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The Spirit of St. Luke's, Winter 1993

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Cutting edge technology gives two patients new lease on life

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Cover
Left
St. Luke's heart transplant recipient, Alan McCarty, with his wife, Debbie, and two children, Marissa, 6, and Shane, 4.

Right top
Alan McCarty has regular check-ups with cardiovascular surgeon, Dr. Alfred J. Tector.

Right bottom
Ron and Camilla Jones meet with Kathy Schroeder, autologous bone marrow transplant coordinator.

Donor pages:
Photos used on the gift program pages of this issue were taken at the Annual Lifetime Philanthropists Dinner held each year.
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The wait of a lifetime—living ten months at St. Luke’s

Almost ten months, at the age of 35, Alan lived at St. Luke’s Medical Center tethered to a high tech machine that kept him alive while he awaited a heart transplant.

Every Sunday night during those long months, he would kiss his wife and two small children goodbye at the elevator as they headed back to their home in Green Bay and wonder if he would ever see them again. Every morning he would wake up and wonder if this would be the day when his life would get back on track. Every night he would say his prayers—praying that he could keep going another day and that it would all be worth it.

In the end, it was all worth it, but the incredibly difficult, frustrating, and eventually triumphant path he traveled is a story worth telling. This is Alan’s story. It is also St. Luke’s story.

Alan’s life started in a regular sort of way. He was born into a large loving family in Tomahawk, Wisconsin, and was raised for most of his childhood in Rhinelander. When he graduated from high school, he joined the Navy for four years and spent three of these years in Okinawa. He proudly points out that he spent his last year on board the USS Pigeon, a well-known submarine rescue ship out of San Diego. He looks at the Navy as a highlight of his formative years—a wonderful training ground for the rest of his life.

When he left the Navy and moved back to Wisconsin, he married his wife, Debbie, and they started their life together and eventually their family. He had a good job at a paper company driving a truck and delivering paper. He enjoyed camping,
hunting, fishing, and playing golf—and he loved cheering for the Green Bay Packers. So far, so good—his life was on track.

Then one bright summer day while he was playing golf he passed out. He underwent tests that confirmed what he had already started to suspect—he had inherited cardiomyopathy, a degenerative heart disease that had already stricken other members of his family. Cardiomyopathy causes a gradual weakening of the heart leading to poor circulation throughout the body. Years before, his mother and grandfather had died of the disease and a sister had died suddenly in 1984 while she was playing softball as a student at the University of Wisconsin-Stevens Point.

At the point of this dire diagnosis, his life started to change. He had to switch jobs because of the physical exertion involved with his paper company job so he began doing computer work at an insurance company. He started taking heart medications and was advised to take care of himself. His doctor started discussing the possibility of a heart transplant in the next few years. He was 29 years old with a wife, a young child, and a baby on the way—and he had no idea what the future held.

Still, he lived his life as well as he could, savoring every moment with his family and enjoying his friends. But as several years passed, he became weaker and weaker. He would be hunting with friends and find himself out of breath. Then on a camping trip with his family he developed flu-like symptoms that didn’t go away. His Green Bay cardiologist referred him to St. Luke’s Medical Center in Milwaukee. By the time he was admitted to St. Luke’s he was in congestive heart failure. His kidney, liver, and other systems were starting to shut down because his heart wasn’t pumping enough blood to them. Doctors told his wife that he might not make it.

Debbie McCarty is as strong a person as her husband. She was determined that her children would have a father as they grew up, but this was a low point for her. When Dr. Alfred J. Tector, the cardiovascular surgeon treating Alan, suggested that they try an experimental ventricular assist device (VAD) called the HeartMate to keep Alan alive, Debbie wholeheartedly agreed. This seemed to be Alan’s only hope and Alan was too young to die. He had a family and a future. Both Dr. Tector and Debbie felt that every measure should be taken to keep him alive.

The HeartMate was implanted and, though Alan was very weak, the surgery went well. When Alan awoke several days later he found out he was being kept alive by a machine. A new chapter had begun in Alan's struggle to survive.

Alan was kept alive by this miraculous machine for almost ten months—longer than anyone else has ever been on it at St. Luke’s, though it has also been implanted in ten other patients awaiting transplants. As the illustration on this page indicates, the HeartMate consists of a device implanted in the abdomen which is connected to a pneumatic pump that steadily pumps blood around the patient’s heart.
“The whole staff was very concerned about the children and me whenever we were there. I can’t say enough about how much easier they made the whole experience.”

