HELPING

HEART PATIENTS

FIND NEW HOPE
Each year, sudden cardiac arrest (SCA) claims an estimated 355,000 lives in the United States. In this issue of Forum, you’ll meet people who, without warning, experienced an episode of SCA and those whose heart conditions were successfully diagnosed and treated prior to such an occurrence.

Treatment options for SCA have greatly expanded over the past few decades, thanks to the development of new interventional procedures. Many of these procedures have been tested and refined in electrophysiology (EP) laboratory suites such as the one Swedish is planning to build. Swedish’s new EP lab will have state-of-the-art equipment and specially trained staff to diagnose and provide possibly life-saving support to patients with electrical problems in their hearts.

The new EP lab is being partially financed through community donations. For information on how you can help, contact the Swedish Medical Center Foundation at (206) 386-2738.
Each year, I receive hundreds of letters from patients and families telling me about their experiences at Swedish and asking me to convey their gratitude to the people who cared for them. I find their comments deeply meaningful because they validate our nonprofit mission and serve as a reminder of the difference we make in the lives of others. Our patients are well aware that Swedish plays a vital role in the health care of our region. Now, we want to share the same message with a broader audience. That is why we recently set out to tell the Swedish story through a new advertising campaign. Titled “Living the Oath,” the campaign celebrates the expertise and compassion of our physicians, nurses and other staff, as well as their commitment to providing the best possible care to every patient who comes through our doors.

While our people are central to our commitment to providing an excellent patient experience, Swedish has long recognized the importance of creating a healing environment through art. Recently, we received major philanthropic gifts to enhance our art collection, which is displayed throughout our facilities to create warmth and support the healing process. We are thrilled and grateful for the opportunity to expand our collection, and we invite you to turn to the article on page 12 to learn more about the generous donations that made this possible.

In this issue of FORUM, you can also read about our efforts to expand our program for patients with heart arrhythmias by bringing a new electrophysiology (EP) lab to our Providence campus. The new lab will meet an important health need in the region and will be key to the development of our heart and vascular institute. The Fund-A-Need portion of this year’s Celebrate Swedish will help make the new lab a reality.

Celebrate Swedish is our annual gala, and this year it will be held Saturday, March 25. In addition to funding a specific need at our medical center, its primary purpose is to raise money for our charity-care program. The event has been invaluable to our efforts to serve patients and provide access to health care regardless of their ability to pay.

Your support of Celebrate Swedish truly does make a difference in the lives of others. I look forward to seeing you there. On behalf of Swedish Administration and the Board of Trustees, thank you for making our nonprofit mission possible.

Sincerely,

Richard H. Peterson
President and Chief Executive Officer
Welcome to Swedish Medical Center’s FORUM magazine. This publication is designed to provide you with the latest information about Swedish services and events, health-care and medical topics, and the activities of the Swedish Medical Center Foundation and its supporters. FORUM is published as a community service by Swedish Medical Center. Any questions or comments may be addressed to MaryBeth Dagg, managing editor, Swedish Medical Center, 747 Broadway, Seattle, WA 98122-4307.
Jon Sigurd Huseby, M.D., Named 2005 “Physician of the Year”

Jon Sigurd Huseby, M.D., of the Poly clinic has been awarded the 2005 “Physician of the Year” Award by his colleagues, nurses and other staff at Swedish Medical Center. Dr. Huseby, board-certified in pulmonary medicine, has been a member of the Swedish medical staff since 1979. During this time he has exemplified Swedish’s commitment to excellence through his leadership and daily work. Dr. Huseby earned his medical degree from George Washington University and completed an internship and residency at the University of Washington. Following are just a few excerpts of the many accolades received on Dr. Huseby’s nomination forms:

“This physician cares immensely for all his patients, no matter who they are. He treats all his patients with respect, humor and love. His warm and humorous personality puts patients and their families at ease, and his knowledge and experience gives them a sense of confidence.”

“Respectful of nurses, he is a great teacher. He shares his expertise with others to help improve the care for the patient.”

“He displays endless energy toward his work, rounding on patients each morning and returning in the evening after his office hours when he is particularly concerned with how someone is doing.”

