The connection between atrial fibrillation (AF) and stroke risk is well established, but new research suggests that the arrhythmia may also raise your risk of cognitive and functional decline.

An analysis of two major clinical trials suggests that AF may be associated with subclinical cerebrovascular disease that could lead to functional decline over time. The research was published online Feb. 27 in the *Canadian Medical Association Journal*.

“What we know for sure is that AF is associated with clot formation in the left atrium and embolic events causing strokes,” says Gosta Pettersson, MD, PhD, and vice chairman of the Cleveland Clinic Department of Thoracic and Cardiovascular Surgery. “The article suggests that AF may induce also more subtle impairment of brain function, and if these are not associated with injuries in the brain that are possible to identify on MRI or CT scans then what?” He suggests that multiple micro-embolic events can cause injuries that are too small to be identified by the scans.

However, Dr. Pettersson also says another likely explanation is a decline in brain function associated with the overall decline in functional capacity in patients with AF.

**Reducing the amount of time spent in AFib is the key.**

“The patient experiences reduced energy and tiredness and thereby is unable to stimulate and exercise the brain normally,” he explains. “Anxiety and depression are related to the awareness of heart disease and the experience of palpitations and irregular heart activity.”

**AF and the Brain**

AF is a condition characterized by the unsynchronized quivering of the heart’s two upper chambers, the atria. Instead of beating in a proper rhythm to efficiently move blood through the heart, the atria beat in a haphazard manner, sometimes allowing blood to pool in the left atrium and reducing the amount of blood reaching the brain and the rest of the body. Blood that pools, because it’s not being pumped throughout the body, can form a clot. And if a clot breaks from of the heart, it can travel to the brain and lead to a stroke. An estimated 30 percent of strokes in individuals 75 and older are due to AF.

**AF Medications**

To lower the risk of brain injury, Dr. Pettersson says the best treatment is to keep the patient out of AF medically or surgically.

“This also includes treating underlying structural heart problems eventually leading to AF in time, such as mitral valve disease,” he says. “Initiating blood-thinning medication promptly when AF is diagnosed is essential to prevent strokes.”

continued on page 10
The 2012 Greater Washington Region Heart Walk will take place at **Nationals Park on Saturday, November 10, 2012.** If you choose to attend, you can select the 1 or 3 mile option. Each year, through the participation of members, families, and friends, Mended Hearts Chapter 200 helps raise funds for heart research and education. The American Heart Association has more information available on its site at [www.greaterwashingtonheartwalk.org](http://www.greaterwashingtonheartwalk.org).

Should you wish to join the Mended Hearts team as a participant at the walk and/or make a donation to AHA please visit their website and select “Register”, then "Join a Team", then enter "mended hearts", followed by "Join a Team", where you can complete the required information. At that point you will be registered for the walk and as a member of our team.

If you choose to donate and prefer, you may write a check payable to the American Heart Association, noting Mended Hearts #200 on the front and mail it to our office. The address is: Mended Hearts Chapter 200, PO Box 897, Annandale, Va. 22003.

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**Observation Dome Viewing Available By Appointment**

The surgical observation dome in the INOVA Heart and Vascular Institute is a remarkable learning experience, especially meaningful to those of us who have had a similar procedure.

The Dome’s angled windows are arranged in a circular format to permit viewing of cardiac and vascular surgery. Accompanied by closed circuit monitors, this enables observers to watch the procedure unfold and marvel at the precision of a cardiovascular surgical team.

To arrange an observation, please contact the Community Affairs Division of the INOVA Health System at 703-698-2573.

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**It’s Great to Be Alive, and to Help Others**

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About “Mending Ways”

“Mending Ways” is the bimonthly newsletter of Mended Hearts, Northern Virginia Chapter 200, Annandale, Va., a non-profit organization of Mended Hearts, Inc., Dallas, Texas, which is “Dedicated to Alleviating the Trauma Associated with Heart Disease and Surgery.”

Other Mended Hearts chapters may reprint without prior permission any portion of the contents herein, provided proper author, title, and publication credits are given.

For more information about this publication or about our chapter, please call (703) 248-1733.
Who We Are

Mended Hearts Chapter 200 in Northern Virginia is a Non-Profit Service Organization of Mended Hearts, Inc., Dallas, Texas, which is dedicated to inspiring hope in heart disease patients and their families.

