THE SPIRIT OF ST. LUKE'S

ST. LUKE'S: A LEADER AND INNOVATOR IN CARDIAC CARE

SUMMER 1997

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

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(top right) Cardiac surgeon John D. Crouch, M.D.; (bottom left) Dr. Crouch performs heart bypass surgery using Heartport's Port-Access™ system;  
(bottom right) Cardiac surgeon Alfred J. Tector, M.D.

A special thank you to Burton & Mayer, Inc., for their generous contribution of the color printing on our cover.
Philanthropy's role increases in importance

St. Luke's: A Leader and Innovator in Cardiac Care

Minimally invasive heart surgery
Heartport technology
Ventricular remodeling
The HeartMate
Progress in bypass surgery
The Karen Yontz Women's Cardiac Awareness Center
Cardiac disease advancements

St. Luke's: A History of Cardiac Care "Firsts"

Construction at St. Luke's
Philanthropists of the Year
Why We Give...
Donor Profiles

The Gift Programs of St. Luke's
Medical Center/Office of Philanthropy

Contruction in Progress
With this message from Brad Holmes, vice president for philanthropy at St. Luke’s Medical Center, we are launching a new feature in The Spirit of St. Luke’s. Our goal is to create a forum for expressing our direct appreciation to you, our benefactors, and for reflecting on what’s happening in philanthropy at St. Luke’s.

Dear St. Luke’s benefactors:

Your contributions to St. Luke’s Medical Center have never been more important and we want you to realize how much we appreciate you and your charitable support. Your generosity continues to make a tremendous difference in the lives of our patients and in the quality of health care in our community. Without your commitment to St. Luke’s, we would not be able to maintain the high level of technology, new equipment, programs, research, education, and expert care our patients and their families have come to expect from St. Luke’s.

It is a hectic time in health care. There is understandable confusion about the growth of managed care and how healthcare dollars are being spent. As you know, St. Luke’s is a not-for-profit medical center, part of Aurora Health Care, Wisconsin’s largest not-for-profit health care delivery system. “Not-for-profit” means all of St. Luke’s income will be reinvested in St. Luke’s each year solely for the benefit of the community—you, your family, and your neighbors.

The voluntary, non-paid board of directors is entrusted with the responsibility of making sure this income is put to the best community use. St. Luke’s does not have shareholders or investors. When you contribute to St. Luke’s, you are making an investment in the future health care of our community. You are directly touching the lives of our patients. Our goal at St. Luke’s is to be profitable in order to advance medicine and patient care—and to help people live healthier, happier lives.

The feature article in this issue of The Spirit focuses on innovative heart surgery techniques being pioneered at St. Luke’s. Our leading edge cardiac care program has become a widely recognized and appreciated resource. St. Luke’s position at the forefront of cardiac care has been made possible, in great part, because of philanthropy. In the future—as the costs of delivering advanced medical care increase and revenues for service decrease—the continued excellence of cardiac care and other outstanding programs at St. Luke’s will become even more dependent on the generous support of benefactors like you.

So thank you—for what you’ve done to support St. Luke’s in the past and what you may do in the future. You obviously have choices about how to direct your philanthropic dollars and we deeply appreciate your commitment to St. Luke’s. It’s hard to imagine a more important contribution you could make than the gift of good health. For the good health you’ve given with your contributions, we thank you!

Brad Holmes
Vice President of Philanthropy

P.S. Please come by to see us. We would appreciate the opportunity to show you firsthand the difference your philanthropic dollars have made and will continue to make!
You're going to need heart surgery. How would you feel if you heard these words? You'd probably experience a range of emotions—perhaps apprehension, fear, confusion, or uncertainty, but maybe you would also feel relief—relief that a step was going to be taken to address your problems. And, if you were a patient at St. Luke's Medical Center in Milwaukee, you might even feel "hope" and "confidence"—because you would know that you were in the hands of some of the most experienced cardiac surgeons in the country.

St. Luke's performs triple the number of heart surgeries of any medical center in Wisconsin and is among the top 10 volume providers of heart bypass surgery, coronary angioplasty, and cardiac catheterizations in the nation. St. Luke's has the largest number of cardiac facilities in Wisconsin, including twenty surgical suites with six dedicated to cardiac patients and ten cardiac catheterization suites. In the past five years, nearly 10,000 patients have been transferred to St. Luke's from other hospitals to receive heart care. This volume of patients is significant from the patient perspective since studies repeatedly show that hospitals doing larger volumes of cardiac procedures have significantly lower mortality rates.

St. Luke's has a reputation for being at the forefront of cardiac care in the country and throughout the world, as evidenced by the fact that patients from 45 states and 12 countries have traveled to St. Luke's for its advanced cardiac services in the last three years. Also, physicians from around the world travel to St. Luke's to train with St. Luke's cardiac physicians.

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As the impressive list of pioneering innovations listed on page 10 indicates, St. Luke's has continually been a nationwide cardiac care leader in state-of-the-art technology—with a record of more than 25 heart care "firsts" in the state, region, and nation. A good motto for St. Luke's cardiac patients is: 'If it's being done anywhere in the country, it's probably being done at St. Luke's.'

This article focuses on some of the recent innovations in heart care which St. Luke's is offering patients and on two of the heart surgeons who are performing these procedures—John D. Crouch, M.D., and Alfred J. Tector, M.D. These two surgeons...
St. Luke’s is now offering selected patients “minimally invasive cardiac surgery”—a new approach to heart surgery which provides significant benefits for patients, including much smaller incisions and reduced hospital stays.

Minimally invasive heart surgery

Heart surgery tends to conjure up images of lengthy incisions and lengthier recoveries, but those images may start to change because of new procedures being developed in cardiac surgery. St. Luke’s is now offering selected patients “minimally invasive cardiac surgery”—a new approach to heart surgery which provides significant benefits for patients, including much smaller incisions and reduced hospital stays. Dr. Crouch, Dr. Tector, and other surgeons have performed close to 100 minimally invasive procedures at St. Luke’s in the last year-and-a-half, positioning St. Luke’s among a handful of medical centers in the country with significant experience in this advanced approach to heart surgery.

While minimally invasive procedures have been common for quite some time in a number of other surgical areas, this approach has developed more slowly with cardiac surgery because of the need for a large area of visualization and the advantages of operating on a heart which is not beating. During traditional heart bypass surgery, a large incision is made in the chest so the breast bone can be sawed apart and the ribs pulled aside. Circulation is routed through a heart-lung machine, making it possible to stop the heart’s beating during surgery.

However, a minimally invasive procedure requires a much smaller incision and surgery can be performed on a beating heart. Various medications or mechanical techniques can be used to slow the beating heart during surgery. During a minimally invasive procedure, a small incision (about 3 inches) is made beneath the left breast between the ribs, exposing the heart and the area that needs to be bypassed. The surgeon’s direct visualization of the area is enhanced by specially designed microsurgical instruments used during the procedure.

The incision leaves a less prominent scar than conventional heart surgery. The patients are not sedated for as long a period of time and, as a result, their stays in the intensive care unit and hospital are usually considerably shorter than with traditional heart surgery. Minimally invasive beating heart surgery is currently limited to patients who need only one or possibly two bypasses.

When Annarose Kehr learned last November that she would need heart bypass surgery, she thought she knew what to expect since her husband had bypass surgery three years before. She says, “I knew I was in for quite an ordeal. I thought they would open up my chest and I would have a large scar. I expected to take a long time to recover.” However, Dr. Crouch told Annarose, who only needed one bypass, that she was a candidate for a minimally invasive procedure.

She says, “I was surprised at how quickly I recovered. I was only in the hospital for three days and I came home with very few restrictions. My scar is very small. I was back to driving in three weeks and I joined my bowling team again in January.”
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ST. LUKE'S IS NOW ALSO OFFERING PATIENTS ANOTHER PROCEDURE AIDED BY A NEW TECHNOLOGY—THE HEARTPORT'S PORT-ACCESS™ SYSTEM WHICH EXPANDS THE KINDS OF HEART SURGERY THAT CAN BE PERFORMED WITH MINIMALLY INVASIVE TECHNIQUES.

Heartport Technology

St. Luke's is now also offering patients another procedure aided by a new technology—the Heartport's Port-Access™ system which expands the kinds of heart surgery that can be performed with minimally invasive techniques. The Heartport allows the surgeon to stop the heart temporarily while performing coronary artery bypass grafting or while replacing or repairing a mitral valve. At the same time, the system maintains oxygenated blood circulation throughout the body. During a Heartport procedure, small openings, or "ports," are placed between the patient's ribs. The Heartport has the advantage of a small incision while still allowing the surgeon to perform multiple bypass surgery. Dr. Crouch points out, "Using the Heartport system, we've been able to perform a four-vessel bypass with a mini incision."

The Heartport has also been used for mitral valve procedures. Dr. Crouch, who performed St. Luke's first Heartport valve procedure in May, says, "Heartport allows us to use minimally invasive techniques during valve procedures as well as expanding the possibilities for performing other procedures, including surgery for congenital disorders. Patients obviously find the Heartport procedures very appealing because they tend to spend a shorter time in the hospital and recover more quickly."

