

American Heart Association
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Aorta Reporter

The Mended Hearts, Inc. Atlanta Chapter #81
Founded 1951 Chartered 1973

It's Great to be Alive and Help Others!

CHAPTER 81 ANNUAL HOLIDAY DINNER

HOLIDAY INN HOTEL & SUITES

2265 Kingston Court - Marietta, GA



DECEMBER 7, 2005

Hors d'oeuvres: 6:30 - 7:15 p.m. with Cash Bar

Dinner Buffet with Beef and Chicken Stations: 7:30 p.m.

Cost: \$20 per person

LOTS OF DOOR PRIZES - EVERYONE GETS A FREE RAFFLE TICKET FOR PRIZES UPON ARRIVAL.
PURCHASE ADDITIONAL RAFFLE TICKETS FOR CHANCE AT A TWO-NIGHT STAY AT THE HOLIDAY INN!

Reservation Deadline - December 1
Directions and Reservation Form on Page 7

Remember - If you're reading this, you're invited!!!
(and we do it all for you; please come, learn and meet many other MENDED HEARTS)

Dedicated to the Memory of Dr. Paul Ambery

It's Great to be Alive-and to Help Others

PRESIDENT'S NOTES

FREE GIFTS FOR ALL

According to my calendar, it's that time to buy gifts again. Did not the holidays just end last week? I'm sure they did.

Here is a list of gifts, in no particular order, you can give that cost very little but have a great return value to them:

Hugs—hugs to your spouse, children, grandchildren, and friends. When is the last time you held your spouse's hand and told him/her you loved them? Don't forget your family members, too.

What about making some cookies and taking them to the nurses who took care of you. If you can't remember them, just make some cookies and take them to the cardiac floor—and don't forget the rehab group, too. What a surprise that will be for the nurses.

What about visiting some heart patients. Get yourself recertified and go visiting.

Why not send a Hanukkah or Christmas card to the doctors you see and put a note in there to thank them.

What about turning that frown on your face upside down and give everyone you see a warm smile.

Just think, you didn't have to go out to the mall to buy wrapping paper and bows to give the above gifts. Happy holidays...see you at the holiday dinner.

Doug Steingraber

CHAPTER NOTES

This being our last issue of another year, we hereby pass along to you our fondest wishes for the most blessed of holidays and a happy and healthy New Year!

Surely you have already sent in your reservations for our annual holiday dinner. Don't miss out on the fun.

I'm writing this just after another successful Atlanta Heart Walk. News reports estimated some 12,000–15,000 people took part on a beautiful, warm (for November) day at Centennial Olympic Park. A hale and hearty group of our very own chapter folks served as volunteers or walked, helping our cause and having lots of fun, to be sure. Some of us worked the water station and others the Gatorade booth at the finish line, both handing out thousands of drinks (about 9,000 at the Gatorade stand alone).

In one capacity or another the following folks, and probably more, were working or walking: Doug and Sara Steingraber, John and Dody Crosbie, Herb and Dixie Jardine, Randy and Maria Evans, Jill Wilkins, Bob and Reyo Margolin, Max and Lucille Feinstein, Jerry and Henrietta Gilbert, John Friese, Smith Smallwood, and yours truly. Coincidentally in the December 1987 Aorta, Edna reported on the Atlanta Heart Walk, then held in

Piedmont Park. Just over 100 people participated compared to the thousands this year.

Our October meeting featured Dr. Cooper at Kennestone Hospital. It was great program with a pretty good turnout. If you had only been there, it would have been that much better. Here's another thought—how about volunteering to serve as a chapter officer or on the board. Can't you spare a few hours a month? Please consider stepping up to the plate for a change (of heart).

I've told you many times before what stories of survival one hears while doing hospital visits. Last month I heard another miracle. It seems this fellow was working out at a local gym when he went down with cardiac arrest. Immediately two guys started CPR until the Automatic External Defibrillator could be brought over and his heart was restarted. He and his wife felt if this had happened anywhere else, his chances of survival would have been nil. I pass along my wishes for a continued great recovery too!

Please keep in your thoughts and prayers those ill and/or recovering, especially Marilyn Torbert and Max Feinstein.

Here are a few good ones from the South Jersey Devil:

"Nowadays there aren't just the "haves" and the "have-nots." There is a third group—the "haven't paid for what they have."

"I want my children to have all the things I couldn't afford; then I want to move in with them."

