



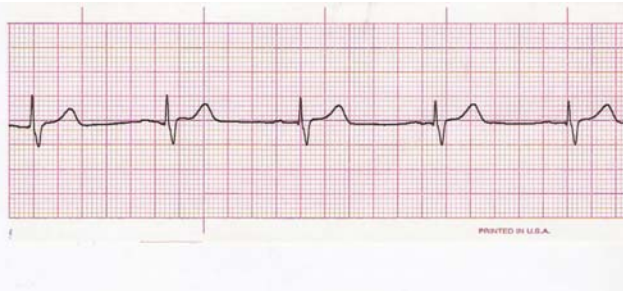
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**Mended Hearts, Inc.**

**Greater Rochester Chapter 50**

*"Heartbeat of Rochester"*

*Mar/Apr 2008 Issue Number 19*



### *Upcoming Meetings*

*March*



**Monday Mar. 17, 2008**  
(Third Monday in March)

**Place: Henrietta Ambulance Facility**  
280 Calkins Rd. 14623

**Meeting Time: 7:15PM**

**Guest: Ginger Zimmerman**

**Topic: Heart transplantation, surviving to live. Young wife - mother of 3 - her only chance, nearly 10 years ago, to stay alive was a life saving Heart Transplant. Hear her story of courage & determination. See page 8 for her Bio.!**



#### **Mended Hearts Prayer**

We ask for your blessings, Lord:  
We ask for strength that we may pass it on to others . . . .  
We ask for faith that we may give hope to others . . . .  
We ask for health that we may encourage others . . . .  
We ask Lord for wisdom that we may use all your gifts well.

**It's Great to be Alive — and to help others**

**Monday April 14, 2008**  
(Third Monday in April)



**Place: Henrietta Ambulance Facility**  
280 Calkins Rd. 14623

**Meeting Time: 7:15PM**

**Guest: Harvey Stoler – Rite – Aid pharmacist.**

**Topic: To be announced at meeting**

#### **Meetings - Canandaigua Aux. Chapter**

**Thompson Memorial Hospital**  
RG&E Room - Continuing Care Ctr.

**Thursday, March 13**

**7 PM – Ellen True – Counting sheep for a healthy heart – Managing sleep disorders. Ellen is the Mgr. of the Sleep Disorders Ctr. of the Finger Lakes @ Thompson Health**

**Thursday, April 10**

**7 PM - Cardiologist**  
**To Be Announced**

*APRIL*

## Introduce your family medical history to your children and grand children

Your family medical history is an important part of your overall health profile. So, grab a pencil and paper and create your own "tree of life." A medical family tree, with important health information recorded below each relative's name, is a tool that may help you and your kids live longer and better. Armed with this data, doctors are better equipped to diagnose health problems, decide what medical tests to run and calculate your risk of developing certain diseases. Some key questions to ask: How old were family members when diagnosed with heart disease, stroke, cancer, depression, diabetes, Alzheimer's, deafness or other conditions? And what is known about any birth defects, learning disabilities or mental retardation among relatives?

## How to compile your family medical history

Your family medical history provides insight into the diseases and conditions that are common to your family. Use this history to give you clues about your risk of disease.

Family gatherings are an ideal time to catch up on family news and information. They also provide a good opportunity to learn about your family's health history. Mapping your family medical history can help you identify some health risks you may face in the years ahead and help you take measures to avoid or plan for them.

## What is a family medical history?

A family medical history or medical family tree is a record of illnesses among family members. It resembles the family tree you might have drawn in school, with the addition of health information. A medical family tree visually depicts the relationships between each member of your family. Depending on how much information you're able to obtain for each relative, your medical family tree can be very detailed and include health issues each family member faced.

## How is a family medical history used?

Compiling a family medical history can help you and your doctor spot patterns of specific conditions and diseases among family members. Your doctor and other health care professionals can use your family's medical history — sometimes called a pedigree — for a number of things, including:

- Diagnosing a medical condition
- Determining whether you may benefit from preventive measures to lower your risk of a specific disease
- Deciding what medical tests to run
- Identifying other members of your family who are at risk of developing certain diseases
- Calculating your risk of certain diseases
- Calculating your risk of passing certain conditions to your children

## What can't your family medical history tell you?

A family medical history doesn't help everyone looking for answers about hereditary health concerns. For instance, it:

- **Doesn't apply to people who are adopted.** Family medical histories only work for blood relatives. If you are adopted and don't know your biological parents, your family's medical history won't tell you about your risk of inherited diseases.
- **Can't predict your future.** Whether you'll actually end up with an inherited condition depends on your health habits, such as diet and exercise. Knowing now that you're at risk of certain diseases can motivate you to change any unhealthy behaviors.
- **Provides limited insight into small families.** If you have few brothers, sisters and cousins, it will be more difficult to identify health patterns in your family.