—Debbie McCarty, wife of Alan McCarty

Diane Dressler, R.N., M.S.N., St. Luke’s senior transplant coordinator, emphasizes that ventricular assist devices such as the HeartMate are crucial to the survival of many patients. She says, “With today’s shortage of donor organs, many people like Alan would die while waiting for heart transplants if there was not a way to keep them alive. That’s why these machines are termed ‘bridges-to-transplant.’”

The HeartMate was developed by a Boston company, ThermoCardiosystems, and is approved for use in only about fifteen selected cardiac centers across the country. It has several key advantages over other ventricular assist devices. Once it is implanted, the patient can be ambulatory and doesn’t need to stay in the intensive care unit as is the case with many patients awaiting transplant. This was a tremendous benefit for Alan who was able to move about the hospital and the grounds, and have a semblance of a normal life.

One of the problems with other VAD devices in the past has been the tendency to develop blood clots, which can dislodge and cause strokes. This does not happen with the HeartMate. Its unique textured blood-contacting surfaces encourage the growth of a lining made up of natural blood components that discourage the development of clots. An added benefit is that patients on this device do not have to be on a major blood thinner which can cause serious bleeding problems at the time of the transplant operation.

As soon as the HeartMate system begins pumping, the patient’s blood flow improves dramatically. Organs such as the liver and kidneys, which in many cases are not working properly, start functioning more efficiently. Later, patients on the HeartMate also usually recover much more quickly from the transplant surgery because they were stronger going into surgery.

Dr. Tector says, “Alan was near death when we implanted the HeartMate and he recovered completely. His physical condition improved and he was a much better candidate for transplantation. Patients with the HeartMate are very normal, except for the device in their bodies.”

Diane Dressler emphasizes that Alan’s survival was a huge team effort. She says, “There are so many people involved in an effort of this magnitude. For instance, our clinical engineers were involved with Alan on a daily basis to make sure his high-tech equipment was doing its job. They were also there when the device was implanted and removed. There are highly trained specialized nurses who understand how to run the equipment and can recognize possible complications immediately. There is the surgical team, the intensive care staff, and the intermediate care staff. In addition, since this is an experimental device, very meticulous daily records have to be kept for the FDA and also for the company that manufactured the HeartMate device.”

She also points out that a whole team of staff people worked with
Alan for the ten months he spent waiting for his heart. Cardiac rehabilitation specialists made sure he exercised so that he would be in the best possible condition for his upcoming transplant. The dietary department also worked with him to establish a good diet to improve his nutritional state.

A patient awaiting transplant also needs emotional support. A mental health clinical nurse specialist works with patients and the entire nursing staff becomes a source of support. Family members are also in need of tremendous support during such a difficult waiting period.

Diane Dressler points out that the transplant clinic staff coordinates the care of patients who are going through the process. She says, “We work with patients on a continuous basis from the time they are referred to the program through their transplant and throughout the rest of their lives.”

All this support certainly helped Alan survive his long stay in the hospital, but no one else could live his life but Alan. His ordeal had its tremendous highs and devastating lows. More than anything, it also had its very humdrum boring times. At the beginning, of course, he had no idea he would be waiting for a heart for ten months. And so much happened during that time period. The device was implanted on September 30, 1992. He celebrated Thanksgiving, Christmas, New Year’s, Valentine’s Day, Easter, Mother’s Day, and Father’s Day … plus all the long days in-between.

Alan acknowledges, however, that these ten months were the most important months of his life. He eventually emerged from this experience as a different person—not because he had a different heart—but because of the relationships he developed, the experiences he had, and the realities he had to confront. He says, “Everything changed for me during those ten months.”

The most difficult time was undoubtedly when his older brother, Bruce, died of cardiomyopathy at the age of 39. Alan and his brother had always been very close, (“more like best friends,” Alan says) but they not only shared the same love of life, they shared the same debilitating heart disease. Bruce’s condition was even more complicated than Alan’s because of another inherited condition—hemophilia, or excessive bleeding. At one point during Alan’s long hospitalization, his brother spent five days with him in the same hospital room.

Alan remembers with painful clarity how he learned of his brother’s death. Bruce had been in a hospital in Green Bay but kept telling Alan he was doing fine. They spoke on the phone one night and he again reassured Alan that he was all right. Later the same evening, Mike Holmgren of Alan’s beloved Green Bay Packers unexpectedly showed up in his room. Mike spent an hour with Alan and his family and it was truly a highlight of Alan’s life.