Robert Arndt, Dr. Crouch's patient who underwent mitral valve surgery with the use of the Heartport, came home from St. Luke's three days after the procedure—on his 70th birthday. He says, "I feel so good that it's hard to believe I had heart surgery. I just have a small incision on the left side of my chest and I've hardly felt any pain." Dr. Crouch points out that with conventional, open-chest valve procedures patients may be in the hospital for seven to ten days and it takes many weeks for them to fully resume their regular activities.

"I feel so good that it's hard to believe I had heart surgery. I just have a small incision on the left side of my chest and I've hardly felt any pain."

— Robert Arndt

Minimally invasive procedures and the Heartport system are particularly useful with patients who have other medical conditions, such as kidney or lung problems, and would benefit from having heart surgery.
with minimal complications. Minimally invasive procedures will increase the numbers of these patients who can undergo surgery and increase their chances for having successful surgery.

The FDA approved the Heartport system last November, but it is still not being widely used across the country. As of July, St. Luke’s was the only hospital in Wisconsin using the system.

Dr. Crouch says, “I feel the Heartport has real potential for a variety of different procedures in the future.” However, he also points out that while preliminary results with minimally invasive and Heartport procedures at St. Luke’s have been excellent, it will be some time before long-term results are known. He emphasizes, “The key to the effectiveness of these new procedures, of course, is good results. We are seeing good results in the short term, but we need to see how these patients do well into the future. St. Luke’s and other medical centers using these techniques will be carefully tracking these patients for many years.”

**Ventricular remodeling**

Another interesting new procedure being pioneered at St. Luke’s is “ventricular remodeling,” also known as the “Batista Method,” because it was developed by Dr. Randas J.V. Batista, a Brazilian surgeon. Working in the jungles of Brazil, Dr. Batista did not have access to the advanced equipment heart surgeons have in the United States. Ironically, it may have been this lack of technology that led Dr. Batista to develop his innovative technique. At his rural hospital, he lacked the equipment to perform heart transplants, but many of his patients were desperately ill with enlarged hearts as a result of parasites and they had no other surgical options. He found that by actually cutting out a portion of the heart and reducing its size, the heart muscle pumps more vigorously and efficiently. He has performed this procedure on more than 400 patients in Brazil, many of whom are now leading normal lives.

During ventricular remodeling, also called “heart reduction surgery,” a portion of the left ventricle of the heart is removed in order to help enlarged and weakened hearts pump more efficiently. The hope is that this procedure will become an effective treatment for some patients with congestive heart failure which frequently results from cardiomyopathy, a common disease that causes the heart to enlarge and pump inefficiently.

More than 3.5 million people in the United States have congestive heart failure. For some of these patients, heart transplantation has been their only hope for survival, but because of the dire shortage of donor hearts, many of them die waiting for hearts that do not become available in time.

Dr. Alfred Tector, who has performed seven of these procedures at St. Luke’s, is cautious about being too optimistic, but he says, “Because experience with ventricular remodeling is limited, results are preliminary; however, in certain selected patients,
the need for a heart transplant may be postponed or eliminated. The ventricular remodeling procedure makes good sense, but the question remains as to who will benefit from the procedure and for how long.”

He emphasizes, “This is one of a full range of procedures that are available for the surgical management of heart failure patients. We will continue to evaluate this procedure; however its availability at St. Luke’s is another example of the hospital’s commitment to offering patients the latest in procedures that are evolving.”

Lawrence Bock was the first person to undergo ventricular remodeling at St. Luke’s. At 56 years old, he was shocked to discover that his heart was failing and he would probably need a transplant. He recalls, “I’ve been healthy my entire life, but suddenly I had trouble breathing and I was diagnosed with heart failure. At first when I heard about the transplant, I thought that there must be another way to go. Then Dr. Tector told me about this new method. I had never heard of it and no one had done it at St. Luke’s. I knew I would be the first one, but I had faith in Dr. Tector so I said ‘Let’s go for it.’ I was very glad to keep my own heart and not go on all those medications.”

**The HeartMate**

Dr. Tector is optimistic about another new technology called the HeartMate® which is a heart assist device designed to improve the pumping function of the left ventricle, one of the two main pumping chambers of the heart which does 80 percent of the heart’s work. Until recently, the HeartMate was used temporarily to help patients who were awaiting transplant, but earlier this year, Dr. Tector implanted the first permanent HeartMate at St. Luke’s Medical Center in a patient who was ineligible for a transplant because of his age. The HeartMate is especially exciting because it offers a surgical option to patients who are not eligible for heart transplants because of age or other medical conditions, such as diabetes or marginal kidney function.

During the surgical procedure, the HeartMate device is usually positioned in the abdominal cavity and is attached parallel to the cardiovascular system so that the heart’s natural pathways are not disturbed. It then produces the energy the heart cannot provide to push blood through the body’s arteries. Dr. Tector anticipates that in the future more patients will be treated with the HeartMate and similar support devices. In addition to offering patients a very effective treatment option, it is likely that these devices will prove to be less costly than prolonged treatment with medications and hospitalization.

**Progress in bypass surgery**

Since St. Luke’s Medical Center performed its first multiple bypass operation in 1968, many advancements have been made in performing these procedures. Dr. Tector has published and lectured extensively all over the country on his findings and experience related to bypass
Since St. Luke's Medical Center performed its first multiple bypass operation in 1968, many advancements have been made in performing these procedures.

Grafts. He points out that one of the most important facts learned through the years is that the long-term success of coronary artery bypass grafting is mainly dependent on how long the bypass grafts remain functional and free of obstruction and the occurrence of new disease in the coronary arteries below the bypass graft site.

Bypassing all of the obstructed coronary arteries with the bypass graft that lasts the longest should offer the patient the best long-term result. The bypass grafts that are available for grafting include the saphenous vein (in the leg), the radial artery (from the arm), the gastroepiploic artery (from the stomach), the inferior epigastric artery (from the abdominal wall), and the internal mammary arteries. The internal mammary artery is the only elastic, medium-sized artery in the body and is the bypass graft that is least likely to become obstructed from atherosclerosis. Dr. Tector emphasizes, “We have seen internal mammary artery grafts that are free of obstruction 25 years after they were bypassed.”

Dr. Tector’s experience has shown that when internal mammary artery grafts are bypassed to the left anterior descending coronary artery, survival is improved by 12 percent at ten years after the operation. He has also found that the internal mammary artery has the highest rate of staying open of any of the bypass grafts at ten years. While only 50 percent of the saphenous vein grafts are open, 90 percent or more of the internal mammary artery grafts are free of obstruction ten years after surgery.

Dr. Tector comments, “Because the internal mammary artery is the most ideal bypass graft, we attempted to bypass as many of the coronary arteries as possible during the 1980s with these grafts. By 1990, we were able to bypass all of the coronary arteries with only the internal mammary arteries in most patients undergoing coronary bypass surgery. Removing one internal mammary artery and sewing it to the other internal mammary artery that is left attached to its artery of origin allows enough length for grafts to reach all of the coronary arteries. This technique, known as the ‘T graft’, has been performed in nearly 1,000 patients with encouraging early results. It will probably take another ten years to determine the long-term benefits of this procedure.”

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— Dr. Alfred J. Tector

The Karen Yontz Women’s Cardiac Awareness Center

The establishment of the Karen Yontz Women’s Cardiac Awareness Center at St. Luke’s last year represents another trailblazing cardiac care initiative since St. Luke’s was one of the first medical centers
in the country to recognize the importance of addressing women’s heart care issues. Heart disease is the most devastating condition American women face today. The mission of the Center is to heighten awareness about women and heart disease by providing and supporting research on prevention of heart disease.

**Cardiac disease advancements**

The importance of continuing advancements for the treatment of cardiac disease cannot be overemphasized. Cardiovascular disease is the number one killer in the United States (for both men and women).

The shortage of donor hearts makes it even more imperative that other options are offered to patients with heart failure. In the United States, approximately 2,300 heart transplants are performed annually; however, an average of 50,000 people need either a transplant or some kind of long-term support device.

Fortunately, St. Luke’s intends to maintain its leadership position in technically advanced cardiac care and philanthropy will have an ever-increasing role in St. Luke’s ability to maintain its pioneering edge. Many of St. Luke’s “cardiac firsts” (listed on the next page) would not have been possible without the support of generous donors committed to state-of-the-art heart care and, in the future, their support will be even more crucial. (See the vice president of philanthropy’s message on page 2 of this issue.)

Dr. Tector, who has been doing heart surgery at St. Luke’s for 27 years, sees innovations continuing to be developed in the area of surgical management of heart failure and he anticipates that St. Luke’s will continue to enthusiastically embrace advancing technology. He says, “St. Luke’s has always been at the forefront of evaluating new treatments and then implementing them. It started with coronary bypass surgery and now these new procedures are just further steps in the process of providing the latest and most effective surgical options and care for patients.”

