

American Heart Association
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Aorta Reporter

The Mended Heart
Founded

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

It is Dedicated to the Memory of Dr. Paul Ambery

BEVERLY STEGMEN

**"Physical Therapy: The Importance
of Continuing Your Exercising"**

ALSO ELECTION OF OFFICERS

Tuesday, March 15, 2005, 7:30 p.m.

SAINT JOSEPH HOSPITAL AUDITORIUM (ONE FLOOR BELOW LOBBY LEVEL)

FREE PARKING AVAILABLE

Drive past the HOSPITAL front entrance and watch for the CANCER CENTER parking deck on the left opposite the main entrance to the CANCER CENTER. Ring the button at the parking deck entrance and tell the attendant who answers that you are attending the Mended Hearts meeting and the gate will be opened.

MARK YOUR CALENDAR FOR THE COVERED DISH DINNER
Tuesday, April 19, at 6:30 p.m. – Sandy Springs Christian Church
Installation of officers and covered dish dinner.
See Neal Barronton for sign-up sheet.

PRESIDENT'S NOTES

Are there lessons to be learned????

For some of us in Atlanta, a recent weekend was nothing short of doom and gloom. Ice all over, ice hanging off power lines, ice hanging off the birdbath, ice sculptured around our wrought iron lawn furniture; ice even split our only magnolia tree right down the middle. It looked as though somebody peeled back a giant banana. In this case it was not a banana, but a magnolia tree of 35 feet, grown from seed.

Sara made a pot of coffee that Saturday morning, and we initially sat down and stared outside. We were very fortunate. All our utilities were on all day. Our water worked, our phone was working, and our electricity was working, too. Our two house pets, who stared outside, accompanied us. We have a rare breed "spineless border collie" and a cat whose attitude stinks. We call her Fluffo, de Bad Attitude cat...and I mean bad attitude. The television was on with its "how bad is the day" report including how bad last night's report was, and how bad tomorrow is going to be, and the how-bad-is-bad-going-to-be-tomorrow report.

As we were looking over the damage in the back yard, Sara said, "Look there, a jonquil." Sure enough, there it was with a little yellow on its green stem. I said, "Wow! What a survivor. It has gone through and survived one of Atlanta's nastiest ice storms."

Is there not a lesson to be learned here? Are we not survivors, too? Were we not well protected by our faith, spouse, and loved ones who nurtured us through our storm(s)?

So ice storms are not bad things after all because, for me, I can have a cup of coffee with Sara, Bailey, and Bad Attitude cat and watch for God's miracles.

See you next month!

Doug Steingraber

CHAPTER NOTES

March! Can you believe it? Before we know it, they will be throwing out the first pitch, and Spring is right around the corner. The days are already lengthening. We can look forward to an intermingling of warmer and brighter days that beckon us to get outside and walk or garden. While I'm writing this before the middle of February, my walk the other day bore witness to flocks of robins, (do they know something I don't know?) a sure harbinger of Spring.

Our heartfelt appreciation to a great group of Mended Hearts volunteers who worked at the American Heart Association; namely, Rudy Galistel, Bob Fisher, Daryl Thompson, John Friese, and Herb and Dixie Jardine.

If you haven't noticed, the telephone numbers for our chapter (at the AHA office) and the American Heart

Association office have changed. As a result, another group gathered recently to place stickers containing the new numbers on our printed material including get-well cards, walking guides, etc. This group consisted of Herb Jardine, Max and Lucille Feinstein, Doug Steingraber, and Jackie and yours truly Waterhouse.

While we were working together at this latest project, we learned that Doug's wife, Sara, and Herb's wife, Dixie, were suffering from one of the many infections making the rounds. We wish them well and a speedy recovery. Our best wishes also go to Jim Torbert, who will have a pacemaker by the time you read this.

It is time for us to say goodbye to one of our columnists, Claudia Lawson, RD, LD. Claudia has been the author of our Nutrition Notes for a number of years, and she is stepping aside. From all of us, thanks, Claudia, for providing such a great service to our readers. We'll miss you on these pages! At the same time, we welcome our newest volunteer, Kristin Cox, RD, LD, who will begin her column with this issue. We also welcome Vanessa Garrity, who will be contributing columns for the American Heart Association Connections column.

