

SARVER HEART CENTER

A publication from The University of Arizona College of Medicine

Newsletter Issue 51 • Spring 2008

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What you need
to know

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“I’m glad they
were there with
me.” One of the
Heart Center’s
first patients
remembers her
husband



Patient and Doctor: Mr. William Griffin and Peter Ott, MD

The Peter Ott, MD Endowed Chair of Electrophysiology

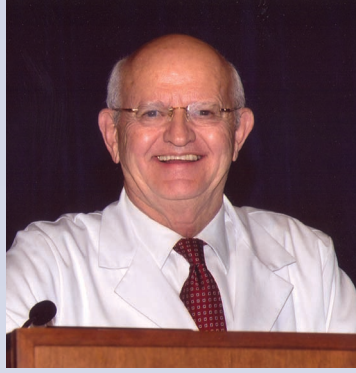
Thanks to a lead gift from William “Bill” Griffin, a generous estate gift from Mazie Kent Slaymaker, and contributions from other grateful patients, the *Peter Ott, MD Endowed Chair of Electrophysiology* has been established at the Sarver Heart Center.

Bill Griffin first came to Tucson during an exceptionally hot summer in 1973. He remembers that it was the 100th day of temperatures over 100 degrees. Despite

having to adapt to the heat, Mr. Griffin and his wife, Shirley, became attached to the southwest desert town. Shortly after the couple purchased their first home in Tucson, Mr. Griffin, who was the president of Hartford Real Estate, bought the Williams Centre property and initiated the development of this very successful project. Today, Mr. Griffin is principal of the WMG Company and associated investment businesses, traveling worldwide.

...from the Director

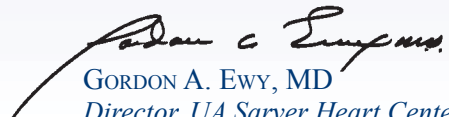
What a pleasure to be able to announce the Peter Ott, MD Endowed Chair of Electrophysiology in this issue of the Sarver Heart Center Newsletter! Mr. William Griffin initiated the creation of this endowment through a leadership gift. To quote Mr. Griffin: “We want to make sure we retain



Martha Lochert

outstanding faculty here at The University of Arizona.” Support also came from the estate of Mazie Kent Slaymaker and several other grateful patients. Peter Ott, MD is director of the Electrophysiology Lab at The University of Arizona College of Medicine and University Medical Center (UMC). Following the lead of Frank I. Marcus, MD, Dr. Ott has developed an outstanding academic program in electrophysiology. Along with Julia Indik, MD, PhD, who holds the Flinn Foundation/Arizona Division of the AHA Endowed Chair of Electrophysiology, he provides state-of-the-art therapies, research and teaching in the field of cardiac arrhythmias. In cardiology, we use the term electrophysiology to refer to the study and treatment of abnormal heart beats, including atrial and ventricular tachycardia (fast heart beats) and bradycardia (slow heart beats). Electrophysiology has brought innumerable advances that today help millions of people enjoy better lives in spite of heart rhythm disorders. Newer approaches to pacing and defibrillation have not only prevented many cases of sudden cardiac death, but sophisticated pacing techniques improve symptoms and outcome of patients with heart failure.

Endowments such as the Peter Ott, MD Endowed Chair of Electrophysiology are critical to academic medicine in that they support the teaching and research activities of academic physicians — activities that not only result in better patient care today, but will make a difference in perpetuity by training the physicians and scientists of tomorrow.


GORDON A. EWY, MD
Director, UA Sarver Heart Center

“My physician was examining me one day and said, ‘Your heart rate is faster than I’d like it to be—we should have this looked at,’” Mr. Griffin says. “Fortunately for me, Dr. Jack Copeland of the Sarver Heart Center happens to be a friend and he advised me to see Dr. Peter Ott.”

Peter Ott, MD, who heads the Cardiac Electrophysiology Laboratory at The University of Arizona Sarver Heart Center, diagnosed Mr. Griffin with a heart rhythm disorder called atrial flutter. “Atrial flutter and atrial fibrillation come in many different forms,” Dr. Ott says, “Some patients experience no symptoms at all, for others, they can be debilitating.” Atrial flutter and atrial fibrillation (“A-Fib”) are two of the more common heart rhythm disorders or arrhythmias — conditions in which the heart beats too slow (bradycardia), too fast (tachycardia) or irregularly.

