

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 to Help Others

Dedicated to the Memory of Dr. Paul Ambery

BARRY D. MANGEL, M.D., F.A.C.C.

Board Certified Interventional Cardiologist
WellStar Kennestone & Crawford Long Hospitals

Information You Need to Know About Stents

Tuesday, May 16, 2006

7:30 – 9 p.m.

SAINT JOSEPH'S 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.

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

PRESIDENT'S NOTES

Instead of trying to out-humor my local humorist, I am going to give you some guidelines to humor instead:

"A man isn't poor if he can still laugh." — *Raymond Hitchcock*

"True humor springs not more from the head than from the heart; it is not contempt; its essence is love. It issues not in laughter, but in still smiles, which lie far deeper." — *Thomas Carlyle*

"Good humor is one of the best articles of dress one can wear in society." — *William Makepeace Thackeray*

"For health and the constant enjoyment of life, give me a keen and ever present sense of humor; it is the next best thing to an abiding faith in providence." — *G. B. Cheever*

I hope the above will guide your sense of humor in the right direction. Happy ha! ha! ha's!!!!!!

Doug Steingraber

CHAPTER NOTES

While in the midst of writing my column, spring is busting out all over. How beautiful and how true our motto rings this time of year: "It's Great to be Alive!" John Friese told me the other day that April 3 (I think) was "National Nap Day," but what I want to know is how come it only merits one day? Aren't naps good all year round?

I want to take this opportunity to publicly wish a belated happy birthday to our own Ed Caine, as he celebrated his 94th birthday in April! Although Ed started visiting at Emory years before I did, we had a truly wonderful 15 years or so visiting together. After each session, we found our way to the cafeteria to enjoy coffee together. Ed's doing great, and he and Bea still go to school, attending the Senior University at Mercer. How's that for an inspiration! Congratulations, Ed.

Patsy Woods, another long-time member, has served as our chapter historian for quite a few years now, and she is looking to retire. Sooooo...we're looking for another kind volunteer to take over the scrapbooks and continue to care for and add to our written and photographic history. This is a relatively easy and painless job. Please call our president, Doug Steingraber, and help do your part. And I thank you.

With this issue, John Friese begins a series of monthly articles that will feature a new member of our chapter. See the Member Spotlight elsewhere in this issue.

Congratulations to the new chapter officers and directors who were elected at our March meeting. They are Doug Steingraber, president; Cathy Schmit, vice

president; John Crosbie, treasurer; Neal Barronton, secretary; and directors: Jill Wilkins, Bob Fisher, Daryl Thompson, John Friese, Max Feinstein and Wally Beard. Thanks to all for serving!

Wouldn't you know, but in our May 1987 issue we were presenting a new slate of officers to be elected at that upcoming meeting. Yours truly was going from president to vice president. The national convention for 1987 was to be held in Denver (this year it will be in Scottsdale, AZ). We also reported 185 hospital visits for the previous month.

Reminder: next month is our annual attempt at keeping you smiling. It's our humor issue. If you have a favorite joke or humorous line, please send it in for our consideration. So till then, I'll close off with a few from my favorite South Jersey Devil:

"Marriage: nature's way of stopping people from fighting with strangers."

"To get back on your feet, miss two car payments."

"Every calendar's days are numbered."

See you here next month, God willing.

George Waterhouse

Voting seems to be all the rage these days. I saw that 35 million people cast their votes a few weeks ago for their favorite rising "American Idol." And we, Mended Hearts Chapter 81, have cast our votes for our new board. I am excited about all our officers, but want to highlight Cathy Schmit, our new vice president.

Cathy is married with three grown children and three grandchildren, and is a retired registered nurse who last worked at the Ridgeview Institute in the Chemical Dependency and Psychiatric Departments. On May 17, 2004, she had her mitral valve repaired at Piedmont Hospital and two weeks later got a pacemaker. She is currently doing great.

She was visited by a Mended Hearts visitor while in Piedmont Hospital. His enthusiasm and confidence made such an impact on her that it led to her wanting to serve others through Mended Hearts and hopefully impact their lives. As your vice president, she wants to focus on increasing membership and recruiting more hospital visitors. She will need your help with both. Let her know what topics you would like to hear about at meetings, what you would like to see at the picnic, etc. Don't be shy—introduce yourself and let her know what you like about our chapter and what you would like to see happen. Remember that she is our NEW vice president and is NOT responsible for anything in the past; i.e., anything I did or didn't do. The only way we can make our chapter what we enjoy is to make suggestions.

