



The Jersey Heartbeat

Message from the President

May 2010

This president's message is going to be a little different from the other 82; for one thing, this is president's message #83. It doesn't seem as though I have been president of Chapter 179 since July of 2003. In the July 2003 issue of the newsletter there was a biographical sketch, where I indicated that I would rather be a golf pro, but that didn't happen. At that time I mentioned that my two sons were living in Cleveland and in Georgia and that's all changed, Cleveland has moved to Kentucky and Georgia has now returned to Albany, New York. I also mentioned that I enjoy Mended Hearts and I wanted to help spread the message. That has not changed.

The newsletter that year was eight pages; today it has grown to 12 pages thanks to the efforts of the newsletter editor Martin Brilliant. The fea-

tured article in July 2003 was a review of the past June meeting where the program was about a new technology, the use of drug eluting stents, (see page 6 for the April 2010 program). The lead-in to the featured article included a welcome by acting co-presidents Lou Massarelli and Dennis Broschart. Lou then introduced me as the new chapter president. He mentioned that voting had been held at Mended Hearts meetings in Ocean Medical, Riverview Medical and Jersey Shore Medical Centers and the election had been ratified at the executive meeting July 3, 2003.

It has been an interesting 83 months or almost 7 years. I learned very early on the chapter was strongly supported by Meridian Health, which at that time included three hospitals. The strength of Chapter 179 with this support is that we are not required to raise funds. This has permitted us to dedicate our chapter effort to patient visiting and patient education. It has been our practice to donate to all three hospitals when our budget permits.

If you look at page 2 of the current newsletter and read the list of Officers, you find it easy to understand why this chapter has moved forward so steadily. With a sigh of relief I'm pleased at the outcome of our recent election. The incoming officers have some big shoes to fill. Vice President Len Talalai also han-



dled the visiting program and visitor-training program. The secretary, Lois Landis has handled the job that needed doing and she stepped up when I needed help years ago. The treasurer Martin Brilliant has also been newsletter editor, webmaster and membership chair. I thank all of you most sincerely for their support.

To the incoming team of officers I say bravo. President Matthew Klug, Vice President Frederick Steelman, Treasurer Neil Paulson and Secretary yet to be filled will indeed have your hands full. I also thank the

(Continued on page 2)

Inside ...

Milestones	2
Meeting announcements	3
Watching What You Eat	4
April Meeting at JSUMC	6
Heart News and Notes	8
JSUMC Volunteer Luncheon ..	10
Membership application	11

President's Message

New Members

No new members last month

Birthdays

Maxine G. Langbein	May 15
Gloria M. Corbo	May 18
Laurence C. McNamara	May 19
Christopher Frost	May 23
Leonard Talalai	May 24

Surgeries

Beverly Baum-Philback	May 1
Barbara A. Wood	May 1
Tina Shymko	May 4
Eileen Downing	May 30
Margaret Esposito	May 31

Visiting

March 2010, April 2010: visiting reports to be published next month

If you want to be listed on this page, or would rather not be...
Please contact the Treasurer.

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(Continued from page 1)

committee chairs for their volunteer service. Sharon Barry has agreed to be program chair, Martin Brilliant will continue as newsletter editor and webmaster, Jack and Rita Beerman are currently the nominations committee co-chairs, Frances Grubb has served as public relations chair. The visitor training will continue to be handled by Len Talalai. I will have the pleasure of serving as Past President.

To all of the members old and new I say thank you for your support. The strength of the chapter is in the membership, the incoming officers will need your help, don't hesitate to volunteer, just do it. We need to build a stronger visiting program and we need a new secretary.

J have had fun writing the previous 82 Presidents Messages but this number 83 has been the most difficult. Perhaps the editor will find space for an occasional column by a past president.