We of Mended Hearts are grateful for the miracle of heart surgery since it has given us a new awareness of the joy of living. Offering help and encouragement to others who are faced with or have had heart surgery is what the Mended Hearts organization is all about! We are unique, living proof of a productive life following heart surgery.

We are aware of the kind of help that is necessary to sustain heart patients in time of questioning before and after surgery. Those who are interested in helping other heart patients are invited to join Mended Hearts.

Membership consists of people who had heart surgery and/or any heart procedures, their spouses, relatives, medical professionals, and others interested in the purpose of Mended Hearts. We are grateful and happy to live the organization’s motto: It’s great to be alive—and to help others!

Monthly Meeting Schedule

Chapter Meeting: 1st Saturday of the month, beginning at 11:00 am
Executive Committee Meeting: 3rd Saturday of the month, beginning at 10:00 am

These meetings take place at the:

Heart & Vascular Institute Conference Center
INOVA Fairfax Hospital
3300 Gallows Road
Falls Church, Virginia

As you enter the main campus of the INOVA Fairfax Hospital from Gallows Road (Gray Entrance), the Main Hospital building will be on your right. Proceed past that building; and on the right just beyond the INOVA Heart and Vascular Institute, park in the Gray Garage. Take the elevator to the Ground Floor (G) and walk to the lobby. Pass the fountain and the Patient/Visitors Information Desk, take the first hallway on the left (the overhead sign will read IHVI Conference Center). You can ask for directions at the Patient/Visitors Information Desk or follow the Mended Hearts signs.

From within the Main Hospital building, follow the gray sign to the Inova Heart and Vascular Institute.

Note: Mended Hearts Chapter 200 is a participant in the Combined Federal Campaign (# 65140) and the United Way (# 9436).
Getting too little or too much sleep can mean trouble for your heart. A study presented at the American College of Cardiology conference in March found that sleeping less than six hours a night significantly raises the risk of stroke, heart attack and congestive heart failure. Individuals who sleep more than eight hours a night have a higher prevalence of angina, coronary artery disease and other heart problems.

This latest study underscores evidence from earlier research that has linked insufficient sleep with changes in blood pressure, resting heart rate, glucose intolerance and the hyper-activation of the sympathetic nervous system—all of which are associated with cardiovascular disease. It’s less clear why sleeping more than eight hours a night might be harmful, but according to Sally Ibrahim, MD, with the Sleep Disorders Center of Cleveland Clinic, excessive sleep is known to be a rather common condition in patients with heart troubles.

“Epidemiological evidence in the past 10 years or more has supported the idea that disease processes, such as heart disease, are more likely to occur in those who get too little or too much sleep,” she says. “Insufficient sleep is linked with a cascade of biological effects that can impact blood pressure and ultimately cardiovascular disease on many types. While it may be unclear why too much sleep is harmful, there is a theory that those who sleep too much may have more illnesses that affect sleep duration, or may have other sleep disorders, such as obstructive sleep apnea (OSA) that impact health.”

Sleep apnea is a condition in which the airway has collapsed or becomes blocked during sleep. The blockage, the result of soft tissue in the back of the throat relaxing, may cause shallow breathing or breathing pauses throughout the night.

Dr. Ibrahim says heart patients should be especially mindful of the amount of sleep they get and share this information with their doctors.

“Anyone who has cardiovascular disease should examine their sleep and sleep patterns,” she says. “In some cases, people get used to how they feel and get accustomed to sleeping the way they do, so much so that they feel it is normal. If others have commented that your sleep is poor, or suggest you do something about your sleep, then further attention to sleep may be important.”

Dr. Ibrahim adds that if you are on sleep aids, this should be re-examined as to why you are on them, especially if you’ve been on these for many years without resolution of your sleep disorder.

Your Heart at Night

If you have hypertension, your doctor has probably explained how your blood pressure changes overnight, and how the timing of your medications may help reduce the risks of a cardiac event during the night. If not, you may want to discuss this with your doctor to better understand your blood pressure patterns during the day and night.

And if you suffer from unstable angina, which is chest pain that can occur at rest or with exertion, you may have found that “nocturnal angina,” which is chest

Other Sources of Sleep Trouble

continued on page 9
Would You Like to Make a Difference?