Jill Wilkins

WELCOME NEW MEMBERS

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

**Toby Griswold*

**Jan and Lewis Harris (Piedmont Satellite)*



MEMBER SPOTLIGHT

Twenty-five years ago, Toby Griswold, his wife, along with all of his immediate relatives became disenchanted with the Buffalo, New York, environment (weather) and headed south to Atlanta. Before an early retirement for health reasons, Toby worked as a payroll specialist for the National Linen Corporation. He also volunteered that he shares what many Mended Hearts members also have, which is some bad genes in his heritage. His triple bypass surgery was performed at Saint Joseph's Hospital in October 2005, following a heart attack.

I'm impressed with Toby's upbeat and positive philosophy of life in spite of other medical conditions including post-operative infections. Two of the reasons he joined our chapter are: that he can share his heart-related experiences with others and his interest in the chapter's hospitality programs.

We welcome Toby Griswold to our growing group of survivors.

John Friese

MAY CARDIO-VERSARIES

1984	Treva Bridge John Nicolescu
1994	Al Smith Bill Price
1997	Nina Sanofsky Marshall Lewis
1998	Russ McDaniel Elsie Carroll
2000	Janet Thompson
2001	Harry McGinnis Rosemary Mosteller
2002	Charles Evans
2003	David Sanders
2004	Cathy Schmit

HOSPITAL VISITING REPORT

During the month of March 2006, we recorded 194 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.

LET'S VISIT AWHILE

Happy New Year (fiscal year, that is)!! On April 1, we started the 2006-2007 Mended Hearts year, which will end on March 31, 2007. So being a real optimist, I am looking forward to several more visitors coming forward to join the gallant group we already have—and the best of all, a replacement for yours truly!!

During the 2005-2006 fiscal year, we made 1,994 visits on 1,683 total patients. This includes family and Internet visits. The number of patients visited was slightly up over the previous year, while the total number of visits was down slightly. We also added our seventh hospital — WellStar Kennestone in Marietta.

Thanks to all of you for visiting.

Herb Jardine

American Heart Association's Upcoming Event

2006 Metro Atlanta Healthy Hearts Golf & Tennis Classic

May 8, 2006

**Atlanta Athletic Club &
St. Ives Country Club**

Registration begins at 9:00 a.m.

Tennis play begins at 10:00 a.m.

Golf shotgun start at 10:30 a.m.

Golf Player – \$750

Tennis Player – \$250

Sponsorship and player opportunities are still available – contact Melissa Charley-Wiklendt at

678-385-2038

AMERICAN HEART ASSOCIATION CONNECTIONS

NEW TOOL RATES HOSPITAL PERFORMANCE TO IMPROVE QUALITY OF CARE

New approaches to assessing hospital quality for patients with heart attacks and heart failure may ultimately improve patient care. The new approaches were described in two reports in *Circulation: Journal of the American Heart Association*.

For the first time, researchers have developed billing records-based statistical models that produce results very close to those from models using patient medical records for estimating hospital death rates for heart attack and heart failure. These tools, developed with the support of the Centers for Medicare and Medicaid Services, can form the basis for comparing the performance of states and hospitals in the care of patients with these conditions.

“Over the last decade, concern about the quality of medical care has increased, but we have lacked a validated approach to measuring the outcomes of care at the state and hospital level,” said Harlan M. Krumholz, M.D., lead author of both studies.

“We employed the best statistical approaches in this effort and have produced models that can characterize the impact of hospital quality on the patient’s likelihood of survival,” said Sharon-Lise T. Normand, Ph.D., senior author of both studies.

“The two statistical models have major implications for improving hospital care. They could change the way we assess hospital performance and catalyze efforts to identify opportunities to improve care,” said Krumholz, professor of medicine at Yale University School of Medicine in New Haven, Conn.

Measuring outcomes is difficult because hospitals do not have the same patients – some hospitals have more complicated patients. Statistical methods can adjust for these differences if the information about the patients is available. However, the only nationally available data on hospitalizations are Medicare billing claims, which do not always accurately reflect the information in the medical record. A model based on these data ought to be checked against models based on medical record information, said Normand, professor of health care policy (biostatistics) at Harvard Medical School in Boston, MA.

“Although outcomes are not entirely under the control of physicians and hospitals, quality of care and safety can influence the risk of adverse events,” Krumholz said.

Using the new models, researchers found significant differences among about 4,500 U.S. hospitals in the percentage of patients who died from any cause within 30 days after being admitted for a heart attack or heart failure. After adjusting for patient differences, the top 5 percent of hospitals had about a 15 percent death rate in

the 30 days after admission for heart attacks and the hospitals at the other end of the spectrum were at about 20 percent. For heart failure, the range was 10 percent for top 5 percent of hospitals to 14 percent at the other end of the spectrum.