The next morning, Alan told his wife he was going to call Bruce to tell him about Holmgren’s visit. As he reached for the phone, Debbie said, “Wait, I have something to tell you, but before I do, you have to promise me that you will keep fighting—no matter what happens—for me and the kids … that you won’t ever give up.” Alan promised and

*We work with patients on a continuous basis from the time they are referred to the program through their transplant and throughout the rest of their lives.*

—Diane Dressler, St. Luke’s senior transplant coordinator
then Debbie told him that his brother had died during the night. Alan didn’t give up, but many times he came very close. Both he and Debbie remember numerous phone calls between Milwaukee and Green Bay when they bolstered each other. Debbie said, “Fortunately, when one of us was down, the other one always found the strength to be encouraging.”

Debbie was going through her own very different but equally demanding ordeal at the same time Alan was waiting in the hospital. She says, “Sometimes it seemed like everything was on my shoulders.” She was working at two jobs to support the family’s mounting expenses, running a household, and taking care of two young children—Marissa, 6, and Shane, 4,—children who were really too young to understand why their daddy was hooked up to a machine far away in a hospital and not coming home every night.

Debbie worked all week well into each evening and then drove to Milwaukee each weekend to be with Alan. Her primary job all day at an insurance company involved supervising 12 people—a position where she felt she had to be strong and in control. Many times she felt that she had nowhere to turn for support for herself and that everyone needed her to be strong—especially Alan.

Both Alan and Debbie found great solace in their religion and they attribute their ability to get through this trying time so well in great part to their church and their faith—however, sometimes even religion didn’t have all the answers to their trying situation. Debbie will never forget one time after Alan had been in the hospital for many months when six-year-old Marissa, who prayed for her father regularly every night, said, “Mom, I don’t think Jesus is listening anymore.” Even having faith was hard sometimes.

Saying good-bye to his family at the end of a weekend together was always hard. Alan says, “I would kiss them good-bye at the elevator and then go back to my room and wave to them as they got in the car and drove away. I would be smiling on the outside, but on the inside I was torn apart. I’d go back to my room and be all alone and not know what the next day held. It was very, very tough.”

Alan says the staff at St. Luke’s made all the difference in his ability to cope. He says, “They would know when I needed a lift and always be around to cheer me up or listen to me let it all out.” The staff in the coffee shop in particular looked forward to seeing Alan on a daily basis and they even adopted Alan’s family for Christmas. He says, “My family had so many gifts that we saved at least half of them to open when I finally came home in July.” The family also became involved in Grace Lutheran Church next door to the hospital and that congregation provided invaluable support.

A turning point came when Alan was moved into a hospital room where his family could also stay when they visited on weekends. Alan said, “Sometimes I felt almost normal on a
"The last thing I remember is my three-year-old son, Shane, giving me two thumbs-up and saying 'I love you, Dad.'"
—Alan McCarty, just before the surgery that would end his ten-month ordeal

Saturday night with my family sleeping around me. It made a tremendous difference in our ability to cope.”

Debbie says, “The whole staff was very concerned about the children and me whenever we were there. I can’t say enough about how much easier they made the whole experience.”

Dr. Tector’s office also helped Alan get through the days by providing some data entry work for him to do on a computer that was set up in his hospital room. Alan says, “This computer work kept me busy almost all day every day from January through June. Not only was it great for me to have work to do, but it was good training for me to prepare to go back into the work world. Whenever I started feeling really down I would get on the computer and start pounding away. I always felt better.”

Alan quickly learned that he was dependent on the United Network for Organ Sharing, the computerized national referral network that matches donors with prospective transplant patients based on many factors including blood type, age, body weight, and how long they have been on the transplant list. Several times during his ten-month wait he came close to having a heart and then it didn’t work out.

Waiting for a heart to become available and watching others who had been on the list for less time receive hearts was frustrating, but Alan became philosophical about it. He says, “I kept telling myself that none of these hearts were the right heart. The right heart for me would come along eventually. I just had to be patient and wait. I never gave up.”

While Alan was hospitalized, he participated in various programs to encourage people, including hospital employees, to sign their driver’s licenses and agree to donate their organs. He said, “Sometimes it takes talking with someone like me whose whole life depends on a transplant to get people to take action. Even my own family members hadn’t thought about signing their driver’s licenses until I went through this ordeal.”

