Hearts of Jersey Chapter #179 The Mended Hearts, Inc.

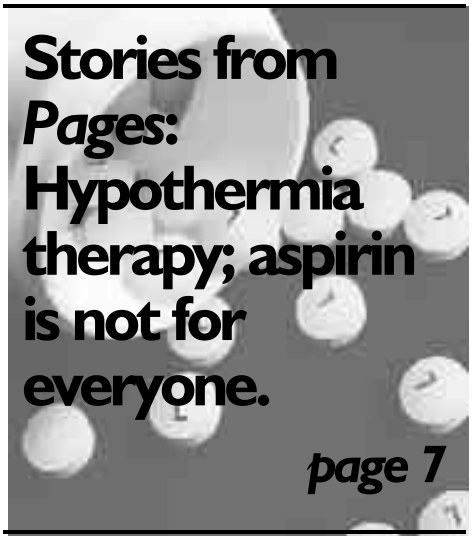
The Jersey Heartbeat

It's Great to be Alive And to Help Others

July 2010

Message from the President

As our area and most of the country suffers under oppressive heat and humidity it seem like a good time to remind ourselves of some of the common sense precautions we need to take during times like these. Drink more water and avoid caffeinated and alcoholic beverages. Stay in the shade or avoid the sun altogether by staying indoors in air conditioning—good time for a movie or a good book in the air-conditioned library, or if you must, shopping in the mall. Exercise early in the morning or later in the cool of the evening. Wear light colors and fabrics. Check on your neighbors and be sure to put out enough water for your pets. Be aware that high heat and humidity is a very stressful condition for everyone, not to mention members of Mended Hearts. Use common sense and plan ahead.



As we mark the mid point of 2010 our attention turns to Independence Day and all that it means to us. The Fourth of July is much more than fireworks and barbecues or even parades. It is the day on which we celebrate what makes this country different and wonderful. Two hundred thirty-four years ago the idea that is America was a very foreign one in all the places people left behind to come here and start new lives. The principles embodied in the Declaration of Independence were very different as a mission statement for a country and its people. These principles and the values they engendered are what makes us different, and the ideas that later followed in our Constitution helped create the idea and hope that America represents. It is these ideals that our enemies hate about our way of life and wait in hiding to try and strike at America. As we note this day it, is again a time to appreciate and acknowledge the sacrifices that generations of Americans have made to establish and defend our country—specially the men and women of our armed forces and their families. America is not all battles and war and by no means are we a perfect society and nation, but we are the hope of

(Continued on page 2)

Inside...

President's Message

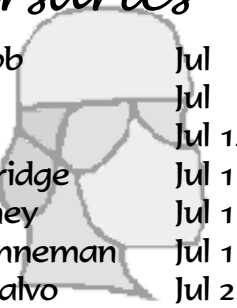
New Members

anonymous May 25

Birthdays

Marie Karpeles	Jul 2
Ethel Stanger	Jul 12
Dennis J. Broschart	Jul 13
Carolyn Averell	Jul 16
Michael D. Fornino	Jul 18
Ruthjane Robitaille	Jul 18
Nicholas Preziotti	Jul 20
Cecil A. Ross	Jul 20
Harry Hammell	Jul 23

Surgiversaries



Eugene L. Grubb	Jul 2
Sharon Barry	Jul 7
Morris Wrubel	Jul 14
Harry Breckenridge	Jul 15
Frances Mullaney	Jul 15
Robert F. Schunneman	Jul 15
Philip E. Giambalvo	Jul 29

Visiting

June 2010:
95 patient visits,
63 family visits.

If you want to be listed on this page, or would rather not be....

Please contact the Treasurer.

All illustrations in this column from IMSI MasterClips CD © 1997 IMSI

(Continued from page 1)

people all over this planet. A place where all are equal and justice is possible, where hard work and education hold the promise of a better life for our kids—yeah, we have a lot of work to do to fulfill those promises but at least it's possible here. Celebrate AMERICA on Independence Day and be grateful for all we have.