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— Dr. Alfred J. Tector
1956: Purchased first heart pump in Wisconsin, the forerunner of today's heart-lung machine.

1960: Began Wisconsin's first cardiac catheterization program.


1968: Performed the first multiple coronary bypass surgery among Milwaukee's private hospitals.

1968: Performed the Midwest's first heart transplant.

1978: Began using a beeper system to monitor heart rhythms of cardiac patients, the first system of its kind in Milwaukee-area hospitals.

1984: Opened Wisconsin's first cardiac catheterization lab with a multi-axis lateral system totally dedicated to cardiac procedures.

1986: Implanted Wisconsin's first Jarvik-7 artificial heart as a bridge to transplant, making St. Luke's one of a limited number of centers in the U.S. where this procedure has been performed.

1987: Became Wisconsin's first hospital to use the drug TPA for emergency treatment of heart attack victims.

1989: Performed the first successful coronary laser angioplasty in Wisconsin.

1989: Implemented use of a portable heart-lung machine in its Cardiac Catheterization Lab.

1990: Became Wisconsin's first hospital to receive Medicare approval for heart transplants.

1990: Made available Wisconsin's first external semiautomatic defibrillator system for home use.

1990: Performed its 100th heart transplant operation.

1991: Became Wisconsin's first hospital to insert a "stent" into a patient's coronary artery to prevent collapsing.

1992: Initiated second phase of transmyocardial laser revascularization procedures on the beating heart.

1994: Became the Midwest's first hospital to implant the electric HeartMate® ventricular assist device, and the first to manage the care of a patient at home while his heart was supported by this device.

1995: Became the first hospital in the Midwest to successfully complete a heart transplant on a patient who had been living at home while his heart was supported by an electric HeartMate.

1996: Became one of a handful of hospitals in the country using minimally invasive heart surgery techniques.

1996: The Karen Yontz Women's Cardiac Awareness Center—one of the first programs in the country focusing on women's heart care—is established at St. Luke's.

1997: Became one of a limited number of hospitals performing ventricular remodeling.

Regular visitors to St. Luke's Medical Center will be glad to know that the current construction projects will be over soon, resulting in improved convenience and accessibility for patients. Bill Romo, the regional director of construction and facility development for Aurora Health Care, recently discussed these construction projects.

He pointed out that there are several major related projects taking place simultaneously. One is the construction of St. Luke’s third physician office building (officially named St. Luke’s Physician Office Building) on the north end of the campus. The other highly visible new structure is a skywalk connecting the medical center to the physician office buildings. When the skywalk is completed, it will be possible to walk between any of the office buildings and the medical center without going outside. In addition, the entire area in front of St. Luke’s main entrance on 27th St. is being redesigned to enhance the flow of traffic.

Bill says, “While we know construction is always inconvenient while it’s taking place, the end result will mean a much more convenient and service-oriented facility for our patients. The good news is that the most disruptive part of the construction is almost completed.” Bill anticipates that the new office building and skywalk will be in use by the end of this year.

There are also a number of other projects underway aimed at improving service to patients. In the emergency department, a new eight-bed section is being completed for longer term emergency care. Rebecca Long, director of emergency services, says, “This new area is being designed for patients who may need to stay in our department for up to twelve hours while they are being treated. Each bed is in a private room with a TV and VCR so that patients can be more comfortable during their time with us. We think our patients will really appreciate the privacy and other amenities these rooms will offer them while they are in the emergency department.”

Other projects include a new test center being located close to the main entrance of the new physician office building for the convenience of patients and a state-of-the-art interventional lab where highly sophisticated imaging and neuroendovascular procedures will take place.

While not as obvious to patients, another vitally important new project which has just been completed is the new electrical switch building on the southwest corner of the campus. Bill Romo says, “This new building is very important to the operation of the medical center because it allows us to redo the facility’s entire power distribution system, increasing its capacity and efficiency. This opens the door for handling more technology and improving our heating, ventilation, and air-conditioning systems.”

When asked if construction will ever end at St. Luke’s, Bill Romo smiles and says, “I hope not.” As always, St. Luke’s will continually strive to update and improve its health care services to patients and this will inevitably mean new construction in the future. But, for right now, you can expect to enjoy the benefits of these current exciting projects soon. (See the last page of The Spirit for photos of construction in progress.)
The Barrs have a joy for living and concern about the future of health care in our community that is very special—and very much appreciated."

— Brad Holmes, Vice President for Philanthropy

Dedicated St. Luke's benefactors, Hope and John Barr, were honored this spring at St. Luke's Philanthropists Club's Dessert Gala as Philanthropists of the Year. This annual award was created to honor individuals who through their generosity and voluntary commitment have made a significant difference in the lives of St. Luke's patients.

The Barrs, who just celebrated their 56th wedding anniversary, have always led active, productive lives. Hope Barr was an elementary school teacher for 44 years. She recalls beginning her teaching career in 1941 in a one-room school house in Racine County where she taught eight grades at one time. She comments, "People think I wore high-top, buttoned shoes and long skirts, but it wasn't that long ago!" John owned and operated service stations for many years and then established his own successful business as a car service advisor.

While the Barrs describe themselves as "retired," that description doesn't begin to reflect the busy, involved lives they lead. They participate in a variety of community volunteer activities, including regularly contributing their time to assist St. Luke's Office of Philanthropy with mailing projects. (Hope says, "We have so much fun stuffing envelopes at St. Luke's. We meet great people!")

The Barrs also love to travel and have taken many wonderful trips in this country, Canada, and Europe.

The busy pace of their lives was temporarily interrupted about ten...
When John was diagnosed with cancer, he says, "It's a tribute to St. Luke's and my oncologist, Dr. John P. Hanson, that I'm doing so well today. I will always be grateful for the expert care I received at St. Luke's."

Because the Barrs were so impressed with the cancer program at St. Luke's, they have directed a significant portion of their contributions to the Immunotherapy Department, which is conducting state-of-the-art research on cancer treatments. John says, "We want to support the important research going on at St. Luke's in the Immunotherapy Department. I believe this research will make a major impact on cancer treatment in this country."

The Barrs were pleased to receive the Philanthropists of the Year Award from St. Luke's. Hope says, "We were very honored to be recognized by St. Luke's in this way."

She adds with a chuckle, "I was so surprised—I felt like I was being named Miss America."

Brad Holmes, vice president for philanthropy at St. Luke's says, "We were pleased to honor such outstanding benefactors of St. Luke's Medical Center. The Barrs have a joy for living and concern about the future of health care in our community that is very special—and very much appreciated."

"We want to support the important research going on at St. Luke's in the Immunotherapy Department. I believe this research will make a major impact on cancer treatment in this country."

—John Barr

The Barrs' approach to philanthropy can be summed up in an inspiring quote they have prominently displayed in their home. It says, "He who gives while he lives, also knows where it goes."

ST. LUKE'S PHILANTHROPISTS CLUB DESSERT GALA

The Dessert Gala is held each spring to recognize members of St. Luke's Philanthropists Club. This organization was established to honor friends of the hospital who have made an annual gift of $100 or more to benefit the patients at St. Luke's.

Other membership benefits include the member's name on a unique display in St. Luke's distinguished recognition area.

For more information on becoming a member of St. Luke's Philanthropists Club, please call Laverne Schmidt, director of development, at 414-6497123.

Honorary Philanthropy Committee: Kenneth and June Jorgensen, Albin and Irene Rutkowski, Carl and Donna Kirst, attending the 1997 Dessert Gala.
MR. AND MRS. JOHN J. JAEGER

John and Frances Jaeger have been supporting St. Luke's since John's successful multiple bypass surgery in 1990. John Jaeger says, "The care I received at St. Luke's was first-rate. I believe that Milwaukee is very fortunate to have St. Luke's Medical Center which is one of the leaders in medicine in our state. St. Luke's is on the cutting edge of medicine. I also think it is important for those who are capable to support St. Luke's. We want to see research and technology continue to progress. That's why we make regular donations."

John, who was the president and one of the owners of a bank for many years, retired about nine years ago. The Jaegers used to spend quite a bit of time traveling, but now they are very busy enjoying and helping care for their four small grandchildren—ages 4, 3, 1, and 1. John points out, "Children that age require a lot of attention. They're also a lot of fun." The Jaegers are also active volunteers at their church.

As a result of his wife's encouragement, John has started to update his computer skills. He is learning to explore the Internet and to work with new software. He says, "I'm trying to balance my time so I don't spend too much time on the computer." With four active grandchildren, that hasn't been too hard.

"I also think it is important for those who are capable to support St. Luke's. We want to see research and technology continue to progress. That's why we make regular donations."
— John Jaeger

MR. AND MRS. ROBERT J. BYERS

Robert Byers is retired from a company in the industrial control field that he started with a partner about 40 years ago. The company has been very successful and presently distributes electrical and electronic equipment which is used to control machinery and other industrial equipment. When asked what he and his wife, Mary, are doing during retirement, he replies with a chuckle, "Everything."