As has become sort of a custom, I took a look back to an earlier Aorta Reporter—this one the March 1986 issue. The March 18 program was to be a Rap Session. Hospital visits totaled 242. The editor, Edna LaSauce, had a feature article on walking. The issue also had this one liner: "My son has a color TV, a stereo, a radio, and his own phone," said the father. "When I punish him, I send him to my room."

Edna always had some humor in each issue of the Aorta Reporter for all the years she was editor, and I always strive to follow her example. Likewise, when I visit patients at Emory, I always try to emphasize the value of humor along with exercise, diet and a positive outlook on life. So here's a few that I've come across since the last issue: We were eating at a little restaurant that also had a bar, where a lighted sign had constantly changing little messages. For example: If you want home-cooked food, eat at home. Another: Beer is proof that God loves us and wants us to be happy. Elsewhere: I read recipes the same way I read science fiction; I get to the end, and I think, well, that's not going to happen! And lastly: Some people try to turn back their odometers. Not me—I want people to know why I look like this. I've traveled a long way, and some of the roads weren't paved.

I'll look forward to seeing you here next month, God willing!

George Waterhouse

This past month (February) was National Heart Month. It was amazing to see so many articles in the newspaper, magazines, and on television about heart health and all the innovative things being done for people with heart disease—everything from new medications to fight high blood pressure and high cholesterol to new ways to repair hearts and valves less invasively. There is

new information that heart attacks and strokes are NOT the number one cause of death in the United States. I think this is due to all the research being done to *prevent* heart attacks and strokes. We now know the warning signs and how to react to them. We have information on how to proactively live heart-healthy lives. I know it is not easy to change lifestyles. It is an effort for me every day—and I fail more often than not.

I realized how much Mended Hearts does to get the word out about cardiac research, innovations, and ways to live healthy. We help to raise money for the American Heart Association and participate in drives and activities to “get the word out,” and our monthly meetings are a wonderful network of support and information on how we can prevent heart disease instead of repairing heart damage. I will keep a lookout for any new information in the months to come and look forward to next February when the media will again inform us of all that was learned in 2005.

Jill Wilkins

WELCOME NEW MEMBERS

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

**Esther Bolton*

**Bob Warner (Piedmont satellite)*

HOSPITAL VISITING REPORT

During the month of January 2005, we recorded 172 hospital and telephone visits at Emory University Hospital, Crawford Long Hospital, Saint Joseph Hospital, Atlanta Medical Center, Piedmont Hospital, and Grady Hospital.

LET'S VISIT AWHILE

I hope by the time you read this, we will have had our reaccreditation and training session completed without any further postponements due to ice storms!!

I want to thank Harry Holding, our new visitor at Saint Joseph Hospital, for also volunteering to visit at Piedmont to help out Monroe Smith, who has been doing most of the visiting there.

Herb Jardine

MARCH CARDIO-VERSARIES

1982	Ted Levy
1990	Hugh Weaver
1994	Alice Caldwell
1995	Johnnie Allen
1997	Erin Kelly
	Dosh Jackson
1998	Vernon Darley
	John Crosbie
2000	Rufus Elrod, Jr.
	Nancy Fairbanks
	Neal Barronton
2001	Rufus Moore
	David Scott
2002	Sara Hesterlee
	Robert Feeney
2003	Franka Austin

UPCOMING EVENTS!

Installation of Officers & Covered Dish Dinner
Tuesday, April 19 – 6:30 p.m.

Sandy Springs Christian Church
301 Johnson Ferry Road

Bring your favorite heart-healthy dish to share –
a real dining experience!

Call Jill Wilkins at 770-974-0538 to RSVP
and give the name of the dish you're bringing.

DON'T MISS THE DRAWING FOR A CRUISE!!

Saint Joseph Hospital's Heart Health and Stroke Expo
Saturday, May 21

Volunteering date at
American Heart Association
April 14

CHAPTER 81 ELECTIONS

TO BE HELD AT THE
MARCH MEETING.