The New Year Brings New Contract Between Swedish and SEIU 1199NW

After seven months of negotiations, Swedish Medical Center was delighted to reach an agreement with the Service Employees International Union (SEIU) 1199NW. On Jan. 10, union members voted to approve a new contract that includes modest premium sharing on health care and a choice of pension plans for current employees.

“We are very pleased that we were able to meet the medical center’s need to change the benefits structure by introducing a 401(k)-style defined-contribution pension plan and obtaining some form of premium sharing on health care,” says Ron Sperling, Swedish’s chief financial officer. “Both were vital to our long-term viability.”

“At the same time, we are providing a contract that offers the leading wage and benefits package in the local health-care market,” Sperling adds.

Highlights of the new contract include:

- Health-care premium shares
  - Employees will pay no premiums for individual coverage, and 4.5 percent of the premium for dependent coverage starting in 2007 (increasing to 5 percent in 2008)
- A 401(k)-style defined-contribution pension plan with a base contribution from Swedish and a 100 percent match on voluntary employee contribution
- A choice of pension plans
  - Current employees can choose to stay in Swedish’s existing defined-benefit pension plan or move to the new 401(k)-style plan; all new employees as of Jan. 1, 2007, will be enrolled in the new plan
- The area’s leading R.N. wages – Higher hourly pay premiums went into effect Jan. 1, 2006, followed by wage increases this July and again in July 2007; a new market-leading $44 per hour career step will be added in 2007
- Earlier pay increases for service and maintenance staff
- Improved mental-health coverage
- Reduced out-of-pocket maximum medical costs
- New service and maintenance training fund

Changing the benefits structure to include premium sharing on health care and a 401(k)-style pension plan will allow Swedish to bring its cost structure in line with that of other area hospitals. Swedish is currently one of only two local hospitals that offer premium-free dependent coverage for health care, and one of only a few in Washington state that does not offer a 401(k)-style pension plan.
Advertising Campaign Raises Swedish’s Visibility

A bold and compelling advertising campaign was launched in January to raise the overall visibility of Swedish as a valuable community asset and as a nonprofit organization.

The new campaign—titled “Living the Oath”—promotes Swedish’s commitment to serving the community by providing quality health care and excellent service. It features real employees and physicians, and it was shot on location in Swedish facilities.

Television advertising is a major milestone for Swedish. Other local hospitals have been doing it for some time, but it is something Swedish, as an organization, has chosen not to do until now.

“Our organization plays such a vital role in the community, we felt it was time to raise our visibility and tell our story in a big way,” says Sally Wright, Swedish vice president of Corporate Communications.

The theme, “Living the Oath,” refers to the commitment that health-care providers make when they enter the profession and the lengths Swedish employees and physicians go to every day to deliver on that commitment.

“The talent and dedication of the people who work here—and their commitment to the patients and community they serve—really comes through in the advertising,” Wright says. “It is very powerful and something everyone associated with our organization can be proud of.”

Where to Look

The new TV spot will run hundreds of times over the coming year. Look for it on all the major networks during prime time, morning and the nightly news. Some of the most notable prime time appearances: Grey’s Anatomy, House M.D., Good Morning America, the Today show, Boston Legal, Commander & Chief, CSI Miami, West Wing, the Olympics telecast and the Academy Awards.

For the print ads, watch for the regional editions of national publications, such as the Wall Street Journal, Time, Newsweek, U.S. News & World Report, Good Housekeeping and Redbook.
New Hope for Painful Disc Disorders

Spine Surgeons at Swedish’s Neuroscience Institute Implant New Artificial Cervical Disc

In January, a physician with the Seattle Neuroscience Institute (SNI) at Swedish became the first surgeon on the West Coast – and only the third in the country – to surgically implant the CerviCore® Intervertebral Disc to relieve neck pain caused by a herniated disc or degenerative disc disease.

The procedure is intended to replace the affected disc, permit motion of the treated segment, and improve function. The safety and effectiveness of this artificial disc are being evaluated for these purposes in a clinical trial in which SNI is a participating site.

“The testing of this device is evidence of the growing interest in motion-preserving options for spine surgery, which may provide alternatives to spinal fusion,” said John Hsiang, M.D., SNI’s principal investigator of the CerviCore clinical trial.

