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Foundation CONNECTION

Newsletter of the University of Ottawa Heart Institute Foundation

> ISSUE NO. 18 | FALL 2019
The “gift of time” means something different to each of us.

Every day, we are privileged at the Heart Institute Foundation to hear stories from patients, and their families, who believe they have been given an opportunity to experience something special, something they may have missed, if it were not for the Heart Institute.

It takes courage and grace to share personal health struggles. I want to express my deep appreciation to Adrianna, Byron, Cynthia, John and Mary for bringing you into their world, if only briefly, to share what role the Heart Institute has played in their lives. Each of them have found ways to pay-it-forward in their communities, and they bravely discuss the “new normal,” a term that heart patients often use to describe a change in their lifestyle following a cardiac event. They share the things they might have missed, and what they are doing now with the time they have been given.

Thanks to them, we are proud to call this edition of Foundation CONNECTIONS the Gift of Time issue.

The Foundation also receives gifts of time from our community and Team Heart is an exceptional example. Over 120 participants took part in the Tamarack Race Weekend last May raising over $44,000 for the Heart Institute. In June, members of Team Heart took part in the Subaru IronMan Challenge in Mont Tremblant raising an additional $30,000. Team Heart is comprised of patients, their family and friends and Heart Institute staff. Thank you! Many other community fundraising events took place throughout the summer, we thank everyone who gave their time and talent to organize and participate.

It has been several months since the passing of Dr. Wilbert Keon, visionary founder of the Heart Institute. I’d like to thank Heart Institute President and CEO, Dr. Thierry Mesana for joining me as we reflect on how Dr. Keon engaged this community at such a profound level, ensuring the future of the Heart Institute.

Thank you for taking the time to read our stories and for your dedicated support, thank you for giving the gift of time.

Jim Orban, President and CEO
Heart Institute Foundation
Dr. Wilbert Keon, Visionary, Pioneer, Leader

In March 2018, when the state-of-the-art tower was completed at the University of Ottawa Heart Institute, CEO Dr. Thierry Mesana insisted the first person to see it be founder Dr. Wilbert Keon. The reaction from the then-82-year-old man, whose name has been synonymous with the Heart Institute for the past 43 years, was complete satisfaction.

Mesana, who came to Ottawa as the chief of cardiac surgery in 2001 and became CEO in 2014, succeeding Dr. Robert (Bob) Roberts, recalls the day well. “He saw this new world-class facility,” he says. “There was nothing that could beat it and he was really proud to see that. He told me ‘My dream has really come true.’ It allowed him to see that the Heart Institute would continue to grow and become even more impactful. I’m sure he felt like his mind was at peace; he was relieved.”

Dr. Wilbert Keon participated in 16,153 open-heart surgeries over his 38 years as an active surgeon and when he founded the institute in 1976, he worked tirelessly alongside others to raise the necessary funds to launch it. Until his death this past April, he continued to make community appearances to express his appreciation on behalf of the Heart Institute Foundation.

Jim Orban, President and CEO of the University of Ottawa Heart Institute Foundation, remembers a frigid and snowy night this past February when Keon insisted on accompanying him to a fundraising dance in Eganville, 90 minutes west of Ottawa.

“He was like a rock star,” Orban says. “One person approached him and said ‘You operated on my five-year-old son 30 years ago and he’s still with us.’ There were battle-scarred people talking about their triple bypasses. But when he got up to speak, there was a humility about him as he once again thanked community members for their generous support.”

Orban says Keon also had a way of attracting financial help.

“Dr. Keon once told me a priest in his parish funded a portion of his education,” Orban recalls. “It’s not something the priest had to do. Professor Jean-Jacques Lussier, then-dean of the University of Ottawa Medical School, didn’t have to provide $5 million from the University to help start the Heart Institute, but he did. Members of the community didn’t have to donate, but they did. It was a consistent pattern throughout his career.”

Building the institute required the community, something Keon never forgot. And as the institute enters the next phase of its life — one that doesn’t include Wilbert Keon occasionally walking the halls and speaking with staff and patients — that legacy will continue, say Mesana and Orban.

Thierry Mesana came to the Heart Institute after leaving a good job as head of cardiac surgery at one of the largest academic hospitals in his native
France. He had been handpicked for the position and Keon was always grateful Mesana left the weather and his civilized life in Marseilles and convinced his wife to come to what is sometimes the coldest capital in the world.

“What really attracted me was the model of the Heart Institute,” Mesana says “It was different from what I had in France, which was just a division of cardiac surgery inside a big hospital. I wanted to be working in an institute model. There are very few true heart institutes like this. Lots of places call themselves heart institutes, but this one is unique. My hope was to work in an environment where all the cardiac specialties work closer and promote research together.”

The other thing that drew Mesana to the institute was Keon’s enthusiasm — the founder showed him his vision for expansion and the institute’s potential for growth.

“When I look at what it is today, compared to 2001, it’s not the same at all,” Mesana says. “It’s much bigger and more modern with more state-of-the-art equipment.”

Mesana, like Orban, has always been impressed by the community-oriented legacy Keon created and fostered.

“His leadership can be summed up in the culture he created at the institute and the impact it’s had on the community — and how beloved he was,” Mesana says. “There are lots of good cardiac centres and surgeons, but someone like him, who made such an impact on the community, is very rare. I liked that, because I feel the same way.”

Without Dr. Keon, Jim Orban will continue to connect to community and share the founder’s legacy in that way and Mesana will do the same, while always making sure the institute’s clinical focus remains squarely on the patients.

“The most important thing is the patients and how we save lives and help people live healthier lives,” Mesana says. “You don’t just help one person. You impact the whole family. Dr. Keon was really beloved by his patients and this may never be matched, but the institute will always recognize his leadership and legacy.”

Mesana also mentioned Don Beanlands, who joined Keon in 1977 and was chief of the cardiology division for 19 years. “They worked like two brothers building this place,” Mesana says. “They have built together a unique team culture with unparalleled “esprit de corps” as Dr Beanlands likes to say.”

“The future of the institute is to continue to bring world-class care to the community,” Mesana says with confidence. “The cardiac technology continues to advance and the institute has physically doubled in size in the last five years — in square footage and staff — but the future is about growing while also maintaining the culture Dr. Keon established.”
Thank you and congratulations to our Team Heart Tamarack Ottawa Race Weekend and Subaru IRONMAN Mont-Tremblant participants. You are an inspiration to patients, staff, donors, fellow athletes and the entire community. We hope that you are proud of everything you have accomplished to raise funds for the University of Ottawa Heart Institute.