“These are meaningful differences in the risk of dying, and what most patients really care about is whether they are going to survive,” Krumholz said. “For every 20 heart attack patients admitted to a bottom-rated hospital rather than to a top-rated hospital, there is one additional death.”

The new risk models meet the American Heart Association’s Standards for Statistical Models Used for Reporting Health Outcomes, published in the Jan. 17, 2006, issue of *Circulation*. The researchers used Medicare billing records to identify 27 predictive variables related to the risk of death for heart attack patients and 24 related to the risk of death for heart failure. These factors included a patient’s age, disease severity, and other diseases and disorders, such as diabetes and hypertension.

The model developed for each disease produced a risk-standardized mortality rate, such as rates for a given hospital or state as if its mix of patients were the same as the national average. This approach allows a comparison across hospitals or states.

Next, researchers created medical-record models for each disease. For the heart attack model, the team used data from the medical records of 181,032 Medicare patients gathered during nine months in 1994-95 for a separate study.

The team did not have one national medical database for heart failure. However, they had information from each of the 50 states that they used to create a medical-records model.

“Billing data are not as reliable as medical records. We needed to know how well the results from our best model using billing data corresponded to the results from a model built on medical-record data,” Krumholz said.

“This approach provides an important tool, but the need to use administrative data will likely be superseded at some point by the adoption of electronic health records,” Normand said. “Nevertheless, the general approach we employed will remain valid.”

To their surprise, when they compared the two types of models, the billing-record models predicted the risk of heart attack and heart failure for patients at a specific hospital as well as the models derived from medical records.

“Although the statistical models do not identify specific quality-control issues, they can alert physicians and hospital administrators that such problems may exist. Then it will be up to them to investigate,” Krumholz said. “Hospitals that have higher death rates will need to ensure that it is not because of quality-of-care problems.”

Vanessa G. Garrity
Volunteer and Communications Coordinator

MEDICINE & TECHNOLOGY

SAFETY ALERT ON BLOOD GLUCOSE METERS

Glucose meters help people with diabetes check their blood sugar. And because diabetes that is not well-controlled can lead to complications such as blindness, these medical devices must be reliable, accurate, and easy to use and understand.

Recent problems reported to the Food and Drug Administration indicate that some people who use certain blood glucose meters may have problems properly setting the units of measurement on their meters or may inadvertently switch them. Also, in some cases, jarring or dropping the meter can cause the units to switch without the user being aware. These actions can lead to misinterpretation of glucose test results and to dosage errors in insulin or in oral diabetes medication.

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches, and other food into energy needed for daily life. According to the American Diabetes Association, about 20 million people in the United States, or 7 percent of the population, have the condition.

The problem meters are designed to report blood glucose levels in two different measurements—the U.S. standard—milligrams per deciliter (mg/dL) and the standard used in Europe and elsewhere—millimoles per liter (mmol/L). The normal fasting blood sugar (glucose) for people who don't have diabetes is usually less than 100 mg/dL or less than 5.5 mmol/L. The conversion factor between the two units of measure is 18, meaning a value in mg/dL equals 18 times the comparable value in mmol/L.

According to reports, users have accidentally changed one unit of measure to the other while setting their meter's date and time, or while changing the battery. There also have been reports of the unit of measure changing after a meter was jarred or dropped.

"Someone who is familiar with their meter is going to realize if it is displaying the wrong unit of measure," says Tama Antonia Donaldson, director of public affairs at Abbott Diabetes Care in Alameda, Calif. Reports, however, indicate that in some cases, even those who are familiar with their meters have not realized the wrong measurement unit that is being displayed. Donaldson advises, "Users should verify that their meter displays the correct unit of measure each time they test."

The Importance of Proper Testing

Checking blood glucose is a critical step in managing diabetes, says Joanna K. Zawadzki, M.D., in the FDA's Division of Metabolism and Endocrinology Products.

Frequent testing and good recordkeeping give people the most accurate picture of diabetes control.

However, she says, "As with any tool, a glucose meter has to be used correctly for it to be most effective." Blood glucose meters measure the amount of glucose in the blood and serve as an aid in monitoring the effectiveness of diabetes management at home or in a clinical setting. Glucose control can help prevent serious complications of diabetes, such as kidney failure, blindness, and amputations.

To date, at least three companies have reported this problem. It appears that companies making meters with the ability to report in both units of measure need to consider this problem in the design and labeling of their product.