According to Dr. Hsiang’s partner Peter Nora, M.D., who – along with his partner Jay Williams, M.D. – is a co-investigator of the CerviCore clinical trial at Swedish, said candidates include people who have degenerative disc disease in the cervical region of the spine or a herniated disc, accompanied by arm pain, tingling, or numbness in the arms or fingers. Candidates must be between 18 and 65 years old and have been unable to get relief from their pain through physical therapy and pain medication.

For more information about the Swedish CerviCore clinical trial, call (206) 320-2800.

Swedish Heart Diet Now Available

What’s for dinner? Check out this year’s Swedish Heart Diet for ideas to answer that daily question. Compiled and updated annually by clinical nutrition specialists at Swedish Medical Center, this free 30-page booklet contains dozens of recipes for a range of heart-healthy dishes. It also includes tips on how to reduce risk for developing heart disease and features a handy two-week menu planner to help take some of the guesswork out of preparing nutritious, balanced meals.

According to the American Heart Association, this year an estimated 1.1 million Americans will have heart attacks, 700,000 will suffer strokes and about 450,000 will die as a result of cardiovascular disease. The Swedish Heart Diet is designed to raise awareness of the associated risks of heart disease and promote the basics of a heart-healthy lifestyle.

The Swedish Heart Diet can be found at all Swedish Physicians clinics, all Swedish Medical Center campuses and at Seattle Heart and Vascular Institute affiliate hospitals (Highline Community Hospital in Burien, Stevens Healthcare in Edmonds and Valley Medical Center in Renton). People can also request a copy by calling 1-800-SWEDISH (1-800-793-3474) or via the Web at www.swedish.org.
or years, Phil Kezele, 52, was more than just healthy — he was super fit. He could swim 2.4 miles, bike 112 miles and run a marathon – all in one day. That’s what it takes to complete an Ironman Triathlon. And from 1992 to 2002, Phil participated in at least one Ironman Triathlon every other year. But one morning in November 2002, Phil’s heart stopped. He wasn’t running, biking or swimming. He was simply getting ready for work.

Sudden cardiac arrest occurs when the heart’s “electrical” system malfunctions. Each year, sudden cardiac arrest claims an estimated 355,000 lives in the United States. “It’s like a house when the power goes out,” explains Howard Lewis, M.D. “Everything shuts down in an instant.”
Dr. Lewis is the executive director of the Seattle Heart & Vascular Institute at Swedish Medical Center. He notes that many people who experience sudden cardiac arrest have no known history of heart problems. A person can feel fine one minute and be on the verge of dying the next. Only 5 percent to 6 percent of those who experience sudden cardiac arrest will survive the event.

In an effort to improve these sobering statistics, Swedish this year is striving to expand its services with the creation of a new Electrophysiology (EP) Laboratory Suite. To ensure its completion, Swedish is relying on the generosity of the philanthropic community for half of the lab’s $1.5 million cost. This effort is so important, in fact, that funding a new EP lab is the focus of Swedish’s Fund-a-Need initiative at this year’s Celebrate Swedish event on Saturday, March 25.

Recently, cutting-edge technologies have revolutionized the electrophysiology specialty, bringing new life-preserving procedures to an escalating number of qualifying patients at risk for sudden cardiac arrest. Swedish needs to expand its current facilities to meet the growing community demand. And to help people like Phil Kezele.

In a Heartbeat, Life Changes

“I was in the kitchen making coffee,” says Phil of the morning his life took a dramatic turn. The sudden cardiac arrest he experienced caused him to fall to the floor, lifeless. While his wife, Karen, started CPR, the couple’s daughter ran to the nearby house of a physician friend who was able to take over the CPR until paramedics arrived. Using a defibrillator, they were able to restart Phil’s heart and then transport him to Swedish.