As I climb down from my soap box I'd like to finish up with this:

The new officers are starting to try and make our predecessors feel that their work is being carried on in a way that would make them smile. Much work is being done on the implementation of the stent patient visiting program, and as this progresses it becomes obvious that more volunteers will be needed. Volunteers of all different abilities and interests who are willing to serve in any way would be appreciated. The satisfaction you will feel can not have a price put on it. Also, work on planning the December Celebration of the Heart has begun, another area where you can be of service.

I hope you had a good Fourth of July, and have a safe summer ahead.

Matthew M. Klug

Mended Hearts Chapter # 179

Officers

President
Matthew M. Klug
732-988-7048
matthewklug@optonline.net

Past President
Bill Ryan
732-367-3648
drbillryan86@alum.rpi.edu

Vice President
Frederick Steelman
732-531-8730
steel11@aol.com

Acting Secretary
Lois Landis
732-222-0549

Treasurer
Neil Paulsen
732-528-4827
npocean@verizon.net

Committee Chairs

Visiting and Visitor Training
Leonard Talalai
732-935-9825

Nominations
Rita and Jack Beerman
732-714-1040

Newsletter and Webmaster
Martin Brilliant
732-946-8147 Fax: 946-3423
mbrilliant@alum.mit.edu

Public Relations
Frances Grubb
732-462-9750

Programs
Sharon Barry
732-383-5212
shalyn8@verizon.net

Meeting North

Thursday, July 22
12:00 – 1:00 pm

Dr. Ziad Abbud, MD,
Interventional
Cardiologist

tentative topic:
Angioplasty and Stents

Blaisdell 5th floor
Riverview Medical Center, Red Bank

A light lunch will be served

— Call for information —
— Please register —
1-800-DOCTORS

Meeting South

Tuesday, July 27
1:00 – 2:30 pm

Jane Kaiser,
Nurse Practitioner

Strokes—When Minutes Count

Community Room
Ambulatory Care Center
Ocean Medical Center, Brick

A light lunch will be served

— Call for information —
— Please register —
1-800-DOCTORS

Meeting Schedule

Even Months
(Feb., Apr., June, Aug., Oct., Dec.)
Jersey Shore University Medical Center, Neptune,
fourth Thursday

Odd Months
(Jan., Mar., May, July, Sept., Nov.)
Ocean Medical Center, Brick, fourth Tuesday
and
Riverview Medical Center, Red Bank,
fourth Thursday

Executive Meeting

First Thursday
August 5, 10:00 AM

Conference Room
4th Floor Ackerman
Jersey Shore University Medical Center, Neptune

Interested members are invited to attend

Photo courtesy of Sandy Briggs

We can't show color here, but of course the heart is red, and so are some of the other parts.

Necklace owner sought:

At the Mended Hearts National Convention this year someone bought a hand made necklace like the one pictured above, left it to be altered, and didn't return to pick it up. We don't know who that person is. If this is your necklace, contact the Editor (see page 2) or email SandyMHI@aol.com directly. You can also contact us if you're interested in purchasing such a necklace.

June Meeting at JSUMC

Martin Brilliant

Lunch had been announced, but lunch can't be served at an evening meeting. We had fruit salad, chocolate-filled tarts, and a choice of beverage.

Our new chapter president, Matt Klug, wasn't present to open the meeting, so Bill Ryan, the outgoing president, filled in. After noting that the chocolate-filled tarts were dark chocolate, and some were topped with nuts, both of which are good for you, and that the watermelon in the fruit salad was seedless, Bill introduced the speaker, Gustavo Rios from Medtronic, and the topic: pacemakers and defibrillators.

Gustavo Rios with a box that connects to the telephone line and communicates wirelessly with the defibrillator.

Gustavo told us his job was to make sure the devices implanted in patients are properly implanted and working properly, and to keep them working properly. A pacemaker, he explained, keeps your heart from going too slow (*bradycardia*); a defibrillator keeps it from going too fast (*tachycardia*).

A pacemaker watches your heartbeat, and if there's a pause of more than one second before the next beat, it paces your heart, so as not to let your heartbeat go below 60 beats per minute. It's implanted in your shoulder, and it has a battery and two wires, one to the atrium (at the top of the heart) and one to the ventricle (at the bottom of the heart).