Someday it may be possible to use genetic testing to predict all of the diseases for which you're at risk. Until that time, your family's medical history may provide the best look into your possible future.

## How do you gather information about your family's medical history?

Interview your relatives in person or on the phone, or send them a survey. See if you can meet with them at your next family reunion to interview them personally. Talking with your relatives can help you renew or strengthen relationships as well as gain valuable knowledge.

**Cont'd Pg-6**

The "HEARTBEAT of ROCHESTER" is the bimonthly periodical from the Mended Hearts, Inc., Rochester NY Chapter #50. Chapter #50 is a nonprofit service organization of Mended Hearts, Inc., Dallas, Texas, which is dedicated to alleviating the stress and trauma associated with heart disease and surgery. This periodical is issued free of charge to heart patients and to members of the Chapter #50 Mended Hearts Inc.

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## Deep Vein Thrombosis: A Traveling Danger

When traveling long distances; take heed of the dangers of deep vein thrombosis (DVT) a condition that can result in stroke, organ damage or even death.

DVT is a condition in which blood clots form in the deep veins of the lower legs & thighs while sitting for long periods of time, either in an airplane or a car. It can limit circulation in the legs, leading to a blood clot forming in a vein. The clot can travel unnoticed through the blood stream & lodge in the brain, lungs, heart or other areas causing severe damage to organs, and in some cases death. The good news is that there are easy ways to avoid the problem.

"If you are traveling overseas or cross country, make sure to get up & walk around at least every two hours, and try not to sleep more than four hours at a time," said Dr. Alan Lumsden, a vascular surgeon with the Methodist DeBakey Heart Center in Houston. "You should also drink plenty of water or juices, wear loose fitting clothing, eat light meals & limit your alcohol consumption." If a person does not have the ability to get up every couple of hours & walk around, the following exercises can be done while sitting down:

Extend both legs & move both feet back & forth in a circular motion.

Move the knee up to the chest & hold the stretch for at least 15 seconds.

Put both feet flat on the floor & point them upward. Also, put both feet flat & lift both heels as high as possible.

DVT is most often found in people over age 60, but can occur in any age group. Symptoms include pain & tenderness, swelling, redness & increased warmth in one leg.

"In some cases, a physician might suggest that a patient

go on blood thinners or simply take an aspirin before & during a long trip to avoid the problem," Lumsden said.

If you are pregnant, have a history of heart disease, cancer or blood clots, you should always consult with a physician before taking a long flight.

"The last thing we think about when we are taking a long trip to a fun destination or to see family for the holidays is DVT," Lumsden said. "However, it is a serious condition that can be avoided if you simply get up & move around during your flight or long car ride."



In my last newsletter I addressed the fact that the Cough - CPR information [circulating the internet since 1999] should be put to rest. Apparently well intentioned people, back then, as well as now, think this is gospel. Recently I discovered on [www.snopes.com](http://www.snopes.com) that it truly is being labeled as false information if you are alone having **heart attack** symptoms.

Go to the website, click on Urban Legends Reference Pages. On the next page that pops up; click on Medical, then again click on home cures. Up comes – "Doctors generally recommend that one attempt to rhythmically cough during a heart attack to increase the chance of surviving it" ~~~ is false.

Mended Hearts and the AHA say this:

Once again the article of **SELF HELP CPR** has struck. For years we have had one or two chapters run this article in their newsletters and time and again we have asked everyone to **PLEASE NOT USE THIS ARTICLE OR INFORMATION**. This article is dangerous and can cause harmful consequences to anyone who may attempt to do this. This practice is not even used in the hospitals and we **Con't Pg. 5**



## President's Corner

Hi Everyone,

Chapter 50 has been busy. We had a table at the annual Rochester General Hospital Heart Seminar at the Burgundy Basin Inn. Then there was the table at the Rochester General Hospital's Health Fair. Lots of people signed up to get a copy of the newsletter. We've got more Fairs to participate in, so if you'd like to be on our list as a Fair Sitter please let me know. It's always fun and you meet some really interesting people.