It was a sunny Sunday in late June when Alan found out he was going to have a transplant. His family was visiting and they had just been to church at Grace Lutheran. Because the church was holding an outdoor service and picnic, Alan was able to participate. He couldn’t leave the hospital grounds but he could sit on the hospital side of the fence and hear the service. After the service, the family went back to his room and was getting ready for that all-too-familiar depressing departure time when they were informed that the transplant team was going to look at a heart suddenly available elsewhere in the state.

Debbie McCarty ran back over to the church to see if a special prayer could be said for Alan. Alan says the church pastor
"Alan was a model patient. In some respects, these patients are prisoners to the hospital. You give up all your privacy and it gets to be very tough. It's a difficult way to live and I thought he handled the situation extremely well."

—Alfred J. Tector, M.D., St. Luke's cardiovascular surgeon

Alan and Debbie McCarty are glad to be back at their own kitchen table after living apart for ten months.

"It's a really complicated thing to deal with—to know that one family's tragedy is my gain, but that's also the beauty of transplants—that something good can come out of something so terrible."

—Alan McCarty

told him later: "I never saw anyone leap so high and so fast over a fence in just one jump." She brought back a whole group of people from the church to pray with Alan.

From that point on, the process moved quickly. Because reports indicated that the heart was a good match, the preparations for surgery began. Alan was given medication for relaxation and the images in his mind after that point are blurred in his memory. He says, "I remember everyone smiling and hugging each other. People kept kissing me. I remember being wheeled to the elevator with a mob of people all around me clapping and cheering. The last thing I remember is my three-year-old son, Shane, giving me two thumbs-up and saying "I love you, Dad.""

On June 27, 1993, Alan's life moved back on track. When he woke up from surgery, he had a brand new healthy heart beating strongly in his chest and he knew he was going to make it. He recovered from surgery quickly and was out of the hospital in 11 days. He comes back to the hospital on a monthly basis for testing. So far there have been no signs of rejection.

The heart came from a 22-year-old young man who had been killed in an automobile accident. There is always a bittersweet kind of emotion in knowing that your new chance at life is due to someone's death.

Alan says, "It's a really complicated thing to deal with—to know that one family's tragedy is my gain, but that's also the beauty of transplants—that something good can come out of something so terrible." Alan says that he would like to meet the family of the young man who donated his heart, but he will leave it up to the family to initiate this meeting.

Alan attributes much of his success to his surgeon, Dr. Tector. He says, "I always felt we had more than a surgeon-patient relationship. Dr. Tector fought for me when other
doctors might have given up. Dr. Tector's experience with the Heart-Mate machine and its availability at St. Luke's made all the difference. Putting me on the HeartMate machine saved my life."

Alan continues, "Dr. Tector was in my room almost every day over that ten-month period. He treated me with respect like my father would have treated me. I treated him like I would treat my father. He played with my kids and always made sure my wife was comfortable and informed her about what was happening. I just couldn't have asked for anything more in a doctor. My life was in his hands and I totally trusted him."

Dr. Tector is equally admiring of Alan. He says, "Alan was a model patient. In some respects, these patients are prisoners to the hospital. You give up all your privacy and it gets to be very tough. It's a difficult way to live and I thought he handled the situation extremely well. His family was also very supportive."

Both St. Luke's and Alan continue to move forward. St. Luke's has just been approved for implanting an electric HeartMate, which is battery-driven instead of air-driven. A patient can wear the batteries that empower the implanted pump in an inconspicuous shoulder holster which is much less cumbersome than the pneumatic pump that followed Alan around for ten months. No other hospital in the state of Wisconsin has been approved for either of these HeartMate devices. Undoubtedly, other dramatic patient success stories are in progress right now as this new cutting edge technology is used to save lives.

Alan is back to hunting and rooting for the Packers, to throwing the ball around with his kids in the backyard, to sleeping in the same house every night with his family, and to planning for the best Christmas ever. He has even started to think about what he's going to do with the rest of his life. He talks about a public relations career—perhaps something related to sports—maybe even the Packers. The main focus in Alan's life now is that he has a future. He is back on track. Most importantly, he plans to see his children grow up. That prospect makes every second of his ten-month wait worthwhile.