Modern therapies for irregular heart beats have come a long way and cardiac electrophysiology has grown into a complex discipline. Only experts can keep up with the rapidly growing field and the new research findings that lead to ever more sophisticated and successful treatment options.

Just as with any other challenge, research and education are key in making headway in the fight against heart rhythm disorders. “Physicians in virtually all specialties will be faced with patients who have arrhythmias at one point or another,” says Dr. Ott. “It is crucial to properly identify a heart rhythm disorder and to decide on the optimal therapy. Most arrhythmias can be controlled and some cured.”

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Mr. Griffin is one of 2.2 million people in the U.S. who experienced atrial flutter, a heart rhythm disorder that affects the upper chambers of the heart. “Peter told me, ‘Well, we can manage this with medications that you will have to take for the rest of your life. Or, we can do a procedure and fix it.’” It did not take Bill a second to make a decision. He opted for the procedure.

“Bill’s condition is a good example of the work that lies ahead of us,” Dr. Ott says. “Not every physician is aware that we can often cure atrial flutter with catheter ablation procedures and spare the patients from having to take medications for the rest of their lives.”

Dr. Ott came to Tucson after he obtained his medical doctorate from the University of Heidelberg, the most prestigious medical school in his native Germany. “Peter is one of our most popular speakers in Green Valley and at our Healthy Heart Conference” says Gordon A. Ewy, MD, director of the Sarver Heart Center. “He is also one of our resident cowboys, literally!” When Dr. Ott is not caring for his patients you may find him on horseback in Sonoita, Ariz. “Germans love the West” explains Dr. Ott, “and being here in Tucson is a dream come true.”

“Frankly, I didn’t want Peter to ride off into the sunset to another university!” says Mr. Griffin about his gift. “Endowments help the university to be competitive in attracting and retaining the best



“Bill is someone that you would want to ride the back forty with” says Peter Ott, MD. “He has some pretty amazing stories to tell and is someone you just want to spend time with.”

faculty. It was important for me to recognize someone of that caliber. Peter is a first-rate physician and I am confident that he will do great things with this endowment.”

“Because of Bill’s generous gift, we have been able to create this endowment – although it will bear Peter’s name into perpetuity, it is important to remember the patients – one in particular – who made this possible,” says Dr. Ewy.

Education of both physicians and the public is an important aspect of academic medicine. Recognizing this need, Dr. Ott already has big plans for the endowment. “We have

been very active in public outreach, because we want to empower lay individuals with the knowledge and understanding they need to ask their doctors the right questions. In the next step, I want to start a program that offers information about the latest in arrhythmia research and cutting-edge therapies to the healthcare community of Southern Arizona. There are many nuances in determining the best treatment for an individual patient, so specialized knowledge and education coming from the experts in the field can help physicians to better manage their patients.” In spite of great advances in the field of electrophysiology, available therapies for arrhythmias are often under-recognized in the medical field, making education about available options a number one priority.

“It is amazing to me that someone would make a gift only because I did my job,” says Dr. Ott. “The resources generated from this endowment will help us to be even better at what we do. Bill’s strong desire to have this endowment completed will help lead to our future success in educating physicians and the public. I am humbled by his generosity.”

If you would like to make a gift to the Peter Ott, MD Endowed Chair of Electrophysiology or have a story you would like to share about Dr. Ott, please use the enclosed gift envelope or contact the Sarver Heart Center Office of Development at (520) 626-4146 or via e-mail at heart@email.arizona.edu ♥

Transient Ischemic Attack (TIA)

TIAs or “mini-strokes” are caused by a temporary blockage of a blood vessel. They can last from a few seconds up to one hour. TIAs usually do not kill brain cells. However, they can be warning signs of an impending stroke and should be treated like a stroke. The symptoms are the same as for a full-blown stroke. A TIA raises the risk of a stroke ten times. Ten percent of patients who present at the emergency department with a TIA will have a stroke in the next 30 days. Half of those patients will suffer a stroke in the next 48 hours. Even if your symptoms go away quickly, it is still critical to see a neurologist as soon as possible.

Stroke: A Major Risk for a Second Stroke:

People who have already suffered a stroke are at the highest risk of a second stroke or death. Approximately 17 percent of strokes are second strokes. The risk of a second stroke risk is highest in the seven days following the first.