Plans are already in progress for the American Heart Association's Heart Walk. We've got packets you can pick up at the next meeting if you'd like to participate. Last year Gene Binder won the AHA's "Tina Medina Award" for all the help he gave the AHA to make the Heart Walk the success it was. Everyone who goes always has a great time. Don't put the sneakers away as there will be a walk to raise money for Thompson Hospital in Canandaigua. We'll let you know more about it in our next newsletter. I don't know about you, but the gray light of Rochester's winters gets me down. I exercise, eat pretty healthy foods, take my vitamins and keep busy, but those winter blues really bothered me. A couple of years ago my friend went out of town for a couple of weeks and offered to lend me her Light Box (it simulates bright daylight). I sat in front of it every day and within a few days I was feeling a lot better. Maybe it

was psychological but who cares it really did me a world of good. I sent for my own light box before she got back home so that I wouldn't be without it when she took hers back. I am sitting in front of it right now basking in its wonderful light. Anytime I start feeling down I turn on the light and voila a new me. Maybe next year we'll have someone speak on Seasonal Affective Disorder. If you have a topic you'd like to learn more about at one of our meetings just let Jackie Joyal know. Her number is on the back of the newsletter.

In spite of the cold weather and the parking problem everyone who attended the Holiday party had a good time. There were 55 of us and we really had fun. It was good to see all the Visitor Volunteers who attended. Lousie Criticos and Jane Walsh from Strong Memorial Hospital did an outstanding job introducing everyone and thanks to Harvey Steron we even had the number of years people have been visiting. If you are interested in becoming a volunteer we can always use you. We are extremely short on visitors at Strong so it would be wonderful if you would be interested in going there to do your visiting. Let Harvey know, as he is planning an accreditation sometime this spring.

Stay warm and hope to see you at our meetings.

Sharon



A Cleveland Clinic heart surgery center  
THE CLEVELAND CLINIC

## Visiting Chairman's Report

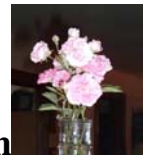
Greetings from warm and sunny Florida. After I return in March, I'll be holding an Accreditation Seminar for two members that are interested in visiting at Rochester General. We could use more visiting help at Strong Memorial, so anyone interested please let me know for this upcoming Accreditation.

With the support of local hospitals, you can reach out to heart patients by listening, sharing your own experiences, answering questions and empathizing with the anxiety and concerns of the patients and their families.

Also we have [internet visiting](#) if you are interested.

To find out about our chapter's patient-to-patient visiting programs or the date of our next meeting, call [585-234-1538](tel:585-234-1538).

Respectfully,  
Harvey L. Steron  
Chapter #50 Visiting Chairman



## In Memoriam

I am sad to say that one of our chapter 50 members **Mary Williamson** recently passed away on 1/14/2008. She was a cookbook author, and member of Delta Omicron Sorority, Brighton Theater Guild, and The Woman's Club of Rochester - retired from the Town of Brighton. We offer our condolences to the family.

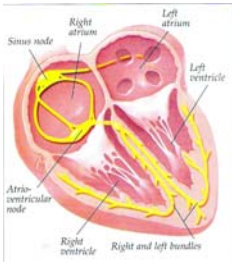


**Spidey:** – Ahh! – the sweet smell of spring is getting closer. The dreaded white stuff will be gone soon. Easter is on the horizon, a time for some to celebrate. I'd like to celebrate by getting out of this dry, dusty house & walk among the grass again. Maybe check a garden & find a bug or two. With 8 legs it shouldn't take long to find my way. Easter is Sunday the 23<sup>rd</sup> of March, about 2 weeks earlier than last year. **Also the annual Heart Walk will be happening on a hopefully not too chilly Saturday Morning – the 5<sup>th</sup> day of April - See Page 8! It does Spidey's heart good to see all the new members lately. Welcome aboard!**

## Editor's Corner

### Welcome New Members:

Frank & Nancy Austin  
Amy Bobardus  
Mildred A. Frank  
Mary MacIntyre  
Paul Millhausen  
Joseph Russo



### "Surgiversaries"

If anyone was missed – our sincere apologies.

#### March

Richard Barone  
Eugene Binder  
Patricia Guerrette  
Irving Kessler  
Joan Reineke  
Joseph Russo  
James Thurston  
David Wohlers  
Clare Wolcott

#### April

Donald Bulmer  
Sharon Feldman  
Jean Groff  
Gary Honeyford  
Charles O'Connor  
James Poole  
Bradley Sturmer  
Jay Taber  
Clarence Weissinger

"If you do not wish your name and anniversary of your procedure listed in the newsletter, then please contact newsletter editor Brent Gosson at 585-467-4194

*Mended Hearts  
"Dedicated to inspiring  
hope in heart disease  
patients and their  
families."*

### Chapter - 50 Benefactors!

A Chapter-50 couple who wish to remain anonymous gave a wonderful gift of \$100 to the chapter during this past 2007 holiday season.