The main focus in Alan's life now is that he has a future. He is back on track. Most importantly, he plans to see his children grow up. That prospect makes every second of his ten-month wait worthwhile.
Bone marrow transplant provides hope for breast cancer patient

The spring and summer of 1993 were especially meaningful for Ron and Camilla Jones. Ron had just accepted a challenging, new position as the president of the Siebert Lutheran Foundation and they were eagerly anticipating their two daughters’ graduations—Tammy, 22, was graduating from college and Robin, 18, from high school. To top it off, Tammy was being married in the middle of the summer.

Ron and Camilla, 47 and 46 years old respectively, were at that wonderful point many people reach in their mid-forties when their lifelong career and family efforts seem to all come together; however, their joy at the prospect of these events was put in perspective by a crisis they had been facing for over a year. At the same time all these very special events were unfolding, Camilla was battling breast cancer. Actually, it was a battle Ron and Camilla were courageously facing together.

The first hint of a problem came in the spring of 1992 when Camilla noticed a small dimple under one breast. She waited several weeks, thinking it would go away, and then decided to see her primary care physician, particularly since she knew she was due for a mammogram—which her physician advised right away. When the mammogram indicated a suspicious area, she made an appointment with a surgeon the next day.

Ron went with her to see the surgeon who advised a biopsy. Within ten minutes of the biopsy, their worst fears were confirmed: Camilla had breast cancer. After considering their alternatives, they decided on a modified radical mastectomy because it seemed to promise the greatest likelihood of complete recovery. Camilla says, “My goal was to get it all out and go back to my life. I was determined to be part of all the upcoming family events we were anticipating.” The surgery took place eleven days later in May 1992.

Because the pathology report on the tissue that was removed showed that the malignant cells had spread to her lymph nodes, six months of chemotherapy was prescribed. Despite all the dire stories she had heard, Camilla did very well with chemotherapy. She says, “I made up my mind at the very beginning of this whole ordeal that I wasn’t going to let this ruin my life. I had too many things to do. I had a wedding coming up and two kids graduating. I wasn’t about to miss out on these important events.”

Even as she was undergoing chemotherapy, Camilla’s doctor was discussing the possibility of a bone marrow transplant. Autologous bone marrow transplants are being used more and more frequently to treat advanced breast cancer. Though there is still some controversy about its effectiveness in comparison to other treatments, it has been very successful at St. Luke’s.

An autologous bone marrow transplant (ABMT) is very different from the more familiar kind of bone marrow transplant where an outside donor donates his or her bone marrow to another person. With ABMT, the patient’s own stem cells are collected when the patient is in remission or while the disease is not in the bone marrow. The marrow is removed, frozen, and stored at low temperatures until it is time to reinfuse the patient.

The advantage of ABMT is that
"My goal was to get it all out and go back to my life. I was determined to be part of all the upcoming family events we were anticipating."
—Camilla Jones, St. Luke’s breast cancer patient

Camilla Jones meets with Marija Bjegovich, supervisor of the Vince Lombardi Cancer Clinic, and Kathy Schreeder, autologous bone marrow transplant program coordinator.

the patient can undergo high dose chemotherapy and avoid the lethal effects of these treatments on bone marrow stem cells. Stem cells are responsible for making the different types of blood cells: red blood cells, white blood cells, and platelets. Red blood cells carry oxygen throughout the body; white blood cells help fight infection; and platelets help the blood clot. Without these different blood cells a person could die of infection or bleeding.

The reinfused stem cells eventually will entirely replace the patient's blood cell forming system, which had been destroyed by the high dose chemotherapy. ABMT is a demanding treatment, both physically and emotionally, and a patient and family must be completely committed before the treatment begins. Ron and Camilla were committed to this procedure and felt she would have a much better chance of complete recovery with a transplant. They were referred to several hospitals offering bone marrow transplants and chose St. Luke’s Medical Center.

Not everyone with breast cancer is a good candidate for an autologous bone marrow transplant. Generally, premenopausal women with malignancies in several lymph nodes are the best candidates and Camilla fell into that category. When the cancer has spread to a number of lymph nodes (twelve in Camilla’s case) there is a higher incidence of recurrence. Current statistics point to a woman with ten affected lymph nodes having close to a 70 percent chance of no disease in five years with a bone marrow transplant while similar women without transplants had less than a 40 percent chance of survival.