A popular and often quoted saying is “one person can make a difference and every person should try.” And, very frankly, Mended Hearts Chapter 200 is asking for you to consider being that one person. No free lunches or store discounts, but your time and talents will help others. If you decide it’s time to give back, here are a few ideas for you:

The Pillow Program
We are fortunate to have organizations that volunteer their time and talents to make the pillows. However, the inventory of pillows must be maintained to supply Fairfax, Alexandria and Arlington hospitals. The organizations making the pillows generally provide the fabric but we order, supply and deliver the pillow fill, and are responsible for the storage of the pillows. We need assistance in picking up the finished pillows at various churches and bringing them to the storage facility.

Speakers Program
Four times a year we have a guest speaker on heart-health issues. We encourage you to contact us with suggestions for speakers or topics.

Office Assistance
Our telephone number requires monitoring and the message passed on to the responsible person. This can be done from your home and every other day is sufficient.

We are fortunate to have an office and the use of office equipment at the American Heart Association headquarters. We have the use of their equipment for the necessary copying and collation of Mended Hearts material.

American Heart Association Liaison (located in Ballston by the Metro)
A major fund raising effort for the American Heart Association is their Heart Walk. They need assistance from organizations like Mended Hearts to work their phone banks. This does not involve solicitation, but offers thanks and encouragement to the Captains.

On occasion American Heart asks Mended Hearts to participate in a health fair. The assistance is telling the story of your heart situation—again, no soliciting.

Mending Ways Newsletter
If you have ever helped with your HS, college or workplace newsletter, you would enjoy helping out with Mending Ways. Whether it is suggesting an article, authoring a column, or proofreading, for example, there are many ways we can use your help.

Please call Mended Hearts at (703) 248-1733 or send an email to MH200Mail@gmail.com if you have decided it’s time to give back.
MRI and Pacemakers: A Risky Mix

Unless you have an MRI-friendly pacemaker, a CT scan may be safer.

If you have an implanted cardiac device such as a pacemaker or defibrillator, you have likely been told you cannot undergo magnetic resonance imaging (MRI). In multiple studies, the powerful magnets in MRI units have caused pacemakers to change their settings and the leads in both types of devices to become superheated. Some deaths have occurred during inadvertent, unmonitored scanning of patients with pacemakers, although the exact reasons are unknown.

Computed tomography (CT) is often recommended as an alternative imaging test. However, MRI remains the gold standard for diagnosing certain diseases of the brain and spinal cord. This has prompted several medical centers to develop protocols that allow people with cardiac devices to undergo MRI scanning with reasonable safety. But until these protocols have been perfected, or MRI-friendly devices become the norm, Harvard hospitals prefer to err on the side of caution.

"We don't routinely scan patients who have conventional cardiac devices. There are too many issues," says Dr. Warren Manning, chief of noninvasive cardiac imaging and testing at Beth Israel Deaconess Medical Center and professor of medicine and radiology at Harvard Medical School.

Special protocols and MRI-friendly devices enable patients with pacemakers to undergo MRI scanning when necessary.

Possible, but problematic

Hospitals that do scan people with cardiac devices must take extensive precautions to prevent the devices from malfunctioning, overheating, or causing potentially dangerous or fatal arrhythmias. In the October 4, 2011, Annals of Internal Medicine, Johns Hopkins researchers published a protocol that has prevented most complications in more than 700 people with pacemakers and defibrillators who have undergone MRI scanning.

Dr. Manning says that if Beth Israel Deaconess felt the need to regularly scan these patients, he would adopt the Johns Hopkins protocol. He is concerned, however, with its heavy dependence on the availability of specialists prior to, during, and after the scan—specialists not normally found in the radiology department.

"Someone with pacemaker expertise must be at the imaging center to put the patient's pacemaker in a safe mode before the scan, monitor the patient during the scan, check the device after the scan, and then reprogram it. This clinician must be vigilant and able to respond quickly and appropriately to remove the patient from the magnet if an arrhythmia occurs. This is a big commitment," he says.

The answer? MRI-friendly devices

A simpler solution may lie in pacemaker and defibrillator systems that are not affected by an MRI unit's strong magnetic field. To date, one such system has been approved by the U.S. Food and Drug Administration: Medtronic's Revo MRI SureScan. No permanent damage to a patient or device has yet been reported with this system, and the pacemaker has reset in only a handful of patients.