Every defibrillator has a pacemaker, but not every pacemaker has a defibrillator. If a defibrillator detects a heartbeat going faster than 120 beats per minute, or 150, or 180, or whatever it's set for, it will first try "pain-free": it will try to pace you out of it. It will pace your heart a little faster than it's going and then gradually slow down. If that doesn't slow the heart down it will shock you.

Some pacemaker history: Back in the late 1800's people found out that the heart worked with electrical impulses. In the early 1900's people who needed a pacemaker had two needles through their skin into the chest connected to a big machine. They were bedridden; they couldn't go anywhere. A power failure could be fatal.

Implantable pacemakers, he explained, were introduced in 1952. After some deaths at a children's hospital in Minneapolis due to a power failure, Earl Bakken, a co-founder of Medtronic who had been maintaining the machines, produced a portable pacemaker that worked on batteries (see bottom illustration at right), with two knobs and one wire, that patients could walk around with.

Since then, pacemakers have become smaller and smarter. In 1961 a capsule was developed that contained the whole pacemaker and could be implanted completely inside the body. The first versions were too big to put in the chest so they were implanted in the abdomen. They had only one lead and they paced constantly at 60 beats per minute. If you were an athlete and needed a faster heartbeat you were out of luck. Pacemakers now have two leads, and they can tell when you're active and will pace at a faster rate.

One concern of patients is how long the battery in the pacemaker will last. Battery life has gradually increased until a pacemaker can now last ten years. It's checked every three months but it doesn't have to be opened for seven to ten years. In the 1970's there was a pacemaker that was powered by a nuclear isotope and could outlast the patients. It isn't produced because of concerns about radiation and about nuclear proliferation.

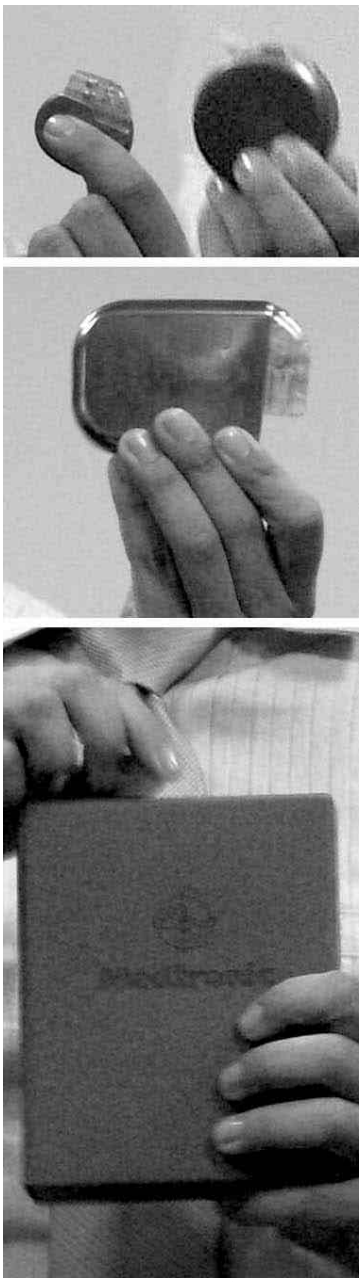
Every heartbeat is two beats. First the atrium pumps blood into the ventricle, and then the ventricle pumps it into the arteries. Early pacemakers paced only the ventricle, but research showed that pacing the ventricle can be harmful unless you need it. Pacemakers now have separate leads, for the atrium and the ventricle. They can tell whether they need to pace only the atrium, or only the ventricle, or both, and will switch to whatever mode is needed.

A pacemaker also helps with diagnosis. The computer inside a pacemaker continually keeps notes, If your heart rate goes to 150 it can tell the doctor at what time on what day that happened. If you have atrial fibrillation it can tell the doctor exactly how often and for how long it occurs and can prescribe blood thinners appropriately; without a pacemaker, your doctor only knows that you have it. If you don't have a pacemaker there is a small device called a loop recorder, that can be implanted over your heart through a tiny incision. It can keep a complete record of your heartbeat for as much as three years.