Time is Brain: What You Need to Know about Stroke

Here’s a jeopardy question: What do Winston Churchill, Bette Davis, Charles Dickens and Thomas Jefferson have in common? They all experienced a stroke at some point in their lives. Every year, more than 750,000 Americans suffer a new or recurrent stroke. If this number is hard to grasp, consider this: Every 45 seconds in the United States, someone experiences a stroke. Four out of five American families will be touched by stroke in one way or another. With May being National Stroke Awareness Month, we would like to remind our readers how important it is to recognize stroke and know what to do if it happens to you or a loved one. According to the National Stroke Association, 80 percent of strokes are preventable!

What is a stroke?

A stroke or “brain attack” is defined as a sudden loss of brain function due to abnormal blood supply of the brain. In the process of a stroke, brain cells in the affected region of the brain die. This results in the loss of abilities performed by that area of the brain, for example speech, movement and memory. Stroke is the third leading cause of death in the United States, behind heart disease and cancer, and is a leading cause of disability. Of the patients who suffer a new or recurrent stroke in the United States every

year, only half survive. Of the patients who survive six months, about one third remain permanently disabled and dependent on others for help with daily activities.

Types of stroke

Doctors distinguish between two major types of strokes: ischemic and hemorrhagic. Ischemic (is-KEM-ik) strokes occur when the blood supply to a part of the brain is suddenly cut off, most frequently by a blood clot. Hemorrhagic (hemo-RA-jik) strokes result from bleeding into the brain. Ischemic strokes account for about 85 percent of all strokes while hemorrhagic types of stroke account for about 15 percent. Stroke symptoms that resolve in less than an hour and leave no permanent damage in the brain are called “mini-strokes” or Transient Ischemic Attacks (TIAs, see box).

Ischemic stroke

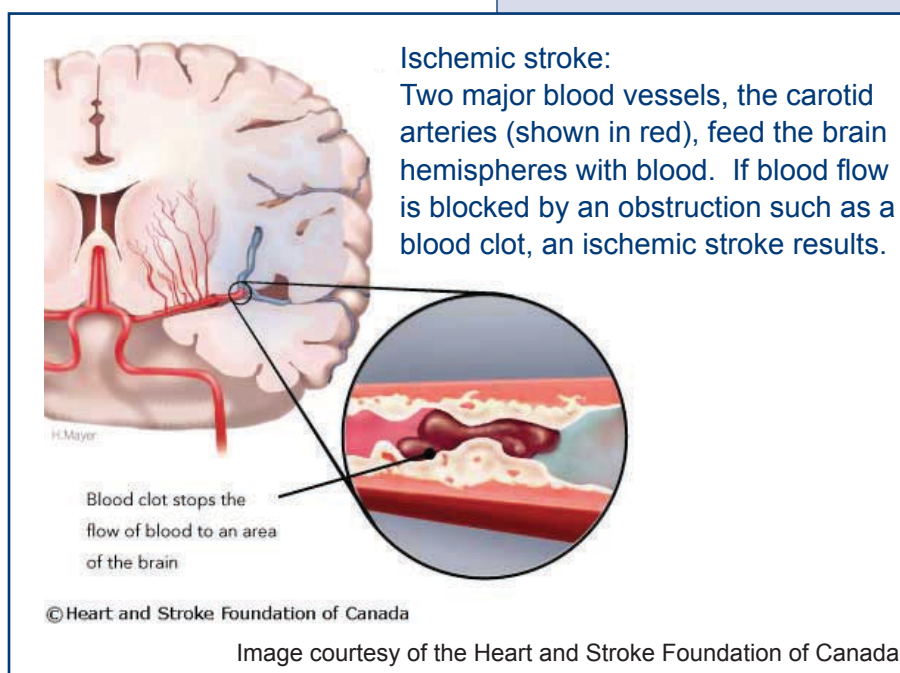
Similar to a clot inside an artery supplying the heart causing a heart attack, a clot that forms in an artery supplying the brain triggers a brain attack or ischemic stroke. The blocked artery no longer allows blood flow to supply cells with oxygen and nutrients. Within minutes, the cells in the affected area start to die.

A special type of ischemic stroke is the embolic (em-BOL-ik) stroke: In an

embolic stroke, the blood clot forms somewhere outside the brain, travels to the head and lodges within one of the narrowing arteries supplying the brain, cutting off the blood supply. Common sources of embolic stroke are the upper chambers of the heart (the atria). Atrial fibrillation, a common abnormal heart rhythm, predisposes patients to form clots from blood pooling in the atria. When those clots break off and travel to the brain, they cause an embolic stroke. For this reason, it is important for patients with atrial fibrillation or atrial flutter to be on blood-thinning drugs that prevent blood from clotting. Patients with atrial fibrillation who do not take blood-thinning medication face a stroke risk that increases by 4 percent for every year. For example, after one year of untreated atrial fibrillation the risk of a stroke is 4 percent. After five years, it is 20 percent, after 10 years 40 percent and so on.

