Stories from the Heart: 
Wisdom of Former Marine Comforts Other Heart Patients

Bernie Oakes got his first signal that something was wrong with his heart in his early 20s, while undergoing a physical for the Marine Corps. His blood pressure was high, but came down when the test was repeated after he lay down to relax.

“They figured it was just ‘white coat syndrome’ and left it at that,” said Bernie, a resident of Traverse City, Michigan.

When his blood pressure didn’t come down during a routine checkup a decade later, Bernie was put on medication and eventually quit a decade-long smoking habit. By his 40s, he was also on medication for high cholesterol.

By the time Bernie was in his late 60s, his doctor noticed a heart murmur, a possible sign of a heart valve problem, and referred him to a cardiologist.

Years later, Bernie’s cardiologist found blockages and advised him to schedule bypass surgery. Instead, the then-76-year-old went to Yellowstone Park. There, Bernie fainted and after consulting with a local doctor, flew home to undergo triple bypass surgery. He underwent cardiac rehabilitation and resumed his regular exercise routine.

“I was back to normal as far as I was concerned,” he said. But in early 2014, while saying goodbye to a neighbor, Bernie passed out. Doctors found he needed a new heart valve. He received a bovine valve, made from a cow, and again had a smooth recovery.

“Had it not been for medical science advancements in the last 20 years, I wouldn’t be talking today,” said Bernie, now 85. “I have a high quality of life and I feel great.”

He now volunteers at his local hospital and senior centers, sharing his experience with patients preparing for surgery and talking about heart health to local groups. He also offers support to other patients as an American Heart Association Heart Valve Patient Ambassador.

Although the last thing he wanted going into surgery was “some clown telling me not to worry,” Bernie said he has enjoyed meeting with patients and doing what he can to ease their concerns. “They tell me they feel better and have more confidence, and that’s the finest reward I can get,” he said.

You are not alone. If you or someone you care for have experienced a heart attack, stroke or are living with a heart condition, expand your support network. Join our ever-growing online community at supportnetwork@heart.org
Are the hearts of women and men really all that different? It turns out, when it comes to how men and women are treated for ischemic heart disease, the answer is yes.

The American Heart Association recently released the first statement that pools all aspects of women’s experiences with ischemic heart disease, a condition that affects blood supply to the heart. The scientific statement was published in the AHA’s journal Circulation.

Statement chair Jean McSweeney, Ph.D., R.N., associate dean of research at the University of Arkansas for Medical Sciences, said the statement combines research on variations in social norms and biological differences between men and women regarding the treatment of heart disease. “Women’s death rates from heart disease are beginning to decline a little bit, but still at a slower pace than men,” McSweeney said. “There have been small studies conducted and women have been included in some larger studies, but due to limited numbers of women, most data cannot be analyzed by sex or gender.” This statement, she said, reports the best evidence to date on ischemic heart disease causes, risk factors, symptoms, diagnosis and treatment in women.

Women aren’t being treated according to guidelines, McSweeney said, and although ischemic heart disease is the leading cause of death in women, most women still view the disease as one that affects mostly men. Women typically experience ischemic heart disease a decade later in life than men, and women have different symptoms than men, according to the statement. Because of the uncharacteristic symptoms involved—such as fatigue, nausea and neck or jaw pain—women are often misdiagnosed. And, within one year after a heart attack, a quarter of women 45 years or older will die, compared to 19 percent of men.

“Some clinicians try really hard to make diagnoses, but it’s hard to get the information, because you have to hunt for it,” McSweeney said. “We’re hoping this can be a wonderful guide with a lot of references for them to find answers.” The statement is useful not only for doctors in making proper diagnoses, but also in educating the public and highlighting the need for more research.

Cardiologist Malissa Wood, M.D., who started the Corrigan Women’s Heart Health Program at Massachusetts General Hospital, said the statement was important, timely and confirms experiences she has had with female patients and patient studies. “Women need to think about their symptoms and take them seriously, and nurses and doctors should not discount a patient just because she’s a 35-year-old and otherwise healthy,” Wood said. “There are set differences in our hearts, in our blood vessels and in our brains, and it’s not a one-size-fits-all problem or solution.”

Women, particularly minority women, are more likely to live in undesirable neighborhoods with limited access to grocery stores and no access to quality health services, characteristics that can affect cardiovascular health. Until more women are educated about their risks, “it will remain difficult to convince women to undertake necessary behavior changes to prevent heart disease,” the statement said.

“We need to move the diagnosis earlier so women can be treated and hopefully prevent disability or death due to heart disease,” she said.

AMERICAN HEART ASSOCIATION NEWS
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What a Heart Attack or Stroke Feels Like
Illustrated by Bippasana Shrestha

If you are experiencing any of these symptoms, call 9-1-1 immediately.
Planning from the Heart

Q: What is the best asset to use to fund a charitable gift annuity?