*Bill Ryan, President
Mended Hearts
Chapter #179
A.K.A. Dr. Bill*

Mended Hearts Chapter # 179

Officers

President

Bill Ryan

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Louis Massarelli

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mbrilliant@alum.mit.edu

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Nominations

Rita and Jack Beerman

732-714-1040

Public Relations

Frances Grubb

732-462-9750

Visiting and Visitor Training

Leonard Talalai

732-935-9825

Meeting South

Tuesday, May 25
1:00 – 2:30 pm

Lisa Calabrese, R.N.,
Meridian Health
Community Outreach

Stress and Heart Disease

Community Room
Ambulatory Care Center
Ocean Medical
Center, Brick

A light lunch will be served

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

Meeting North

Thursday, May 27
12:00 – 1:00 pm

Mark William Lisky
Personal Fitness Coach,
Shrewsbury Racquet Club

Keeping Fit After Rehab

Blaisdell 5th floor
Riverview Medical
Center, Red Bank

A light lunch will be served

— Call for information —
— Please register —
I-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
June 3, 1:30 PM

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

***Interested members are
invited to attend***



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Borders on this page from IMSI
MasterClips CD © 1997 IMSI

Seriously:

We need a **Secretary** to to replace our current Chapter Secretary. We need a new **publicity chairperson**. We need backup for many of our committee positions, including **visitor training**, **visitor coordination**, and **newsletter**. Contact Bill Ryan: 732-367-3648, drbillryan86@alum.rpi.edu.

Watching What You Eat

Martin
Brilliant

Saturated fat is in the news. It's no news when the beef, dairy and egg industries tout studies saying saturated fat is good for you. But an article in *Scientific American* this month says saturated fat is not as bad for you as processed carbohydrate.

For decades we've been warned away from saturated fat—the solid fat in butter and meats—but during that time the prevalence of obesity, diabetes and heart disease has stubbornly increased. A recent meta-analysis (a study of studies) found no relation between saturated fat and heart disease. Older studies showed that saturated fat raised cholesterol, and cholesterol is contained in arterial plaque, but now we know that not all cholesterol is the same, and total cholesterol is not a predictor of heart disease.

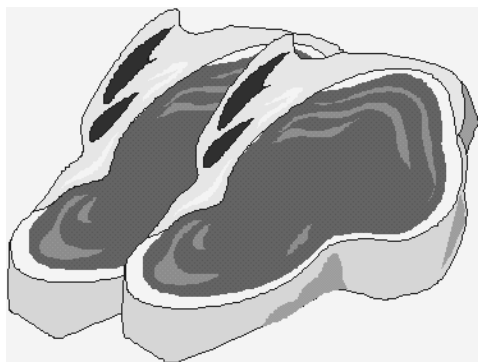
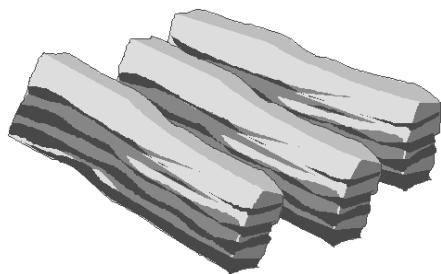
The American Heart Association recommends substituting unsaturated (liquid) fats for saturated fats. We've been substituting carbohydrate instead, because we're told that fats are fattening, while meat has saturated fat. But processed carbohydrates—sugar and white flour products—now look worse than saturated fats at increasing the risk of obesity, diabetes and heart disease.

Alcohol in moderation is good for you. A recent study of data from the US National Health In-

terview Survey (NHIS) found that heart disease mortality was lower for drinkers than for abstainers. Stroke mortality was lower for light and moderate drinkers (up to 7 drinks a week for women, 14 for men) but somewhat higher for those who drank more. The pattern of drinking (daily vs. binge drinking) didn't matter; what mattered was the average, and there was little difference between people who never drank, rarely drank, or used to drink.

Another research group, in Italy, noted that while it was clear that alcohol in moderation was good for healthy people, it wasn't clear yet whether it helped people who already had vascular disease such as heart disease or stroke. They analyzed eight previous studies, looking specifically at subjects who already had vascular disease. They confirmed that moderate drinking, one or two glasses of wine a day or the equivalent, lowered the risk. But unlike the US group cited above, they found that drinking had to be regular to be beneficial; binge drinking was definitely harmful.

Chocolate lowers your blood pressure and your risk of vascular disease (heart disease and stroke). A research group in Germany looked at data from the European Prospective Investigation



into Cancer (EPIC) and found that those who said they ate the most chocolate (about 7.5 grams) had 39 percent lower risk of MI and stroke than those who ate the least (about 1.7 grams). This is the largest observational study so far of the association between chocolate and cardiovascular disease.

The researchers cautioned that they're dealing with very small amounts of chocolate, at most about the equivalent of one and a half Hershey's kisses. Chocolate contains about 5 calories per gram in fat and sugar. The outcome could be quite different if you eat chocolate by the bar.