Hemorrhagic stroke

Hemorrhagic strokes occur when blood vessels in or around the brain rupture and blood leaks into the brain. There are several rare causes of this type of stroke, but usually very high blood pressure is the culprit. Congenital weakness in the arteries to the brain can cause the vessels to bulge out, like a defect on a tire. These bulges are called aneurysms. If these aneurysms rupture they result in a hemorrhagic stroke. This type of stroke is the most common in younger individuals.



What are the symptoms of stroke?

Different parts of our brains are responsible for different functions. Parts of the brain are devoted to controlling walking and moving, while other parts oversee emotions or vision. The symptoms people experience from a stroke reflect the function of the part of the brain that is affected by either a blockage or bleeding. If you have a stroke in a part of the brain that controls your movements, for example, you may experience weakness or paralysis in an arm or leg. In general, stroke symptoms come on suddenly and are usually worst at the onset.

Warning signs of stroke

(adapted from the American Heart Association)

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble

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Strokes in Women

(Adapted from the National Stroke Association):

Stroke claims twice as many lives than breast cancer every year. One third of strokes in women occur in those under age 65. This year 100,000 young and middle-aged women will suffer a stroke. Women who smoke and take birth control pills are four times more likely to have a stroke. Although women suffer slightly less strokes than males on average (43 percent), they are more likely than men to die from a stroke. Women account for 61 percent of stroke deaths.

- speaking or understanding
- Sudden trouble seeing or double vision
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

How do I know if I am at risk?

Stroke and heart attack share many risk factors, but the two conditions are not completely alike. Risk factors are traits or lifestyle habits that increase the chance of having a disease. Doctors and patients can change, treat or control some of these risk factors, but not all of them.

Risk factors patients and doctors can improve:

- High Blood Pressure
- Diabetes
- High LDL (“bad”) cholesterol
- Low HDL (“good”) cholesterol
- Smoking
- Inactivity
- Being overweight
- Atrial fibrillation or atrial flutter
- Alcohol Abuse
- Drug Abuse
- Carotid and Other Artery Disease
- Heart failure (a poorly pumping heart)

Risk factors we cannot change:

- Old age
- Race (non-white individuals face a higher risk)
- Having family members with stroke
- Having a prior stroke, mini-stroke (TIA), or heart attack

Stroke and heart disease: The connection

People who suffer strokes are more likely to suffer from heart disease, and people with heart disease are more likely to suffer strokes. Sometimes, heart problems like atrial fibrillation or flutter are a direct cause of stroke. More commonly, however, these diseases share many of the same risk factors, like cholesterol, diabetes, high blood pressure, smoking, inactivity and being overweight.

What can I do to minimize my risk?

By working closely with their physicians, patients can often dramatically reduce their risk of a stroke. Medications can control or treat risk factors such as high bad cholesterol or low good cholesterol, diabetes, high blood pressure and atrial fibrillation. Sometimes it is possible to fix arteries that are affected by carotid disease or aneurysms with catheterization procedures or surgery.

As a patient, you can decrease your chances of a stroke by reducing your risk factors. For example, quitting smoking helps prevent a multitude of diseases, from stroke to heart attack to cancer.

