duty wed, whose deeds both great and small are close-knit strands of an unbroken thread, where love enables all."

— Elizabeth Barrett Browning
January 7, 1998

St. John's Evangelical Lutheran School
20813 Forest View Drive • Lannon, Wisconsin 53046

Vince Lombardi Cancer Clinic
2900 W. Oklahoma Avenue
Milwaukee, WI 53215

Dear Sirs:

The students of our school saved pennies during 1997 and placed them in jars in their classrooms. The purpose was to eventually donate to a charity outside our immediate area. Our eighth grade class chose the "Vince Lombardi Cancer Research Fund."

Enclosed please find a donation of $300.00 to be used for cancer research.

It is with grateful hearts that our students provide these offerings in hopes that the Lord will bless your efforts.

Sincerely,

[Signature]

Daniel Feuerstahler, Principal
St. John’s Lutheran School
20813 Forest View Drive
Lannon, WI 53046
"It is Christianity to be gentle, merciful and forgiving, and to keep those qualities quiet in our own hearts, and never make a boast of them, or of our prayers or our love of God, but always to show that we love Him by humbly trying to do right in everything."

— Charles Dickens

(submitted by donors Betty and Norbert Pischke)
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 a 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 414.328.6424.

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Gifts received after February 28, 1998 will be recognized in our next issue.

“Loving kindness is greater than laws; and the charities of life are more than all ceremonies.”
— The Talmud
Father's Prayer

. . . And the Father said to His son
"to whom shall you be born"
to a princess in rich gowns

"Ah, to an immigrant seamstress"

"And where shall you live"
In the palace of my father

"You shall build homes of sticks and stones"

"And how shall you procreate"
I will have six sons

"Yes, three shall be daughters"

"And what shall you teach them"
To love their father

"Yes, to do onto others as to oneself"

"And what shall you learn"
That the world is bountiful

"That God helps those who help themselves"

"And how shall you die"
I shall live forever

"And how shall you judge yourself"
I will be a good man

"You are quite ambitious," said the Father

"Go now and be a good man"

"And in My Kingdom you shall live forever"

— from Joseph P. Sileno’s memorial service

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The vineyards of philanthropy are pleasant places, and I would hope good men and women will be drawn there. If these vineyards are to thrive and bear their best fruit, they must always have first-class attention.”

— Harold J. Seymour
THE AMERICAN PEOPLE, OVER A PERIOD OF MORE THAN TWO CENTURIES, HAVE PROVED THAT THEY ARE WILLING TO CONTRIBUTE GENEROUSLY OF THEIR MONEY AND GOODS TO HELP OTHERS.”

—Landrum R. Bolling
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"If you want to have a happy life, take up giving as a hobby when you're young.”

— Arthur F. Lenehan
"Love is the only thing that we can carry with us when we go, and it makes the end so easy."

— Louisa May Alcott

"Perhaps the world little notes nor long remembers individual acts of kindness—but people do."

— H. Albright
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“The most important thing in any relationship is not what you get but what you give... In any case, the giving of love is an education in itself.”

— Eleanor Roosevelt

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— Marie Curie
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... If you help only those who help you, what merit is that to you?"

— Luke 6:32,33

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Because of their generous commitment, the excellence of health care available at St. Luke's Medical Center will be continued and enhanced for present and future generations.

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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Mr. and Mrs. Percy Fischer
Mr. and Mrs. Fred Gerschwiller
Mr. W. Gary Gitchel
Mrs. Edna Goad
Mrs. Morland Hamilton

GIFTS RECEIVED NOVEMBER THROUGH DECEMBER, 1997

50 WHEN WRITING OR UPDATING YOUR WILL, PLEASE REMEMBER ST. LUKE'S MEDICAL CENTER.
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 414-328-6424.

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 414-649-7194.

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.

Please make your check payable to St. Luke's Medical Center and return this form with your gift.

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>
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<tr>
<td>Crystal</td>
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<tr>
<td>Diamond</td>
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<td>$250.00</td>
</tr>
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</table>
This aerial view of St. Luke's Medical Center was taken in 1944 by Allen-Bradley employees Lloyd Smith and Murray Black when the hospital held 177 beds.

Times have changed. Today, St. Luke's Medical Center has expanded substantially to include 711 beds.
Thank You!
You've heard numerous times about the advantages of making a tax-wise gift of appreciated assets, like stock or mutual funds shares, to your favorite charitable organization.

- You receive a charitable income tax deduction for the full fair market value of the asset, not just the amount you paid for it, and
- You avoid or reduce the capital gains tax that would be payable if you were to sell the asset outright.

Sounds good! But many people don’t go any further than thinking about it because they don’t know how to go about actually making a gift of appreciated assets. Making a gift of appreciated assets can be just as easy as the familiar process of writing out a check.

Here’s how simple the process is.

John and Mary Smith want to give 100 shares of XYZ Company to St. Luke’s to be used for cancer research. The stock is held in their brokerage account at Robert W. Baird & Co. They contact their broker, Mrs. Green, by letter and state the following:

Please transfer 100 shares of XYZ Company from our account #123456 to account #654321 at Robert W. Baird, DTC Firm #0547, for the benefit of St. Luke’s Medical Center, Milwaukee, WI.

Mrs. Green then transfers 100 shares of XYZ Company from the Smith’s account to St. Luke’s account. If the Smiths held the stock certificates themselves rather than in a brokerage account, they would get a stock power form from their broker or from St. Luke’s. The Smiths would send the unendorsed stock certificates to St. Luke’s in one envelope and the signed stock powers in another envelope. This method provides a measure of safety because no one would be able to redeem the certificates if they were lost in the mail.

It’s important to remember you must transfer the asset to the charity’s account rather than selling the stock yourself and then giving the proceeds to the charity to avoid incurring capital gains tax on the appreciation.

Making a gift of appreciated assets can be just as simple as writing a check to your favorite charity. 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.