"Be more concerned with your character than your reputation. Your character is what you really are, while your reputation is merely what others think you are."

See you next month, God willing.

George Waterhouse

LET'S VISIT AWHILE

Pacemaker/defibrillators are really the fashion statement for Fall among our visitors!! Max Feinstein has joined Jim Torbert, Dixie Jardine, and Bob Fisher with this "must have" device. They've taken a lickin', but they'll keep on tickin'." How's that, Clock Doc??

I'd like to make you aware of some more of our fine visitors:

Piedmont Hospital: Monroe Smith, Coordinator
Visitor: Christine Overrocker (We really need more visitors here.)

Crawford Long Hospital: Herb Jardine, Coordinator
Visitors: Randy Evans, Joe Slykerman, Duncan and Linda McLaren, Dixie Jardine

Kennestone Hospital: Doug Steingraber, Coordinator
Visitors: Cathy Schmit, Joe Slykerman

Herb Jardine

WELCOME NEW MEMBERS

To receive the most benefit from your membership, make it *YOUR* Mended Hearts chapter.

**Kevin W. Earle*

HOSPITAL VISITING REPORT

During the month of October 2005, we recorded 154 hospital and telephone visits at Emory University Hospital, Crawford Long Hospital, Saint Joseph's Hospital, Atlanta Medical Center, Piedmont Hospital, Grady Hospital, and WellStar Kennestone Hospital.

DECEMBER CARDIO- VERSARIES

1980	John Friese
1981	Howard Fine Max Feinstein
1988	Clifford Conner
1993	Joel Chase
1996	Rudy Galistel Michael Junod Meriam Carson
1997	Alan Feldman
1998	Phillip Allen
1999	Vernice Wooten Debra Griffin Don Jackson James Niblett
2000	Janet Dunaway
2001	Joseph Cantrell
2002	John Popps
2003	Claire Francell
2004	David Duarte

VISITOR REACCREDITATION MEETING AND TRAINING SEMINAR

Mandated by our national headquarters

Saturday, February 11, 2006

9:30 a.m. — 12 noon

Saint Joseph's Hospital Classroom #1

Park in Cancer Center lot

**Light refreshments and
possibly risqué videos!!**

BE THERE!!

SATELLITE MEETING INFO.....

Marietta Satellite

First Tuesday of the month – 6:30 p.m.
Kennestone Hospital Rehab Center (behind the hospital)
Call Doug Steingraber at 770-926-0157 for information.

Piedmont Satellite

Second Thursday of the month – 6:30 p.m.
Piedmont Hospital – Cardiac Rehab
Call Joann Gorell at 404-605-3283 for information.

CHILDREN AND THE CHURCH

A boy was watching his father, a pastor, write a sermon.

“How do you know what to say?” he asked.

“Why, God tells me.”

“Oh, then why do you keep crossing things out?”

Terri asked her Sunday School class to draw pictures of their favorite Bible stories. She was puzzled by Kyle's picture, which showed four people on an airplane, so she asked him which story it was meant to represent. The Flight to Egypt was his reply.

Pointing at each figure, Ms. Terri said, “That must be Mary, Joseph, and Baby Jesus. But who's the fourth person?”

“Oh, that's Pontius - the pilot.”

A little boy was attending his first wedding. After the service, his cousin asked him, “How many women can a man marry?”

“Sixteen,” the boy responded.

His cousin was amazed that he had an answer so quickly.

“How do you know that?”

“Easy,” the little boy said. “All you have to do is add it up, like the Bishop said—4 better, 4 worse, 4 richer, 4 poorer.”

After a church service on Sunday morning, a young boy suddenly announced to his mother, “Mom, I've decided to become a minister when I grow up.”

“That's okay with us, but what made you decide that?”

“Well,” said the little boy, “I have to go to church on Sunday anyway, and I figure it will be more fun to stand up and yell, than to sit and listen.”

After the christening of his baby brother in church, little Johnny sobbed all the way home in the back seat of the car. His father asked him three times what was wrong.

Finally, the boy replied, “That priest said he wanted us brought up in a Christian home, and I want to stay with you guys!”

Contributed by Helen Friese

AMERICAN HEART ASSOCIATION CONNECTIONS

HEART ATTACK DEATHS HIGHER IN HOSPITALS THAT TREAT MORE BLACKS

Deaths from heart attack are higher in hospitals that treat a high percentage of African-American patients, according to research published in *Circulation: Journal of the American Heart Association*.