Robert Byers had heart bypass surgery at St. Luke's about ten years ago and feels better at 67 than at 55. Both he and Mary lead a very active life. During the winter, the Byers live in Florida where they have rebuilt five homes and still own three of them on Anna Maria Island. The property is on the ocean and they enjoy taking trips on their boat with their cat, Max ("a great traveling companion"). When they're in Wisconsin, they live on a small farm outside of Saukville where they focus on conserving and appreciating the natural plants and animals on their land.

Asked why they support St. Luke's, Robert says, "Once you've had your heart stopped and re-started, you become very interested in medical care. I'm particularly interested in the research which is going on in the field of heart care and I would like our contributions to support those efforts. During a crucial time in my life, St. Luke's provided outstanding surgical care and the result has been..."
very positive—I feel good. The track record at St. Luke's in heart care is absolutely excellent and I want to see this continue."

**DAVID PAVLICH**

Thirty-eight years ago, David Pavlich was one of the founders of Do-Cast Industries in West Allis—a company which makes wood and metal patterns for the foundry industry. His two sons are now operating the company, though he still enjoys working part-time.

David's history with St. Luke's goes back many years. His daughter was born at St. Luke's and he had his appendix out at St. Luke's after being in Korea with the Marine Corps. More recently in 1980, he had three bypasses performed during open heart surgery and in 1992 he had six more bypasses. He is currently being treated for heart arrhythmias, but, he says, "Right now I feel good." He is proud of the fact that he and his wife, Geraldine, have been happily married for 42 years.

He emphasizes, "My experiences at St. Luke's have been excellent. I would recommend that anyone with heart problems go to St. Luke's. I really think I've benefited from the advanced technology that's been available. I also appreciate the wonderful care I've received from the doctors and nursing staff. It's a comfortable place to be. I have faith in St. Luke's."

He continues, "My contributions to St. Luke's have primarily gone toward buying new equipment for the latest heart surgery techniques. I believe in supporting technology. St. Luke's needs support to keep offering patients the best care."

**RICCI MANE**

Ricci Mane is a heating, ventilation, and air-conditioning technician who has been employed at St. Luke's for 17 years. As an enthusiastic member of St. Luke's Employee Philanthropy Club, Ricci says, "It was an easy decision to give to St. Luke's because St. Luke's has done so much for me. Giving back to St. Luke's makes me feel like I can do something in return."

Ricci points out that as an employee he is in a unique position to appreciate the excellence of health care at St. Luke's. He emphasizes, "I continue to be impressed with the quality of care I see all around me. All the departments here work so well together and the patients definitely benefit."

Ricci and his wife have three children under 12—all of them very active in a variety of sports and other activities. Ricci coaches soccer and baseball for his children's teams and is active himself in indoor soccer in the winter and volleyball in the summer. He and his family have traveled all over the country and particularly enjoy skiing and camping.

Ricci says, "Because of St. Luke's, I've been able to raise a family and contribute to my community. St. Luke's is not just a place to work. My career is at St. Luke's and I really want to contribute to the future of the hospital."
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The photographs on these pages were taken at the 1997 Dessert Gala.

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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.

**ST. LUKE’S MEDICAL CENTER IS PIONEERING A GENTLER APPROACH TO HEART SURGERY.**

WISN-TV (ABC) Channel 12
Channel 12 News at 6:00  
May 21, 1997

**Mike Anderson, co-anchor:** It’s the first in Wisconsin to use new technology on open-heart patients. Renée Riddle joins us from the newsroom to tell us more about this story.

**Renée Riddle reporting:** Well, Mike, the new procedure is making open-heart surgery much less ‘open.’ You know, traditionally, the heart surgery had to use a bone saw to cut through the rib cage to get to the heart. But as we’re going to show you, one surgeon at St. Luke’s is finding out there are less invasive ways to do his job.

**Dr. John Crouch, M.D. (St. Luke’s Medical Center, C.S.V.A.):** How are you feeling?

**Joyce Lupi (heart patient):** Great.

**Crouch:** Nice to be out of the intensive care unit, isn’t it?

**Lupi:** Yes.

**Riddle:** One day after heart surgery, and sixty-nine-year-old Joyce Lupi has already been up walking.

**Lupi:** That part I like, that they didn’t have to cut my chest open.

**Riddle:** For patients, that means less pain, quicker recovery, and shorter hospital stays.

**Crouch:** The concept of getting the patients up, out of bed, and out of the hospital sooner is really what’s demanding we look at other ways of doing open-heart procedures.

**Lupi:** I would recommend it to anybody.

**Riddle:** And Lupi should be back home in Kenosha by Friday, and back to full activity within two weeks. Now, that’s half the recovery time of conventional open-heart surgery. St. Luke’s does about eighteen hundred open-hearts every year, and they’re hopeful this new type of procedure could work for almost 40 percent of those patients.

**Mike Anderson:** Another medical miracle. Thank you, Renée, and we wish Lupi the best.
NEW BREAST BIOPSY SYSTEM OFFERS WOMEN ANOTHER OPTION

WTII-TV (FOX) Channel 6  
Fox Six Prime Time News  
April 27, 1997  
9:00 - 10:00 PM

Bill Gaines, co-anchor: When a woman is told she needs a breast biopsy to study suspicious tissue that might be cancer, it’s scary enough.

Molly Fay, co-anchor: Now, a new option provides relief to many women because it doesn’t involve full-blown surgery. Here’s Julie Feldman, with tonight’s Medical Breakthrough.

Julie Feldman reporting: This small cylinder is part of the newest way to biopsy, even remove, suspicious breast tissue, without full-blown surgery.

Wendy Mikkelson, M.D. (St. Luke’s Medical Center): If we can progress to using a treatment that’s less invasive, but gives the same information, I think it’s a real advance.

Feldman: It’s called the ABBI System, and it made a difficult time for Jill Pernacci Schader easier. Jill knows too well, breast cancer can strike anybody, anytime. She was diagnosed with breast cancer when she was forty-four. Her mother had breast cancer, which leaves Jill at risk. Indeed, her latest mammogram turned up suspicious tissue.

Schader: It’s kind of frightening.

Feldman: Because of her family history with breast cancer, Jill wanted all of the questionable tissue not only biopsied, but taken out, whether it was cancer or not.

Schader: I wanted it out of there.

Feldman: Several years ago, her options were limited. For Jill, who wanted the entire suspicious area removed, her only alternative would have been traditional surgery, a trip to the operating room, probably some sedation, and a full incision—a more extensive procedure than the ABBI.

Mikkelson: It was an option that wasn’t there two years ago.

Feldman: With the ABBI, the patient lies on this bed, face down. The breast falls through an opening.

Mikkelson: What Laura’s doing is putting in a phantom breast—it’s a model.

Feldman: A paddle is used to compress the breast.

Mikkelson: This area of density right here . . .

Feldman: That way, doctors can take computer-driven pictures, clear enough to map out the questionable tissue.

Mikkelson: . . . There, there—they’re very faint. This will change the machine’s . . .

Feldman: Coordinates are fed into a machine, which targets the tissue. A local anesthetic numbs the breast. Now, using the coordinates, a needle is inserted, right into the bad tissue. An anchor goes through the needle, to hold everything in place.

Mikkelson: The tip of the needle’s right there.

Feldman: Once doctors see everything is in the right spot, a surrounding cylinder, with sharp edges, pushes forward. It cuts around the questionable tissue, and removes it.
Mikkelsen: . . . That we wanted removed.

Feldman: Jill was awake through the whole procedure.

Schadr: I didn’t feel a thing. I—I truly did not feel a thing.

Feldman: Jill went back to her teaching job the very next day. She was left with a little soreness for about a day, a small incision, and a very important piece of mind. Julie Feldman, For Six News.

Fay: Now, footnotes: Jill’s biopsy came back, and it wasn’t cancer. Still, she’s glad the area was removed; one day, it could have turned into cancer.

Finally, the ABBI system is not for everyone. If a woman has a lump she can already feel, that would need to be surgically removed.

Now, if you have any questions, you can call St. Luke’s Breast Care Program at 649-7605.

JOINT REPLACEMENT SURGERY HAS HIGH SUCCESS

WTIT-TV (FOX) Channel 6
TV 6 News At Five
5:00-6:00 p.m.
March 14, 1997

Bill Gaines, co-anchor: But replacement surgery can bring those joints back. Carl Zimmerman has the story in today’s Time of Your Life report.

Carl Zimmerman: Mary Rinks battled osteoarthritis in her knee for five years. It was a progressive problem that left her in pain almost constantly.

Chris Evanich, M.D. (St. Luke’s Medical Center): Hi, Mary. How are you doing?

Zimmerman: So, Dr. Chris Evanich recommended knee replacement surgery. Mary has now undergone surgery, a short period of rehabilitation, and is recovering nicely. Joint replacement surgery is often recommended as a last resort for people suffering from the effects of wear and tear on the joints.