Sugar added to your food is bad for you, as measured by levels of HDL (good cholesterol) and triglycerides (bad stuff), according to a study at Emory University in Atlanta using data from the National Health and Nutrition Examination Survey (NHANES). On average the participants got nearly 16 percent of calories from added sugar, but it varied from less than 5 percent to over 25 percent. As added sugar increased, there was a consistent trend of lower HDL and higher triglycerides—as well as a trend toward being younger, poorer, and non-Hispanic black.

Salt we know is bad for you if consumed in excess—and most of us get it in excess. A study in New York City looked at one of the sources of that excess. A team from the New York City Health

Department took receipts from people leaving outlets of 11 different fast-food chains, in exchange for \$2 Metrocards, to see what people actually ate there, and got the sodium content from the chains' websites.

The average meal had 1751 grams of sodium. The recommended limit for adults in general is 2500 grams, and 20 percent of meals had more than that. For blacks, middle-aged and older people, and people with hypertension—69 percent of the population—the limit is 1500 grams. For most people, one fast-food meal gives you your salt for the day.

Ten nutrition myths are “debunked” in the April *Cooking Light* magazine. Most of them say foods that are bad for you in excess are OK in moderation—no surprise. Myth 3 is that all saturated fats are bad; but stearic acid, a saturated fatty acid, is good—it raises HDL. Myth 9, that organic foods are more nutritious, is not true; they're just less toxic.

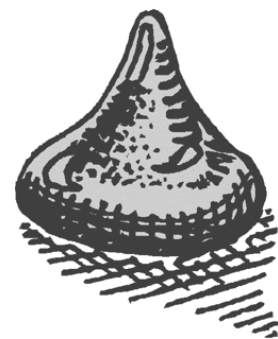
One more thought, reported last month in *The Washington Post*: food author and columnist Mark Bittman (“The Minimalist” in *The New York Times* each Wednesday) says “vegan before 6” (no animal products before 6:00 pm) solved his nutrition problems, for a net loss of 30 pounds, lower cholesterol and blood sugar, and less knee pain. ♡

Alcohol studies reported in theheart.org and medicalnewstoday.com.

Chocolate study reported in theheart.org and medpagetoday.com.

Sugar study reported in medpagetoday.com and The New York Times.

Salt study reported in theheart.org and medpagetoday.com.



April Meeting at JSUMC

Martin
Brilliant



Before the meeting, Chapter President Bill Ryan (left) conferred with Ed Diamond, JSUMC Cardiology Manager.



Featured speaker Joe Vellucci flanked by the members of our nominations and elections committee, Jack and Rita Beerman

Photos by Martin Brilliant

As Chapter President Bill Ryan opened the meeting, Ed Diamond (manager of cardiology at Jersey Shore) explained that the previously announced speaker couldn't make it, and Joe Vellucci had graciously stepped in. Joe comes to us from Medtronic, one of the vendors for the cath lab. Joe began his talk by ascertaining that most of us already have stents, and went on to give some of the history of Medtronic, which he said started in 1949 with an electrical engineer married to a nurse, leading by 1956 to the development of an implantable pacemaker, Medtronic's first product. Medtronic, Joe said, is now the world leader in medical devices, with a focus on the heart.

Joe explained that angioplasty started in 1977 as an alternative to opening the chest to do bypass surgery. Instead, a catheter is threaded from the femoral artery into the blocked coronary artery. A balloon is inserted through the catheter into the blocked artery and inflated to widen the artery from inside. But too often the effect was short-lived; after a while the artery collapsed closed up again.

The obvious solution to that problem would be to hold the artery open by leaving a scaffold—a *stent*—inside the artery after opening it. The first stent was used in 1986. It was made of steel, slipped over the balloon and expanded by inflating the balloon.

But there was still a problem. The arteries didn't collapse, but in nearly half the cases an inflammatory response would cause tissue growth inside the artery that closed it up again, a process called *restenosis*. In 2001, Cordis, a J&J company, introduced drug-coated stents, with a polymer coating over the bare metal carrying a drug that would be *eluted* into the tissue of the artery, slashing the rate of restenosis from 20 – 30 percent to 4 – 6 percent. This technology is constantly being improved. Stainless steel has given way to cobalt alloy, and one competitor is coming out with a biodegradable polymer stent.

With drug-eluting stents another problem is *stent thrombosis*—formation of a clot inside the stent. Patients with drug coated stents have to take Plavix for the next year or so to prevent thrombosis.