TEAM HEART BY THE NUMBERS

1514 KM + 18.9 KM + 820 KM = $74,661 RAISED FOR THE HEART INSTITUTE

RACE WEEKEND PARTICIPANTS: Ali Ahmadi • Emilio Alarcon • James Annis • AMANDA ANNIS $1404 • Peter Annis • Ruth Annis • Madison Bak • Martin Beard • Maxine Beaumier • Vicky Bunny Benze • Gilles Berger • Annie Bergeron • Melanie Black • Christian Boivert • Paul Boland • Daniel Bouchard • Karen Bouchard • Aaron Brautigam • Keith Brown • Jane Brownrigg • Kathryn Caldwell • Katherine Carter • Paula Carty • Jarrod Chambers • Edgar Chénier • Josée Chiappa • Elisabeth Chong • Edward Chow • Anna Clark • Marilou Cloutier • Catherine Cournoyer • Thais Coutinho • Tara Delage • Pascale Depatie • BERNARD DESLAURIERS $2305 • Alexander Dick • Mathieu Dubé • Jodi Edwards • Jessie Elliot • Fatos Erguven • Duane Fars • Kathy Fraser • Lisa Gagnon • Catherine Gagnon-Plouffe • Ricardo Garabatos • Nicole Garden • Janet Gartley • Marie-Christine Godbout • Sharon Groulx • Brad Halko • Harleen Hans • Mary Harvey • Roger Hatch • Joshua Henne • Don Isaac • Amy Johnston • Ian Joiner • Riina Kandolin • Jane Kearnan • Marja-Leena Keast • Regan Keifer • Stephen Kislenko • Anne-Marie Koeslag • Richard Kritsch • Luc Labbé • Nadia Lappas • Michael Laughton • John Legate • Paul Legault • Jeff Leiper • Béatrice Leroux • Pierre-Yves Leroux • PETER LEWIS $11,460 • Jerome MacLean • Jill MacLean • Melissa Malette • Pearl Managuelod • Valérie Marcil • Karen McDougall • Jessica McRobbie • Maya Mehta • Tanya Mitchell • Pat Monette • Judy Morriss • Elisabeth Nadeau • Wayne O’Connor • Dan Pak • Christine Pichette-Spooner • Antoinetta Pietrangelo • Mary Jean Price • Michael Price • Kristin Prichard • Michel Provost • Natercia Quintanilha • Jay Rached • Dan Rached • Elizabeth Rached • Heather Rached • Jennifer Reed • Marie-Lyne Renaud • Barabara Jean Rienneau • Kathleen Roach • Helen Robert • Christine Robillard • Francine Rolland • Jane Rooney • Sarah Rooney • David Routhier • Kyle Scott • Melissa Shaughnessy • Cynthia Shepherd • Mari Sirotich • Richard Spooner • Tasuku Terada • Selva Trevert-Sharman • Jean Tremblay • Francois Trudelle • Anne Van Gool • Helena Van Ryn • Sol Vidal Almela • Lianne Wand • Wendy Waslenky • Kimberly Way • Stephen Weir • Mary Weir • Randall Wilson • Scott Wilson • Peter Wittwer • Karen Wittwer • Eevyanne Wooding

IRONMAN PARTICIPANTS: Luc Beauchesne • Sophie Dagenais • Wayne O’Connor • Dan Pak • Christine Pichette-Spooner • Antoinetta Pietrangelo • Mary Jean Price • Michael Price • Kristin Prichard • Michel Provost • Natercia Quintanilha • Jay Rached • Dan Rached • Elizabeth Rached • Heather Rached • Jennifer Reed • Marie-Lyne Renaud • Barabara Jean Rienneau • Kathleen Roach • Helen Robert • Christine Robillard • Francine Rolland • Jane Rooney • Sarah Rooney • David Routhier • Kyle Scott • Melissa Shaughnessy • Cynthia Shepherd • Mari Sirotich • Richard Spooner • Tasuku Terada • Selva Trevert-Sharman • Jean Tremblay • Francois Trudelle • Anne Van Gool • Helena Van Ryn • Sol Vidal Almela • Lianne Wand • Wendy Waslenky • Kimberly Way • Stephen Weir • Mary Weir • Randall Wilson • Scott Wilson • Peter Wittwer • Karen Wittwer • Eevyanne Wooding

SPECIAL THANK YOU TO TEAM HEART SPONSORS: BMO • BNY Mellon Wealth Management • TELUS • Tungsten • Bushtukah • ROC Swimming • Zone 3 • Trihard Team
Is it Ham or Jam?
LUNCH BOX LEADS TO TWO DECADES AND COUNTING.

Were it not for the lack of taste in his peanut butter and jam sandwich, Byron Ostrom might never have known there was something wrong with his health — until it was too late.

The 53-year-old was working in the bush at his church led youth camp getting it ready for winter.

“We’d spent a few hours cutting trees and splitting wood when we sat down for lunch,” Byron explains. “Whenever I pack a lunch, I always take two sandwiches, one with mustard, ham and lettuce and the other with peanut butter and homemade strawberry jam. I took a bite of the ham sandwich and it had absolutely no taste. So, I took a good drink of water and dove into my PB and J sandwich. It tasted exactly the same as the ham.”

His friend asked if something was wrong and he told him his two sandwiches tasted exactly the same. The friend said he thought that was a bad sign.

“I ate a little more when he suggested I drive the 20 miles to the hospital in Deep River to get checked out,” Ostrom says. He said to me “If there’s nothing wrong, you’ll be back in the bush in a couple of hours.”

Byron didn’t really think there was anything wrong, but the lack of taste was puzzling enough that he agreed to drive to town. As he approached Deep River, he suddenly had an intense chest pain.

“The town has only one traffic light and I don’t remember what colour it was when I went through it,” he says. “It felt like someone had me in a vice and it wouldn’t let up.”

He got to the hospital and was greeted by a friend who is a nurse. She told him he looked “like hell” and to go lay on a stretcher. The next thing he remembers, he was flanked by two doctors and a nurse. They treated him with tissue plasminogen activator, a protein that helps break down blood clots, along with Heparin and a nitro drip.