Dr. Robert F. Taylor, Camilla’s physician at St. Luke’s and the medical director of the ABMT program, feels very strongly about the use of bone marrow transplants for some breast cancer patients. He says, “For properly selected patients, autologous bone marrow transplant can be life saving and can be done in a cost-effective, safe manner without undue toxicity or
"For properly selected patients, autologous bone marrow transplant can be life saving and can be done in a cost-effective, safe manner without undue toxicity or trauma to the patient or family."

—Robert F. Taylor, M.D., medical director of the autologous bone marrow transplant program

Dr. Robert Taylor, medical director of the ABMT program, consults with staff members in the bone marrow transplant unit.

St. Luke’s Medical Center began utilizing autologous bone marrow transplants as treatment for breast cancer in 1991. It is still considered a cutting edge technique and is only available at selected hospitals around the country.

Kathy Schroeder, BSN, RN, OCN, St. Luke’s ABMT program coordinator, says that the program has produced good results for St. Luke’s patients. She says, “So far we have treated almost 50 patients with breast cancer (nearly 100 patients total) and we typically have about four patients in the unit at a time. Many of them are doing very well and have complete remission of their cancer at this point.”

There is a very special irony in this story because Camilla had already donated some of her bone marrow to save the life of a little boy in Michigan. She remembers, “Out of the clear blue sky, I received a letter on Valentine’s Day 1986 from the Blood Center of Southeastern Wisconsin where I regularly donated blood saying there was a little boy in Michigan dying of aplastic anemia. They had determined that my blood type might match his and I could be a bone marrow donor. He needed a bone marrow transplant to save his life. I never really considered not doing it. How can you refuse to save someone’s life when you have the chance?”

Camilla’s bone marrow turned out to be a perfect match for three-year-old Justin and the child initially did very well after the transplant. He even went home for several months. Unfortunately, however, he contracted pneumonia and eventually died. Camilla spent every day at the hospital with him and his family until he died.

Ron recalls, “We have become very close to Justin’s family and we are still good friends. We have gone on vacation with them and they even attended our daughter’s wedding.”

Camilla says that this time when she donated her own bone marrow at St. Luke’s the process was much less painful than it had been several years earlier. She attributed this to improved technology.

Camilla says that her experience with Justin prepared her to some extent for the autologous bone marrow transplant, but she says, “Though I didn’t come with the fear and apprehension that I might have felt, it was a very different experience because of the chemotherapy I had to undergo. One of the hardest things was not being able to sleep while they kept giving me fluids and medication. I was also very sick to my stomach during the last two days of the chemotherapy.”

The next step was to reinfuse her bone marrow back into her system and that process went very well. Ron chuckled as he remembered this part of the process. He said, “There is a very distinctive smell associated with this reinfusion process. Many people think it smells like garlic, but I was overwhelmed with the smell of creamed corn.”
"I want to talk about the crucial role the Vince Lombardi Cancer Clinic has played in Camilla’s recovery. We are so fortunate here in Milwaukee to have this tremendous resource."

—Ron Jones, husband of Camilla Jones, bone marrow transplant recipient

Camilla says, “To this day, no one in our family likes the smell of corn.”

Camilla was in the hospital for fifteen days after the transplant. She went home and then came back five days later because she caught a virus. Even though rejection is not a problem with your own bone marrow, the cells that come back are not always up to their full potential to fight infection so when she encountered a virus she was very vulnerable. She was back in the hospital for the same reason in May. She had several ups and downs as she recovered from the transplant and it was a difficult time, not just for Camilla, but for the whole family, especially since they were also preparing for their upcoming events.

But Camilla eventually overcame these obstacles and started improving. She came close to her goal of making it to both graduations and the wedding, missing only one graduation. She has been coming to the hospital for regular blood tests and chest X-rays and she is doing fine with no trace of cancer recurrence.

Ron says, “I want to talk about the crucial role the Vince Lombardi Cancer Clinic has played in Camilla’s recovery. We are so fortunate here in Milwaukee to have this tremendous resource. As an example, the first day Camilla was home from the hospital I thought I could handle the catheter because I had been a nurse, but on Sunday morning at 7 A.M. the catheter stopped working and I couldn’t fix it.

“However, there was no problem because the Vince Lombardi Cancer Clinic was open and we just walked right in and they fixed it. It wasn’t like walking into an emergency room where no one knew us. They had her chart and they knew her history. It was very comforting and I felt that we were in control of the situation, which isn’t always the way patients feel in a medical emergency.”