The finding suggests “disparities in health care can arise because of where you live, and not solely because of skin color,” said lead author Jonathan Skinner, Ph.D., professor of economics and community and family medicine at Dartmouth Medical Center in Hanover, N.H.

The researchers analyzed data from more than 1 million heart attacks treated from 1997 to 2001 at 4,289 hospitals throughout the United States. African Americans accounted for 6.9 percent of these cases. Researchers divided the hospitals into 10 groups by the percentage of African Americans treated, ranging from hospitals with the highest percentage of black patients (33.6 percent) to those that treated no blacks.

The 90-day heart attack death rate for all heart attack patients treated in hospitals with the highest percentage of black patients was 19 percent higher than in hospitals that treated no black heart attack patients. The gap in mortality was similar between white patients in hospitals without any black admissions and white patients in hospitals with the highest proportion of black patients.

At admission, the patients treated in hospitals with no black patients seemed to have more severe heart attacks, but these patients had the lowest risk-adjusted mortality, the researchers wrote.

A number of studies have confirmed racial disparities in clinical care, Skinner said. This paper reports that some disparity can be explained by geography. African Americans, especially elderly African Americans, live closer to hospitals that have higher mortality rates across all races.

The researchers found that 69 percent of all African-American heart attacks patients were treated in 21 percent of the hospitals. “Concentrating quality improvement and compliance efforts in a small number of hospitals for all patients can achieve not just an across-the-board improvement in heart disease outcomes, but also can significantly shrink black-white disparities in heart attack treatment,” Skinner said.

“In general, African Americans go to very different hospitals than whites. This is partly due to residential segregation, and that elderly African Americans are more likely to live in the South,” he said.

Skinner said they considered potential explanations for the differences in death rates including income, hospital ownership, teaching status, census region and hospital volume. However, none of these factors affected their results.

The study doesn’t answer why death rates were higher in these hospitals, but speculates that quality-of-care differences play a leading role.

“These results tell us only about average differences and cannot be applied to individual hospitals,” Skinner said. “The findings also underscore the importance of reliable hospital-level performance measures.

Broadly implementing an evidence-based initiative such as the American Heart Association’s Get With The GuidelinesSM program “would be a good first step,” Skinner said.

In an accompanying editorial, Nancy R. Kressin, Ph.D., associate professor of the health services department at the Boston University School of Public Health, said such disparity is a serious health problem.

“The results of this study support the notion that segregated health care is not equal and that it has a negative impact on the life expectancy of all patients receiving care in facilities with high proportions of black patients,” she wrote.

Research must “continue steadfastly on this path to disentangle the causal mechanisms and ultimately eliminate the racial differentials in cardiovascular disease, its care, and ultimately, the outcomes of such care.”

*Vanessa G. Garrity
Volunteer and Communications Coordinator*

A SPECIAL HEART WALK THANK YOU

The American Heart Association would like to offer our sincere gratitude for your support of the 2005 Atlanta Heart Walk.

Your time and dedication helped make this year’s event a huge success.

This year, approximately 12,000 Atlantans participated in the event and helped us to raise over \$1,300,000!

Special thanks to:

Wally and Christine Beard
John and Dody Crosbie
Randy and Maria Evans
Max and Lucille Feinstein
John Friese
Jerry and Henrietta Gilbert
Herb and Dixie Jardine
Bob and Reyo Margolin
Smith Smallwood
Doug and Sara Steingraber
Jim Torbert
George Waterhouse
Jill Wilkins

And to *all* of you who volunteered and participated!

MEDICINE & TECHNOLOGY

SAVING MONEY ON PRESCRIPTION DRUGS

Many Americans have been buying prescription drugs from foreign countries as a way to cut costs, but experts at the Food and Drug Administration warn that this practice comes with potential safety risks. The safety and effectiveness of imported drugs have not been reviewed by the FDA, and their identity and potency can't be assured. Patients could get the wrong drug. Or they could get too little or too much of the right drug. All of these differences can be dangerous.

"When Americans import medicines illegally or buy medicines online from unreliable sources, they are faced with a dangerous buyer-beware situation," says FDA Commissioner Lester Crawford, D.V.M., Ph.D. "The FDA understands why people who are having a hard time paying for prescription drugs might do this. We have been expanding our generic drug program to help make more affordable prescription drugs available. This is one solution that does not put consumers at risk."