Implantable defibrillators came about in 1989. External defibrillators have been around longer, but they're not always available and it takes time to set them up. If you're in cardiac arrest, every minute of delay cuts ten percent off your chance of survival.

A defibrillator treats a condition called "sudden cardiac death." The heartbeat is triggered by electrical impulses, and whatever comes fastest sets the pace. The heart has a natural pacemaker called the sinus node that sends out impulses at a rate that's controlled by your autonomic nervous system. Scar tissue in your heart can

(Continued on next page)



From the top: a pacemaker compared to an older, larger pacemaker; an older defibrillator; and at bottom, a box the size of the first portable (not implantable) pacemaker.

Photos by Martin Brilliant

June Meeting at JSUMC

(Continued from previous page)

cause a short circuit so that each impulse from the sinus node loops around and triggers more than one heartbeat.

Sudden cardiac arrest is not a stopped heart, because the sinus node keeps pacing it. Cardiac arrest occurs when the heart gets so many impulses that it can't beat coherently and just quivers without moving any blood. Technically that quivering is called ventricular fibrillation. A defibrillator delivers a shock of up to 800 volts that stops the heart and gives it a chance to restart with a normal rhythm.

Bill Ryan giving his successor, Matt Klug, an essential guide book.

The first defibrillators were big machines that applied a shock through external pads. These machines have become smaller and more portable and now they're provided in many public places to be used in case of emergency. Even smaller defibrillators are now implanted in patients who need them.

How do we know who needs a defibrillator? At first only people who had survived sudden cardiac arrest—twice—were eligible. Then you could get a defibrillator if it only happened once. The next step was to implant a defibrillator if there was proof of ventricular tachycardia or ventricular fibrillation. Now there are many conditions that justify implantation of a defibrillator, including scar tissue from a heart attack, ejection fraction under 35 percent, and Stage III heart failure.

Defibrillators have become smarter. They used to give a shock any time the heart rate went over 180 beats per minute. Now they can tell what caused the rapid heart rate. If it's due to exercise, or if it's coming from the top of the heart (*supra*ventricular tachycardia), then it's not life-threatening and there's no need to shock.

Gustavo could have kept on going and going but we had other business to complete at the meeting. He did have one more thing to show us: a device that sits by your bedside, connects to your telephone line, receives wireless signals from the defibrillator, and calls the doctor if something goes wrong. We thanked him with a round of applause.

As the final order of business for the meeting, Bill Ryan stood up again to pass the mantle of the chapter presidency to Matt Klug, who had meanwhile arrived. First he gave Matt the Scranton PA chapter newsletter, which was being mailed to Bill and should now be mailed to Matt. Then he gave Matt a flash drive, containing the text of all the President's Messages he ever wrote, and a book: *All I Really Need to Know I Learned in Kindergarten*. And then he declared Matt President.

Health Items from *Pages*

HYPOTHERMIA FOR CARDIAC ARREST PATIENTS

When the heart stops beating, oxygen-rich blood is no longer pumped to the brain, causing damage or death to brain cells. Doctors know that the rapid return of blood to the brain after resuscitation has the potential for causing additional brain damage.

Now, cardiac arrest patients whose hearts are being restarted are candidates for hypothermia therapy, which cools the patient to about 90 degrees. Emergency medical physicians at the University of Alabama induce hypothermia in those patients. They are kept in a hypothermic state for 24 hours after resuscitation, then they are slowly warmed to normal temperatures over two to three days.

Take me home

The treatment was used on a man in Concord Hospital near Pittsfield, New Hampshire. His heart had stopped seven times, but his doctors cooled his body to 92 degrees for a day after his heart surgery. Contrary to most predictions, he was able to return to his family a short time later, walking, talking and driving.

Dr. Kenneth Deloge, who helped bring the treatment to Concord, says, "Restoring the heart is easy. Restoring the brain is hard."

Who is this?

At Rush University Medical Center in Chicago, a 34-year-old woman was about to deliver a baby when her heart stopped. Her son was born by C-section as doctors worked for 43 minutes to restart her heart.