After two days in the Deep River hospital and two more at the Pembroke Regional Hospital, the retired computer engineer was transferred to the University of Ottawa Heart Institute.

“At 3 a.m., they moved me from Pembroke to the Heart Institute,” Byron says. “I didn’t realize
an ambulance was such a rough vehicle. It’s like driving in the back of a half-ton truck.”

Later that same day — a Thursday in October 1999 — Dr. Fraser Rubens performed five bypass grafts. Byron was back at his home in Petawawa the following Monday morning.

His long-term treatment came from Dr. Ruth McPherson, Director of the Ruddy Canadian Cardiovascular Genetics Centre, Atherogenomics Laboratory and the Lipid Clinic.

“She followed me quite closely for a number of years,” Byron says. “She looks at your cholesterol in a very detailed way.”

He figures he spent about 10 years being monitored by Dr. McPherson and she tested all three of his sons within a couple of years of his heart attack. Now she has a baseline for them should they need her help some day. As for Byron? Now, at age 73, he’s a graduate of her program — and of the Heart Institute.

To show his gratitude for the work the Heart Institute does, he gives an annual donation to the Foundation. “I don’t direct the funds anywhere specific — just where needed. I’ve benefited well from the Ontario health system and the efforts of [Heart Institute founder] Dr. Wilbert Keon and all of his people. I have three sons, hopefully they won’t need it, but if they do, it’s there.”

Byron and his wife, Jean, are active members of the Anglican Church and they follow the principle of tithing — in which they give 10 per cent of their annual income to others. In addition to their church, they support several causes from local social services to international wildlife.

His religion has given him a fateful view of his heart attack: “It was my turn to go through it, I guess,” he says. Asked if the heart incident surprised him, he says it did. As an operations manager at the Chalk River nuclear facility, his desk job wasn’t physically demanding, but it required “a lot of thinking and long hours.”

Byron spent 30 years working at the lab and met his wife Jean while she was a summer student after finishing her biology degree. Coincidentally, they are both from New Brunswick. He adds “I got to do a very interesting job in a very remote place, it was a 15-minute drive to work and the only commuting challenge was overloaded logging trucks.”

Byron couldn’t resist an opportunity to retire early at 52. Jean retired four years later and they opened Byron’s Portage Place Bed and Breakfast in their retirement home.

“Accommodations in Petawawa are pretty limited and there’s lots of people passing through. We enjoyed opening our home to them and we met a great variety of people.”

They closed the B&B three years ago to spend more time with their six grandchildren. Now in their second retirement, the Ostroms have found something else to keep them busy — seeing the world from cargo ships. They took a six-week coastal tour of the St. Lawrence a while back, and this past June, they saw Norway from the deck of a coastal service boat that stopped in all the remote places that aren’t served by roads.

Asked in advance of the Norway trip if the cargo ships serve peanut butter and jam sandwiches, he said he wasn’t sure, but he stressed that there’s no “wining and dining.” It’s a certainty that even if they did serve peanut butter sandwiches, they wouldn’t have his wife’s homemade strawberry jam.

A jam that led to the gift of time.
When Your Heart Misbehaves

CYNTHIA STEWART AND HER WONDER WOMAN POWER PACK

Cynthia Stewart was only 43 years old when her heart problems started. What she calls her “racing heart”, was something she could brush off because it only happened for about 15 minutes at a time.

But when it started happening more often, it was harder to ignore. She spoke to her doctor, who told her to call an ambulance the next time it happened because they carry an electrocardiograph (ECG) that would help doctors figure out what was going on. It wasn’t until one of these episodes went on for two hours that she finally made that call.

Cynthia was taken by ambulance to the Montfort Hospital and doctors were discussing “paddling” her just as her heart started beating normally again.

“That was the start of trying to figure out what part of my heart was misbehaving,” she says.

In 2012, specialists figured out she had ventricular tachycardia — a condition characterized by a racing heart — and recommended surgery to modify the electrical abnormality. Cynthia was five hours into the surgery when they discovered there were three other abnormalities. Doctors decided to install a pacemaker and defibrillator — a combo that Cynthia fondly refers to as her “Wonder Woman Power Pack.”

The Heart Institute’s Dr. Martin Green suggested genetic testing. Cynthia’s sister had died of an asthma attack at the age of 24 and her mother died of a heart attack at 64. That was enough to make Dr. Green wonder if her condition was genetic.

“I learned that everyone has two copies of the LMNA gene,” she says. “Just one of mine is abnormal causing my heart to produce abnormalities. Dr. Green feels my sister may have had the same thing. My father doesn’t, so it seems to have come through my mother.”

For the next couple of years, life was normal, but in 2016, her heart started racing again. Doctors put in a bigger defibrillator and pacemaker.

Cynthia has worked in several fields over the years, including as a regional sports and event photographer. She was active her whole life, particularly in the sports of skiing and tennis. In fact, she met her beloved husband Peter when he was her tennis instructor. “All of a sudden this just hit,” she says of the heart disease. She realizes she’s had the gene her whole life, but says it might have been dormant in her younger days.

Now that she knows what she has, Cynthia doesn’t let the condition define her. She lives life...
to the fullest taking it one day at a time and even jokes about it. “I’m a very positive person and I can’t go to the negative side because if I did, I’m not sure I’d come back,” she says. Today, she operates her own business, creating handmade tote bags. They are getting enthusiastic uptake from Facebook friends so she’s now building a website through Shopify. Another passion is their family cottage in the Gatineau Hills, a haven for Cynthia and her family.

Living with her diagnosis wasn’t the only life altering challenge Cynthia has faced over the past two years. She lost Peter, a respected business advisor and mentor, in March 2018. He died of esophageal cancer that had metastasized to his bones and liver by the time it was diagnosed. Looking back, he thought the symptoms started in May and by August, he’d lost 20 pounds. He received the complete diagnosis in late October 2017 after which he was in hospital for seven weeks. During that time, he had 21 blood transfusions and 13 platelet transfusions. He was just 54 when he died, only five months after his diagnosis. In honour of Peter and in gratitude for the care he received, Cynthia and their children are now strong advocates for blood donations.