The FDA doesn't regulate drug prices, but agency experts recognize that the inability to access needed medication because of high prices is a serious public health issue. For this reason, the FDA has enhanced the process for the review and approval of generic drugs, and has taken steps to eliminate roadblocks that keep generics off the market. In 2004, the FDA approved 413 generic drugs, 320 full approvals and 93 tentative approvals. In 1999, the agency approved 266 generic drugs, 198 and 68, respectively. Tentative approval means that the product meets the FDA's standards, but can't yet be marketed because of existing patents or temporary government restrictions against competing products.

Generic drugs have exactly the same active ingredients and effects as brand-name drugs, but they can cost 30 percent to 80 percent less.

Consumers also can save money on prescription drugs by becoming smart shoppers and knowing what to discuss with their doctor or pharmacist. Having discussions on whether a less expensive drug will work, comparing prices among U.S. pharmacies in the area or online, and finding out about assistance programs and how to qualify can help.

"The FDA also encourages consumers to learn about potential savings through Medicare's outpatient prescription drug coverage," Crawford says. "This new program comes at a time when five out of six people aged 65 and older are taking at least one medication, and almost half of all elderly people take three or more."

Medicare is the national health insurance program for people ages 65 and older and for people of all ages who have certain disabilities. In January 2006, the 43 million people in Medicare will—for the first time—be eligible for prescription drug coverage as part of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA).

The new coverage will give substantial help to beneficiaries in paying for prescription drugs, regardless of their income or how they pay for health care now, according to Mark McClellan, M.D., Ph.D., Administrator of the Centers for Medicare & Medicaid Services (CMS). "The MMA also gives Medicare the ability to provide additional comprehensive help to those in greatest need—beneficiaries with very high prescription drug costs and people with low incomes," he says. On average, people with limited incomes who qualify for extra help will save about 95 percent on prescription drug costs, according to CMS spokesman Gary Karr.

Medicare has offered discount drug cards since June 2004 as a temporary measure until the Medicare benefit begins in January. The cards have made possible a discount of 10 percent to 25 percent off regular prescription drug prices. Older people with low incomes who used the cards received an additional credit of \$600 in 2004 and again in 2005. As of June 2005, 6.5 million people had signed up for the discount drug cards, including 1.8 million who also received the \$600 credit.

All across the country, health care professionals, government agencies, and community organizations have been working together to help Americans take advantage of the new Medicare benefits. For example, in 2004, the Access to Benefits Coalition (ABC), a network of more than 90 nonprofit organizations, was created to help Medicare beneficiaries make the best use of all available resources for lowering prescription drug costs. Those resources include prescription drug coverage through Medicare, state-sponsored programs, and patient assistance programs (PAPs) from pharmaceutical companies.

Generic Drugs

In 2004, the average price of a generic prescription drug was \$28.74, while the average price of a brand-name prescription drug was \$96.01, according to the National Association of Chain Drug Stores.

NDCHealth, which collects data on the pharmaceutical industry, says that in 2004 the average community retail price for brand angiotensin-converting enzyme (ACE) inhibitors was \$55.84, compared with \$27.75 for generic products; the average price for brand beta blockers was \$41.39, compared with \$18.84 for generics; the price for brand calcium channel blockers was \$66.06 versus \$47.40 for generics; and the price for brand potassium-sparing diuretics was \$34.27, compared with \$16.25 for generics. The comparisons of these blood pressure medications included similar dosing, numbers of pills and strength of prescription.

Patent protection gives brand-name manufacturers the right to be the sole source of a drug for a certain time period so they can recoup the money they invested in trying to develop the product. Once the patent protection expires, a generic version of the drug can be marketed.

"Many see generics as the only way they can afford prescription drugs," says Gary Buehler, R.Ph., Director of the FDA's Office of Generic Drugs. "Still, there are some

people who doubt generics because they think that anything that costs more must be better. But the reason generic manufacturers can sell the drugs less expensively is not because the quality is lower. It's because there is competition among these generic manufacturers, who don't have to repeat the expensive safety and effectiveness testing that brand companies have already conducted." For a number of years, the FDA has been increasing public awareness and confidence in generic drugs.

Generic drug companies must perform tests and show the FDA that their drugs are equivalent in terms of therapeutic effect to the brand-name drug. These companies must show that the ingredients of the generic drug enter into the blood stream in the same way and in the same length of time as the brand-name drug.

As of June 2005, there were 11,167 drugs listed in the FDA's Orange Book, and about 8,400 had generic counterparts. The Orange Book, which is accessible online at www.fda.gov/cder/ob/, lists approved drug products with therapeutic equivalence evaluations.