Evanich: What you don’t see on the x-ray is what’s between these two metal components and that is a high molecular weight plastic, which serves as the articulating surface. So these patients no longer, are grinding their bone against the bone. But rather, it’s a smooth articulating surface which considerably relieves their pain.

Zimmermann: And the procedure has a very high rate of success.

Evanich: Here, right now, studies have shown that the success rate, even up to now, ten and fifteen years out, is well over 90 percent.

Mary Rinks (patient): Feel great. There is no pain. I walk perfectly.

Evanich: See you, Mary, in about six weeks for your next check-up.

Zimmerman: I’m Carl Zimmerman and this is the Time of Your Life.
PATIENT PRAISES LOMBARDI CANCER CENTER

Hartford Times Press
March 20, 1997

In August of 1994, Nina Lenz, a resident of Hartford, found a small lump under her arm when she was on vacation. She dismissed the lump because she believed it was caused by all of the driving she was doing while on vacation.

Nina recalls how her life turned upside down a month later. "I had always done breast self-exams in the past so when the lump was still there I decided to see Dr. David Chen, an internal medicine physician at the Aurora Medical Group in Hartford. Dr. Chen recommended that I see Dr. Saleem Bakhtiar, a surgeon at Hartford Memorial Hospital. Dr. Bakhtiar suspected a tumor and did a mammogram," Nina remembered.

Within a few days following the results of her tests, Nina had a modified radical mastectomy at Hartford Memorial Hospital. She was then referred by Dr. Bakhtiar to see Dr. John Hanson, an oncologist at the Vince Lombardi Cancer Clinic at the Aurora Health Center in Slinger, where she began 11 months of chemotherapy to continue her battle against breast cancer.

"I found the Vince Lombardi Cancer Clinic staff to be very reassuring and comforting during my chemotherapy. I was the first person in my family to have breast cancer, and it was a scary experience. But Sharon Neidinger, cancer services coordinator, and the rest of the staff at the Vince Lombardi Cancer Clinic were very helpful," Nina shared.

After completing 11 months of chemotherapy, Dr. Hanson continued to help Nina and thought she would be a good candidate for an autologous bone marrow transplant. Bone marrow is the spongy tissue inside bones which manufactures the various components of the blood and the immune system.

Nina would have the autologous bone marrow transplant at St. Luke's Medical Center under the care of Dr. Jonathon Treisman, an oncologist at the Vince Lombardi Cancer Clinic in Slinger. An autologous bone marrow transplant involved having Nina's own marrow collected, treated, stored, and returned to her. St. Luke's is the only facility in Southeastern Wisconsin (one of two in the state) to concentrate exclusively on autologous transplantation.

One week after having the bone marrow extracted, Nina continued her treatment with high doses of chemotherapy to kill off any remaining breast cancer cells. "I rested for two days following the chemotherapy before my bone marrow was reinfused and put back in me," Nina said.

After a 21-day stay at St. Luke's, Nina returned to Hartford and the Vince Lombardi Cancer Clinic in Slinger to begin Neupogen injections and daily assessments. These injections were done on a daily basis for about two weeks. Nina says the injections work by stimulating the bone marrow to produce more white blood cells to fight infections.

Fifty days after the bone marrow transplant, Nina began 33 radiation treatments. "A van picked me up at my home to take me to St. Luke's for the radiation treatments. The van service is really excellent. It saved me from having to drive to St. Luke's, Nina stated.

Nina is doing well now, but she still has not given up the fight against breast cancer. "The Vince Lombardi Cancer Clinic staff and Drs. Hanson and Treisman keep close watch. I now see the doctors every two months and go in for blood tests every month. I have even had bone marrow biopsies to make sure all is still going well," Nina said.

Nina says she was angry when she was first diagnosed with cancer. Her son and husband were very upset as well. She thinks her positive attitude helped her fight the cancer. "It irritates me when people don't try to fight the cancer. Dr. Hanson and Dr. Treisman can help people who have cancer. They have such a positive outlook and caring attitude. They are always concerned about what they can do for you," Nina shared.

Nina fought cancer and is winning the battle. She says having the resources available and knowing what
questions to ask is important when trying to overcome a disease like this. Nina says she often used the resource center at the Vince Lombardi Cancer Clinic which includes books, videos, and computer information. Another resource individuals can use is the Vince Lombardi Cancer Clinic Hotline, 1-800-252-2990. The hotline is a way for people to access all of the resources about cancer in their community and nationwide. Kathy Griebenow, hotline assistant, answers hotline calls and says the hotline helps people explore all of the available options. "When people call I listen to them and help them identify ways to fight their cancer," Kathy said.

Nina says she “can’t say enough about the care she received at the Vince Lombardi Cancer Clinic” in Slinger. She has returned to work full-time as a bank teller and is happy about being able to do good things for others.

**TAX SEASON STRESS MAY AGGRAVATE ULCERS**

**WISN-TV (ABC) Channel 12**
**Channel 12 News 10 O’Clock**
**April 14, 1997**

**Kathy Mykleby, co-anchor:** Well, the big countdown starts; the stress of getting taxes filed on time is certainly growing.

**David Davis, co-anchor:** And so, possibly, is something else—an ulcer. Health reporter Jodi Lyon has the story.

**Jodi Lyon:** The dread of tax season . . .

**Robert Kempke (ulcer patient):** Yes, it is stressful. But, there’s worse things in life.

**Lyon:** Like a bleeding ulcer.

**Kempke:** I woke up in the morning and had a little breakfast, and didn’t feel just right and started coughing up the blood.

**Lyon:** Robert Kempke, of Oak Creek, is a single parent of three. Stress, after preparing his own taxes, plus returns for his kids.

**Kempke:** . . . Taxes, yes, probably as much as anybody else’s; although, since I have four of them to do, it’s more of a workload, I think.

**Lyon:** The fact is, stress cannot cause ulcers, but it can aggravate them. In fact, more than 90 percent of ulcers are caused by a bacteria called *H. pylori*. It’s passed from person to person. Sixty percent of spouses of people who have *H. pylori* also have *H. pylori*, and are, therefore, at increased risk for ulcers. So do 40 to 50 percent of their children.

**Dr. Michael Schmalz (St. Luke’s Medical Center):** This time of year, everybody’s a little bit stressed, and there’s a lot on your plate.

**Lyon:** And stress can step up stomach acid production but . . .

**Schmalz:** The majority of ulcer symptoms are brought on—or, ulcers are caused by—infections in the stomach lining.

**Lyon:** Robert does not have *H. pylori*. He just produces a lot of stomach acid that burns sores in the lining of his stomach. During tax time, stress medication helps.

**Kempke:** And, I try and keep organized, stay on top of it, best I can.

**Lyon:** Like Robert you may be able to save yourself the agony by not waiting until the last minute. Jodi Lyon, Channel 12 News, Milwaukee.
Joyce Garbaciak, co-anchor: There's a new way to stop the sometimes excruciating pain of shingles.

Bill Gaines, co-anchor: Shingles are caused by the same virus as chicken pox and in today's 5:00 Check Up, medical reporter Joanne Williams finds the pain cannot only be stopped but kept away as well.

Joanne Williams: Earl Stahl is talking about pain.

Earl Stahl: I never had pain like that before in my life.

Williams: In trying to describe the intense pain he felt from shingles, a viral infection called Zoster, he says it was worse than the pain he felt when he accidentally shot himself in the arm while hunting. The pain was so bad he could not sleep. He wanted relief. He found Dr. Tim Priehs. Dr. Priehs is an anesthesiologist at St. Luke's South Shore who also works in pain management. He used a new method to stop the pain, implanting a fine catheter right into Mr. Stahl's back. Once the catheter goes under the skin, it goes into the epidermal space right about here. The little tube is run right up about three vertebrae, then medication is injected, and it affects a narrow band from the back around to the front, stopping the pain.

Dr. Tim Priehs (St. Luke's South Shore): The nerves right now with the Zoster are just firing a million miles an hour. If I can numb those nerves, . . . the virus will quote, unquote, deactivate.

Williams: The catheter stays implanted for seven to ten days and Mr. Stahl, or his wife, Betty, inject the pain killer three times a day. When the tube is removed, the pain is gone and, in most cases, never returns.

Priehs: His pain goes away. He does fine. Chance of recurrence is only about five percent.

Williams: But Dr. Priehs says there is a catch. This method can only stop the pain if it's used in the first couple of weeks of the shingles outbreak. If doctors or patients wait too long to get started, this method will not be able to stop the pain. So, Dr. Priehs wants other doctors to know about the treatment. It can help people suffering from shingles stop the excruciating pain.

Gaines: Now, Dr. Priehs has information available on the new treatment. To find out more, call the St. Luke's Pain Management Center at 649-6750.
Technology has given us a world of cellular telephones, drive-through meals, and 10-minute oil changes.

It's also given us state-of-the-art healthcare services as well, services that have evolved to meet the constantly changing needs of patients. For about the last decade, a service called "urgent care" has grown into a staple in the community. St. Luke's Health Care Center offers urgent care in both New Berlin and Franklin. The New Berlin Center is located at 14555 W. National Ave., and in Franklin, the Franklin Center is located at 9200 W. Loomis Road.