While dealing with each of their diseases, and as Peters hit a critical point, the two decided they’d like to financially recognize the care they’d received in a way that would have long term impact. To acknowledge the care Peter experienced at the Ottawa Hospital’s General campus, they made a donation to support nursing education on Five East. For Cynthia, a donation to the Heart Institute Foundation was the best way to show her appreciation for the care she had received over the years.

“What always impressed me was that once you were admitted to the Heart Institute, you became part of a team,” she says. “They’re looking at you as a whole in every way.”

She remembers being taken to surgery for her problematic abnormalities and Dr. Girish Nair stopped the pre-surgery prep. “He asked me to sit up,” she recalls. “Then he said ‘We’re having the privilege to work on your heart and I want you to be part of the conversation.’ He’s the same doctor who phoned her four days before the surgery just to introduce himself to her. “I remember looking at the phone and thinking ‘Really?’ Because you don’t often get that kind of care,” she says. Another cardiologist — Dr. Ellamae Stadnick — calls directly with results from any tests.

Cynthia’s donation to the Heart Institute targets two programs — Women@Heart, a peer-to-peer program for which she has also volunteered, and the Pacemaker Clinic where she directed the funds to go to nursing education.

“I was really impressed with the Women’s Heart Health program and decided that the money should go towards raising community awareness about women’s heart health.” She plans to return to the Heart Institute to volunteer in their peer support program.

Cynthia and Peter chose to show their appreciation with a donation. They also chose to direct their gift to education for nurses and the community. Their donations will make a difference in the lives of patients they may never meet, a truly amazing gift.
At 21 years old, Adrianna Foster has spent about one fifth of her short life — four-and-a-half years in total — in heart failure. She was born with a heart defect known as pulmonary atresia, which means the valve that controls blood flow from the lower right chamber of the heart to the lungs was defective. She had her first surgery, where they installed a shunt, at two days old. Her second surgery took place at 11 days. More surgeries followed — including one at three weeks old after doctors at Sick Kids Hospital in Toronto determined the shunt they’d put in weeks earlier was too big for her little body. She was three months old when her parents took her home for the first time. Within five months, she was back at Sick Kids in an attempt to repair some of her heart defects. That surgery didn’t go well — her heart wouldn’t start afterwards and she had a heart attack. It was clear the status quo wasn’t sustainable. Adrianna was added to the waiting list for a heart transplant.

After several false starts and disappointments, they eventually got the call that would result in her first heart transplant. They had waited over 18 months, Adrianna was two-and-a-half years old.

For 17 years, Adrianna led a relatively normal life, until the symptoms returned as she neared adulthood. By the time she was 19, she was in full-fledged heart failure, known as cardiogenic shock. Adrianna spent two painful, anxiety-filled years waiting to hear whether a suitable donor match could be found. During that time, she spent a total of three months in the Heart Institute, including six weeks in the intensive care unit, undergoing efforts to stabilize her.

Adrianna grew close to other young women, Larissa Tomchysyn and Samantha Pearson, who were also waiting for transplants. Larissa had become her mentor. “When I found out I had to have a second transplant, Larissa came and talked to me and told me she’d had a rough transplant, but that I was going to get through it,” Adrianna recalls. “She kept up-to-date all through my wait. When I was in the hospital, she’d come and sneak me treats.” Sadly, Larissa passed away on April 2, 2019.
Adrianna shares what happened later that week. “It was April 7, and I was heading to Larissa’s vigil service and before we even hit the highway from home I got the call for my transplant, that call was one minute long, so my whole life changed within a minute.”

Over the two years she had been waiting, dozens of potential donor hearts that might be suitable for Adrianna came through Ontario’s organ donation agency, the Trillium Gift of Life Network, but none was quite right until that fateful call came at 3:17 p.m. on April 7 — the same day beloved Heart Institute founder Dr. Wilbert Keon died.

THE BIG DAY

When she got the nurse’s call she’d been waiting two years to receive, Adrianna went through what she calls “a whirlwind of emotions.” Larissa had been her transplant mentor and now, she was going to miss her memorial service — and yet there couldn’t possibly be a better reason to do so, and Larissa would not only understand, she’d cheer her on.

Nevertheless, she describes herself as calm when she received the call.

Adrianna and her mother, Arlene Foster, turned around, raced back to their place in Balderson, a 10-minute drive northwest of Perth, to pick up Adrianna’s therapy dog Remington and her “transplant bag” — a bag full of the things she would want and need while in hospital. Even with that detour, they arrived at the Heart Institute on Ruskin Street by 4:25 p.m. “The nurse who called me was very nonchalant,” she recalls. “After she said they had a heart, I think I went into shock. I told my mom ‘We need to go! It’s the heart!’”

There were plenty of tests to undergo before the surgery. And, given what she’s been through already in her 21 years, she was trying to keep her excitement in check. She knew so many things could go wrong.

“I was just saying ‘please, make everything line up okay,’” she says. “I was calm because I was so ready for it. I was just like ‘Let’s do this.’”

Her mom also recalls the lead-up as cautiously optimistic.

“This was the hope she needed,” Arlene says. “She needed this heart to survive. I knew without it, she wouldn’t have a chance to carry on her story.”

Doctors told Adrianna they expected it to be an extremely difficult procedure. When she opened her eyes in the CICU (Cardiac Intensive Care Unit) and her mom said she must be feeling really rough, she optimistically replied: “I feel like crap, but less crappy,” she remembers. “I instantly felt different and it was a good different. I’m still in a lot of pain because I’ve been opened up six times, but even with the pain, I feel better than I ever did with my old heart.”

Hospital staff, who by now know her well, were very impressed with her post-op recovery.

“After the transplant, I was celebrating with my Heart Institute family,” she says with a smile. “I got to see all the nurses who had seen me dying. They got to see me bounce back so quickly. For the whole 11 days, we celebrated with them. There were nurses dancing down the hallway. The hospital lit up like the first of July. It was nice for me to see. I didn’t know I was that impactful.”

THE DOCTOR’S TAKE

Dr. David Glineur, the cardiac surgeon in charge of Adrianna’s transplant first saw her one year earlier when she arrived at the Heart Institute in “very critical” condition.

“For a year, we’ve been receiving calls night and day for heart offers,” he says. “We rejected them so many times because they weren’t the right fit. I was so glad to get that call. When they told me everything was fine with the heart, I asked over and over about it because I couldn’t believe they’d found a good match.”
Dr. Glineur explains that because her first transplant happened at such a young age, it created complications for the second one because the first heart had grown in a chest cavity that wasn’t its own. Adrianna’s other medical issues — including a lung condition — also precluded them from saying yes to previous hearts.