Physicians and patients should discuss which drug is the best therapy. Even when a particular branded drug has no generic, a very similar member of the same drug class may be available. For this reason, instead of asking doctors whether a particular brand-name drug has a generic version, patients should ask whether there is a generic available to treat their problem, suggests Jack Billi, M.D., associate vice president for medical affairs at the University of Michigan. "Patients should ask if there is a generic in the class of drugs they are taking," he says.

For people who have insurance that pays for drugs, use of generics can make a big difference, Billi says. "Tiered co-payment structures through insurance plans encourage the use of generics," he says. "For example, there might be a copay of seven dollars for generics and 14 dollars for brand drugs."

"Even if you have a fixed copay," Billi says, "choosing generics saves your employer money, and that makes it more likely the employer will continue offering coverage. And if you don't have health insurance and you're paying out-of-pocket, generics will bring you big savings."

For more on the FDA's generic drug education program for consumers, visit www.fda.gov/cder/consumerinfo/generic_text.htm.

By Michelle Meadows

Contributed by Daryl Thompson, FDA (Ret.)

Next month: Communicating with Your Doctor

A Polish gentleman goes to the ophthalmologist who shows him the following eye chart:

C Z W X N Q S T A C Z

"Can you read this," the doctor asks?

"Read it?" the Pole replies. "I know the guy!"

CORNER PHARMACY

A change in Medicare coverage of prescription medications is about to take place and you need to be ready! As of January 1, 2006, all Medicare recipients will be eligible for prescription medication coverage. However, to receive this coverage, you must choose a plan and sign up for that plan. You will not be automatically enrolled in a plan. The date you may begin signing up is November 15, 2005. You should have received a book in the mail, *Medicine & You 2006*, which outlines how to sign up and plans available in your area. Some other resources you may use to get information about prescription medication coverage under Medicare include: calling 1-800-MEDICARE (63342273) or visiting www.medicare.gov or www.eldercare.gov to find out about local counseling and assistance available in your area. Many pharmacies, senior centers, and other community organizations are offering programs to help you further understand the new Medicare prescription medication coverage.

The Medicare website provides four steps to think about while making a decision regarding which plan you will choose to take advantage of the new Medicare prescription medication coverage. First, your decision regarding Medicare prescription medication coverage depends on how you pay for your medications now and how you get your Medicare coverage. The five ways most people with Medicare pay for medications and receive their Medicare are:

- Original Medicare only, or Original Medicare and a Medigap ('Supplement') Policy without drug coverage. The new Medicare medication coverage will cover half of the costs for you if you have this kind of coverage now. Enhanced options are available that provide more coverage.
- Original Medicare and a Medigap ('Supplement') Policy with medication coverage. The new Medicare medication coverage will generally provide much more comprehensive coverage at a lower cost.
- Retiree or union coverage. In most cases, people with good retiree or union coverage can continue to get it, with new financial support from Medicare.
- Medicare Advantage Plan (like an HMO or PPO) or other Medicare Health Plan, which already includes medication coverage and other extra benefits.
- Dual coverage from Medicare with Medicaid medication coverage. These people will automatically get comprehensive prescription medication coverage from Medicare, starting on January 1.

For people with limited income and resources, but who don't have Medicaid, there may be extra help available to help pay for about 95 percent of medication costs. For more information about this program, visit website www.medicare.gov/medicarereform/help.asp.

After you have decided that you want prescription medication coverage, the second step is to think about what matters most to you. Because there are many plan

options available, you can focus on the kind of coverage you prefer. You may receive your Medicare prescription medication coverage in one of two ways: (1) add medication coverage to the traditional Medicare plan through a “stand alone” prescription medication plan or (2) get medication coverage and the rest of your Medicare coverage through a Medicare Advantage plan, like an HMO or PPO, that typically provides more benefits at a significantly lower cost through a network of physicians and hospitals. Some of the factors to consider when determining what is important to you include cost, coverage and convenience. Concerning cost, think about how much you have to pay for the coverage, including premiums, deductible, and payments for your medications. Concerning coverage, think about what benefits are provided (like coverage in the “coverage gap” and other coverage enhancements), which medications are covered, and the rules (like prior authorization) for getting those medications. Concerning convenience, think about which pharmacies are part of the plan and whether the plan has a mail-order option.