Manufacturers are not instructing users to return their meters. Instead, the firms have issued worldwide notifications to all health care professionals and users, when known, about the problem. In addition to verifying the correct unit of measure and code number each time, Zawadzki adds, "Patients should take the time to review their glucose meters with their diabetes health care providers and read the information that accompanies the device."

As an added safety measure, Donaldson says that new models of meters have the correct unit of measure locked in place.

For information on how to change a unit of measurement for meter readings, users should refer to their owner's manual or should contact the manufacturer directly. People who think they may have been using the wrong readout on their meters for a long period of time, and who are now worried about their health, should contact their doctors immediately.

To report a problem with affected blood glucose meters, contact the FDA's MedWatch Program at www.fda.gov/medwatch/ or call (800) 332-1088.

By Carol Rados

FDA: SO-CALLED 'CANADIAN' PRODUCTS REALLY FROM OTHER COUNTRIES

An FDA operation found that nearly half of the imported drugs that the agency intercepted from four selected countries were shipped to fill orders that consumers believed they were placing with "Canadian" pharmacies. Of the drugs being promoted as "Canadian," based on accompanying documentation, 85 percent actually came from 27 countries. A number of these products also were found to be counterfeit.

"These results make clear there are Internet sites that claim to be 'Canadian' that, in fact, are peddling drugs of dubious origin, safety, and efficacy," says Acting FDA Commissioner Andrew von Eschenbach, M.D. "We believe that these 'bait and switch' tactics—offering

patients one thing and then giving them something else—are misleading to patients and potentially harmful to the public health.”

The FDA conducted its “Operation Bait and Switch” over a few days in August 2005 at the John F. Kennedy International Airport in New York, Miami International Airport, and Los Angeles International Airport. The FDA examined all mail parcels suspected of containing pharmaceuticals sent from four countries—India, Israel, Costa Rica, and Vanuatu—that the agency had previously noticed were sources of drugs apparently ordered from pharmacies alleged to be Canadian.

Out of nearly 4,000 parcels examined, almost 1,700, or about 43 percent, had been ordered from “Canadian” Internet pharmacies and were represented as being of Canadian origin. However, only 15 percent of these “Canadian” drugs actually originated in Canada. The remaining 85 percent were manufactured in 27 different countries. In addition to having been falsely promoted as being of Canadian origin, many of these drugs were not adequately labeled in English to help assure safe and effective use.

Thirty-two of the pharmaceuticals sampled, representing three distinct drug products, were determined to be counterfeit. The FDA is working closely with the Canadian drug regulatory and law enforcement authorities on this matter. Visit www.fda.gov/importeddrugs/ for more on imported drugs and www.fda.gov/counterfeit/ for additional information on counterfeits.

FDA Consumer Magazine

Contributed by Daryl Thompson, FDA (Ret.)

NUTRITION NOTES

SUPER FOODS

It is now springtime and healthy tasty treats are on their way. Fruits and vegetables are starting to grace the stands of the supermarkets. It’s the perfect time to start trying new produce to reach the goal of five fruits and veggies a day.

Fruits and vegetables are nutritious low-calorie food staples. They are packed with vitamins, minerals, fiber, phyto-chemicals, and anti-oxidants. It can be tempting to pop a multivitamin and think we are getting all the nutrition needed. There is a wide array of vitamins, health drinks, and supplements touting all the nutritious power of fruits and vegetables. Unfortunately, these claims are often not completely true. Scientists and health professionals are not sure why, but supplements do not always have the same health benefits that the fruits and veggies do.

It is thought there are certain combinations in foods we do not completely understand which increase the nutritional value of the foods. So, just like our moms told us, it is important to eat our veggies!

Great options to try are broccoli salad with raisins, grilled summer squash and zucchini, or tomatoes with mozzarella, basil, and olive oil.

For fruits, try peaches and yogurt or a fruit salad with strawberries, blueberries, melon, and grapes.

Be creative; buy vegetables or fruits that look tasty. The more colorful the produce you chose, the better.

*Kristin Cox RD, LD
Atlanta Medical Center*

LAUGHS AND GIGGLES

“Hello?”

“Hi, honey. This is Daddy. Is Mommy near the phone?”

“No, Daddy. She’s upstairs in the bedroom with Uncle Frank.”

After a brief pause, Daddy says, “But honey, you haven’t got an Uncle Frank.”

“Oh, yes, I do, and he’s upstairs in the room with Mommy right now.”

...A brief pause...

“Uh, okay then. This is what I want you to do. Put the phone down on the table, run upstairs and knock on the bedroom door, and shout to Mommy that Daddy’s car just pulled into the driveway.”

“Okay, Daddy, just a minute.”

...A few minutes later, the little girl comes back to the phone...

“I did it, Daddy.”