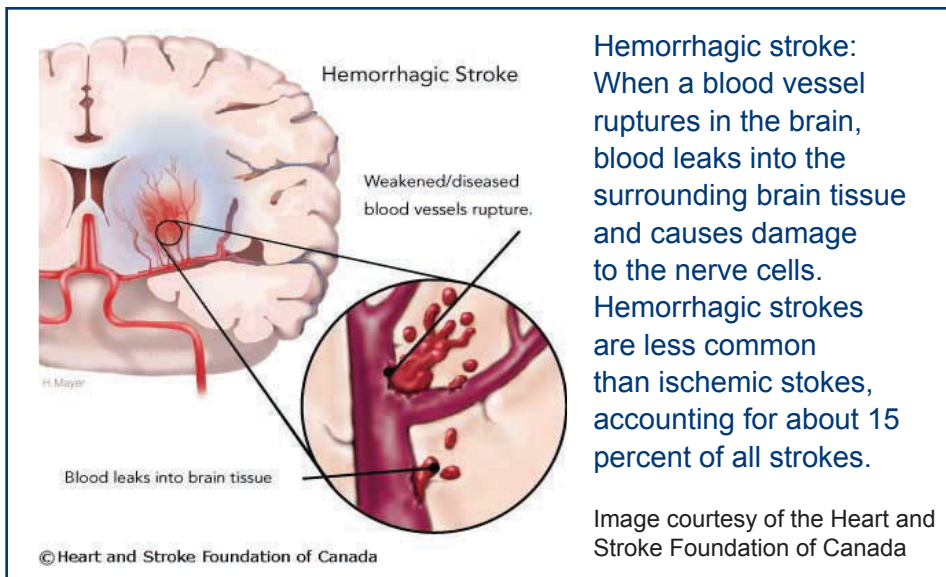
If you suspect a stroke

Millions of brain cells die within minutes after a stroke. The time in which physicians can reverse a stroke is short, so it is absolutely critical to go to a hospital at the very first sign of a stroke. Call 9-1-1 immediately if you believe you or someone you know have stroke symptoms.



The effects of a stroke

The brain is divided into a left and a right hemisphere, both of which perform different functions. The event causing the stroke (blood clot or bleeding) is almost always localized to either one of the hemispheres. For this reason, stroke symptoms tend to affect only one side of the body. Since the left hemisphere controls the right side of the body and the right hemisphere controls the left side of the body, a stroke in the right hemisphere will result in paralysis of the left side of the body and vice versa. In addition, right hemisphere strokes can lead to problems with spatial and perceptual abilities, making the patient prone to misjudging distances or having difficulty performing tasks such as tying their shoes or buttoning a shirt. Left hemisphere strokes, on the other hand, often cause aphasia in addition to paralysis of the right side of the body. Aphasia is a general term used to describe a wide variety of speech and language impairments. Unlike survivors of right-hemisphere strokes, patients recovering from a left-hemisphere stroke often develop a slow and cautious behavioral style. Strokes in either one of the brain hemispheres may lead to memory loss as well, most frequently compromising short-term memory.



Hemorrhagic stroke: When a blood vessel ruptures in the brain, blood leaks into the surrounding brain tissue and causes damage to the nerve cells. Hemorrhagic strokes are less common than ischemic strokes, accounting for about 15 percent of all strokes.

Image courtesy of the Heart and Stroke Foundation of Canada

Diagnosing and treating stroke

When diagnosing a stroke, physicians will obtain your history, perform a physical examination with special attention to the neurologic examination, and order several tests. These include taking pictures of your brain with CT (“cat”) scans and/or an MRI. These tests are painless, relatively fast and very helpful in confirming the presence and type of stroke. Other tests commonly performed include ultrasound testing of the heart and carotid arteries in the neck. These tests are also painless, involving a probe and some jelly against your skin, like looking at a fetus in a pregnant woman. Blood tests may also be helpful in diagnosing stroke.

Clot-busting drugs

The best treatment for ischemic stroke is immediate treatment with a clot-busting drug called t-PA. Remember: “Time is brain!” Recognizing stroke symptoms and getting to a hospital quickly are critical.

Rehabilitation

“Rehab” programs are critical to good recovery following a stroke. Typically, a few days after the stroke, patients are sent to a facility to undergo intensive therapies to address weakness, walking difficulties and speech problems. After about two weeks in a rehab facility, patients return home but still can receive therapy as outpatients.

Prevention of recurrence

Several medications have been shown to decrease the risk of a stroke recurring. Common medications prescribed to stroke patients include antiplatelets/anticoagulants like aspirin or warfarin (Coumadin), which lower the blood’s ability to form clots. Several blood pressure medications and cholesterol medications are also helpful in stroke prevention. Surgeries are available to fix aneurysms and re-open blocked arteries in some cases. Strict control of diabetes and blood pressure with medication, diet and exercise also are helpful. ♥

What is t-PA?

Tissue plasminogen activator (t-PA) is an enzyme that naturally occurs in the body. Its job is to activate another enzyme, plasminogen, to dissolve a blood clot. Given as a drug, t-PA may dissolve the stroke-causing clot and restore blood flow in the affected area. It may reverse some or all of the effects of strokes, but it has to be delivered to the patient **within 3 hours of the onset of stroke symptoms**. t-PA has been proven safe and effective when given to appropriate patients.