Even a perfect heart for her would be a daunting surgery, the veteran surgeon explained. So he was delighted when Dr. Habib Jabagi agreed to assist him.

“Dr. Jabagi came in the middle of the night,” he says. “We were so glad that in the morning, the new heart was working so well. It’s a real team effort and success, but it’s also a lot of luck because, as I’ve already said, we had to refuse a lot of hearts. We had a chance to get a good one and the stars aligned. The fact that she’s available three weeks later to do an interview — it’s amazing. A bit of a miracle for sure.”

Adrianna has bucked the odds all the way through the process. Heart transplant patients remain in the intensive-care unit for days, possibly weeks after the surgery, until they stabilize enough to go to their rooms. In Adrianna’s case, she was ready after a mere three days and not only was she ready, she insisted on walking to her new room, on her own.

“It makes me laugh because she wanted to show everyone else she was fine,” Glineur says. “Very shortly after the surgery, she said she was going to walk to her room from the ICU. It’s very positive. Her youth is one reason everything went well, but it was a very challenging operation. There was a certain percentage of chance it could have gone completely south. At that time, I was not laughing at all.”

Just 11 days after the transplant, Adrianna was home with her mom. And fewer than two weeks after her release, she was at the Heart Institute for a checkup and this interview as well as one with a TV crew from CTV. The Heart Institute team marvelled at her progress as she held on to a walker for stability and did laps around the patient rehab track for the cameras.

Glineur said that in terms of surgical risk, she was out of the woods by the three-week point. The next risk was that of rejection, infection or cancer related to immune suppression.

“It’s a very close follow-up,” he said, “but when I see her today, I’m pretty convinced there’s no rejection.” He said successes such as Adrianna’s are “fantastic.”

“When it’s such a young patient, it offers a new future,” he said. “It’s the ideal scenario for a wonderful young lady. I wish her a long life without seeing me anymore.”

**JOY AND SADNESS**

While Adrianna’s post-transplant self is glowing, there’s another side to the story.

“It’s really happy for us, but there’s a family out there that’s going through sadness,” she says, speaking of her donor’s family. “After my transplant, I went through donor remorse. That was really tough. As calm and excited as I was, I was thinking about my organ donor as much as I was myself.”

Her mom adds; “The heart never skipped a beat,” Arlene says of the transplant. “I figure her other heart really served her well until she was 11 or so. She probably outgrew that heart then, but she kept going because it was what she knew. When she got this perfect little heart, she was just so
much better. She’s still in a lot of pain, but the feeling of the new heart in there is indescribable.”

The pain she’s feeling is from the incisions — because she’s been opened up five times through her chest and once through her ribs.

The other remorse she felt — possibly more guilt than anything — was when she thought about her friends Larissa and Samantha who were both gone.

“I would ask myself ‘Why did I make it and they didn’t?’” she recalls. “There were a couple of days where that was really tough. But for the most part, I know they’d be kicking my butt if I wasn’t trying to live my best life.”

And living her best life is definitely the plan. Asked about how she’ll honour the gift, she said “My first donor heart gave me 19-and-a-half years of life,” she said. “Part of me was wondering, because the heart’s been with me for so long, if I’d still be me without it. There have been personality changes with heart patients.” She’s happy to report that so far, her effervescent personality remains intact.

“With my new heart, I’m also very grateful because I know how sick I was,” she said. “It makes me respect the fight I went through when I was two-and-a-half. I don’t remember the first transplant, but it helps me understand the process more. I’m very honoured to be able to live and continue my life.”

Before the transplant, she wasn’t just living day to day, she was living hour by hour. “I wasn’t sure, a lot of the time, that I’d see the next hour,” she says.

Her mom is wowed by her recovery so far.

“It’s been unbelievable to watch,” Arlene says. “I am in awe of her. She’s been smiling from ear to ear ever since. It fixed her and took the weight off me. Now I can move forward, too.”

### ADRIANNA’S ARMY

Adrianna’s Army started out as a crowd-funding campaign to help her family with illness-related expenses. But Adrianna didn’t want it to be about her. She wanted it to be about organ-donation awareness, so she changed the focus. Now her mother’s Dodge Ram has the words ADRIANNA’S ARMY emblazoned on the top of her front windshield in all-caps.

“Before the transplant, there were many days when I was just trying to stay alive,” she says. “A lot of the time, I wasn’t sure I would. Now I’m able to live my life and grow Adrianna’s Army.”

Part of that mission is letting her donors’ families know that their gifts saved her life twice and to inspire other people to become organ donors. Trillium has already told her that her campaign has had an impact. In September 2018, 33 per cent of Perth’s residents had signed up for organ donation. By April 2019, that number was up to 47 per cent. Ottawa’s rate at the same time, was 41 per cent.

“My hometown has been amazing,” she says. “Our rates for organ donors in Perth and Rideau Lakes are higher than those in Toronto, and Ontario was the second highest [province] for online registration rates for organ donors [in April]. A lot of people are signing up.”

### EQUIPMENT WISHLIST

**Critical Care Patient Beds:**

$35,000 each

Critical care beds that are specialized for use by cardiology and cardiac surgery patients and are vital in patient care and recovery of the compromised patients.
TREASURING EVERY MOMENT

During her two-year wait for a heart, Adrianna did a lot of positive thinking. “Whenever I get a negative thought, I replace it with three positive thoughts because three is my lucky number,” she says. “I try to always change my thinking pattern.”

Her mom sums up her daughter with a few words: “She’s got this lust for life, I tell ya.”

And as for her own experience — a life that’s been completely devoted to her ailing daughter?

“All April 7th, we closed the door on heart failure and opened the door to her future,” Arlene said. “That future is huge and it’s bright and she’s so full of energy. She’s got a lot to give and I can’t wait to see it. It’s like a whole new engine swap for her. Her feet are warm, her voice is stronger, and she hardly needs a puffer after being on them for a number of years. And I have her whole again and I’m so grateful.”

LIFE TODAY AND BEYOND

Now that she can plan beyond tomorrow, Adrianna wants to complete her schooling in medical office administration and hopes to work at the Heart Institute.