Ron continues, “My background is in medicine and I’ve worked at many hospitals so I know what I’m talking about when I say the care and responsiveness and expertise at the Vince Lombardi Cancer Clinic is very unique and very special.”

Camilla says, “From my transplant doctor, Dr. Taylor, to the nurses to the dietitians . . . the staff has been excellent. My care has been outstanding.”

Camilla now visits the hospital for checkups less and less frequently as her strength improves. She is definitely on the road to recovery. She is driving her car and getting back into the full swing of living her usual active, busy life. Ron says, “I can see improvement every day.”

When asked what advice she would give to another person with breast cancer facing the possibility of a bone marrow transplant, Camilla says, “There were days when I would say, ‘do it, it’s definitely worth it’ and bad days when I would say just the opposite, but generally as I look back on the whole experience, there’s no question that it was worth it. I think that if you go into it with the right attitude it’s really not that bad. It’s like childbirth in some ways. You forget the pain because the end result is so worthwhile. When you’re talking about your life, it’s absolutely worth the risk.”

The advantage of ABMT is that the patient can undergo high dose chemotherapy and avoid the lethal effects of these treatments on bone marrow stem cells.

Ron and Camilla Jones faced her struggle with breast cancer together.
Fred and Edna Goad: “Giving is just part of living”

Fred and Edna Goad are being featured in this issue of The Spirit of St. Luke’s because of their continuing, generous support of St. Luke’s Medical Center. The Goads are members of St. Luke’s Lifetime Philanthropists, a group of donors who have provided for St. Luke’s in their estate plans. In order to understand their commitment to St. Luke’s, it is important to appreciate the very special kind of people they are and understand how St. Luke’s has played an important role in their lives throughout the years.

The Goads live in a small, inviting home on a lovely expanse of land in Franklin, Wisconsin, where they have lived for many years. Fred’s 90 years of purposeful living are reflected in his wisdom, but his energy and appearance suggest that he is much younger than he is. Edna, too, has the kind of vibrant enthusiasm for life typically expected of someone much younger.

As they look out their living room window to the towering trees bending in the wind, Fred proudly points out that many years ago Edna planted every one of those trees. The Goads have always led active and productive lives. They are still very involved in many activities and are concerned about their community. Edna says, “I make sure we get out every day.”

The history of their lives together is a testimony to their belief in working hard and in giving back to their community. In 1924, when he was only 21 years old, Fred founded a business that specialized in rewinding automobile generators, saving his customers the expense of buying a whole new generator. He was in that business for 27 years and at one point had about twenty employees.

Then in the 1940s, he purchased about 70 acres of land in Franklin, including the land the Goads still live on. Edna and Fred learned to farm and raised pigs on this land for quite a few years. They both chuckle when Fred remembers how naive he was as a novice farmer. He says, “I thought hay just appeared. I didn’t know you had to grow it.”

Fred eventually “retired” from the farming business because he says, understandably, “I was exhausted.” They eventually sold much of their land to developers, as evidenced by the sprawling subdivisions around them today.

Fred had many other interests and made many contributions to the community throughout his working career. The walls of his study are covered with the many honors and awards he has received over the years—such as being selected “Franklin’s Man of the Year” several years ago and being president of the National Avenue Businessman’s Association, a delegate to Mayor Maier’s advisory council, and chairman of Franklin Industrial Park. He also received an honorary degree from Franklin High School.

A major highlight of Fred’s life has been playing the banjo in groups that have performed all over the
country and he still enjoys playing occasionally. The Goads have also traveled extensively throughout the United States. They estimate they crossed the country to San Diego where Edna’s sister lived at least 25 times over the years. (Edna says, “I still love to drive the car.”) Fred also spent many pleasurable hours hunting and fishing.

Though the Goads have generally been very healthy throughout their lives, they have encountered a variety of the kinds of medical conditions that many families face. During his farming years, Fred had a tractor accident that resulted in a face injury. Ten years later, he developed complications from that injury and was successfully treated at St. Luke’s. He also had surgery at St. Luke’s for a ruptured appendix. He happily recalls a wonderful party held by St. Luke’s staff members and many friends when he was hospitalized for pneumonia on his birthday.

Fred is currently under the care of a St. Luke’s cardiologist. In recent years, he has also been treated for cancer and has been doing well for quite some time. Both Edna and Fred have also had cataract surgery at St. Luke’s. Edna has had physical therapy at St. Luke’s 27th Street Clinic.