"We do scan patients with this Medtronic pacemaker, and there have been no problems," says Dr. Manning.

The Revo MRI SureScan system has been designed for safe use in 1.5 tesla MRI units and has not been tested in more powerful scanners. It is approved for continued on page 9
No matter what your age, your health will benefit almost immediately if you stop smoking.

Just 20 minutes after your last cigarette, your heart rate goes down. Twelve hours later, levels of carbon monoxide in your blood return to normal. Lung function improves and your circulation starts to get better within three months. After a year, your risk of having a heart attack because you smoked drops by half. And after five to 15 years, your stroke risk will be the same as that of a nonsmoker.

If you’ve tried to stop smoking but failed, don’t give up. Most smokers make many attempts to stop before they have long-term success. You’re more likely to succeed by using:

- **Behavioral counseling** — This can help you develop the skills to stay away from tobacco over the long run. Your doctor may recommend local support groups or a counseling program. In addition, every state has at least one telephone quit line, which you can access by calling 800-QUIT-NOW (800-784-8669).

- **Medications** — These can help with withdrawal symptoms.

Due to recent reports about the side effects of drugs to help you stop smoking — including depression, agitation, unusual behavior and even suicidal thoughts — some people may be reluctant to use medications to help stop smoking. However, side effects of these medications are usually infrequent, minor and manageable, either by reducing doses or switching to another medication. If you think you’re experiencing side effects, contact your doctor right away.

In contrast, the toll that continued smoking takes is severe. Smoking increases heart disease and stroke risk by two to four times, lung cancer risk by

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**Drugs That May Help**

- **Nicotine patch** provides a steady dose of nicotine to ease withdrawal symptoms. Odds of quitting double when used alone. The odds nearly triple when combined with fast-acting nicotine replacement; possible side effects include skin irritation at the patch site, dizziness, racing or irregular heartbeat, sleep problems, headache, and nausea. Sleep disturbance may be minimized by taking the patch off at night.

- **Nicotine gum, nasal spray, inhalers, lozenges**, fast-acting nicotine replacements to help you get through cravings, double the odds of quitting when used alone, and the odds nearly triple when combined with the nicotine patch; possible side effects or risks include irritation of mouth, nose or throat, coughing, nausea, headache, and minor digestive issues.

- **Varenicline (Chantix)** decreases withdrawal symptoms and reduces feelings of pleasure from smoking. Increases odds of stopping by at least 2 1/2 times; Possible side effects and risks include nausea, headache, insomnia and vivid dreams. Rarely, associated with serious psychiatric symptoms, such as depressed mood, agitation and suicidal thoughts. There have been some reports of slightly increased risk of heart attack in those with established heart disease.

- **Bupropion (Zyban)** — Increases levels of brain chemicals that are also boosted by nicotine, decreasing withdrawal symptoms and reducing pleasure from smoking. Doubles odds of stopping, and may help minimize weight gain as you stop smoking. Possible side effects include sleep disturbances, dry mouth and headache. Very rarely associated with serious psychiatric symptoms.

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*Excerpted from the Mayo Clinic Health Letter, June 2012*
Meet our Volunteers
A continuing feature of Mending Ways

Healthy habits following heart surgery lay a foundation for longevity. The subject of this issue’s volunteer profile, **Marc Busman**, serves as a perfect example. Marc has been delivering a message of hope, good health and a comforting pillow to Washington metropolitan area patients in both the original Fairfax Hospital and the Inova Heart and Vascular Institute. This Mended Hearts stalwart began visiting patients with our Northern Virginia Chapter 200 in the fall of 1992, following his 1991 surgery at Georgetown Hospital. Marc received a right circumflex arterial stent in a second procedure at Inova Fairfax in 1997.

Like many Mended Heart volunteers, Marc’s initial reason for volunteering was to “give back.” Now, however, he emphasizes that he benefits as much from visiting patients as they may benefit from him. Marc visits patients each Thursday evening; those that have had the pleasure of his company cannot help but be struck by his knowledge and compassion.