Also Douglas Nichols - son of, our late chapter member, Ginny Nichols, remembered our chapter with a \$50 gift. We thank them for their generous contributions! It makes a difference.

Mended Hearts - Chapter 50 would like to express its sincere thanks to the "Rochester Heart Institute" – an integral part of Rochester General Hospital for their generous assistance in printing our newsletter!

### Headline Quickies:

**Enfield (London) Couple Slain;  
Police Suspect Homicide  
They may be on to something!**

**Red Tape Holds Up New Bridges  
You mean there's something  
stronger than duct tape?**

Mended Hearts - Chapter 50 wishes to thank Lori's Natural Foods Ctr. for supplying the organic apples we serve at our monthly meetings!

### Laughlines:

I just read an article on the dangers of drinking.....  
Scared the bejesus out of me.  
So that's it!  
After today, no more reading.



### Cough CPR

Cont. from Pg. 3

have been admonished by the AHA to never print this in any form.

If you are in the throes of a heart attack or any trauma please call 911 immediately. Do not attempt to drive yourself to the hospital. Speed is of the essence and the best way to do that is to go by ambulance with medical assistance. Heartfully,  
Sandy Briggs  
National Newsletter Chairman  
February 8, 2008

Come up with questions to ask your relatives. Your survey should include questions about medical conditions your relatives have and their health habits, such as smoking, diet and exercise.

Your questions might include:

- Can you provide significant dates, such as birth dates and approximate dates when diseases were diagnosed?
- What major diseases has the family experienced? Examples are heart disease, stroke, cancer, depression, diabetes, Alzheimer's disease, obesity, blindness and deafness. At what age were these diseases or conditions diagnosed? Was treatment successful?
- Have family members had a tendency toward other conditions, such as allergies, asthma, migraines or frequent colds?
- Has infertility, miscarriages, stillbirths or infant deaths taken place in the family? If so, what was the cause?
- Are you aware of birth defects, learning disabilities or mental retardation in the family health history?
- What is the family's dominant racial and ethnic background? Some diseases are more common among members of certain races and ethnicities.
- Can you think of any other information that may be relevant to the family medical history?

Other sources of information might include death certificates, which are available through your state health department, and family records, which might include letters, census records or obituaries.

Gather information on as many generations of relatives as you can, including your parents, grandparents, sisters, brothers, half brothers and sisters, aunts, uncles, nieces, nephews, children and grandchildren. If you're married and have children, include your spouse's family history as well.

Gather as much accurate information as you can. If you can't remember what caused a family member's death, don't guess. Incorrect information will give you incorrect results. Do your best to collect solid information about your closest relatives — parents, children, sisters and brothers.

## What if a relative doesn't want to share personal information?

You might find that some relatives prefer to keep some health information private. Relatives may not want to talk about an uncle's alcoholism, a niece's treatment for mental illness, a nephew's dyslexia or a grandmother's Alzheimer's disease. Solving this problem calls for tact and compassion.

Consider these strategies to get family members to open up and share personal information:

- **Explain your purpose.** Emphasize that your purpose is to create a record that will help you determine whether you and your relatives have a family history of certain diseases or health conditions. Offer to make the medical history available to other family members so that they can share the information with their doctors.
- **Provide several ways to answer questions.** Some people may be more willing to share health information in a face-to-face meeting. Others may prefer answering your questions by mail or e-mail.
- **Word questions carefully.** Don't start with personal questions. Begin your interview by asking questions about the whole family and then let your relative volunteer his or her personal health information.
- **Be a good listener.** As your relatives talk about their health problems, let them speak without interruption. Listen without judgment or comment.
- **Respect privacy.** As you collect information about your relatives, respect their right to confidentiality. Some people may not want to share any health information with you. Or they may not want this information revealed to anyone other than you and your doctor.

## Share your family medical history with your doctor

Take your completed medical history with you to your next doctor's appointment. Your doctor can help you analyze disease patterns throughout your family and can talk with you about your risk of developing certain diseases. If you're curious about genetic testing, your doctor can discuss this with you and determine whether genetic testing is right for you.

**How bad can it be to indulge in an occasional meal or snack loaded with saturated fat? Sept. 10 (HealthDay News)**

**H**ow about bad enough to diminish your body's ability to defend itself against heart disease.

A recent study by researchers at the University of Sydney in Australia found just that reaction after 14 trial participants, all healthy and between the ages of 18 and 40, ate just one piece of high-fat carrot cake and drank a milkshake.