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

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

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

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

Nadar is a physician in the Urgent Care Center at St. Luke's in New Berlin and Franklin. He is a board-certified family practitioner with eight years of experience in private practice. About three years ago he decided to focus his skills on urgent care. As an urgent care physician, Nadar sees a variety of conditions. Cuts, animal bites, broken bones, ear infections, sprains and strains, respiratory problems such as bronchitis or asthma, urine infections, headaches, and flu are all conditions appropriate for urgent care.

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

He offered two examples of how urgent care serves people. Recently, a man was out teaching his daughter to play golf. "He was hit in the eye with a large divot," Nadar said. "On the weekend, doctors' offices are closed." So, the man came to the Urgent Care Center at St. Luke's to have the grass and dirt cleaned out of his eye. He was diagnosed with a corneal abrasion and treated. Urgent care doesn't require an appointment, and it is much less expensive than a visit to the emergency room, Nadar said.

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

After a chest X-ray and some related tests, Nadar suspected the man might be a good candidate for a heart attack. The patient was sent directly to the hospital. It turned out that the man had 99 percent blockage in an artery. The man had bypass surgery, and came back to thank Nadar for discovering the blockage before it was too late.

After being seen in the Urgent Care Center, people are referred to their regular physician for follow-up care.

"We are here as a safety valve," Nadar said. "Not as a substitute for your own doctor's services."

If one doesn't have a regular doctor, the Urgent Care Center can help by connecting you with a physician.

While Urgent Care Centers are not as well equipped as an emergency room, they are usually better equipped than a doctor's office. St. Luke's Urgent Care Center is open on weekdays from 10 a.m. until 9 p.m., on Saturdays from 9 a.m. until 5 p.m., and from 10 a.m. until 3 p.m. on Sundays.
DEFIBRILLATOR ON EVERY STREET? IT COULD SAVE LIVES
Heart association advocates widespread distribution of devices to boost survival rates from heart attacks
Milwaukee Journal Sentinel
May 4, 1997 Neil D. Rosenberg, of the Journal Sentinel Staff

Local American Heart Association officials and some emergency medical physicians are advocating a bold endeavor: widespread distribution of automatic defibrillators to boost survival rates from heart attacks.

“Ideally, they should be as common as fire hydrants,” said John Whitcomb, head of emergency medicine at St. Luke’s Medical Center, who helped get the devices placed in two medical office buildings nearby.

Why? Despite the massive push to train people in cardiopulmonary resuscitation, the success rate of CPR has remained discouraging.

Only about 20 percent of people who collapse, lose their pulse and stop breathing from heart problems are successfully revived when they arrive at a hospital, said Ronald Pirrallo, medical director of the Milwaukee County Emergency Medical System. And, half of those eventually die in the hospital, meaning that only 10 percent of the original victims survive.

In cities such as New York and Chicago, the save rate is even more dismal: about 1 percent, in part because rescue time is lost in highrises.

Research has shown that for every minute a heart is still, the mortality rate increases 10 percent. The defibrillators, if used within three minutes of a cardiac arrest or lethal abnormal heart rhythm, could save 70 percent or more of those who are clinically dead. However, the chance of someone in Milwaukee County being saved by the use of a defibrillator—with or without CPR—is 11 percent, according to data compiled by local emergency medical system officials.

The reason, with few exceptions, is that the machines now can be found only on fire trucks, paramedic vehicles, and a few private ambulances. Even quick response times—just three to seven minutes—often are too long if a person’s heart has stopped or is beating in an ineffective rhythm.

The answer, many in emergency medicine say, is wider use of the defibrillators—briefcase-sized units that can automatically assess if the heart needs to be shocked, in addition to shocking it.

Using a defibrillator is easy to learn. “It is an idiot’s delight to use,” said Whitcomb.

The importance of the defibrillators has emerged only over the past five or six years, with the growing realization that what kills people who have sudden cardiac problems is either a completely stopped heart or one with a lethal heart rhythm called ventricular defibrillation.

In the latter situation, the heart merely quivers—the appearance has been described as looking like a wet paper bag full of worms. If the heart is not shocked back into normal rhythm within about four minutes, victims suffer irreparable brain damage and then death.

Such “sudden cardiac” deaths account for about 350,000 deaths a year nationwide. Of these, it is estimated that 200,000 occur in people with no known heart disease, according to the American Heart Association.

For Wisconsin, that would work out to roughly 95 sudden deaths per day. The association estimated 100,000 more lives could be saved each year if the machines were more widely available.

The costs would be high. Each unit sells for $3,000 to $5,000, although an official of Marquette Electronics, which makes the devices, said the cost could drop by $2,000 if many more units were sold.

But even at that, equipment and training costs would be in the hundreds of thousands of dollars. Where the money would come from remains an issue.

Advocates say that—in highrises, sporting and entertainment venues, large companies, airports, shopping malls, airplanes, and museums—many lives could be saved if defibrillators were available and enough people were trained to use them.

One example of community use is the Delton Ambulance service, which covers the Wisconsin Dells area and has had a defibrillator since the early 1990s. In
the past three years alone, Delton used it in nine cases and saved four people—a rate of 44 percent, one of the best nationwide.

Delton is one of more than 100 volunteer fire companies, emergency rescue squads, private ambulance services, and police departments scattered throughout the state that use the devices and have non-emergency medical technicians trained in their use. In an effort to make the defibrillators more available, the state changed laws to allow emergency medical technicians to operate them. In 1993, additional changes allowed anyone with proper training to use them.

There are 1,237 trained lay people—called "first responder defibrillation" personnel—statewide, and another 11,224 emergency medical technicians trained in defibrillator use.

Masood Akhtar, president of the Wisconsin chapter of the Heart Association, is attempting to assemble a task force of community leaders, elected officials, emergency medical specialists and others to examine the issue and possibly implement a plan to make the defibrillators as accessible—and easy to use—as a public telephone. Akhtar is professor of medicine at the University of Wisconsin Medical School's Milwaukee medical campus and a national authority on the electrical system of the heart.

Proponents argue that save rates will not be increased until there are hundreds of the devices scattered around the community, with thousands of people trained to use them the same way thousands have been trained to use CPR.

Akhtar is trying to convene the task force to address cost and determine whether the community wants to pay the price to save additional lives this way. Whitcomb thinks so highly of the device as a life saving tool that he has suggested diverting resources for teaching CPR to acquiring and training people to use the defibrillators.

The value of the defibrillators has not gone totally unrecognized by those outside the official emergency medical system. GE Medical Systems has units in its Pewaukee and Electric Avenue facilities; River Hills and Bayside police have units in squad cars, and some private ambulances now use them as well.

Robert S. Monk, medical director of GE here, is so convinced of their value that he talked the White House into getting its first one in the 1980s. The White House and later, Air Force One, have had them ever since.

Calling defibrillation "the single most effective intervention for people whose hearts have stopped beating," the American Heart Association is campaigning for wider use of the devices.

Defibrillators work this way: A person places two patches containing electricity-conducting electrodes to the appropriate locations on the patient's chest. In some models, the person using the device presses a button so the machine begins to automatically monitor and classify the electrical rhythm of the heart.

If a shock is needed, automatic defibrillators deliver the shock. In other models, one more button has to be pushed to administer the shock.

Some new research reported at a recent national meeting on emergency medical care backs up defibrillators' value. Among the reports:

Placing automatic defibrillators in households with a family member age 55 or older and in retirement homes would increase survival by 25 percent in witnessed cardiac arrest cases, according to a study by King County Emergency Medical Services, in the Seattle area.

Defibrillators should be on airplanes. American Airlines has begun putting them on some flights, and is the first U.S. airliner to have them aboard all over-water flights, with flight attendants trained to use them. The planes also will be linked 24 hours a day with an American Airlines physician on the ground.

Cardiac arrests occur more often on golf courses and in shelters for the homeless than community centers and health clubs, according to a Seattle study. High risk areas are airports, county jails, large shopping malls, and public sports venues.

In Rochester, Minn., where police cars have been equipped with defibrillators since 1990, the number of saves by police of those with cardiac arrest or fibrillation is double that of paramedics: 58 percent for police compared with 26 percent for paramedics, according to a study there.

Assuming a 10-year life span for a defibrillator, placing them throughout a hospital would cost five cents per outpatient visit, according to a Richmond, VA., study.
DONATING ORGANS BRINGS PEACE AND LIFE

WTMJ-TV (NBC) Channel 4
The 11:00 Report
April 25, 1997

Mike Miller, co-anchor: Right now more than fifty thousand people in the U.S. are waiting for an organ or tissue transplant.

Susan Kim, co-anchor: But, the survival rate of those who do receive a transplant is on the rise, and Carol Meekins introduces us to a Waukesha man whose heart transplant gave him a new lease on life, and a letter from his donor's mother made him appreciate his gift even more.

Floyd Loper (heart recipient): Dear Floyd, thank you so much for the card and the letter. I intended to write to you a long time ago, but found that I could never form thoughts in my head to paper.