With little hope of a favorable outcome, doctors cooled her body to 91 degrees for 24 hours, then gently rewarmed her for 12 hours. Without knowing what happened, she woke up, asked the nurse for a telephone and called her husband. He answered and ask who was calling.

He and relatives were in the waiting room deciding who would bring up the baby after his mother died.

✔ About 500 of the 5,000 hospitals in the United States offer hypothermia therapy, says the American Heart Association.

ASPIRIN, THE PENNIES-A-DAY MIRACLE DRUG,

and why it might not be right for you

It was about 2,500 years ago that Hippocrates was treating

(Continued on page 10)

Pages Magazine

Pages Magazine is an online resource for newsletter editors.

Both topics have been in the news recently. These articles from *Pages* magazine give them a human face.

Heart News and Notes

Martin Brilliant

Industry Sponsored CME is Debated

Information from medpagetoday.com

Doctors should not practice the medicine they learned decades ago in medical school. They are expected to participate in CME—continuing medical education. Oversight of CME is provided by the ACCME—the Accrediting Council for Continuing Medical Education.

Last year, every four-year medical school that offered ACCME-approved CME accepted commercial sponsorship for CME programs. But as of January 1, 2011, "to dispel the risk or appearance of conflict of interest," the University of Michigan will no longer accept such industry support.

The ACCME itself has taken another step: CME presentations by drug industry employees will no longer be allowed at medical meetings. One of the affected meetings is the annual Scientific Sessions of the American Heart Association (AHA), and the AHA is fighting back against the ban.

Professional opinion is divided. Some believe the ban is counterproductive, while others think the ban should extend to doctors who receive industry support. One study cited in the controversy found that for every dollar a drug company spends on medical education it gets back $3.56 in revenue. Another found that attendees at industry-supported presentations did not perceive bias.

Can Ultrasound Improve on the Framingham Risk Score?

Information from medpagetoday.com

One of the challenges of writing these "Heart News and Notes" pages is deciding which news items to report on. Another is telling a consistent story when a study comes out with one conclusion and a month or two later another comes out with the opposite conclusion.

Now and then I report on a study that says some particular test, or test criterion, leads to better prediction of heart disease risk. But a few months ago I received news of a metastudy (a study of studies) that found that most of those studies were flawed, and overall the best risk predictor is still the old-fashioned Framingham score.

So it's with some hesitation that I decided to tell you about a small pilot study that says ultrasound imaging of the heart and the carotid artery can reveal dangerous plaque in patients with a low Framingham risk score.

The study is inconclusive to begin with because it's small, and because it was presented as an abstract without peer review. But within its limits it may be significant. It doesn't require a complete echocardiogram. It applies only to women who are obese or have metabolic syndrome. Even if the Framingham score is best overall, there might be a subgroup that would benefit from ultrasound screening. Or this study might, after all, be a statistical fluke.

Three Drugs Scheduled for FDA Panel Review

Information from medpagetoday.com and theheart.org

Rosiglitazone (Avandia) will be reconsidered by an FDA panel this month, July 13-14. Two more studies have found that this diabetes drug increases the risk of heart attack, stroke, heart failure and death compared with a related drug, pioglitazone (Actos). One author says if sixty patients are treated for a year with Avandia instead of Actos, one more will have a cardiovascular event. Other studies allege that the two drugs have the same risk. The American Heart Association and the American Diabetes Association say the evidence is insufficient, and patients should follow their doctors' prescriptions.

Two new blood thinners have been getting "buzz" in journals and conferences. A new antiplatelet drug, ticagrelor (Brilanta), will be considered for approval by another panel on July 28. Clinical trials show it to be more effective against heart attack, stroke and cardiovascular death than the current standard, clopidogrel (Plavix).

A new anticoagulant, dabigatran (Pradax), reported to be more effective against stroke than warfarin (Coumadin), with less risk of bleeding, is expected to be considered by another FDA panel in September.

White Rice, Brown Rice

Information from medpagetoday.com and epocrates.com; glycemic index from becomehealthynow.com

Now I am confused. A while back I looked into the glycemic index of foods, because high glycemic index means the carbohydrate is absorbed quickly and raises blood sugar, increasing the risk of diabetes. I saw statements like this: "Rice cooked too long will have an elevated glycemic response. Contrary to popular belief, brown rice does not have a lower glycemic index than white rice."