That fat-laden feast compromised the ability of the participants' arteries to expand to increased blood flow, the researchers found. The sudden boost in what's known as saturated fat hampered the effects of so-called "good" cholesterol, the high-density lipoprotein or HDL, from doing its job – to protect the inner lining of the arteries from inflammatory agents that promote the build-up of fatty plaques. It's this plaque that, over time, clogs blood vessels and causes heart disease.

"Saturated-fat meals might predispose to inflammation of, and plaque buildup in, the vessels," said study leader Dr. David Celermajer, Scandrett professor of cardiology at the Heart Research Institute and the Department of Cardiology at Royal Prince Alfred Hospital.

Celermajer's team had the volunteers eat two meals, spaced one month apart. Each meal consisted of a slice of carrot cake and a milkshake. But, in one case the foods were made with saturated fat, and in the other case the meal was made with polyunsaturated safflower oil, a much healthier choice.

The high-fat meal, which contained about 90 percent saturated fat, had the equivalent of 68 grams of fat. In contrast, the meal made with polyunsaturated oil contained just 9 percent fat. The fat in the high-fat meal was equivalent to a 150-pound man or woman eating a double cheeseburger, a large order of french fries, and drinking a large milkshake, the researchers said.

Before and after each of the meals, the researchers obtained blood samples from the participants so they could evaluate whether the anti-inflammatory properties of the so-called good HDL cholesterol had decreased.

The anti-inflammatory properties did decrease after the saturated fat meal, the researchers said, but improved after the healthier polyunsaturated fat meal.

The effects may be temporary, Celermajer said. However, he's still concerned because the effect may be occurring over and over, each time a person eats a high-fat meal.

The study was published in the Journal of the American College of Cardiology.

The message is clear, Celermajer said: It's important to limit saturated fat intake as much as possible.

To do that, you've first got to know where saturated fat lurks, said Jeannie Moloo, a Sacramento, Calif., dietitian and a spokeswoman for the American Dietetic Association.

She suggests cutting down on meat, full-fat milk and full-fat dairy products as a way to reduce saturated fat. Those foods are all major sources of saturated fat, Moloo said. So are processed foods and snacks.

Switching to low-fat or non-fat dairy products can minimize your total saturated fat intake, Moloo said. Choosing foods wisely by reading the Nutrition Facts label can help, too. For instance, Moloo said, an ounce of regular cheddar cheese contains 6 grams of saturated fat, while an ounce of part-skim mozzarella contains less than half that, or 2.9 grams.

Ice cream contains a lot of saturated fat, Moloo tells her patients. For instance, she said, one cup of vanilla soft-serve ice cream has 13.5 grams of saturated fat. But some low-fat ice cream bars contain just 1.5 grams of saturated fat.

How much saturated fat per day is too much? Aim for 10 percent or less of your daily calories from saturated fat, Moloo suggested. The American Heart Association sets the bar for saturated fat at less than 7 percent of daily calories.

For instance, if your total calorie goal is 2,000 a day -- reasonable for moderately active adults -- you should aim for no more than 20 grams of saturated fat to keep your intake to 10 percent or so. While few people will take the time to add up their fat grams, doing so for a day or two can give you an idea of how you are doing.

SOURCES: David Celermajer, Ph.D., M.B.B.S., researcher, University of Sydney, Australia; Aug. 15, 2006, Journal of the American College of Cardiology; Jeanne Moloo, R.D., Ph.D., Sacramento, Calif., dietitian and spokeswoman, American Dietetic Association  
Publish Date: September 10, 2007

iVillage Total Health Commentary:

For additional information, visit these topic centers:

Nutrition Basics Center  
Blood Pressure Center  
Cardiac Arrest Center  
Cholesterol Center  
Diet & Nutrition Center

**Beware - Some products may be low in fat but have higher levels of sugar. Read the labels!**

**S**pidey: What prompted me to include this article? Maybe because I never saw my **maternal grandparents** & only saw my **paternal grandfather** once; when my twin brother & I were maybe 7 or 8 years old. Our mother pointed him out on the bus or was it the subway car; they were still around until the 1950's. She said - "See that man in the seat up there? That's your grandfather." I can still visualize, to this day, what he looked like - but we never knew him as a person due to family dynamics.