Since Marc began his service to surgical patients more than twenty years ago, there have been vast changes in the types of surgical procedures available to those with heart disease, the nature of patient care, and physical plants. Among the most notable in our area was the dedication of The Inova Heart and Vascular Institute in 2005. Marc emphasized the striking change that has occurred in heart surgery recovery times. Because of the length of a recovering patient’s hospital stay, Mended Hearts volunteers typically visit once or twice. In years past, Marc recalls, it was not uncommon to visit a recovering patient three or four times. Moreover, Marc says, there have been dramatic technological advances in heart surgical procedures. In Marc’s opinion, these improvements, plus the professionalism of the staff (in Marc’s words, “the blue angels”) have helped make The Inova Heart and Vascular Institute world class.

Marc hails from Upstate New York. An attorney since 1972, he holds degrees from Western Michigan University, Union College and American University. His practice, which he shares with his wife, attorney Rosalyn Busman, is located in Fairfax County, where they focus on the needs of individuals and small and medium-sized businesses in commercial, corporate and landlord-tenant contract, litigation, dispute resolution, and debt collection matters.

In addition to being an exceptional Mended Hearts volunteer, Marc is a devoted husband, father, and grandfather. When he is not practicing law or volunteering, Marc hones his marksmanship skills as a member of the Fairfax Rod and Gun Club and the Isaac Walter League in Centerville, Virginia.

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**It’s Great to Be Alive, and to Help Others**
pain while you sleep, is keeping you from getting a restful sleep.

“If someone has nocturnal angina, it may be reasonable to have a sleep study to identify any triggers of stress at night, such as sleep apnea,” Dr. Ibrahim says. “Sleep apnea can cause elevations in heart rate and blood pressure at night that can be problematic for anyone with heart diseases.”

Too Much Sleep

Because sleep apnea often allows individuals to remain asleep, albeit in a lighter, less restful state, having OSA may result in excessive sleep time. Because the body isn’t getting enough rest, it may respond by trying to sleep longer at night. Daytime sleepiness is also a very common sign of OSA.

Dr. Ibrahim notes that heart failure patients often have difficulty sleeping, because lying down flat can lead to shortness of breath in these individuals. However, many heart failure patients also suffer from sleep apnea, and she recommends you sort out the cause of your sleeping concerns, whether you’re not getting enough or you’re getting too much.

“If someone is sleeping too much and attributes this to their heart failure, for example, they should be cautioned,” Dr. Ibrahim says. “This is because another disorder, such as OSA, can lead to excessive sleep and needs to be identified and treated due to its link with cardiovascular disease.”

Getting Through the Night

Sometimes, we are our own worst enemies when it comes to sleep. For example, we go to bed and rise at different times throughout the week, making it difficult for the body to get into any kind of rhythm. A late-night cocktail, which might help you fall asleep, can disrupt sleep a couple of hours later.

And, Dr. Ibrahim says, we let sleep anxiety keep us from a restful night.

“While studies are helpful to determine disease processes related to sleep duration, some people over-focus on their sleep needs to the point it aggravates insomnia,” Dr. Ibrahim says. “One should not focus too much on the hours of sleep they are getting while going to bed. This is not the time to worry. Instead, a more relaxed, content nature is needed for sleep initiation.

“For those clock watchers, who keep looking at the clock and worrying about ‘2am… I only have 4 more hours until I get up… how will I survive… and this study is showing I need more sleep for my heart…’ this is not healthy thinking and can make sleep problems worse. So turn the clock around, relax, don’t allow yourself to worry about the time or think aggravating thoughts in bed, she explains.”

If you continue to have difficulty with insomnia, cognitive behavioral therapy (CBT) can be effective. There is an online program, called “GoToSleep” for insomnia that may be helpful for people who cannot visit a sleep psychologist for CBT.

Excerpted from Cleveland Clinic Heart Advisor, June 2012

To scan or not to scan is the decision

“I envision that in five years, all new pacemakers will be MRI-safe. Until that time, I tell physicians whose patients have conventional pacemakers and defibrillators to weigh the risks and benefits and

continued on page 10
Those medications include the widely prescribed warfarin (Coumadin) and dabigatran (Pradaxa), a newer drug on the market. Other similar drugs are also in the pipeline to give physicians and their patients more options to help prevent blood clot formation in AF patients. Medications are also available to help keep a heart in a normal rhythm. These drugs, known as anti-arrhythmics, include amiodarone (Cordarone, Pacerone) and dronedarone (Multaq), among others.