F.A.S.T – What to do when you suspect a stroke in someone

F = FACE:

Ask the person to smile. Does one side of the face droop?

A = ARM:

Ask the person to raise both arms and hold them up. Does one arm drift downward?

S = SPEECH: Ask the person to repeat a simple phrase. Does the speech sound slurred or strange?

T = TIME: If you observe any of these signs, it’s time to call 9-1-1. Remember: Time is brain!

Outliving Three Pacemakers — in Style



Jack Monies and Shirley Warner

An Arizona native, Shirley Warner grew up in Mesa and attended The University of Arizona where she studied fashion merchandising. After graduation, she began her career selecting women's fashions at Chicago's famed Carson Pirie Scott department store. Her talent and business savvy led her to

Rich's Department Stores and a move to Atlanta. Soon, she personally selected clothes for sale through Rich's "premier shops for top-of-the-line ladies" sportswear. A

buyer for all the Rich's stores in that capacity, she traveled to Europe 17 times.

One of her best friends, Jack Monies, remembers Shirley Warner as a "very beautiful and generous woman. She and my sister were close friends and neighbors for more than 60 years." Jack's sister, Bernice Bernmaster, adds, "She was a thoughtful, upbeat person who really got a kick out of finding one-of-a-kind fashions for her friends."

"She crossed all the t's and dotted all the i's when it came to style," says Mr. Monies. "Her attention to detail and her sense of humor helped her to cope, even with her own heart disease. She was always so proud to say that she had outlived three pacemakers!"

Her determination to make a positive difference, along with her affection for The University of Arizona, led Mrs. Warner to make a provision in her estate to

FELLOWSHIPS

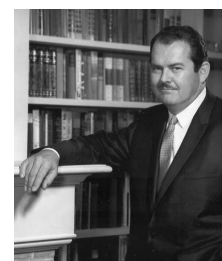
The Sarver Heart Center Remedy for Doctor Shortage: Fellowship Endowments

We are happy to announce the recipients of the J. Allen Ginn, Jr. and the Carl and Laura Seitz Cardiology Fellowships. Training future cardiologists and helping provide excellent cardiovascular care for the citizens of Arizona are important parts of the Sarver Heart Center's mission. With generous support from grateful patients and friends, physicians and scientists at the Sarver Heart Center are able to train the most outstanding and promising graduates in the medical field. The Center's cardiology training program receives more than 500 applications for the five positions that are available each year. Private philanthropy plays a vital role in supporting a number of our cardiology fellows. Without the generous support of those like the Ginn and Seitz families, the future shortage of cardiologists would be even more critical.

The J. Allen Ginn, Jr. Endowed Fellowships

The J. Allen Ginn, Jr. Endowed Fellowships will help fund two cardiology fellowships into perpetuity. Dr. Ginn spent most of his 60-year career in medicine as a general practitioner in Phoenix. When he was a young student, Arizona had no medical school, so he obtained his degree from the University of Southern California. Dr. Ginn wanted to continue to have an influence on medicine in Arizona beyond his lifetime and established an endowed fellowship at the Sarver Heart Center to help train Arizonans wishing to become cardiologists through his estate.

The first recipient of this fellowship is Adam Sabbath, MD. Dr. Sabbath obtained his medical degree in 2002 from the University of Nevada School of Medicine in Reno. He joined The University of Arizona as a resident in internal medicine and started his cardiology fellowship in 2005.



Dr. J. Allan Ginn, Jr.

support cardiovascular disease research. Dr. Gordon A. Ewy, director of the Sarver Heart Center, says: "I am told Mrs. Warner was just as philanthropic as she was fashionable. This gift of support will leave a legacy at The University of Arizona and further research in cardiovascular medicine – both of which I hope would have made Mrs. Warner proud." ♥

If you would like to include the Sarver Heart Center in your estate plan, simply include the following language in your will/estate provision: "... (specific assets, specific amount, remainder or percentage of estate) to The University of Arizona Foundation, an Arizona nonprofit corporation, Tucson, Arizona, to benefit the Sarver Heart Center at The University of Arizona."

Please contact Clint McCall in the Office of Development at (800) 665-2328 if you have any questions or would like further assistance.

The Carl and Laura Seitz Cardiology Fellowship

Grateful for the care he and his late wife have received from the Sarver Heart Center, Carl Seitz of Green Valley, Ariz. made a gift to support a cardiology fellowship position.



