Twin Cities Go Red for Women Chair, Veronica Acurio, of 3M (third from right) joins survivors and volunteers to advocate for women's heart health.
"I was 37 when I had a sudden cardiac arrest while swimming, training for a triathlon. I had no warning signs - I was healthy and active. It has become my mission to teach bystander CPR and early defibrillation. It saved my life and it can save others."

Lindsey was just two weeks post-partum from the birth to her first child when she performed CPR on her mom to save her life.

"On February 14, 2017 I went to urgent care thinking I had pneumonia, but I was diagnosed with congestive heart failure. Over the course of six months, I was hospitalized nine times and put on the National Transplant List. On October 5, 2017 I got a second chance at life."

I Go Red for more survivors.

We Go Red for CPR education.

I Go Red for my donor.
Edina, Minn. was the first in the state to pass a policy that raised the tobacco purchasing age to 21.

JUANITA BENTON
Heart Attack Survivor
AHA Volunteer

"I was working out at home when I noticed my heart rate was higher than usual - and it kept climbing. Then came the chest pain, nausea, excessive sweating and pain down my left arm. I knew something wasn’t right. At the hospital, they told me I was having a heart attack."

I Go Red for my community.

BRIANNE THEISEN
Living with ARVC/D
Prosthetic Assistant

"When I was 27, I was practicing with my Australian Rules Football team when my heart felt like it was racing. When I finally called 911, my heart was beating at 240 BPM. I was diagnosed with ARVC/D, a rare genetic heart disease that mainly affects athletes. I was devastated."

I Go Red for awareness.

VERONICA ACURIO
2018-19 Twin Cities Go Red Chair
President, 3M Taiwan

"My involvement with Go Red helped remind me of the importance of caring for ourselves. When my father (a physician) had a stroke, it brought home to me that even a doctor may not be proactive when it comes to their personal health. The Go Red initiative is a great reminder that each of us needs to take responsibility for our health."

I Go Red for community health.

I Go Red for a world of longer, healthier lives.
The bond between a mother and a child is distinct – one of the strongest in existence. A child depends on their mother, especially in the first few days, weeks, and years of life. But, sometimes, the tides turn, and a mother depends on her child.

March 20, 2017 – Lindsey Bomgren was just two weeks post-partum from the birth to her first child, a son. Her mom, Mary Smith, was thrilled to have a new grandbaby and planned on taking half days at work that week to help Lindsey with the new baby.

Mary arrived at Lindsey’s house just after noon with groceries in hand. She made a second trip back outside to the car to get the Pack ‘n Play she’d purchased. Although she was a fit 57-year-old, she was out of breath when she reached the top of the stairs into Lindsey’s house.

As Lindsey went to lay her son down for a nap she heard a big thud come from the kitchen. She ran to find her mom laying on the floor. Immediately, she knew something wasn’t right.
“She was starting to turn blue and was completely unresponsive,” Lindsey recalls. “Her mouth was open, and she wasn’t really breathing. My initial response was oh my gosh, she’s going to die.”

UNSUNG HEROES

Lindsey called 911 and the dispatcher swiftly collected information about the location and the incident before determining it was a cardiac emergency. At one-minute in to the call, he began coaching Lindsey through chest compressions, also known as Hands-Only CPR.

“Okay, listen carefully – I’m going to tell you how to do chest compressions,” the dispatcher said.

“Okay,” Lindsey responded with growing distress.

The dispatcher instructed Lindsey to place the heels of her hands on the breastbone in the center of her mom’s chest. Then, he told her to pump the chest hard and fast at least twice per second and two inches deep.

As a group fitness instructor, Lindsey was CPR trained and certified. However, in this frantic moment, she was thankful to have calm and clear instructions from the dispatcher over the phone.

“I remember feeling really grateful that I had someone on the phone to talk to because you feel so alone in that moment, wondering if you’re doing anything right,” Lindsey says. “Specifically, I remember feeling like her ribs were cracking and thinking I was really hurting her now. But the dispatcher reassured me that was the right thing to do.”

HANDS-ONLY CPR

Learn the two simple steps to save a life:

heart.org/handsonlycpr
The dispatcher continued to coach Lindsey through CPR – counting with her and encouraging her to keep going at the fast 100 beats per minute. He reminded her to let the chest come up all the way between the pumps and to keep going until help arrived and could take over.

“It was the scariest minutes of my life,” Lindsey says. “I remember asking the 911 dispatcher how much longer until help was going to be there because in that moment it felt like like there was nothing else I could do besides pound on her chest.”

After six minutes, police officers arrived on the scene. They took over CPR and hooked up the automated external defibrillator (AED) which analyzed Mary’s heart rhythm and advised the officers to deliver a shock.

“I remember hearing the shock, seeing it shock her and her body bounced off the ground,” says Lindsey. “That’s when I walked into the other room because I couldn’t watch it.”

Shortly after the paramedics arrived they put in an airway and carried Mary out to the ambulance.

“UNKNOWN FUTURE

At that point, Lindsey didn’t know if her mom was breathing, or if she would survive. She called her husband at work and told him to come home as soon as possible.

They met her dad, brother and sister-in-law in the emergency room lobby where they anxiously waited to hear how Mary was doing. Finally, someone came out and told them that they could go back and see her.

“She was alive and breathing, which was incredible,” recalls Lindsey. “But because of everything that had just happened, she had no recollection and she didn’t know who any of us were.”

In those first days and weeks, Mary experienced memory loss issues and couldn’t recognize her closest family members, including her husband. Doctors assured the family that it was normal. However, they were unsure of her long-term prognosis.
A DIAGNOSIS

After a myriad of tests, doctors diagnosed Mary with hypertrophic cardiomyopathy (HCM). According to the American Heart Association, “HCM occurs if heart muscle cells enlarge and cause the walls of the ventricles to thicken. Changes also occur to the cells in the damaged heart muscle, which may disrupt the heart’s electrical signals and lead to arrhythmias.”

To avoid another cardiac arrest from happening, doctors decided it would be best for Mary to have surgery to get an implantable cardioverter defibrillator (ICD). The ICD would continuously monitor and help control any electrical problems with the heart.

Little by little, Mary’s memory improved, and she soon could recognize her family members again.

“I remember holding her hand and her looking up at me and saying, ‘thanks for saving my life’,” Lindsey recalls.

TELEPHONE CPR

Each year an estimated 350,000 sudden cardiac arrest events occur in the United States in an out-of-hospital environment. Almost all of these events result in a call for help to 911. Without quick intervention in the form of cardiopulmonary resuscitation (CPR) and defibrillation, death from sudden cardiac arrest is almost certain.

Dispatchers are the true, first responders and a critical link in the cardiac arrest chain of survival; a dispatcher can make the difference between life and death. It is the dispatcher, in partnership with the caller, who has the opportunity to identify a patient in cardiac arrest, provide the initial level of care by delivering telephone CPR instructions to the caller, and quickly send the appropriate level of help.

“Minnesota is one of the 48 states that don’t have consistent telephone CPR protocols in place for 911 dispatchers,” said Lorna Schmidt, advocacy director for the American Heart Association in Minnesota. “That’s why the American Heart Association is working together with many excellent local and statewide partners and stakeholders to craft a telephone CPR training and transfer system to make saving lives easier.”

The AHA plans to help re-introduce legislation this year in the Minnesota legislature to address this gap. To learn more and help pass Minnesota’s “Telephone CPR” bill, join www.YoureTheCure.org today.