For the next week, Phil was in the Cardiac Intensive Care Unit. As he gradually began to recover, he also gradually understood that his life would never be the same. He worried about whether he would be able to return to work. He certainly never thought he would participate in a triathlon again.
At Swedish, Phil was seen by cardiologist Lee Dolack, M.D. A specialist in electrophysiology, Dr. Dolack assessed Phil and determined that he was a good candidate for an implantable cardioverter/defibrillator, or ICD. An ICD is a computerized device connected to the heart via two implanted electrodes. When the device senses that the heart’s rhythm is abnormal, it sends a mild shock to restart a normal heartbeat. Since their introduction in the 1980s, ICDs have been credited with saving thousands of patients’ lives. They have been steadily refined and improved through the kind of studies done in electrophysiology labs like the one planned for Swedish.
Arrhythmias Affect People of All Ages

An irregular heartbeat is known as an arrhythmia. People of all ages and all walks of life can have both mild and debilitating arrhythmias. In addition to ICDs, other treatments include medication and a surgical technique known as an ablation, a procedure best performed in an EP Lab environment.

Clark Freeman was only 16 when his abnormal heart rhythm was discovered. Like Phil Kezele, Clark was in great physical shape. A member of the Green Lake Rowing Team, Clark had just participated in an ergonomics test in spring 2001 when his heart started acting up. The test, which Clark had done many times before, required the team to row as hard as they could for several minutes on a machine that tested their endurance. This was all in preparation for a national competition coming up in three weeks.

Clark seemed fine when he got home from practice that day, says his mom, Joan. But a short time later, he came up the stairs from his bedroom to say he couldn’t find his pulse. His dad, Mark, became alarmed when he, too, had difficulty finding a pulse. Finally, they felt a steady heartbeat. Through it all, says Clark, he felt fine. But the Freemans were concerned and insisted he see a sports-medicine physician the next day.

“I didn’t want to go,” remembers Clark, who is now 21. “I didn’t think there was a problem.” At the doctor’s office, Clark underwent several tests, including an electrocardiogram, which is an electrical recording of the heart. The results were faxed to a cardiologist and very quickly the diagnosis was in. Clark had Wolff-Parkinson-White (WPW) Syndrome, a condition in which a person is born with extra pathways or, in electrical terms, extra wiring in the heart. Without indications of a problem, some people with WPW may never know they have it until their heart suddenly goes into an abnormal rhythm.

Others, like Judy Sheahan, 48, know for decades that they have WPW Syndrome and must live each day with the threat of sudden cardiac arrest. Judy says she worked to maintain a stress-free life and to not engage in activities that would pump adrenaline into her system. She couldn’t watch a scary movie or ride a roller coaster. Studies have shown that common substances, such as caffeine, alcohol and even cold medications can cause irregular heart rhythms. Judy avoided them all.

What she didn’t avoid was engaging in activities that gave her joy, which included raising three children as a single parent, cycling, weight training and participating in charity 10K runs. All the while, Judy was aware that stress could bring on what she called “hummingbird heart.”

Then last year, when Judy’s first grandchild was born with a heart condition, she happened to talk to the cardiologist about WPW Syndrome. Judy found out that an ablation could destroy the extra pathways in her heart, giving her a chance at leading a more normal
In November, Judy had the surgery. It has, she said, changed everything.

“My first day home from the hospital, we had a stressful family situation,” says Judy. “Even though I felt stressed, I didn’t have any arrhythmia. I thought, “This is great!”

Clark also had an ablation performed by Dr. Dolack. That was on a Friday in May 2001. By Tuesday, with Dr. Dolack’s permission, he was back rowing. He competed that summer with the Green Lake Rowing Team at Nationals, where they placed third. Later that same year, Clark was recruited for the Yale University Rowing Team. Not only did he end up rowing for Yale, he was also part of the university’s bike team. When he graduates this year, Clark plans to either join the Peace Corps and go to Africa or take a teaching position in China. He’s grateful there was a cure for his condition.

“I think about what it might have been like if I had been born in an earlier time,” says Clark. “I would probably be on medication for the rest of my life, and I wouldn’t have been able to do all the things I’ve done since the operation.”

While Clark is looking forward to living in an exotic location, Gayle McNulty, 57, is enjoying staying close to home, taking walks around her Capitol Hill neighborhood and babysitting her new grandson.

Four years ago, Gayle went into sudden cardiac arrest and almost died. An active elementary school teacher at the time, Gayle knew she had a heart condition involving episodes of rapid heartbeat. No underlying cause, however, had been found. But like Phil Kezele, Gayle’s heart suddenly stopped one day, and she fell to the kitchen floor. Her husband, Roger, called 9-1-1 and began CPR.