Joe passed around a model

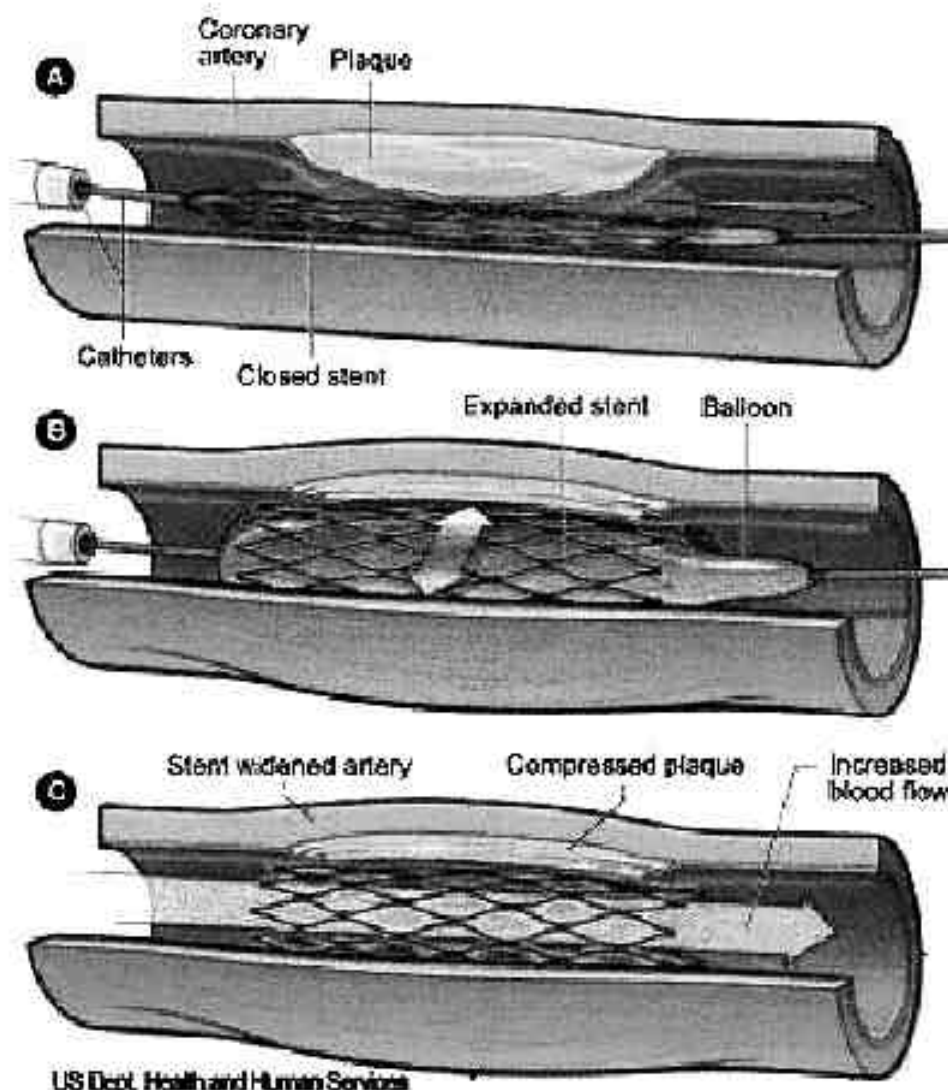
of a stent to show its structure, and a real stent, which is too small for our aging eyes to see clearly. As we looked at them, Joe pointed out that stents of different types can be used in different parts of the body—leg stents for peripheral artery disease, biliary stents, renal stents, stents in the carotid arteries, in the aorta, and so on.

Stents come in about six standard diameters and different lengths. As Joe explained, typically they do a femoral artery stick in the groin and insert a guide catheter, using X-rays to see where it's going. A smaller catheter is threaded through the guide catheter carrying the stent on a balloon. A simple inflation device pushes a radio-contrast liquid into the balloon, so they can see what's happening, and the inflation pressure controls the size to which the stent is expanded.

Joe pointed out that it's not a simple matter to second-guess whether stenting or bypass should have been done in any particular case. It's the doctors' decision, depending on how many arteries are involved, among other factors.

After Joe answered a lot of questions, Bill introduced Jack Beerman to give the official report on the results of the chapter elections—with thanks to both Jack and Rita for their work to help make that happen.