“I’d like to mentor other transplant patients through the process,” she says. “And I’d like to put Remington through the therapy-dog program so he can come in and visit with patients and make their experience even better. She envisions becoming a motivational speaker — another way of giving back to the Heart Institute. She would share how she coped with heart failure and kept a positive attitude in the face of death, and about the amazing care and support she received from her community. “Really, I just want to give back” she adds.

As for her leisure time? The country girl from the Ottawa Valley is disappointed she can’t go “mudding” — driving around in the woods on all-terrain vehicles.

“I asked my doctor if mudding was out of the question and she looked at me like I had two heads,” she laughs and adds that mould spores in the mud could cause infection because of her compromised immune system. Gardening needs to wait for the same reason. “I have to be super sanitary,” she says, adding that she will continue to wear a mask for several months when she’s in public. “I’ve waited this long [for the heart] and I don’t want to screw it up.”

Meanwhile, she’ll continue growing Adrianna’s Army, something she says she’s been working on steadily from the moment she woke up from the transplant.

“It’s my passion,” she says, with an infectious smile that tells you everything you need to know about her.
Upcoming Events

SEPTEMBER 25, 2019
www.capitaloktoberfest.ca

THANK YOU TO COMMUNITY EVENT ORGANIZERS, VOLUNTEERS AND PARTICIPANTS FOR YOUR GENEROUS GIFT OF TIME AND TALENT!

1. Regan Kiefer and her team at Ottawa Race Weekend.
2. Dr. Thais Coutinho (second from right) with “Team Sweet Cheeks” Ottawa Race Weekend.
3. Aidan Derouchie (centre) and his family presenting Heart Institute Foundation President and CEO Jim Orban with proceeds from Meat and Grease.
4. The Sondhi Family presents their gift from their annual Rhythm & Red, Dance & Dine to Dr. Thierry Mesana, President and CEO University of Ottawa Heart Institute (left) and Foundation President and CEO, Jim Orban (right).
5. Matt Kassner, David Patterson, and Jamie Fitzgerald - celebrate another successful DMAC Dangler golf tournament. (Missing is Kensy Jones)
6. Peter and Liam Lewis following 10K at Ottawa Race Weekend.
7. Team Heart ready for the Ironman in Mont-Tremblant.
8. Team Heart ready for the 10K at Ottawa Race Weekend.
A Heart-Healthy Take on a Fall Flavour Classic

There is a long list of pumpkin spice inspired products available to consumers this time of year. There are pumpkin spiced beers, cereals and yes, even dog treats.

The pumpkin spice mix is essentially a blend of ground cinnamon, nutmeg, ginger and allspice, but it has been known to include other ingredients like clove, cardamom and mace as well. The blend is believed to have been first marketed in the U.S. as a quick and easy way to season pumpkin pies in the 50s.

Today this favourite fall-time flavour combo is especially popular in espresso-based beverages available at most major and independent coffee shops. The pumpkin spice latte – or simply the PSL – is often marketed as a frothy beverage that evokes aromas of freshly baked pies and which embodies other autumnal associations.

Surely, that which conjures memories of knitted woolen sweaters, a crackling fireplace, and the vivid colours of fallen leaves must be as good for our health as the thoughts they inspire.

A team of dietitians working in the Division of Cardiac Prevention and Rehabilitation at the University of Ottawa Heart Institute says not so fast. “Commercially available pumpkin spice lattes are made with a syrup which is made primarily of sugar and flavouring,” says registered dietitian Kathleen Turner of the pumpkin spice latte.

Though Turner admits no links to cardiovascular diseases caused solely by pumpkin spice lattes exist, diets high in sugars found in common PSL recipes may lead to heart problems down the line.

“High intake of the free sugar typically found in juice, pop, and other sugar-sweetened beverages may be linked to cardiovascular disease and diabetes,” said Turner. “Sugar is often found added to foods to enhance flavour. Unfortunately, it’s difficult to tell exactly how much sugar has been added. Your best bet to reduce sugar is to cook more often at home and limit your intake of juice, pop and other sugar sweetened beverages.” Turner also notes high sugar intake is linked to dental cavities.

The World Health Organization recommends on its website no more than 25-50 grams (the equivalent of 6-12 teaspoons) of sugar per day for the average person. To put that amount into context, a venti-sized offering of a pumpkin spice latte from Starbucks contains 40 grams of added sugar when served with 2% milk and whipped topping. That’s more than 10 teaspoons of added sugar in one sitting!

“Many sweetened lattes have high amounts of hidden sugar in them which exceed the daily recommended sugar intake in one drink. As an alternative try a regular latte which includes no added sugar. If you love a pumpkin spice latte, try enjoying a smaller size and less often.”

As an alternative to the sugar-loaded PSL Turner and her colleagues at the UOHI have modified a common PSL recipe for safe(r) consumption this fall.
D-I-Y Pumpkin Spice Latte with Less Sugar

You will need
- 2 tbsp pumpkin purée
- 1/2 tsp pumpkin pie spice
- 1/2 tsp sugar
- 2 cups warmed whole milk
- 2 tsp vanilla
- 1/3-1/2 cup of coffee or 1-2 ounces of espresso
- Ground pepper, nutmeg, and cinnamon

Directions
1. Heat pumpkin purée and pumpkin pie spice in a small saucepan over medium heat. Crack in some ground pepper too while you’re at it.
2. Once the blend is nice and warm, stir in sugar and mix it around until it looks like a sweet orangey syrup.
3. Bust out a whisk and use it to introduce warmed whole milk and vanilla extract. Be careful not to let the milk boil over.
4. Blend the pumpkin and milk mixture with a blender until it’s fluffy and frothy. Things should smell pretty tasty right about now.
5. Prepare coffee (or espresso if you’re feeling fancy) and pour into a mug. Add the pumpkin mix and season with pumpkin pie spice, nutmeg and cinnamon to taste.

Thank you

The University of Ottawa Heart Institute Foundation is deeply grateful to the families in our community who choose the Heart Institute as the recipient of memorial donations following the loss of a loved one.

Thank you for your kind consideration. Gifts in memory make a difference in the lives of those living with heart disease, and help ensure that the Heart Institute will always be a special place for healing, caring and learning.
Mary Armour: Defibrillator Warrior

A project manager at the MacDonald-Cartier International Airport, and an interior designer by trade, Mary Armour didn’t like the look of the automated external defibrillators (AED) that hang on the walls throughout the airport. She used to think they were ugly, cluttering up the airport’s sleek design lines.