“And what happened, honey?” he asked.

“Well, Mommy got all scared, jumped out of bed with no clothes on, and ran around screaming. Then she tripped over the rug, hit her head on the dresser, and now she isn’t moving at all!”

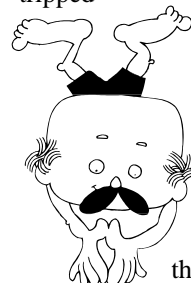
“Oh, no! What about your Uncle Frank?”

“He jumped out of the bed with no clothes on, too. He was all scared, and he jumped out of the back window and into the swimming pool. But I guess he didn’t know that you took out the water last week to clean it. He hit the bottom of the pool, and I think he’s dead.”

...Long pause...

...Longer pause...

Then Daddy says, “Swimming pool??...Is this 555-7039??”



THE VENT-RICLE

It was fun being a baby boomer until now. Some of the artists of the 60s are revising their hits with new lyrics to accommodate aging baby boomers. They include:

- *Herman's Hermits* – Mrs. Brown, You've Got a Lovely Walker
- *The Bee Gees* — How Can You Mend a Broken Hip?
- *Bobby Darin* — Splish, Splash, I Was Havin' a Flash
- *Ringo Starr* — I Get By With a Little Help From Depends
- *Roberta Flack* —The First Time Ever I Forgot Your Face
- *Johnny Nash* — I Can't See Clearly Now
- *Paul Simon* — Fifty Ways to Lose Your Liver
- *The Commodores* — Once, Twice, Three Times to the Bathroom
- *Marvin Gaye* — Heard It Through the Grape Nuts
- *Leo Sayer* — You Make Me Feel Like Napping
- *The Temptations* — Papa's Got a Kidney Stone
- *Abba* — Denture Queen
- *Tony Orlando* — Knock Three Times On The Ceiling If You Hear Me Fall
- *Helen Reddy* — I Am Woman, Hear Me Snore
- *Willie Nelson* — On the Commode Again

Contributed by Jill Wilkins

A senior citizen in Punta Gorda, Florida, bought a brand new Mercedes convertible. He took off down the road, flooring it to 90 m.p.h., enjoying the wind blowing through what little hair he had left on his head.

"This is great," he thought as he roared down I-75. He pushed the pedal to the metal even more. Then he looked in his rearview mirror and saw a highway patrol trooper behind him, blue lights flashing and siren blaring.

"I can get away from him with no problem," thought the man, and he pushed the pedal to the floor and flew down the road, passing 100 m.p.h....then 110...up to 120 m.p.h.!!!!

Then he thought, "What the heck am I doing? I'm too old for this kind of thing."

So he pulled over to the side of the road and waited for the trooper to catch up with him. The trooper pulled in behind the Mercedes and walked up to the driver's window.

After looking at the old man, then at his watch, he said, "Sir, my shift ends in 30 minutes, and today is Friday. If you can give me a reason that I've never heard before on why you were speeding, I'll let you go."

The man looked at the trooper and answered, "Years ago my wife ran off with a Florida State Trooper. I thought that you were bringing her back."

"Sir," the trooper replied, "You have a nice day."

One day, someone made the comment that preaching to people isn't really all that hard. A real challenge would be to preach to a bear.

One thing led to another, and they decided to do an experiment. They would all go out into the woods, find a bear, preach to it, and attempt to convert it. Seven days later, they're all together to discuss the experience.

Father Flannery, who has his arm in a sling, is on crutches and has various bandages, goes first. "Well," he says, "I went into the woods to find me a bear. And when I found him, I began to read to him from the Catechism. Well, that bear wanted nothing to do with me and began to slap me around. So I quickly grabbed my holy water, sprinkled him and, Holy Mary Mother of God, he became as gentle as a lamb. The bishop is coming out next week to give him first communion and confirmation."

Reverend Billy Bob spoke next. He was in a wheelchair, with an arm and both legs in casts, and an IV drip. In his best fire and brimstone oratory, he claimed, "Well, brothers, you know that we don't sprinkle! I went out, and I found me a bear. And then I began to read to my bear from God's Holy Word! But that bear wanted nothing to do with me. So I took hold of him, and we began to wrestle. We wrestled down one hill, up another, and down another until we came to a creek. So I quick dunked him and baptized his hairy soul. And just like you said, he became as gentle as a lamb. We spent the rest of the time praising Jesus."

They both looked down at the rabbi, who was lying in a hospital bed. He was in a body cast and traction with IV's and monitors running in and out of him. He was in bad shape.

The rabbi looks up and says, "Looking back on it, circumcision may not have been the best way to start things out with my bear."

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
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