### **Shallow roots – calculations show just how interconnected the human family tree is!**

*Sunday Post Journal  
Jamestown, NY – July 2, 2006*

Whoever it was probably lived a few thousand years ago, somewhere in East Asia – Taiwan, Malaysia & Siberia all are likely locations. He – or she – did nothing more remarkable than to be born, live, have children & die.

Yet this was the ancestor of every person now living on earth - the last person in history whose family tree branches out to touch all 6.5 billion people on the planet today.

That means everybody on Earth descends from somebody who was around as recently as the reign of Tutankhamen, maybe even during the Golden Age of ancient Greece. There's even a chance that our last shared ancestor lived at the time of Christ.

"It's a mathematical certainty that that person existed," said **Steve Olson**, whose 2002 book "**Mapping Human History**" traces the history of the species since its origins in Africa more than 100,000 years ago.

It is human nature to wonder about our ancestors – who they were, where they lived, what they were like. People trace their genealogy, collect antiques & visit historical sites hoping to capture just a glimpse of those who came before, to locate themselves in the sweep of history & position themselves in the web of human existence.

With the help of a statistician, a computer scientist & a supercomputer, Olson has calculated just how interconnected the human family tree is. You would have to go back in time only 2,000 to 5,000 years – and probably on the low side of that range - to find somebody who could count every person alive today as a descendent.

If you go back about 5,000 to 7,000 years ago – everyone living today has exactly the same set of ancestors. It also means that all of us have ancestors of every color & creed. Every Palestinian suicide bomber has Jews in his past. Every Sunni Muslim in Iraq is descended from at least one Shiite & every Klansman's family has African roots.

How can this be? It's simple math. Every person has two parents, four grandparents & eight great-grandparents. Keep doubling back through the generations-16, 32, 64, 128, 256, and within a few hundred years you have thousands of ancestors. By the 15<sup>th</sup> century you've got a million ancestors, by the 13<sup>th</sup> you've got a billion. Sometime around the 9<sup>th</sup> century – just 40 generations ago – the number tops a trillion.

How could this be? Simple – there were only 200,000,000 people then. Divide a trillion by 200 million & you have on average of each person appearing 5,000 times on the family tree.

As the number of ancestors dwindles & the number of branches explodes there comes a time when every single person on Earth is an ancestor to all of us, except those who never had children or whose lines eventually died out.

Migration is the key. When a people have offspring far from their birthplaces, they essentially introduce their entire family lines into their adopted populations, giving their immediate offspring & all who come after a set of ancestors from far away.

### **Biography for Ginger Zimmerman**

**Freelance Artist – Motivational Speaker – Writer.**

Ginger has shared her story in many countries & has a number of years experience as a published writer with contributions to various newspapers, magazines & publications. She has also made local, national & international radio & TV appearances.

### **2008 Rochester Heart Walk**

As you know the American Heart Walk is on **Saturday, April 5th**. It is back to the **Blue Cross Arena** this year. The doors open around 8:00am. There is a route inside the arena in case you can only walk inside. The walk outside will start @ 10:00am.

Please contact Jackie or Bob Joyal [ 377-1247 ]with the total amount that you have collected---- especially if you have made your donation online. Make sure that Mended Hearts Chapter 50 is down as the company you are walking for. Bob Joyal is our team captain.

This is for a great cause and the majority of the funds raised stay right here in Rochester !!!!

A friends and family letter is a good way to increase the amount of money you can raise. You can write a blanket letter [Dear Friends & Family, etc... ] and either send it out in the mail or e-mail it. Remember to ask that the checks be made out to the American Heart Walk.

Best of luck to all.

## Use of heart device expands to State Police

Democrat & Chronicle

Stephanie Veale - Staff writer (Dec. 22, 2007)

A State wide initiative has flooded the New York State Police with 1,700 automated external defibrillators, instruments used to help patients in cardiac arrest.

All marked patrol cars and State Police stations will have the defibrillators by January, said Lt. Col. Stephen Maher of the troopers' Albany headquarters. In addition, all 6,000 employees who work for the State Police — including troopers and civilian support staff — are being trained both in the use of the defibrillators and in cardiopulmonary resuscitation, he said.

The initiative, funded by the state, is in the public's best interest, said John Halldow, spokesman for Rural/Metro Medical Services. "When a person goes down, the quicker they can get defibrillated, the better the outcome," Halldow said.

Troop E, which is headquartered in Farmington and covers 10 counties including Monroe, Livingston and Ontario, recently put 180 defibrillators into use, with 150 of those in marked patrol vehicles, said Lt. Neil Gallivan. "A lot of times (troopers) beat the ambulance to the scene," Gallivan said.