Now she thinks they’re the most beautiful things in the world.

In August 2018, Mary’s life changed. She had eaten lunch at her desk, but after finishing, she felt unwell — as if she might faint. She decided to let one of her co-workers know and ask her to keep an eye on her, but on her way to do that, she collapsed.

“The next thing I remember is waking up in the Heart Institute five days later,” she says. “I’m really lucky. I work in an open office environment and a colleague heard me fall. Apparently, I also made a sound when I did.”

IMMEDIATE ACTION

Her coworker called 911 and also the airport’s operation response centre. Two emergency responders — Lianne Degen and Lyann Lemieux — were working together that day and were at Gate 6 in the U.S. departures area when they got the call. They moved swiftly through the airport — they don’t run and possibly alarm airport passengers— and on their way they grabbed an AED off the wall. “There are more than 20 of them all through the airport.” Lianne explains.

The information they’d received was vague— but their protocol is always to grab one. And good thing they did. Mary was in cardiac arrest, what medical professionals call an electrical issue, and only had the faintest heartbeat. The AED was exactly what they needed. Time was in short supply, they had six minutes to start using it before Mary would have, at best, lost cognitive function or, at worst, been beyond saving.

When they arrived, Ottawa Police Constables Andy Hall and Marc Denis were at the scene. Const. Denis had also brought an AED. Const. Hall said they needed to start CPR right away.

“As first responders, we all work as a team. He was already at her head,” says Lianne. “The beautiful thing about CPR and training is that when you have each other, you’re not as stressed, teamwork made the difference” Lyann added.

“We took turns. The machine tells you what to do. When we started, Mary had no vitals, but we had made it within the six-minute period.”

Mary adds that her cardiologist believes she wouldn’t have survived without “Lianne and
Lyann” and the AED. “He said it should be mandatory that building owners and operators at any place the public gathers have an AED.” Police officers and paramedics carry them in their vehicles, but there are no laws stating public places must have them, though the Chase McEachern Act champions public access to them. Under the Ontario defibrillator access initiative, the province will send 2,500 AEDs to publicly accessible sport and recreation facilities and schools and will certify 25,000 individuals in CPR.

The devices are extremely easy to use, according to Lianne and Lyann, who say they tell you where to put the electrodes and coach you every step of the way. Once the machine finished its job, it uploaded all of the information to the hospital so doctors there could take a look. There were many chest compressions involved in saving Mary. When she woke up, she’d survived a cardiac arrest, but had 11 broken ribs as a result.

Mary arrived first at the emergency room of the Civic Hospital, and was then transferred to the University of Ottawa Heart Institute. Her daughters, Michelle, then 24 and Melissa, 28, were told the prognosis wasn’t very good. Looking at her now — a vibrant 57-year-old at the height of her career — it’s hard to imagine this all happened barely over a year ago. But the facts bear out the doctors’ prognosis: fewer than two per cent of people who have a cardiac arrest outside of a hospital survive. “Everything they saw led them to believe I wouldn’t survive,” Mary says.

She was in the Heart Institute from August 1 to 24. “I had a lot of tests, including an MRI to help determine the cause” she says. “Ultimately, my doctor called it a weak heart muscle and said as long as I take my medication, I’ll be fine.” She also has a defibrillator built into her chest so if something happens, it will kick in. Mary adds “I think it will feel like a horse kicking me from the inside.”

**OPTIMISTICALLY CAUTIOUS**

Mary lauds the cardiac rehabilitation program at the Heart Institute, which included physiotherapy, nursing and vocational counselling. The vocational counsellor asked her what her workdays were like and told her she had to slow down a bit. The counsellor helped her work with her “very supportive” boss to make that happen.

A strong, independent, single mother, Mary said it was difficult to have people doing things for her, especially when the lines between her personal and professional life blurred.

“I couldn’t drive my first three months back at work, so my boss, who lives in my neighbourhood, drove me to work every day. Now that I’m back to driving, I leave every day on time. That would have been unheard of before. I used to ask operations staff to leave the lights on for me because I worked so late. I’m lucky the cardiac arrest didn’t happen when I was here alone at night.” Mary continues “I’m fortunate that I have an employer who’s 100 per cent behind me in whatever I need. The incident was very traumatic for a lot of colleagues,” Mary says. “They could hear it all happening.” The airport authority almost immediately set up free CPR training that employees could take during working hours. Ninety-one took part.

Other lifestyle changes have included walking her dog for at least 30 minutes a day and making her own lunches in order to eat healthier.

Mary also took part in a cardiac support group. “To be with a group of people with heart issues and learning the importance of cognitive behavioural therapy was amazing,” she says. “When the course was over, the instructor asked if we’d be interested in joining any of the spinoffs. I checked them all off. I haven’t said no to anything the Heart Institute has offered.”
Asked what life is like for her now, Mary replies “optimistically cautious” and takes each day as a gift. “You’re conscious of the fact that you’re not as invincible as you think you are,” she says. “It’s important to realize that. Listen to your body. I was on blood pressure medications, but it wasn’t enough.”

And she’s thankful every day for the co-workers who saved her life.

“My cardiac arrest happened in my workplace,” she says. “Had it not been for these guardian angels, I wouldn’t be here.”

HEART OF GOLD: Meet cardiologist
Dr. Pablo Nery, who recently received a Heart of Gold pin from a grateful patient and their family.

"Thank you Dr. Nery, in December 2018, you took great care of my brother who is developmentally challenged, during his surgery. He has asked us to share with you our sincere appreciation."

Thank you Dr. Nery!

THANK ONE. HELP MANY.

If you would like to acknowledge a health care professional, a volunteer or an entire unit who made a memorable difference in the care you received at the Heart Institute, consider making a donation to the Heart of Gold program. Your honouree(s) will receive a Heart of Gold pin accompanied by a card with your personal message. Heart of Gold pins are proudly worn as a reminder how important exceptional patient care is to everyone who comes to the Heart Institute.

All Heart of Gold donations will be matched by dedicated Heart Institute volunteers, Elva and Bill Holland. The matched donation means your gift will go twice as far supporting vital programs and saving lives.