WE NEED SOMEONE TO STEP FORWARD
AND BE NOMINATED FOR
VICE PRESIDENT!!!

AMERICAN HEART ASSOCIATION CONNECTIONS

OUT-OF-OFFICE BLOOD PRESSURE READINGS HELP PREDICT CVD RISK

American Heart Association scientific statement

DALLAS - Blood pressure readings taken at home with approved devices can be a useful addition to blood pressure management, and may even predict cardiovascular disease (CVD) risk better than readings from the doctor's office alone, according to a scientific statement issued today by the American Heart Association.

The Recommendations for Blood Pressure Measurement in Humans, published in *Hypertension: Journal of the American Heart Association*, is an update of 1993 guidelines on blood pressure measurement. While the new emphasis on out-of-office readings is the most significant change, the recommendations also emphasize using the proper cuff size when measuring blood pressure. The most common error in measuring blood pressure in the outpatient setting is mis-cuffing, the statement says. Most mis-cuffing involves using a cuff too small for someone with large arms. Using small cuffs for children and small adults is also important.

"Since the last statement, there have been huge changes in the technology used to measure blood pressure and in our knowledge about the significance of different measurements," said lead author Thomas G. Pickering, M.D., D.Phil., director of the Behavioral Cardiovascular Health and Hypertension Program at Columbia University Medical Center in New York.

"We've found that blood pressure measurements taken by doctors in their offices may actually be unreliable in many patients. For that reason, there is wider acceptance of blood pressure readings taken by patients in their homes, and of 24-hour ambulatory blood pressure monitoring."

If there is a discrepancy between an out-of-office measurement and the office measurement, "physicians should consider the importance of the out-of-office readings if the measurement was taken in a reliable way," Pickering said.

Ambulatory blood pressure monitoring measures blood pressure at regular intervals around the clock, while the person does normal activities and keeps an activity diary that can be compared with the measurements.

Ambulatory monitoring can also identify people with hypertension whose blood pressure stays high throughout the night, when normal levels are about 15 millimeters of mercury (mmHg) lower than during the day. Increasing evidence shows that blood pressure that does not dip at night may be associated with higher cardiovascular risk, according to the statement.

"The 1993 document didn't say much about home and ambulatory monitoring, but now there is much more emphasis on out-of-office measurements and less exclusive reliance on traditional methods of measurement," Pickering said. Emphasizing out-of-office blood pressure measurement does not mean that your doctor will no longer check your blood pressure, he said. The statement encourages patients to monitor their blood pressure at home, using validated devices and providing the readings to their physicians to use as supplemental information in monitoring treatment.

National data published last summer indicated that at least 65 million Americans—or almost one-third of adults—have high blood pressure. High blood pressure is defined as consistent systolic pressure of 140 mm Hg or higher, or diastolic pressure of 90 mm Hg or greater, taking hypertensive medicine, or being told at least twice by a healthcare provider that a person has high blood pressure. Systolic pressure is the top number and diastolic is the bottom number in a blood pressure reading. High blood pressure is a major risk factor for coronary heart disease, stroke and kidney failure. It is usually symptomless and is often called a "silent killer."

Millions of adults with blood pressure levels between 120-139 mm Hg systolic and 80-89 mm Hg diastolic are considered to have "prehypertension." People with prehypertension may have a higher cardiovascular risk. They should institute lifestyle changes to lower their blood pressure and be followed closely by a healthcare provider to ensure proper treatment in case high blood pressure develops.

"This makes it extremely important to accurately detect small differences in blood pressure," Pickering said. The preferred device for measuring blood pressure in the medical setting is still a mercury sphygmomanometer, but these devices are being phased out, partially because of environmental concerns about mercury contamination, he said. "However, alternative devices can become inaccurate, so calibration with a mercury reading is critical to ensuring accuracy," he said.

Blood pressure can vary significantly depending on the conditions under which it is measured in the hospital or doctor's office. Ideally, blood pressure should be taken after several minutes' relaxation, when a person is seated comfortably in a chair, legs uncrossed, not talking, back and arm supported, and the cuff placed on bare skin.