Carl and Laura Seitz

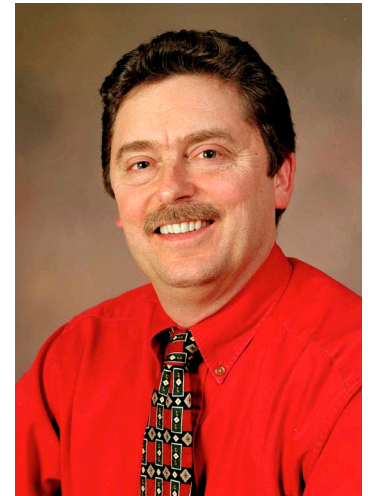
On March 16, Laura A. Seitz passed away at the age of 89. In the wake of his loss, Carl asked that gifts in memory of his wife be directed to the Sarver Heart Center. "I know this is what she would have wanted. The doctors and staff had been wonderful." In July, Carl joined the many friends and family who had paid tribute to his wife with his own gift in Laura's memory. "We were lucky to have a good cardiologist in Dr. Ewy. Hopefully this little gift will help to make sure others get the same care," he says about this special memorial fund.

Jamison Jones, MD is the recipient of the Carl and Laura Seitz Cardiology Fellowship. Dr. Jones graduated from the University of Utah School of Medicine in Salt Lake City in 2003. He was accepted into the Sarver Heart Center's Fellowship Program after he completed his residency at the Department of Medicine at The University of Arizona. ♥

Dr. James Galloway Named Assistant Surgeon General

On February 5, **James M. Galloway, MD, FACP, FACC**, was sworn in as Assistant Surgeon General of the U.S. Public Health Service (USPHS) in ceremonies in Chicago. Last spring, Dr. Galloway, who was associate professor for clinical medicine at The University of Arizona and Director of the Native American Cardiology Program, left for Chicago when the USPHS named him

Regional Health Administrator for the states of Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin. Dr. Galloway was trained as a cardiologist here at The University of Arizona



while holding a commission in the U.S. Public Health Service. He organized and became director of the UA's Native American Cardiology Program. Dr. Galloway's program provided direct cardiac care to Native Americans in Arizona, Nevada, Utah, California and New Mexico. He was the senior cardiologist nationally for the Indian Health Service and is a captain in the U.S. Public Health Service, which named him its 2005 Clinical Physician of the Year for his dedication and innovation in improving the delivery of cardiovascular care to Native Americans. ♥



Fariss and Dotty Hardin in the 1940s

“I am glad they were there with me”

One of the Heart Center’s first patients remembers her husband

“I was referred to Dr. Ewy by my neighbor, Dr. Oscar Thorup, who was one of the founding fathers of the College of Medicine at The University of Arizona,” says Dotty Hardin. He said, ‘I have this nice young cardiologist that I want you to see. His name is Gordon Ewy.’ I went to see him and ended up in the hospital for ten days because of my high blood pressure!” Dotty had become Dr. Ewy’s second patient at what was then the University Hospital. 36 years later, Dotty is very proud of having witnessed the progress made by the College of Medicine and the Sarver Heart Center.

Dotty was raised in Tucson, a few blocks from the man who would become her husband, Mr. Fariss Hardin. The two met at a Masonic Dance while studying at The University of Arizona. Dotty was a student in physical education and hoped to teach modern dance. Fariss was a football player. That fateful evening, they each had other dates, but Fariss was smitten with Dotty. They arranged

a date for the following night and went for a hamburger and a movie at Tucson’s Fox Theater.

In 1941, after Fariss had completed his degree, he joined the FBI. Shortly after, he was drafted to serve in World War II. Before being shipped out, he wanted to marry the girl of his dreams. He sent a telegram telling Dotty to get a dress so they could be married on his leave the following weekend. Dotty’s mother was mortified. “Fariss always gave orders – but my mother would not hear of it,” says Dotty. When he returned, Dotty’s mother told him they would not be married by the justice of the peace but have a church wedding instead. “We were married on the Fourth of July in the Episcopal Church.”

Dotty remembers, “When we were stationed at Ft. Riley, we had an apartment in Manhattan, Kansas. The bedroom, kitchen, dining room—everything was one room really, but when we are in love we make do.”