You can make a Heart of Gold donation online at Foundation.ottawaheart.ca/gold or call us at 613.696.7030.
From a Heart Too Big
to a Great Big Heart

John Herzog’s happy and successful life has included some serious adversity: a major congenital heart defect, a dangerous escape from communism, immigration, open heart surgery at 32, bypass surgery at 62, and ongoing heart issues.

At the height of World War II, bombs were exploding throughout John’s home town of Budapest, Hungary. John was only three and had been hospitalized with Scarlet Fever. The doctors noticed his heart was beating too fast — at 90 to 120 beats a minute instead of the normal 60 to 80. They determined his heart was dangerously enlarged, and so began John’s journey with heart disease.

John is stoic about this difficult time of his life. “I lived with it,” he says. “When you’re in the middle of the war and your father is off with the ‘volunteers’ in the military and 80 per cent of your city destroyed, you feel lucky just to survive.”

At the age of eight John was diagnosed with pericarditis and myocarditis. He was prescribed absolute bed rest and spent what would have been his Grade 3 year confined to bed, listening to stories his mother would read him, focused on keeping up with his schoolwork and seeing doctors twice a week.

In 1948, without compensation, the government nationalized his father’s business, the biggest shoe factory in Hungary. To be allowed to stay and manage his own company, his father would be required to join the Communist Party.

“My father refused,” John says. “He was a very principled individual.”

TIME TO FLEE

It became obvious that they had to leave Hungary. By 1949 the “Iron Curtain”, two sets of high fences with landmines in between them, was erected around Hungary. John, his parents and his three-year-old brother had to escape. They hired a “good” human smuggler, John calls him a “guide”, who, for the equivalent of his father’s annual income, would help them.

“It’s amazing what you can do when there’s no choice,” he says. “After a year of being motionless, I got out of bed and walked 20 kilometres — through farmer’s fields and across creeks. My little brother had to be carried. The only place the guide picked me up was when we had to cross cornfields. I was much shorter than the stalks and I couldn’t move in them.”
When they reached the barbed-wire fences, the guide cut a hole, just big enough to let the family through, and disabled a very narrow path of landmines. “This was life and death,” he says. “We crossed to Austria and were led to a farmer who was paid to shelter us. Then he drove us to Vienna in the back of his truck full of barrels of raspberries.”

After some time in Vienna, the family went to Paris to await the documents required to move to their new home, Canada. His father was fluent in English and French and valued Canada’s democratic society.

A NEW LIFE

Once settled in Montreal, John had to repeat Grade 1 because he didn’t speak English—but he soon caught up. Discrimination and bullying were frequent, not only by children, but by teachers, particularly one who didn’t like his exemption from physical-education class.

After high school, while working full time, John went to night school and graduated from Concordia University with degrees in Commerce and Arts. He studied systems analysis, which led to his long career as a management consultant with PricewaterhouseCoopers, where he became Partner; a position he held for almost 20 years.

He led an active lifestyle, learning how to swim and ski in his twenties.

In 1971 when John was 31, he and his wife Angie had been married three years and had a nine month old son. A cardiologist discovered a lesion—essentially a hole—in John’s heart. The doctor explained that John had been born with only three chambers, instead of the usual four, and recommended urgent surgery to insert a synthetic wall, the size of a toonie, into his heart.

“That news came just before Christmas and my open-heart surgery, very aptly, was done on Valentine’s Day 1972,” he says. “When I woke up, I couldn’t believe how smoothly my heart was beating, I thought I must still be on the heart-lung machine.”

For the next 30 years, John enjoyed an active life and good health.

OTTAWA HEART INSTITUTE

The next heart event came at the age of 62. Now living in Ottawa, John reported some mouth pain during his annual check-up at the Heart Institute. His cardiologist, Dr. Lyall Higginson, said that the pain was a symptom of angina. Tests soon revealed that three arteries were completely blocked. John was quickly booked for triple bypass surgery.

EQUIPMENT WISHLIST

Patient Defibrillator:
$9,166.67 each

External defibrillators are used either to apply an electrical shock to a patient’s heart during cardiac arrest, or to apply an electrical shock to the heart to correct an abnormal or potentially life threatening arrhythmia in a patient.
“The care and support I received at all levels was amazing,” he says. “The Heart Institute is something quite extraordinary in terms of culture, dedication and professionalism.”

Since his surgery, John has been a loyal volunteer at the Heart Institute. When a former colleague submitted his name for a place on the board of the Patient Alumni Association, John was happy to oblige. “I felt a moral obligation to give back, but also, the Heart Institute is absolutely first-class and I like to learn,” he says, adding that he spent seven years on the board including four as president. As Alumni president, John was also on the board of the Heart Institute Foundation and later volunteered for the Canadian Congenital Heart Alliance.

A FAMILY LEGACY

Philanthropists at heart, John and his son Mike initiated the “Virtual Run.” Participants raised money for the Heart Institute by registering to complete a five kilometre walk/run at their own pace and place. “The first year of the run,” he says “we made a large donation to kick-start the program, and created the Herzog Family Endowment Fund at the Heart Institute.”

In 2018, John and Angie made provisions in their wills to designate a portion of their estate to the Herzog Family fund. “You don’t need a fund to make a gift in your will to the Heart Institute. Anyone can do it and the results will be immeasurable. Your legacy is the gift of time for other cardiac patients.”

Today, John enjoys daily walks and is happy to help spread awareness about heart health and the Ottawa Heart Institute. Asked why it’s important to give back — in time and donations — he smiles and offers “an absolutely selfish reason,” as he puts it.

“I like the satisfaction,” he says. “It makes me feel good. And I think that’s good for my heart.”

YOU’VE PLACED YOUR HEART IN OUR HANDS – WE’RE PLACING OUR FUTURE IN YOURS!

A Legacy Gift to the University of Ottawa Heart Institute goes straight to the heart of care in our community. Your thoughtful donation will mean that the Heart Institute remains a place for healing, caring and learning for generations to follow.

"Because it is possible for one action to shape a spectacular outcome" — Dr. Wilbert J. Keon, Heart Institute Founder

To find out more about leaving a gift to the Heart Institute in your Will, please contact Selva Trebert-Sharman at 613-696-7251 or wjklegacysociety@ottawaheart.ca. All conversations are confidential.

Visit foundation.ottawaheart.ca/ways-give/legacy-giving for more information!

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WORDS:

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- IRONMAN
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