Jack reported that 59 votes had been received from about 130 eligible voters, and urged



- (A) the catheter is inserted in the artery,
- (B) the balloon is inflated, expanding the stent,
- (C) the catheter is withdrawn

people to be more active in the chapter. Of course the result was never in doubt. Bill introduced Matthew Klug, the President-elect, noted that Vice-President-elect Rick Steelman couldn't attend a daytime meeting, introduced Treasurer-elect Neil Paulsen, and reminded us that we still need a Secretary to replace Lois Landis, who's been working at it for too long.

Outgoing Vice-President Len Talalai repeated the plea for more participation, since the currently active members can't continue forever; Neil

Paulsen reported progress on a program to visit stent patients, which would require more volunteer visitors; and Matt Klug reinforced the plea for more members to become active.

The next meeting at JSUMC will be a 6:00 pm meeting in June. 🍷

Broken Heart Syndrome Explained

Information from
theheart.org

Previously in these pages we've discussed the curious phenomenon called broken heart syndrome, stress cardiomyopathy, or takotsubo syndrome (so called because the apex of the heart balloons out, making the heart look like a Japanese octopus trap, or "tako tsubo"), usually occurring during a stressful event. Patients have the symptoms of a heart attack, but no arterial blockage can be found, and the heart is not damaged.

A research team in Italy developed a procedure called *myocardial contrast echography*, enabling them to study coronary vessels that are too small to be seen by catheterization. They observed that in broken heart syndrome these vessels, the *coronary microcirculation*, go into spasm, reducing blood flow enough to keep the heart from contracting normally, but not enough to cause permanent damage. ❤️

Drilling through Hardened Arteries

Information from
medicalnewstoday.com

Plaque in an artery becomes calcified in its advanced stages—bits of hard bone-like material develop in it. Usually the plaque itself remains soft enough so that a stent can push it out, with its calcifications, so as to open the artery. But sometimes the whole plaque becomes so hard that nothing will budge it.

tions might appear to be luck and nitroglycerin. But there is an alternative, a drilling technology that has been available, at only a few hospitals, since the 1990's.

If plaque is heavily calcified, and it's no longer possible to bypass the bypasses, the only remaining op-

Among others, Dr. Fred Leya, a cardiologist at Loyola University Health System, does the procedure about three times a week, boring through bone-hard blockages with a diamond-tipped drill that spins at 250,000 RPM and looks and sounds like a dentist's drill. ❤️

How Zebrafish Regenerate Their Hearts

Information from
medicalnewstoday.com

When human hearts are damaged, the injured muscle is replaced by rigid scar tissue. When zebrafish hearts are damaged, the injured muscle is replaced by new muscle. Several different research teams have been looking into how this is done.

and divided to form new cells at the injury site. The new muscle was fully functional after a few weeks.

One team labeled zebrafish heart cells with a chemical that fluoresced when a gene called *gata4* was activated. When they cut out a nearby bit of heart muscle, fluorescence showed that muscle cells began to show gene activity

Another team used a different fluorescent labeling technique to show that the new muscle came, not from stem cells as might be expected, but from ordinary heart muscle cells. During the regeneration process the cells went through a state similar to the "hibernation" of injured human heart cells, which the researchers hope might somehow be "pushed" into regeneration. ❤️

Current implantable pacemakers and defibrillators are implanted at a distance from the heart and connected to the heart by a few wires. The more wires are used, the more information the device can get and the more control it can exert, but the number of wires is limited.

A team at the University of Pennsylvania is testing a device that doesn't use wires. Using flexible silicon-based electronic circuitry, it is implanted in contact with heart tissue. Experimentally they placed

Fats containing omega-3 fatty acids are famous for contributing to general heart health by reducing risk factors. Recent studies have shown that they can be beneficial in some specific instances.

One such situation is persistent atrial fibrillation (AF). This uncoordinated activity of the upper chambers of the heart can be corrected by electrical cardioversion, but in some patients AF comes back repeatedly after a few weeks or months. A recent study found that an omega-3 fatty acid supplement, in addition to the usual drug treatment, prolonged the average time

According to a study published last month in the *Journal of the American Medical Association*, patients experiencing heart attack symptoms are 38 percent more likely to delay going to the hospital for six hours or more if they are uninsured, and 21 percent more likely if they are insured but nevertheless have financial concerns. Regardless of insurance status, 42 percent of patients waited more than six hours.

nanoscale ribbons of silicon with hundreds of electrodes and thousands of transistors on the heart of a living pig and mapped the activity of the heart in unprecedented detail.