Carole Meekins, reporting: Twenty-seven-year-old Floyd Loper of Waukesha never met Linette, a bright, energetic, thirteen-year-old from Colorado, but now he thinks about her everyday. When Linette's young life ended in a car accident, Floyd's started all over again. A letter from Linette's mother helped Floyd get to know the young girl whose heart now beats in his chest.

Meekins: In her letter, Linette's mother says donating her daughter's organs was a way for something good to come out of tragedy.

Loper: Through that whole difficult time, our decision to donate Linette's organs was the one we felt most peace with. We feel she lives on with us and in our memories and our hearts, and now in yours.

Meekins: Now Floyd has a functioning heart and a new member to share it with, five-month-old Rachel. And that's some comfort to Linette's family as well.

Loper: Your family sounds lovely, and a new baby is surely a gift. Take care of them and yourself. Paula.

Kim: You can get a free organ donor awareness kit by calling St. Luke's Medical Center. That number is 1-800-342-7676.

Miller: Or if you have any other questions, tune into First 4 News at four o'clock. We'll have a panel of experts here in our studio to take your calls about Organ Donor Awareness Week from 4:00 to 6:30 today.

Kim: A heart-warming story.

Miller: Yeah.
Mike Gousha, co-anchor: And now a story of two families who met under the most difficult circumstances, but who have become stronger for the experience.

Carole Meekins, co-anchor: Judy Buyze died last year of an aneurysm, but her heart and her spirit lives on because her family decided to donate her organs. National polls show that 85 percent of the U.S. population favors organ donation, but less than 30 percent register as donors, and that leaves more than four hundred people in Southeastern Wisconsin waiting for a transplant. However, the numbers don’t tell the whole story. For that you have to talk with people who have to live with the decision to donate the organs of loved ones.

Paul Lynott (organ recipient): Hi, Stan.

Stan Buyze (husband of donor): Hi, Paul.

Lynott: How are you?

Buyze: Good.

Lynott: Nice to see you Terri, how are you doing?

Meekins: Paul Lynott has a new heart and a whole lot of new friends. After he received a heart transplant at St. Luke’s Medical Center, last October, he wanted to thank the donor’s family in person.

Lynott: They’re a great, loving family. I really feel like I’ve made a wonderful set of friends.

Meekins: Paul owes his life to Stan Buyze and a difficult decision Stan made the day his wife Judy died.

Buyze: I guess I asked the nurse at that point—she isn’t breathing on her own? I walked over to the gurney and just held her hand for a few minutes, and the nurse just said ‘No she isn’t.’ And I think at that point already I was starting to—starting to go through my mind.

Meekins: Stan and his family decided to donate five of Judy’s organs, a decision that made it easier to deal with her loss.

Julie Ver Velde (niece of donor): You always have hope that somehow their life did something good for someone. We’re just so thankful that Judy’s death could benefit five lives.

Lynott: I think they did, in what—in their heart what they thought was right, and all I can do is say thank you to them and to the Lord.

Meekins: And from Stan’s sorrow and Paul’s joy comes a friendship that will last a lifetime.

Buyze: He’s already trying to get me to the golf course. So . . .

Meekins: Now, Stan feels at peace with his decision, but said it would have been easier had he talked it over with his wife ahead of time.

Gousha: This is Organ and Tissue Donor Awareness Week, a chance to make yourself feel better prepared to make a very important decision. To help you, we’ve put together a panel of doctors and nurses in our phone bank to take your calls on organ donation. They can also send you a free organ donor information kit. Just give them a call, 799-4444. They’ll be there until 6:30 tonight. And looking ahead to the five o’clock report, you’ll hear from a man who is currently waiting for a heart transplant at St. Luke’s Medical Center.
COMMUNITY SHOWS HEART FOR WOMAN
Milwaukee Journal Sentinel
May 21, 1997
Jeanette Hurt, of the Journal Sentinel Staff

CEDARBURG — Vera Zierk’s obituary could have been written several times over.

But for the grace of God, as she will tell you, she’s survived cardiac arrest and sudden death syndrome four times. Each time, her heart stopped beating and it was restarted.

Zierk also has survived heart transplant surgery. She underwent surgery Tuesday morning at St. Luke’s Medical Center and is doing extremely well according to her husband, Norman Zierk.

“I’m numb,” he said on Tuesday. “But once it sinks in it will be great.”

After her surgery, Zierk’s husband, parents, children, sister-in-law, and pastor were there to greet her.

“With her left finger she made the letters L-O-V-E, and then circled her fingers,” Norman Zierk said. “She just wanted to tell everyone that she loved them.”

Her love, he said, is what has kept her family going.

“She is one of those people that if you met her one time, you would not forget her and she would not forget you,” said Carole Stuebe, her former supervisor at Portal Industries, where Zierk worked as an employment coach.

That she is unforgettable is perhaps one of the reasons why the community has reached out to support her and her family.

Before her first cardiac arrest, Zierk was “constantly busy,” Stuebe said. She worked full time, was a full time mom, was a full time wife and was even a volunteer. She used to be active in the Cedarburg Junior Women’s club and at First Immanuel Lutheran Church in Cedarburg.

All that changed September 14, 1995, when she had her first cardiac arrest, and Cedarburg ambulance workers worked 20 minutes to save her.

Her husband and two children, Meghan, 12, and David, 15, suddenly had to take care of things, as well as help her through therapy. In fact, Norman, a professional photographer, hasn’t worked much in the last 1½ years because he was helping her.

“It’s like you’re in this story and you don’t want to be in it,” said Norman Zierk.

That’s when the community stepped in to help rewrite the story a bit.

Cedarburg Junior Women’s Club, Family Sharing, Portal Industries, and First Immanuel Lutheran Church are among the many helpers, Norman Zierk said.

Taking a breath, he continued to rattle off names, including St. Vincent de Paul, Allen-Bradley, and Wal-Mart.

From delivering meals to his family to paying his utility bills to even scrubbing down his house, volunteers have taken care of life for the Zierk Family.

“We’ve never felt alone,” Norman Zierk said.

“They’ve sustained us and helped us completely through this.”

In fact, while their household income is perhaps one-fifth of what is had been, all their bills have been paid and “my credit’s never been better,” he said.

“I’m very lucky,” Vera Zierk said. “It’s just unbelievable. Cedarburg is the most wonderful community you could have.”

Both Zierk and her husband have said that they could not have asked for more support.

But for the friends, the question is how could they have offered anything less?

“She was always ready and willing to help everyone else,” said Rosemary Ekvall, of the Cedarburg Junior Women’s Club.

Stuebe said that even though almost two years have
passed since Zierk worked at Portal Industries, clients and customers still ask about her.

"There are a lot of people who are just elated with this news," said Jeanne Neuberg, also of Portal Industries. "You just don't know what to say. It's what we've been praying for."

The support will not stop now that Zierk has had surgery, Ekvall said. In fact some of it will step up, she said.

Once Zierk returns home, her house will need to be completely free of dust and germs, so volunteers will be cleaning the house even more regularly.

There will also be future fund-raisers to help the family with medical expenses. There is an account set up at Firstar Bank in Cedarburg, Ekvall said. For more information Ekvall can be reached at 377-4929.

"The thought of her getting a new heart is just so exciting," said Kathy Carr who worked with Zierk.
CAMPAIGN EDUCATES PARENTS OF INFANTS ABOUT SLEEP POSITION
WTI-TV (FOX) Channel 6
TV 6 News at Nine
March 20, 1997

Bill Gaines, co-anchor: The experts who first advocated putting babies to sleep on their backs or sides are now changing their tune a bit. They're recommending babies be put to sleep only on their backs.

The campaign is called "Back to Sleep" and Robin Taylor joins us with more.

Robin Taylor, reporting: Well, when you put a baby to sleep on its side, you run the risk of the baby rolling onto its stomach. And that's a problem because babies that sleep on their stomachs are more likely to die of Sudden Infant Death Syndrome, known as SIDS. And that's a message that baby food giant Gerber is trying to get across by putting this "Back to Sleep" campaign on three million boxes of cereal.

SIDS remains a mystery. No one knows why thousands of apparently healthy babies go to sleep each year and never wake up.

This is Tender Loving Care Daycare in Milwaukee, where workers follow parents' instructions in giving babies their naps. Doctors know that the risk of SIDS is reduced, if infants sleep on their backs. And that's a message that healthcare professionals want every grandparent, every babysitter, and every daycare worker to know.

Pamela Kolander, (Tender Loving Care Daycare): Yeah. I think it's a good message that should be put out in front of the parents and in front of the childcare workers.

Taylor: Here at St. Luke's as at other hospitals, doctors began telling parents to put sleeping babies on their backs in 1992. The national campaign has cut SIDS by 30 percent. But it estimates that four thousand babies this year will die of SIDS.

Peggy Christopherson, RN (St. Luke's Birthing Center): Laying your baby on its back is the correct way. And it has been proven to prevent SIDS.