The third step in the process is choosing a plan. Some of the many ways available to choose a medication plan are to rely on advice from people you know or trust, choose a plan you are already familiar with, or use the Medicare website to view the “Landscape of Local Plans” to find a plan. You can make comparisons between specific plans on the Medicare website using the “Prescription Drug Plan Finder.”

The fourth and final step is to enroll in a plan. You may begin doing this on November 15, 2005. Medicare will have an online Enrollment Center available on that date at www.medicare.gov. You can also enroll by calling the plan’s toll free number (1-800-MEDICARE), by mailing in an application to the plan, or by visiting the plan’s website. Coverage begins January 1, 2006, if you join a plan by December 31, 2005. The deadline to enroll to get coverage next year is May 15, 2006.

I retrieved all of this information from www.medicare.gov/medicarereform/drugbenefit.asp. I would highly recommend that you visit this website or talk to someone at your local pharmacy who should be able to provide information regarding this important new coverage.

Julie Hixson-Wallace, Pharm.D., BCPS



If lawyers are disbarred and clergymen defrocked, doesn't it follow that electricians can be delighted, musicians denoted, cowboys deranged, models deposed, tree surgeons debarked, and dry cleaners depressed?



DIRECTIONS TO HOLIDAY DINNER

I-75 going South:

- Exit #261 Lockheed/Dobbins AFB
- Turn right onto Delk Road
- Go .6 miles and turn right onto Franklin Road
- Immediately turn right onto Kingston Court.

Kingston Court dead-ends into Holiday Inn parking lot. Enter the hotel through the ballroom doors or the front door.

I-75 going North:

- Exit #261 toward Lockheed/Dobbins AFB (cloverleaf)
- Turn right onto Delk Road, crossing over I-75
- Go .6 miles and turn right onto Franklin Road
- Immediately turn right onto Kingston Court

HOLIDAY PARTY RESERVATION FORM
December 7, 2005 / 6:30 p.m.
\$20.00 per person

Name(s) _____

Telephone _____

Total # of Seats _____

Enclosed is my check for \$ _____

Send to: Mended Hearts, Chapter 81 (c/o John Crosbie)
 3401 Winter Wood Court; Marietta, GA 30062
 Telephone: 770-977-4358

RESERVATION DEADLINE — December 1, 2005

APPLICATION FOR MEMBERSHIP

We (I) would like to join Mended Hearts, Inc., Chapter #81

Atlanta or Satellite: Marietta Piedmont

NAME _____

SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

DID YOU HAVE:

Bypass Surgery Balloon Pacemaker Heart Attack

Valve Surgery: Mitral Tricuspid Aortic Pulmonary

Other _____

New member family dues are \$32.00 and new member single dues are \$22.00.
Please make your check payable to:
The Mended Hearts, Inc., Chapter #81
Mail to: John Crosbie, Treasurer
3401 Winter Wood Court
Marietta, GA 30062-1247

RETIRED YES NO

DATE OF CARDIAC EVENT OR SURGERY: _____

TYPE OF MEMBERSHIP: FAMILY SINGLE

Membership covers a twelve-month period from date of enrollment and includes:

- Insignia pin
- Chapter newsletter
- Subscription to quarterly national magazine, *Heartbeat*

Aorta Reporter

A copy of *Aorta Reporter* is mailed for three consecutive months following your hospital stay or referral as a heart patient. It is our way of keeping in touch while you continue to recuperate. We enjoyed meeting you and hope you received some comfort and encouragement from us. Having lived the same experiences, we are willing to take time out of our lives because we want to share our experiences in your recovery. As you become active again, you and your family are invited to attend our Atlanta Chapter #81 or any other chapter meetings as guests. In getting to know us, we hope you will decide to join us in helping each other. Our 7:30 p.m. meetings are the third Tuesday of each month.

Mended Hearts

Mended Hearts is a nationwide support organization, affiliated with the American Heart Association, for individuals with heart disease, including persons recovering from heart attacks or open-heart surgery. Members give hope and encouragement to others by providing living proof that persons with heart disease can lead full, productive lives. Family and friends are also welcome to attend the free monthly sessions. For information, call 678-385-2062 or your local American Heart Association.

**Visit Chapter #81 at
www.mendedheartatlanta.org**

**ATLANTA MENDED HEARTS, CHAPTER #81
678-385-2062**

c/o American Heart Association
1101 Northchase Parkway; Marietta, GA 30067-6421
678-385-2000

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