Previously, Troop E had about 10 defibrillators in service. Defibrillators are important because when a person goes into cardiac arrest, blood ceases to flow through the body, depriving organs of oxygen, said Christopher Henry, a paramedic with Rural/Metro.

The heart must be shocked back into a regular rhythm, he said, and every moment counts. "An automated defibrillator is the first defense in saving someone's life who's in sudden cardiac arrest," Henry said. The devices, he said, "should be everywhere."

A state law passed in 2005 earmarked more than \$40 million to equip all state public facilities, including courts and universities, with defibrillators by this year. Part of that sum outfitted State Police barracks and other facilities with 300 defibrillators, Maher said. State Police then lobbied for a separate state appropriation of \$1.7 million to put defibrillators in all 1,400 marked patrol vehicles, Maher said.

9

The newest defibrillators are easy to use because the person operating the device does not have to interpret any data, said Gallivan, who also is a paramedic. Once the device is hooked up to the patient, it detects whether a shock should be delivered or not, Gallivan said.

Halldow said he doesn't have qualms about non-medical State Police employees using defibrillators, because the device actually talks you through the steps on how to use it. "They make defibrillators as user-friendly as possible," he said. "It's a good thing."

Maher said the State Police previously had about 60 defibrillators in use statewide, but they were varied models and fewer people were trained to use them. The older defibrillators will be returned to Albany, where they will be assessed and perhaps donated, Maher said.

Having more of these devices out there is a good thing, and having people outside of the health professions trained to use them is also a good thing. These things are foolproof, and while not a guarantee of a "save", they provide markedly improved chances for recovery when a patient experiences V-Fib or V-Tach. The AED, combined with effective CPR (that's a 30:2 ratio on compressions to ventilations - push hard, push fast, allow full chest recoil), can make a positive difference.

**WHAT'S THE DIFFERENCE BETWEEN A SOUTHERN ZOO AND A NORTHERN ZOO?  
A SOUTHERN ZOO HAS A DESCRIPTION OF THE ANIMAL ON THE FRONT OF THE CAGE, ALONG WITH A RECIPE.**

### NOTES ON JAN - 21 PROGRAM

Sorry I didn't make it to the last meeting (furnace problem – needed new flame sensor) but Gene Binder took notes & passed them on to me.

The speaker was Joe DeMarco, a cardiology specialty nurse from SMH. He appeared comfortable & quite casual, in sweater and jeans. His presentation was more interchange with members, rather than lecture. Some members related their surgery recovery experiences. There was a lady present who had CABG 6 weeks before the meeting and looked very well & is the chapter's latest member. Joe also told the members about his personal heart disease experiences.

**Con't on Pg 10**

## 2007 Holiday Party:

A good time was had at the Green Lantern Inn on a cold, snowy Dec. 17<sup>th</sup> evening – following a foot of snow that dropped on us the day before. Many wondered if it would be canceled.

Fifty five members & guests had a great buffet & the added Salmon on the menu was a good choice. Of the 55 members & guests, virtually half, 27 were treated to a free dinner as recognition of their visiting at RGH & SMH. Chapter 50 paid for their meals as well as their spouses or guests. Unfortunately two other couples were unable to attend at the last minute.

As usual Bob & Jackie Joyal did a superb job & had a plethora of wonderful door prizes to raffle off.



## NOTES ON JAN 21 PROGRAM

### Con't from Pg 9

Joe started off by asking everyone about how we were doing since our surgeries – he said that they just see us for a short time & never find out how things went afterwards.

When he spoke about the importance of checking heart rate he had handouts on how to measure. He mentioned that because many people are on heart medications they can't get their heart rates up to the 70% target rate ( $220 - \text{age} \times .70 = \text{target heart rate}$ ). He did hammer home the importance of health proxies.

He handed out information about physical activity, mentioning the importance of checking heart rate & mentioned that heart

monitors were available at Dick's, Radio Shack and Strong Rehab. The general maximum heart rate rule at cardio rehab is 220 minus the patient's age. He handed out another sheet on blood pressure mentioning the effects of hypertension and the numbers above which medical intervention is advised. He listed 5 areas of lifestyle modification.

His final topic was advanced directives, such as health care proxy and living will. He hammered home the importance of health proxies being done while a person is in good health & control, so that someone you trust can make medical decisions for you if you can't during a medical emergency (and to avoid a fiasco like the one that happened in Florida, a couple years ago). I believe he was referring to the Terri Schiavo case. These directives are flexible and can be changed anytime the situation warrants.