Because of his experience and powerful presence, U.S. army officials tried to recruit Fariss into intelligence. He refused the opportunity of becoming a founding member of the CIA. However, during his career, he rose to the rank of Colonel. “Being an army colonel’s wife was quite a bit of work,” says Dotty. The couple lived in Europe during the 1960s and traveled extensively. For one year, Dotty was President of the Women’s Social Club, an experience she enjoyed.

When it was time to retire, the Hardins thought about settling down in Monterey, Calif. However, the thought of frequent overcast skies did not appeal to them, so they decided to move back to Tucson.

In 2003, Dotty fell and broke her pelvis. While she was recovering, Fariss called to tell her he was having pain like never before. “I had taken care of him for our entire life—he did not know what to do.” He went to the hospital but slipped into a coma. “The doctor on call encouraged me to put him on a ventilator and said sometimes patients could rally and come back.” Fariss did not. “When I finally had to make the decision to stop life support, Dr. Ewy and (his nurse practitioner) Connie Doner were there. I am glad they were with me.”

In April of last year, Dotty contacted the Office of Development and asked how she should go about making a gift to the Sarver Heart Center. After a few meetings

with John Woods, director of Planned Giving at the UA Foundation, and Clint McCall, director of development at the Sarver Heart Center, Dotty decided to make her gift in two parts; she made an outright gift and has included the Center in her estate plan. "I am touched by Dotty's generosity," says Dr. Ewy. "Gifts like hers help the Center in our quest for a future free of heart disease and stroke."

"I feel fortunate that I can make this gift," Dotty says of her recent contribution to the Sarver Heart Center. "It is not only from me, but also in memory of Fariss. We were both so grateful for the care that Dr. Ewy and the other physicians at the Sarver Heart Center have given us. I hope that it will help others."

For more information on giving opportunities, including estate planning or charitable gift annuities, please contact the Sarver Heart Center Office of Development at (800) 665-2328. ♥

Thank you to Supporters of Our Cardiothoracic Surgery Program



To recognize the continued support by Alliance Beverage Distributing Company of Arizona, Sarver Heart Center Development Director Clint McCall presented President Bob Smith with a special copy of a National Geographic feature highlighting UA's advances in artificial heart technology and heart transplantation at the company's annual fundraising dinner on September 15, 2007. From left: Debbie and Bob Smith, Clint McCall, Raj Bose, MD, UA President Emeritus Manuel Pacheco.



Desert Toyota Owner Brent Berge (left) and General Manager Jerry Cannella presented Artificial Heart Technical Director Rich Smith (second from right) with a special 'Christmas gift' to the cardiothoracic surgery program at the Sarver Heart Center and University Medical Center. Thank you for your continued support!

Congratulations to our outstanding residents, Tracy Hagerty and Reza Arsanjani!

Sarver Heart Center Residency Applicant Tracy Hagerty and Resident Reza Arsanjani have received the



Charles W. Hall, Jr.

Charles W. Hall Jr. Memorial Award for outstanding residents. Tracy Hagerty completed her medical training at Saint Louis University Health Sciences Center in Saint Louis, Mo. While in medical school, Ms. Hagerty volunteered in the student-run Health Resource Center, a free clinic for the underserved in St. Louis. She is fluent in Spanish and has been extremely active bringing health care to underprivileged populations.

Reza Arsanjani attended the medical school at the University of Cincinnati in Ohio. As a member of the Student National Medical Association, Mr. Arsanjani, too, has been active in delivering medical care to underserved populations. He also engaged in basic molecular research, studying the effects of toxins on ion channels in nerve cells.

ADDRESS SERVICE REQUESTED

Thumbs up for hands-only

On April 1, the American Heart Association issued a scientific statement encouraging bystanders to perform hands-only CPR when they witness an adult collapse suddenly.

“We are delighted that the American Heart Association has finally endorsed Continuous-Chest-Compression CPR,” said Gordon A Ewy, MD. “The Sarver Heart Center Resuscitation Research Group has recommended this approach for bystanders since 1993, after our research confirmed it was better than doing nothing. Subsequently, we found in our experimental laboratory that survival was better with Chest-



Compression-Only CPR when compared to chest compressions and mouth-to-mouth breathing. We think that this important endorsement will help save thousands of lives.” Shortly after the publication of AHA’s scientific statement, the American Red

Cross followed suit, recommending “Compression-Only CPR” for bystanders. More in-depth coverage about this important move and latest scientific findings will be featured in the next issue of the Sarver Heart Center Newsletter. ♥