Co-authors are John E. Hall, Ph.D.; Lawrence J. Appel, M.D.; Bonita E. Falkner, M.D.; John Graves, M.D.; Martha N. Hill, Ph.D.; Daniel W. Jones, M.D.; Theodore Kurtz, M.D.; Sheldon G. Sheps, M.D.; and Edward J. Roccella, Ph.D., M.P.H.

Vanessa G. Garrity
Volunteer and Communications Coordinator

MEDICINE & TECHNOLOGY

REGULATORY INITIATIVES FOR DIETARY SUPPLEMENTS

The Food and Drug Administration has announced three major regulatory initiatives designed to further implement the Dietary Supplement Health and Education Act of 1994 (DSHEA). The actions include a regulatory strategy, an open public meeting, and a draft guidance document for industry.

“These initiatives refine the direction the agency is taking to regulate dietary supplements,” Acting FDA Commissioner Dr. Lester M. Crawford said in announcing the initiatives in November 2004. “We now have a clear roadmap to share with the dietary supplement industry, while at the same time giving consumers a higher level of assurance about the safety of dietary supplement products and the reliability of their labeling.”

The agency plans to improve the transparency, predictability, and consistency of its scientific evaluations and regulatory actions to protect consumers against unsafe dietary supplements and dietary supplements being promoted with unauthorized, false, or misleading claims. The FDA will continue its ongoing efforts of monitoring and evaluating product safety, ingredient safety, and product labeling, as well as ensuring product quality.

In the first initiative, a regulatory strategy, the FDA will work collaboratively with partners in federal agencies and other organizations to improve the factual basis for the agency’s safety and enforcement decisions about dietary supplements. Those partners include the National Institutes of Health’s Office of Dietary Supplements and National Center for Complementary and Alternative Medicine, the National Toxicology Program in the Department of Health and Human Services, the University of Mississippi’s National Center for Natural Products Research, and the FDA’s National Center for Toxicological Research.

The FDA will also implement a transparent, systematic, and predictable process to evaluate safety concerns about dietary ingredients and dietary supplements. The process begins with identifying an issue of concern, called “signal detection” by the agency. Signals of a possible safety concern can come from federal, state, and local health agencies; adverse event reports; foreign regulatory actions; media reports; information from consumer groups; and consultation with experts. When the quality or quantity of these signals indicates that there may be a public health problem, the FDA may then seek input from an independent third-party review.

The agency’s regulatory actions will be based on the total scientific evidence available, including the pharmacology of the substance, scientific literature, adverse event reports, and evidence-based reviews. The FDA has a variety of options for protecting the public from unsafe supplements, including making a determination of unreasonable risk, issuing public health advisories, educating consumers, conducting research, and requiring labeling changes.

Under DSHEA, dietary supplements do not need approval from the FDA before they are marketed. However, in the case of some new dietary supplements, such as dietary ingredients that were not marketed in the United States before October 15, 1994, a premarket safety notification to the FDA is required by law.

The second initiative—a public meeting held in November 2004—was designed to seek public comment on the type, quantity, and quality of evidence manufacturers should provide the agency in a new dietary ingredient notification.

Another aspect of the regulatory strategy is to establish industry-wide standards to help ensure that dietary supplements are manufactured consistently as to identity, purity, quality, strength, and composition. The FDA is currently reviewing and evaluating more than 1,600 pages of comments on a proposed rule to establish current good manufacturing practice (CGMP) requirements for dietary supplements. Publication of a final CGMP rule is one of the agency’s highest priorities.

Other measures include identifying and taking enforcement action against products whose labeling fails to reveal material facts, targeting those products that pose the greatest risk to consumers; obtaining and analyzing samples of dietary supplements in the marketplace to verify that the contents are consistent with the labeling; and reviewing Supplement Facts panels on packaging to determine whether the substances listed as dietary ingredients can be lawfully marketed in dietary supplements.