**AF Interventions**

When medications aren’t enough, various procedures and devices may be needed to keep your heart out of AF. One commonly done procedure is called electrical cardioversion, in which an electrical shock is delivered to the heart through special paddles or patches. The devices shock the heart temporarily, and hopefully when the heart starts beating again, it will do so in a normal and healthy rhythm.

A more invasive, but sometimes more effective procedure is known as ablation. In atrioventricular (AV) node ablation, the electrical pathway between the upper and lower chambers of the heart—the AV node—is destroyed by a tiny amount of radiofrequency energy administered by a catheter. Then a pacemaker is implanted to help keep the heart in proper rhythm.

Another type of ablation is often used, but instead of destroying the AV node, the catheter sends small shocks to various points or “hot spots” in the heart that are contributing to the abnormal electrical rhythm known as AF.

"I envision that in five years, all new pacemakers will be MRI-safe. Until that time, I tell physicians whose patients have conventional pacemakers and defibrillators to weigh the risks and benefits and consider whether a non-MRI alternative will address their needs," says Dr. Manning.

Other physicians, including Dr. Peter Zimetbaum, director of clinical cardiology at Beth Israel Deaconess and an associate professor at Harvard Medical School, interpret the data to suggest that the risks of MRI may be manageable.

In an editorial accompanying the *Annals* article, he stated that MRI for pacemaker patients may be considered when the desired information is critical and cannot be obtained by a safer method. In these cases, he recommends following the Johns Hopkins protocol to the letter.

"Pacemaker patients who need an MRI often ask whether their old pacemaker can be switched out for an MRI-safe model. Unfortunately, to be MRI-safe, the leads would also need to be exchanged. Removing pacemaker leads is a difficult and complicated process, because the leads become embedded in heart tissue," says Dr. Manning.

"Physicians should cautiously weigh the risks and benefits. In rare circumstances, the risks are worth it," he says, adding that the protocol is "cumbersome, but easy."

"Magnetic resonance imaging technology has proved to be one of the most useful advances in diagnostic imaging in the past half-century. We see no reason that cautious steps forward in this direction cannot continue," he says.
**Membership Application**

Membership includes subscriptions to the Mended Hearts quarterly journal, HEARTBEAT, the bimonthly Chapter newsletter, Mending Ways, and Mended Hearts insignia pins (one for individual membership and two for family memberships). Please make a print copy of this application, check the appropriate box below, complete the requested information, and mail this form along with your check to Mended Hearts Chapter 200, P.O. Box 897 Annandale, VA 22003. **Please make checks payable to: The Mended Hearts, Inc.**

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Please Print Legibly

Name: __________________________________________________________________________

(Last Name) (First Name) (Spouse’s Name)

Address:__________________________________________________________________

City:____________________________________ State:______ Zip Code:_____________

Phone #: (____)_____-________E-mail Address: ________________________________

Occupation: ___________________ Retired? Yes ___ No ___ Date of Birth: _______

Volunteer! If you have some spare time, help us help others fight heart disease. Volunteer!
I want to help by: ( ) Visiting Patients ( ) Office Help ( ) Other Support Committees
(Refer to our web site at www.mendedhearts200.info for information on the Chapter’s committees).

How did you learn about Mended Hearts?
________________________________________________________________________

{   } I am not a heart patient but wish to support the work of Mended Hearts.
{   } I am not prepared to join Mended Hearts but enclose a contribution of $___________.

*Members may be victims of heart disease and/or other individuals who wish to assist in the purposes of this organization and have paid the required dues. Family memberships are encouraged. They include two or more members of an immediate family living at the same address. If applicable, include names and pertinent information for each family member on a separate sheet of paper. National membership is required for chapter affiliation – this application covers both.

**Note: Mended Hearts Chapter 200 is a participant in the Combined Federal Campaign (# 65140) and the United Way (# 9436).**
It’s great to be alive - - - and to help others!

Mended Hearts, Incorporated, Dallas, Texas
Dedicated to Alleviating the Trauma Associated with Heart Disease and Surgery
John Maiorana, Mid-Atlantic Region Director
Don Arvay, Asst. Region Director

Northern Virginia Chapter 200
A Non-Profit Service Organization of Mended Hearts
P.O. Box 897, Annandale, VA 22003 (703) 248-1733
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Contact the Editors at the address above or email us at mh200Editor@gmail.com

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