Taylor: New moms are taught about SIDS before they leave the hospital, but mothers often have a lot on their minds. Government researchers have found that brochures like this are not as effective as the messages on the back of a cereal box.

Donna Shalala (Health Secretary): What happens is that mom brings the baby home. She has been told to put the baby on its back. Her mother comes and says 'That doctor doesn't know what he is talking about.' Flips the baby over.

Taylor: Donna Shalala, the Secretary of Health and Human Services, says the Gerber cereal box campaign will help spread the message to a much larger audience. The first box will hit store shelves in June. They'll have this "Back to Sleep" message on it with the instructions written in both English and Spanish.

Gaines: Now, at some point, Robin, is it all right to let the baby sleep on its stomach or not?

Taylor: Well, yes, it is because the risk is really in the first year of the baby's life. Until . . . a baby is one year old or until it can roll by itself, you really shouldn't put the baby on its side.

Gaines: OK. Thanks a lot, Robin.
DIABETES CONTRIBUTES TO HEART DISEASE
WISN-TV (ABC) Channel 12
First News 12
May 16, 1997

Duane Gay, co-anchor: More and more women, Sally, are being diagnosed with diabetes. That can, in turn, lead to heart disease. If you’re not careful, the warning signs can slip right past you. Here are a few to keep in mind. Symptoms of diabetes: blurred vision, very thirsty, experiencing unexplained weight loss, and finally experiencing a lot of tiredness. (Visual of graphics stating symptoms of diabetes and heart disease.) Now here are some signs to look out for heart attacks: nausea, finding yourself sweating a lot, if you’re out of breath, often you have a sharp, piercing pain maybe from your chest to your arm or jaw—it’s a very good indication. It could be heart disease coming on. Well, that is the special focus of our special health assignment this morning. Joining us this morning is Denise Bonds Montgomery. She is the patient care manager at St. Luke’s.

Thanks for coming to see us this morning, Denise. What is the relationship, particularly with women, between heart disease and diabetes?

Denise Bonds Montgomery (St. Luke’s Medical Center): Well, diabetes is a contributing factor to heart disease. People who have high levels of glucose or sugar in their blood streams over a long period of time can cause damage to the large blood vessels as well as the small blood vessels. This causes the blood vessels to narrow, and the blood moves more slowly through the vessels. This can lead to heart disease, to strokes, to kidney disease, and to blindness.

Gay: So, when people, particularly women with diabetes, need to be looking for these other symptoms. Who, in particular, is in high risk?

Montgomery: Minority women are at particularly high risk, and that is because they frequently have less access to health care services, and they are not really exposed to counseling on diabetes or the risk factors that are related to heart disease.

Gay: Denise, rather than—other than just waiting for symptoms to be—onset of the symptoms, are there some ways that you can try to ease the problems?

Montgomery: Oh, there definitely are. For one, you can start on a low-fat diet, and you should have your cholesterol levels checked regularly. You also can maintain your weight by starting a regular exercise program, at least three to four times a week, eventually working your way up to thirty minutes a day. Also, you can avoid cigarette smoke altogether and also have your blood pressure checked regularly by your physician.

Gay: All right. Thank you very much, Denise. We appreciate you joining us this morning. We should tell you that if you want more information on heart disease and diabetes, you can head to a free conference. It’s being held tomorrow, May 17. And you can see there that it’s at the Hilton Hotel and begins at 7:45 in the morning continuing until one o’clock tomorrow afternoon. That’s a free conference on diabetes and heart disease.
Mike Bartley, co-anchor: Topping our news, it's an easy-to-use device that could save your life. But a cardiac shock unit, called a defibrillator, may not be there when you need it.

Bill Gaines, co-anchor: And for that very reason, a local heart specialist is calling for a meeting with Milwaukee government leaders. Myra Sanchick reports there's a move underway to put defibrillator units in public buildings, perhaps on every street corner.

Myra Sanchick, reporting: If you go into cardiac arrest on a Milwaukee street corner, your chance of survival is about eleven percent according to an official with the American Heart Association. In Seattle, you have a 30 percent chance of surviving. The difference is in public awareness not only of CPR, but of this (camera focuses on defibrillator) . . .

Dr. Masood Akhtar (American Heart Association—Wisconsin): Just about anyone who can read, can use this device.

Sanchick: . . . the use and availability of external defibrillator units.

Akhtar: What we like to do is, in this community, is to have these so-called external automatic defibrillators available so that you, lay people, can use these ultimately, as long as they're available, within a reasonable distance. So, you can save lots of time. . . .

Sanchick: Dr. Masood Akhtar is the director of the Electrophysiology lab at St. Luke's Medical Center and president of the American Heart Association in Wisconsin. He says a person in cardiac arrest needs electric shock within three to four minutes. Emergency First Response Units in the city have defibrillator units on board, but Dr. Akhtar states it is often too late by the time they arrive.

Akhtar: It's not an acceptable thing today because we have the technology, we have the awareness, we know what it is, but at this point, perhaps, the economics are the main limiting factor.

Sanchick: Dr. Akhtar wrote this letter to Mayor John Norquist, requesting a meeting with him as well as the police chief, the fire chief, and others to discuss getting defibrillators in all public buildings. The mayor is asking the health department to look into it.

Now, the cost per unit is six thousand dollars, but there’s hope the cost would go down with more demand. And I did some spot checking. If you went into cardiac arrest at Milwaukee County Stadium, for instance, there's a defibrillator unit on site. Also, good news at Mitchell International Airport; in fact, in the past four years they've used it about ten times. At Milwaukee County Jail, there's no cardiac shock unit, and most shopping centers don't have them either. And, an interesting statistic I just got in: there are close to nine hundred paramedic calls for cardiac arrest in a given year. Paramedics are able to eventually get a pulse back on about 23 percent and time is considered a crucial factor in that.

Gaines: Sounds like it. Thanks a lot Myra.
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— Frank M. Hubbard

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“This is all I can afford—wish it was more as I had surgery with Dr. Tector and can't say enough good about your doctors and facility.”

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WHEN WRITING OR UPDATING YOUR WILL, PLEASE REMEMBER ST. LUKE'S MEDICAL CENTER.
"In proportion as one renders service he becomes great."
— Booker T. Washington

Vincenzo Lombardi Cancer Clinic

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"Happiness is the dividend of service."
— Bonnie Hannah
“I strongly feel that a contribution to St. Luke’s is extremely important and sincerely hope that someday a cure will be realized. Keep up the good work!”

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— Helen Keller

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—Douglas M. Lawson
St. Luke's Medical Center
Lifetime Philanthropists is an organization of benefactors and friends of St. Luke's who have made provision to support the Hospital in their estate plans or through life income gifts.

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.

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

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

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

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

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

You Win! Charity Wins!
For a win-win strategy, call Kelly Sachse at 649-7008

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

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<th>$50</th>
<th>$100*</th>
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*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 Desert 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.
As the article on page 11 indicates, the construction projects currently underway at St. Luke's will be completed soon, making patient access around the St. Luke's campus much easier.

East elevation view of the new physician office building (on the north end of St. Luke's campus) during the construction process in March, 1997, with the structural steel and concrete in place.

East elevation view of the new physician office building during the construction process in June, 1997, with its precast and glass exterior skin in place.

Top view of the new skywalk during construction, April, 1997, looking south from the new physician office building.

New skywalk viewpoint from the southeast in June, 1997, with the glasswork completed.
Thank You!
APPRECIATED ASSETS: A WISE WAY TO GIVE

With the recent dramatic rise in the stock market, many people have benefited from the increase in the value of their assets, like stocks or mutual funds. More and more people are choosing to make their charitable gifts using these types of appreciated assets, taking advantage of the double tax break allowed by the federal government. People giving appreciated assets to charity receive a charitable income tax deduction for the fair market value of the asset given (not the lower amount originally paid) and avoid the capital gains tax on the increase in value.

Example: Mary and John decide to give St. Luke's $15,000 of appreciated stock earmarked for heart research in gratitude for the care John received during his stay for heart bypass surgery. They had purchased the stock 20 years ago for $5,000. As a result of their gift, Mary and John receive a charitable income tax deduction of $15,000 on their tax return, even though they only paid $5,000 for the stock. In addition, they will not pay any capital gains tax on the $10,000 increase in value (the $15,000 fair market value less $5,000 original cost).

Before Mary and John decided to give the stock to St. Luke's, they had considered selling the stock as an alternative. But with the 20% capital gains tax rate (the new capital gains tax rate passed in recent tax law legislation), Mary and John would have to pay $2,000 tax on their $10,000 increase in value. And without the $15,000 charitable income tax deduction from their gift, they would pay an additional $5,940 of ordinary income tax since they are in the top income tax bracket of 39.6%.

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

Careful planning can maximize the positive effects of contributions of appreciated assets, both for you and for the charity. Please contact Kelly Sachse, director of planned giving and a certified financial planner, at 414-649-7008 if you are interested in learning more about how a gift of appreciated property will allow you to touch other people's lives through your philanthropy, while providing you with valuable tax savings.

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

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