The third initiative reflects the FDA’s commitment to fully implement DSHEA by asking for comments on a draft guidance document on the amount, type, and quality of evidence a manufacturer should have to substantiate a claim—such as a structure claim—made under the Federal Food, Drug, and Cosmetic Act. The draft guidance document provides manufacturers flexibility in the precise amount and type of evidence that constitutes adequate substantiation. Providing a standard for substantiation may also help to preserve consumer confidence in these products.

“FDA will continue to protect consumers by pursuing products that violate the law,” Crawford says.

FDA Consumer Magazine
Contributed by Daryl Thompson, FDA (Ret.)

NUTRITION NOTES

BACK TO NEW BASICS

As of January 12, the Department of Health and Human Services updated the government standards for our health. Just when we were beginning to be able to quote the old guidelines, along comes a new installment of The Dietary Guidelines for Americans. This is our ruler for guiding our clients or patients to a healthier lifestyle.

So here are a few updates of the lengthy guidelines and a few important facts that it helps to keep in mind.

- ♥ Since 1999-2002, 65 percent of U.S. adults are overweight and 30 percent are obese.

- ♥ Recommended calories: Females 31-50 yrs old, 1800 kcals and males 31-50 yrs old, 2200 kcals.

- ♥ Basic premise of the guidelines is that nutrients should be obtained by consuming foods instead of fortified products or supplements. Foods provide an array of nutrients and compounds that have beneficial effects on health.

- ♥ We should consume a variety of foods from the food groups and limit saturated fat, trans-fats, cholesterol, added sugars, salt, and alcohol.

- ♥ Recommendations for foods: 2 cups fruit and 2-1/2 cups of vegetables; 3 whole-grain foods a day or 1/2 grain products consumed in a day from whole grains; and 3 cups of low-fat or fat free dairy.

- ♥ Total fat 20-30 percent of daily intake and less than 10 percent from saturated fats.

- ♥ Less than 2300mg of sodium (1 tsp. salt).

- ♥ For women, one alcoholic drink a day and no more than two a day for men.

- ♥ To decrease risk of chronic disease, 30 minutes of moderate-intensity physical activity most days of the week. Most people gain greater health benefits by increasing intensity or time of exercise. To maintain weight loss, 60-90 minutes of daily moderate-intensity activity is recommended.

- ♥ These are only a few highlights from the new report. Some of these suggestions are new, while others are familiar but important recommendations to use in advising our patients.

Kristin Cox, RD, LD
Atlanta Medical Center

ORANGES DESERVE ALL THE PRAISE WE GIVE THEM

The name orange evolved from a Sanskrit word meaning fragrant. Today oranges are known for far more than their distinctive aroma.

Like all citrus fruits, oranges are well known for their high vitamin C content. But they deliver more. Food scientists say there are more than 170 phytochemicals in an orange, including some 20 antioxidants from the carotenoid family alone.



These antioxidants are able to block free radicals before they do harm. Free radicals are corrosive oxygen molecules that can damage cells. This is important because free radical damage can set the stage for clogging of the arteries, a key risk

factor for heart disease and stroke.

Substances called limonoids, which are partly responsible for the fruit's slightly bitter taste, appear to be particularly active in oranges.

Doctors at Duke University Medical Center say that among all cancers studied, lab animals showed a 70 percent reduction in tumors when fed a diet consisting of 10 percent limonene such as found in oranges. No wonder citrus-lovers show low rates of stomach and lung cancers. Limonoids appear to be helpful in blocking breast cancers also.

The vitamin C in oranges does some important things. In addition to controlling free radicals, it is an important aid for healing and for boosting immunity. Vitamin C helps the body absorb iron from food, and people with high levels of C appear to have the lowest risks of all types of cancer.

BEST FAST-FOOD CHOICES

A recent Gallup Poll found that 95 percent of us frequent fast-food restaurants, and half eat there once a week. These leaner options could make a difference in your health.

Arby's: Broccoli and cheddar baked potato. If you ask for double the broccoli, half the cheese sauce, you get 406 calories, 13 g protein, 12 g fat. Other good choices are the Asian Sesame Salad and the grilled chicken sandwich.

Burger King: BK Veggie Burger, 340 calories, 15 g protein, 10 g fat. Other good choices: Fire-Grilled Chicken Baguettes, the Original Whopper Jr. (hold the mayo).