Both the Goads attest to the outstanding care and concern they have experienced at St. Luke’s throughout the years, though Fred’s first real appreciation of the hospital began in the 1920s when one of his employees was treated for a major work injury at no charge. He says, “St. Luke’s has always looked out for people in need.”

Fred is a prolific reader and is interested in a variety of topics—from philosophy to religion, from science to the stock market. He is particularly concerned about the need for this country to provide better training and the most up-to-date technology for its workers.

This belief, combined with the Goads’ appreciation for the care they have received personally at the hospital, has translated into their financial support of St. Luke’s. Fred and Edna are particularly interested in seeing their contributions used for the technology that can save so many lives.

“Without the state-of-the-art tools the hospital now has available,” Fred says, “many lives would be lost.”

They would also like to see their contributions used for educating the professional staff—particularly nurses—the people who use these tools to save lives. The Goads are presently considering the establishment of an educational endowment fund at St. Luke’s to ensure that their contributions will be used to educate staff members into the future.

With so many places for charitable contributions to go, Fred and Edna want to make sure that their money is used to directly make a difference in people’s lives. Fred says, “When we give to St. Luke’s, we know we’re helping other people suffer less and live happier, longer lives. There is no greater satisfaction than giving when you know how much you’re helping other people.”

As Fred speaks, Edna is in complete agreement. She says, “Our goal is to never walk away from someone who needs you. Our motto throughout our lives has been ‘to help and to give.’”
Gifts received June through October 1993

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

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

CORPORATIONS AND FOUNDATIONS

The commitment from corporations and foundations is integral to the excellent programs, equipment, and services we provide every day to our patients at St. Luke’s Medical Center. Through their contributions, we can successfully meet and anticipate the health care needs of the 23,000 inpatients and 260,000 outpatients who come to St. Luke’s each year.

ST. LUKE’S PHILANTHROPISTS CLUB

St. Luke’s Philanthropists Club is an honorary membership organization established as a special way of expressing our appreciation to individuals who support the mission of St. Luke’s Medical Center with an annual gift of $100 or more within a calendar year.

CIRCLE OF BENEFACTORS

Benefactors encourage the perpetuation of the highest standards of patient care and compassionate concern for all who turn to St. Luke’s Medical Center for their health care needs. Through their interest and philanthropic support of $5,000 or more, members enable St. Luke’s Medical Center to remain in the forefront of modern technology and provide quality health care to all in need.

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Every gift is like a precious gem

Annual participation in the St. Luke’s Philanthropists Club is designated at the following levels:

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For information on membership in St. Luke’s Philanthropists Club, please call Laverne Schmidt, director of annual giving, 414-649-7123.

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"You can't live a perfect day without doing something for someone who will never be able to repay you."

—John Wooden

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"Verily, great grace may go with a little gift, and precious are all things that come from friends."

—Theocritus

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“"You can preach a better sermon
with your life than with your lips.”
—Oliver Goldsmith

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"It is only with the heart that one can see rightly; what is essential is invisible to the eye."

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—John Wooden

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"When writing or updating your will, please remember St. Luke’s Medical Center."
“Only those who have learned the power of sincere and selfless contribution experience life’s deepest joy: true fulfillment.”

—Anthony Robbins

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"When writing or updating your will, please remember St. Luke’s Medical Center."
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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.

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, 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 Lori A. Craig, Director of Planned Giving at St. Luke's Medical Center/Office of Philanthropy, 2900 West Oklahoma Avenue, Milwaukee, WI 53215. Phone: 414-649-7008.

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Thank you for your generosity throughout the year. We wish you a joyous holiday season!
Why is there so much interest in charitable gift annuities these days? Because they’re currently paying high rates—up to twice what you can earn now on CDs and other alternatives. A gift annuity to St. Luke’s Medical Center could mean a lot to you—and to a lot of other people.

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What could it do for others?
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- support excellence in medical care
- provide new medical equipment

Interested? Call Lori Craig in the Office of Philanthropy at St. Luke’s Medical Center, 649-7008, or write for a personalized illustration on how much income you can earn from your gift to St. Luke’s. Please include the names and dates of birth of all income beneficiaries. Send this information to: St. Luke’s Medical Center/Office of Philanthropy, 2900 W. Oklahoma Avenue, Milwaukee, WI 53215.

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* Request current rates before you plan your gift.

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Office of Philanthropy
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