For two days after the 2002 incident, Gayle lay in a coma at Swedish Medical Center. Gradually, she began to improve. A week later an implantable cardioverter/defibrillator was implanted. In March 2004, after the device “fired” on two successive evenings, Gayle
was found to have Long QT Syndrome, and a more sophisticated “dual-chambered” ICD was implanted. Long QT Syndrome is a specific condition that in its mildest form causes light-headedness and fainting. Left untreated, it can also cause sudden cardiac death.

Although she wasn’t able to return to teaching, Gayle today works out at a gym for 90 minutes three times a week and takes frequent hour-long walks around her neighborhood. She relishes the time she spends with her 22-month-old grandson, Spencer, whom she has no trouble keeping up with.

And what of Phil Kezele? Like many heart patients, Phil became depressed over his condition and the limitations it would put on his life. Then, two friends with whom he trained for the Ironman Triathlon told him something that challenged him: They believed he was going to do so well in his first year with an ICD implant that they had registered him for not one, but two Ironman Triathlons.

Together, the three friends began their training, Phil being carefully monitored by Dr. Dolack. Phil had trouble walking even a short distance the first few weeks after his cardiac arrest. But gradually he went from walking to running and on to other training exercises.

In 2004, Phil completed both of those Ironman Triathlons. “Crossing that first finish line was very emotional for me,” says Phil, who had resumed working and traveling not long after his sudden cardiac arrest. As this article went to press, Phil and Karen were on a monthlong trip to Australia to visit their son.

With the kind of advances being made in electrophysiology, says Dr. Lewis, there’s no reason why stories like Phil’s, Judy’s, Clark’s and Gayle’s shouldn’t continue to have a happy ending. “That’s why we’re building the new EP lab,” he says, “to give these patients health and hope.”

To learn more about how you can be part of the community support needed for building the new electrophysiology laboratory, please call the Swedish Medical Center Foundation at (206) 386-2738.

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**Gala Night for a Good Cause**

Nearly a thousand Swedish supporters will come together Saturday, March 25, to “Celebrate Swedish” and raise money for charity care and other programs. In 2005, the event raised a record $1.6 million.

Each year, Celebrate Swedish designates a “Fund-a-Need” project for special emphasis. For 2006, it’s the new electrophysiology (EP) laboratory Suite. Identified as a critical addition to Swedish’s cardiac-care program, the new EP lab will contain state-of-the-art imaging, as well as recording and mapping systems for diagnosis and treatment of patients who have electrical malfunctions of the heart. It will have operating room lighting, ventilation and anesthesia capabilities that will provide an optimum environment for ablations and for defibrillator implantations.

In addition, the new EP lab will be an ideal facility for evaluating new technology, helping to ensure that the Seattle Heart & Vascular Institute at Swedish Medical Center stays at the forefront of ways to help patients with electrical malfunctions of the heart live longer, healthier lives. The cost of the new EP lab is $1.5 million, half of which is expected to come from community donations.

The theme of this year’s Celebrate Swedish gala is “A Night in Greece” and attendees will be transported to the golden era of the ancient world during an elegant evening of music and entertainment at The Westin Seattle.

For more information, please contact Maggie Angle at (206) 386-6770 or e-mail maggie.angle@swedish.org.
At Swedish, Art Enhances the Environment of Healing

Ross Palmer Beecher’s License Plate Quilt is not made of cotton or wool, but it comforts nonetheless.

“This piece takes known things and rearranges them into a new form,” says Joyce Turner, chair of Swedish’s art committee since 1989. Beecher’s artwork, which is “woven” from aluminum cans and license plates, hangs across from the South Tower elevators on the First Hill campus. Joyce says it reminds her that: “Coping with an illness forces many people in the hospital to rearrange their realities and put their lives back together in a different way.”

Swedish has long recognized the importance of art in the healing environment to patients, visitors and staff members. Beecher’s piece is just one of 1,800-plus contemporary works of Northwest artists that grace hallways, waiting areas and offices throughout the many medical center facilities. For those in discomfort or crisis, a work of art can provide a respite, a welcome distraction, even hope.