Further work will be directed at developing devices that are not only flexible but stretchable, so they can be wrapped around large curved surfaces on the heart. The aim is to develop "intelligent" pacemakers and other devices that can more effectively correct cardiac arrhythmias. ♡

to relapse from 139 days (with placebo) to 168 days (with the supplement).

Another instance is clopidogrel (Plavix) resistance. Patients who receive stents, especially drug coated stents, take Plavix, often with aspirin, to lower the risk of clotting in the stent (stent thrombosis). In some patients this treatment doesn't do enough to prevent clotting. Omega-3 fatty acids are known to have anti-platelet effects, and a recent study suggests that they could be useful in combination with Plavix. ♡

On a brighter note, progress is being made toward insurer participation in programs to lower treatment costs. UnitedHealth plans to provide employer-insured patients with a free 16-week program, at YMCA locations, focused on lifestyle changes to prevent type 2 diabetes. UnitedHealth will also team with its partner pharmacies to help patients with diabetes and prediabetes stick to their treatment plans. ♡

Inventing a New Implantable Device

Information from medicalnewstoday.com

New Benefits from Omega-3 Fats

Information from theheart.org

What's Wrong and Right with Our Health Care System

Information from medicalnewstoday.com, medpagetoday.com and theheart.org

JSUMC Volunteer Luncheon

*Martin
Brilliant*



Four active members in conference at table 9 (left to right): President-elect Matt Klug, Mike Fornino, Treasurer-elect Neil Paulsen, and Allan Zucker.

Our regular April chapter meeting was held on the third Thursday of the month, instead of the fourth Thursday as in other months, because of a conflict with an event scheduled for the fourth Thursday in April by the Jersey Shore University Medical Center: the “Twenty Fourth Annual Volun-

teer and James F. Ackerman Federation Awards Luncheon,” held to recognize and acknowledge the contributions of the hospital volunteers and its fundraising auxiliary.

One of the highlights of the event is the drawing for the door prizes contributed by the various departments of the hospital. Attached to each attendee’s place card was a numbered ticket,

and Dennis Broschart, JSUMC Volunteer Coordinator and a Past Acting Co-President of the chapter, held a basket of corresponding numbered tickets and announced the numbers as they were drawn.

Handing out the awards for hours of service was another

highlight of the event. Each volunteer who has contributed a total of 500 hours gets a pin with a bar hanging from it marked “500 hours,” and a new bar is awarded for each additional multiple of 500 hours. The names of the seventy people who got new pins or bars were printed in the program and called by name (if they were present) to receive their awards. Just a few of the seventy awards went to chapter members: Mike Fornino received his starter pin for 500 hours, and the chapter member with the highest total was Mark Stewart with 4,500 hours. The volunteer with the highest total (not a chapter member) got a new bar for 39,500 hours.

This is an annual event, and a pin is given to each attendee at each event. Some of these pins say “thank you”; others have some special symbolic significance. Some of us have substantial collections of different pins that we never wear, or wear only when we go to these luncheons.

Many groups of volunteers were specifically acknowledged, including the ones who drive the Club Cars between the old and the new buildings, Mended Hearts, and a high school student who just graduated college with a nursing degree.

Volunteering is rewarding, and it’s even more rewarding when it’s appreciated. 🍷



Dennis Broschart at the mike, with Shawn Smith holding the last of the door prizes, a basket of New Guinea Impatiens, like the centerpieces we used to take home when the luncheons were held at the Barclay.



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 _____

Please 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 _____

Please 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

First Year and Renewal*

Individual: \$ 22.00
 Family: \$ 29.00

National Life Membership

First Year Renewal*

\$ 155.00 \$ 5.00
 \$ 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:

Martin B. Brilliant
39 McCampbell Road
Holmdel, NJ 07733-2232

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

FIRST CLASS MAIL

General Meetings

May 25, OMC; May 27, RMC

Executive Meeting

Thursday, June 3, 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

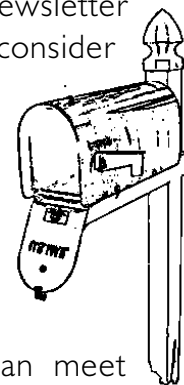
Your Last Issue?

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