## Below is the flip side of the end of life issues debate Don't Give Up

**T**'is better to err on the side of life.

Christopher Reeve, Terri Schiavo, and Haleigh Poutre are all very different — different circumstances, different ages, different classes. But they should all make us think about the same question: Shouldn't we always err on the side of life?

It's a fact that former "Superman" Reeve and his family (including his wife, Dana, who recently died of lung cancer) made an impact on

American culture after his 1995 riding accident. Even if, like me, you didn't agree with their politics — they campaigned on behalf of Democrats and, most notably, for embryonic-stem-cell research and cloning — you were likely impressed with their example of a couple living gracefully with pain and heartache, raising a family and making the best of the cards they were dealt. But his was a life that even his own mother had given up on almost ten years earlier — she begged doctors to pull the plug on him after his fall.

These end-of-life issues are the life-and-death realities doctors deal with everyday; they are what many of us face quietly and painfully in our families.

It was Lent going into the Easter season for many Christians as the case of Terri Schindler Schiavo reached its contentious, feeding-frenzied end days. Terri was the brain-damaged woman in Florida, stuck in a hospice bed, who couldn't speak for herself and ultimately had hordes ready to. Schiavo's parents and husband, Michael, duked out the issue in courts. He wanted it over with and her parents wanted their daughter cared for until she no longer had the fight in her. Michael Schiavo "won" — for lack of a better verb — and Terri was killed, dying of dehydration as the country watched from the hospice parking lot, where the media had camped out.

And even though she was killed she had, "A Life That Matters" as her parents and siblings put it in the title of their new book, written in her memory. **Con't on Pg 11**

# The Mended Hearts, Inc. / Greater Rochester, NY Chapter 50

Founded 1951 \* Incorporated 1955

**MEMBERSHIP**

**APPLICATION**

**RENEWAL**

Mr./Mrs./Ms. \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_ Anniversary \_\_\_ / \_\_\_ / \_\_\_

Type of Procedure \_\_\_\_\_

Date of Procedure \_\_\_ / \_\_\_ / \_\_\_ Hospital \_\_\_\_\_ Surgeon \_\_\_\_\_

## Membership Type (circle one)

Individual  
Family  
National Life (Individual)  
National Life (Family)

## Application Dues

\$22 (National \$17 + Chapter \$5)  
\$31 (National \$24 + Chapter \$7)  
\$155 (National \$150 + Chapter \$5)  
\$217 (National \$210 + Chapter \$7)

## Annual Renewal

\$17  
\$24  
\$5 (Chapter)  
\$7 (Chapter)

Please mail this application and your check made out to **Mended Hearts, Inc., Chapter 50**, to:

**William R. Tuttle, Treasurer**  
**922 Copper Kettle Rd.**  
**Webster, NY 14580**

**You must be a member of the National Organization to be a Chapter Member**

**I/We (spouses are always welcome) would like to be part of Mended Hearts effort as checked off below:**

- Telephone     Hospitality     Visiting     Communications/Publicity  
 Newsletter     Program     Membership     Historian  
 Fifty-fifty     American Heart Association     Sunshine

## Con't from Pg 10

As her brother Bobby puts it: "They talked about Terri having no value in our society, that she should be dead because she has no worth. But look what she's done. She's touched millions of people around the world." The family now runs a foundation focusing on the disabled, giving them a voice they often don't have, hoping to eventually open care centers that would be "safe havens" for people who need people in ways similar to Terri.

A year out from Terri's death, we've seen the very different — and yet hauntingly similar in its fatal flaw — case of Haleigh Poutre in Massachusetts.

Haleigh is 12, victimized by her family, and wronged by the state agency that was supposed to be her safety net. In September she was brought into a hospital, brutally beaten by her stepfather. Hospital officials would

determine that she had no hope and by January were in court battling for the right to end the fight for her. (An additional tragedy: The party in court that wanted her alive was her abuser, who faced homicide charges if she wound up dead.) The court gave permission, but Haleigh wasn't ready to go. Before the hospital could do the court-sanctioned deed, she was making a comeback. She's in rehab today.

It's no wonder Haleigh was almost cut off though. Even the words we casually use give away our culture-of-death tendencies. As Bobby Schindler puts it, "The term 'vegetative state' makes me furious. People don't describe them as disabled anymore, but as vegetables." No carrot ever had the superpowers to get us arguing, caring, angry, entertained, or inspired. Reeve, Schiavo, Poutres all have — and all after folks were ready to give up on them (and in Terri's case, did).