A: The good news is that the annuity payment will be the same regardless of which asset you use to fund the gift—the annuity payment is a function of the size of the gift, the annuity rate offered by your beneficiary organization, your age and the length (if any) of the payment deferral. The charitable deduction also will be the same no matter what asset you give. What makes this issue more complicated is that the income tax treatment of the payments you receive will vary depending on the nature of the asset used to satisfy the gift.

If you make a gift of cash, the annuity payment will be partly tax-free return of principal (your initial gift in equal installments over your life expectancy) and partly taxable at ordinary income levels (the earnings portion of the payment). On the other hand, a gift of appreciated property, such as low-basis stock, would result in annuity payments comprising tax-free return of principal, ordinary income and capital gain. The benefit to you of giving appreciated property is that the capital gain is recognized over your life expectancy rather than all in the year of sale. In either case, once you reach your actuarial life expectancy the entire annuity payment will be taxable as ordinary income.

Answer provided by Jonathan R. Fishburn, Associate at Nutter, McClennen & Fish, LLP, Boston, MA

To submit a Planning from the Heart question, email plannedgiving@heart.org or call 1-888-227-5242.
Eugene Calman knows the secret to living long — staying active. At age 88, he serves on historical societies, the Lion’s Club and Mensa. He’s often in his garage, tinkering and restoring a 90-year-old circus calliope and his collection of antique cars. And he spends lots of time with his three children and two grandchildren.

“When I wake up in the morning, I don’t think about what I have to do today, I think about what I have to do first,” Eugene says.

He also attributes his longevity to the American Heart Association. Eugene and his wife became familiar with the mission of the American Heart Association in 1961 and became donors.

While training in the Navy in 1961, Eugene was diagnosed with angina pectoris — pain or discomfort due to coronary heart disease. He had his first heart attack soon after in 1965.

“I was off of work for three months,” he says. “That’s all they could really do for you, besides tell you to lay off the salt and be sure you have a good will.”

“I knew that research saved me, so the American Heart Association became one of my major charities,” he says. “My wife went around the neighborhood collecting funds from our neighbors for the association.”

Unfortunately, Eugene’s battles with heart disease were far from over. In 1986, he had his first quadruple bypass. After a second heart attack in 2006, he received a defibrillator and pacemaker. He later got a second pacemaker.

“The American Heart Association has made remarkable improvements in the care they can give people with heart disease,” he says. “Open heart surgery wasn’t even possible in 1961, and now it’s commonplace. All these things have come along since I was initially diagnosed with heart disease.”

In addition to being an annual donor for 55 years, Eugene recently established a deferred Charitable Gift Annuity with the association. This allows him to defer income from the annuity while still receiving tax relief.

“My main reason for giving is to support the association’s research,” Eugene says. “I want to help other people who suffer from heart disease.”

If you would like more information on Charitable Gift Annuities, please fill out the form below and mail to:
American Heart Association, Charitable Estate Planning
7272 Greenville Avenue, Dallas Texas 75231-4596
Or email us at plannedgiving@heart.org or call 1-888-227-5242

- I would like to receive your **FREE brochure Smart Solutions: Charitable Gift Annuities**
- I would like to see an illustration of the financial and tax benefits of a gift annuity for a person born on ___/____/___ and (optional) another person born on ___/____/___
- I’m pleased to let you know that the American Heart Association is in my will or estate plan

Name: __________________________________________
Address: _______________________________________
City: ___________________________________________ State: ___________ Zip Code: ___________
Daytime Telephone: ( _____ ) ____________________ Email: ________________________________
Date of Birth: _________________________________

17APCCC Information will be kept strictly confidential.
Picnic Cole Slaw
Serves 10 | Serving size ½ cup

- 8 oz. packaged cole slaw mix
- 1 cup carrot, cut into matchstick-size strips
- 1 medium green bell pepper, chopped
- ½ cup finely chopped onion
- 6 medium radishes, thinly sliced, halved
- ¼ cup vinegar
- 3 tbsp. sugar
- ½ tsp. salt
- ¼ tsp. pepper

In a large bowl, gently toss together all the ingredients. Cover with plastic wrap and refrigerate for 15 minutes to 1 hour for peak flavor and texture.

Cook's Tip: To prepare ahead of time, you can put the coleslaw mix, carrots, bell pepper, onion and radishes in a large bowl, cover with plastic wrap, and refrigerate for up to 24 hours. Toss with the remaining ingredients 15 minutes before serving.

This recipe is brought to you by the American Heart Association's Go Red For Women movement. Recipe copyright © 2016 by the American Heart Association. Look for other delicious recipes in American Heart Association cookbooks, available from bookstores everywhere or online at heart.org/cookbooks.

NUTRITION ANALYSIS (per serving)
- Calories: 34
- Total Fat: 0.0 g
- Saturated Fat: 0.0 g
- Trans Fat: 0.0 g
- Polyunsaturated Fat: 0.0 g
- Monounsaturated Fat: 0.0 g
- Cholesterol: 0 mg
- Sodium: 133 mg
- Total Carbohydrates: 8 g
- Dietary Fiber: 1 g
- Sugars: 6 g
- Protein: 1 g
- Dietary Exchanges: 1½ vegetable