But a recent study found that people who ate white rice five times a week had a higher risk of diabetes than those who ate less rice, while people who ate brown rice had lower risk. The authors thought people who ate brown rice (rice from which the bran and germ have not been removed) might have other healthy habits, and advised using whole grains with lower glycemic index than rice.

Newer Diet Guidelines Coming Up

Information from medpagetoday.com and theheart.org

Dietary Guidelines for Americans 2010 have been issued for public comment (ending July 15). The guidelines are updated every five years by the Departments of Agriculture (USDA) and Health and Human Services (HHS). Final guidelines will be released by the end of the year.

The focus now is on the overweight and obese, because this group has become a majority. There is an emphasis on solid fats and sugars. Sugared beverages are to be "avoided," not just "limited." Moderate alcohol use is encouraged and daily multivitamins are discouraged.

Sodium, once limited to 2300mg, with a 1500mg target for at-risk groups, is now limited to 1500mg for everyone. Critics suggest that we figure out how to get down to 2300mg (which we haven't got close to yet) before setting an even more ambitious goal.

Selected Quotations from *Pages*

Learn to enjoy every minute of your life. Be happy now. Don't wait for something outside of yourself to make you happy in the future. Think how really precious time is, whether it's at work or with your family.

Earl Nightingale, personal advisor

Stop asking if the glass is half full or half empty. Instead, ask "What's in it? How did it get there? What can I do with it?"

David Kaufman, financial journalist

Procrastination is like a credit card. It's a lot of fun until you get the bill.

Christopher Parker, English actor, host

Watch your thoughts; they become words.
Watch your words; they become actions.
Watch your actions; they become habits.
Watch your habits; they become character.
Watch your character; it becomes your destiny.

Frank Outlaw, founder of Bi-Lo Supermarkets in South Carolina

Health Items from *Pages*

(Continued from page 7)

headaches, pain and fever with a special concoction. It was a powder made from the bark and leaves of the willow tree.

By 1829, scientists discovered the compound in willows that gave pain relief and called it salicin. Salicin was later developed into the usable form we have today ... Aspirin.

It works by blocking the prostaglandins, chemicals that sensitize nerve endings to pain. Aspirin also reduces the ability of platelets in the blood to stick together and create blood clots.

✔ The heart saver: By reducing the formation of blood clots, aspirin reduces the risk of a heart attack or stroke.

If more people in the United States who are at risk for a heart attack would take low-dose aspirin every day, there could be up to 45,000 fewer heart attack deaths each year, according to researchers at Stanford University.

✔ Aspirin is not for everyone. To an adult who has not had heart problems, popping a baby aspirin every day might seem like an inexpensive way to protect health. But it's not that simple.

Cardiologists at New York University say the effect of aspirin should be judged against a higher risk of bleeding, including bleeding in the brain and in the stomach.

The American Medical Association now suggests that older people with no clinical cardiovascular disease, including those diagnosed correctly or incorrectly with peripheral artery disease (PAD), might not gain any protection from a daily aspirin.

✔ Aspirin does work very well in helping to prevent a second heart attack or a second ischemic stroke. Cardiologists at the University of North Carolina at Chapel Hill say it definitely helps.

The low-dose aspirin is also good protection for a patient who has received a stent or had bypass surgery.

The Mended Hearts, Inc.
Hearts of Jersey Chapter #179

NEW MEMBER APPLICATION

Not for renewals—wait for renewal notice

This is not the approved form. We put the best features of the approved form into our own form. You send us this form, and we fill out the approved form and send it to National.