KFC: Tender Roast sandwich. Skip the sauce, and you save 72 calories and 8 g of fat. Other good choices: Barbecue beans and corn at 300 calories and Original Recipe chicken breast. Remove the skin and save 240 calories and 16 g of fat.

McDonald's: Fruit 'n Yogurt Parfait with granola and roasted English muffin, 350 calories, 8.5 g fat. Other good choices include the Chicken McGrill and the regular hamburger.

PAGES Editorial Service, Inc.

THE VENT-RICLE

A group of Mended Hearts members were traveling by tour bus through Holland. As they stopped at a cheese farm, a young guide led them through the process of cheese making, explaining that goats' milk was used. She showed the group a lovely hillside where many goats were grazing.

"These," she explained "are the older goats put out to pasture when they no longer produce." She then asked, "What do you do in America with your old goats?"

A spry old gentleman (no name just initials – F.J.) answered, "They send us on bus tours."

*Contributed by Ken Kribbs
Chapter 172 (Brunswick, GA)*

A young nun who worked for a local home health care agency was out making her rounds when she ran out of gas. As luck would have it, there was a gas station just one block away. She walked to the station to borrow a can with enough gas to start the car and drive to the station for a fill-up. The attendant regretfully told her that the only gas can he owned had just been loaned out, but if she would care to wait, he was sure it would be back shortly.

Since the nun was on the way to see a patient, she decided not to wait and walked back to her car. After looking through her car for something to carry to the station to fill with gas, she spotted a bedpan she was taking to the patient. Always resourceful, she carried it to the station, filled it with gasoline, and carried it back to her car. As she was pouring the gas into the tank of her car, two men watched her from across the street. One of them turned to the other and said, "If that car starts, I'll become a Catholic for the rest of my life."

DID I READ THE SIGN RIGHT?

Toilet out of order...please use floor below.

In a laundromat: Automatic washing machines: please remove all your clothes when the light goes out.

In a London department store: Bargain basement upstairs.

In an office: Would the person who took the step ladder yesterday please bring it back or further steps will be taken.

In an office: After tea break, staff should empty the teapot and stand upside down on the draining board.

Outside a secondhand shop: We exchange anything—bicycles, washing machines, etc. Why not bring your wife along and get a wonderful bargain?

Notice in health food shop window: Closed due to illness.

Spotted in a safari park: Elephants please stay in your car.

Seen during a conference: For anyone who has children and doesn't know it, there is a day care on the first floor.

Notice in a farmer's field: The farmer allows walkers to cross the field for free, but the bull charges.

On a repair shop door: We can repair anything. (Please knock hard on the door – the bell doesn't work.)

A BUNCHA PHUN-EES

Those who jump off a bridge in Paris are in Seine.

A man's home is his castle, in a manor of speaking.

Dijon vu—the same mustard as before.

Practice safe eating—always use condiments.

Shotgun wedding—a case of wife or death.

A hangover is the wrath of grapes.

Does the name Pavlov ring a bell?

Reading while sunbathing makes you well red.

When two egotists meet, it's an I for an I.

A bicycle can't stand on its own because it is two tired.

Definition of a will: A dead give away.

Time flies like an arrow. Fruit flies like a banana.

In democracy your vote counts. In feudalism your count votes.

She was engaged to a boyfriend with a wooden leg but broke it off.

A chicken crossing the road is poultry in motion.

If you don't pay your exorcist, you get repossessed.

With her marriage, she got a new name and a dress.

When a clock is hungry, it goes back four seconds.

The man who fell into an upholstery machine is fully recovered.

You feel stuck with your debt if you can't budge it.

Every calendar's days are numbered.

A lot of money is tainted. It taint yours, and it taint mine.

A boiled egg in the morning is hard to beat.

A midget fortune teller who escapes from prison is a small medium at large.

Those who get too big for their britches will be exposed in the end.

Once you've seen one shopping center, you've seen a mall.

Bakers trade bread recipes on a knead to know basis.

Santa's helpers are subordinate clauses.

Acupuncture is a jab well done.

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 770-850-6945 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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