Membership information: (please print or type)

Name (Mr./Mrs./Ms.) _____ Phone ( ) _____

FOR FAMILY MEMBERSHIP — other member (one only): Alt Phone ( )_____

(Mr./Mrs./Ms.) _____ Email:_____

Address_____ Preferred Contact: ☐ Phone ☐ Email ☐ Mail

_____ ☐ Would like to visit patients

City _____State_____ZIP_____ ☐ Help with other activities

Preferred meeting time: ☐ Day ☐ Evening Place: ☐ JSUMC, Neptune ☐ OMC, Brick ☐ RMC, Red Bank

Medical/Demographic Information: (Optional—*no application is denied based on information below*)

YOURSELF

Date of Birth_____ Retired ☐ Yes ☐ No

Vocation_____

Interests_____

Are you a: ☐ Physician ☐ RN ☐ Health Admin

☐ Other health professional ☐ Caregiver (not professional)

Heart patient? Date of Surgery/Treatment_____

To let us list your name and dates on page 2, enter one date (month/day/year) above and INITIAL HERE _____.

☐ PTCA	☐ Atrial Septal Defect	VALVE:
☐ MI	☐ Pacemaker	☐ Aortic
☐ Aneurysm	☐ Transplant	☐ Mitral
☐ Bypass (how many_____)	☐ Other_____ _____	☐ Pulmonary ☐ Tricuspid

THE OTHER MEMBER

Date of Birth_____ Retired ☐ Yes ☐ No

Vocation_____

Interests_____

Are you a: ☐ Physician ☐ RN ☐ Health Admin

☐ Other health professional ☐ Caregiver (not professional)

Heart patient? Date of Surgery/Treatment_____

To let us list your name and dates on page 2, enter one date (month/day/year) above and INITIAL HERE _____.

☐ PTCA	☐ Atrial Septal Defect	VALVE:
☐ MI	☐ Pacemaker	☐ Aortic
☐ Aneurysm	☐ Transplant	☐ Mitral
☐ Bypass (how many_____)	☐ Other_____ _____	☐ Pulmonary ☐ Tricuspid

Membership Dues: Includes national dues and $5.00 annual chapter dues. National membership Includes subscription to *Heartbeat* and one insignia pin for an individual or two for a family membership. Chapter membership includes subscription to *The Jersey Heartbeat*. Dues less $10.00 are tax deductible.

	Annual Dues Payment	**National Life Membership**	
	First Year and Renewal*	First Year	Renewal*
Individual:	$ 22.00 ☐	$ 155.00 ☐	$ 5.00
Family:	$ 29.00 ☐	$ 215.00 ☐	$ 5.00

Dues Summary:

First Year Dues $_____ (check one box in table above)

Contribution $_____ (optional—tax deductible)

TOTAL **$_____ (enter total here).**

** Current members will receive a renewal notice in the mail from the national office each year six weeks before the renewal date. National Life Members pay chapter dues annually but will not pay any further national dues.*

Please write check for the TOTAL to:
The Mended Hearts, Inc.

Send to Chapter Treasurer:
Neil Paulsen
337 E. Main St.
Manasquan, NJ 08736

Hearts of Jersey Chapter #179
The Mended Hearts, Inc.
72 Newbury Road
Howell, NJ 07731

FIRST CLASS MAIL

General Meetings

July 22, RMC; July 27, OMC

Executive Meeting

Thursday, August 5, JSUMC

See page 3 for details

The Mended Hearts

is a support organization consisting of heart patients, their families, health professionals, and other interested persons. The focus of the

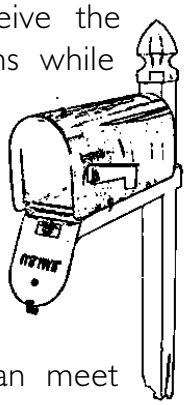
organization is members visiting heart patients in hospitals as living examples of survival and recovery.

Not all members visit. Many contribute in other ways. YOU are invited to scan the list of officers and committees and let one of us know how you can help.

Graphic from IMSI Masterclips CD © 1996 IMSI

Your Last Issue?

If you are a member, the national office will send you a renewal notice three months in advance of your due date. You will receive the newsletter for a few extra months while you consider renewing.



If we visited you in the hospital, we will send you the newsletter for three months while you recover.

Whether or not you are a member, you and your family are invited to attend our meetings, where you can meet others who share your experience. Programs are selected to be of interest to heart patients.

Members receive this newsletter each month. There is an application form on the opposite side of this page.

Don't throw this copy away!

Please pass it along for someone else to read.

Graphic from a photo by Martin Brilliant