Generous Donations Provide Cornerstones for Art Initiative

While Swedish supporters and Northwest artists have long been generous with their contributions to the collection, two major donations – both by longtime Swedish supporters – have now provided the cornerstones for a permanent, $500,000 art initiative.

Joyce and Ned Turner’s recent gift of $100,000, and Jim and Marilyn Jonassen’s recent gift – also of $100,000 – are helping to establish permanent art funding at Swedish.

In addition to serving as chair of Swedish’s art committee, Joyce – herself an artist of collage and montage – also chaired the 2005 Women’s Wellness Luncheon and volunteers at the gift shop on First Hill. Ned, a long-time member of the Swedish Board of Trustees, is the grandson of one of the original founders of the hospital. Before he retired in 1999, he was president of Turner & Pease Co. in Seattle.

The Turners’ endowment is designated for the acquisition of future art pieces in areas not covered in Swedish’s building and remodeling budgets.

Jim Jonassen, managing partner of NBBJ, the city’s largest architecture and design firm, is also a long-time Swedish supporter and has served on the Foundation board. Marilyn, a painter who works in encaustics and oils, is an active member of the art committee. When the Swedish Cancer Institute opened its new facility, she was very involved in placing artwork, and donated one of her paintings, Yellow Boathouse, which now hangs in the second-floor waiting area.

The Jonassens’ endowment will fund special art projects, including a rotating gallery in the Swedish Cancer Institute showcasing emerging artists and a community lecture series.

About their gift, the Jonassens said: “Art is an essential part of an environment to promote healing. Swedish Medical Center is fortunate to have the art legacy started by our friend and mentor, the late Dr. Allan Lobb. We are honored to have the opportunity to support the continued success of that legacy.”

Endowments to Build on Swedish Tradition

Swedish’s art collection – the first of its kind in the Northwest – was started in the 1960s by Dr. Lobb, a surgeon who also served as Swedish’s executive
director. Lobb was a sculptor as well, and two of his pieces, the stainless-steel *Pier Series* and the cast-bronze *Consultation*, greet visitors to the First Hill campus.

“Dr. Lobb believed passionately that art contributes to the healing environment,” said Dianne Elliott, Swedish’s part-time art consultant and curator. “The goal is to provide respite to patients, staff and visitors – even if it’s for just a few minutes. Art communicates without a literal vocabulary, and I think that benefits the environment as well.”

Patients, staff and visitors alike find something that touches them in Swedish’s eclectic collection, which encompasses everything from sumi ink paintings by revered Northwest artist Mark Tobey to carved salt sculpture by Pamela Gazale to prints of Native Alaskan life by Inuit artists of the Pangnirtung Community Print Cooperative. And the art committee does not shy away from acquiring thoughtful, challenging pieces.

“We don’t want anything that’s disturbing or provocative in a negative way,” Elliot said, “But we do want things that are complex and pleasingly provocative – art that has depth and engages the viewer.”

Darren Waterston’s site-specific installation, *Ecstatic Field*, is a good example: Inspired by a Japanese screen, its floating forms invoke a multitude of organic images, from seeds to spores to cells. It is a piece that could hold its own in any gallery or museum, but when the viewer registers its location—in the Oncology Unit on the First Hill campus—the work takes on a different, greater meaning.

Swedish’s serious commitment to art has won kudos from both the Seattle art community and organizations such as the international Society for the Arts in Healthcare.

Generous recent gifts from longtime Swedish supporters Ned and Joyce Turner (left) and Marilyn and Jim Jonassen (right) will create permanent endowments to provide lasting support for the art program at Swedish. *Consultation*, the cast-bronze sculpture in this photo, was created by the late Dr. Lobb, a longtime executive director of Swedish and a talented artist. The sculpture is the focal point of the main lobby on the First Hill campus.
People Who Care: Ruth and Bill Vance

Ruth Vance believes in putting her money where her heart is. Along with her husband, Bill, she has supported Swedish Medical Center for several years, designating their annual gifts to be used for cancer research programs under the direction of Dr. Henry “Hank” Kaplan.

The Swedish Cancer Institute’s tradition of clinical research is part of its dedication to improving early diagnoses, providing advanced treatment therapies, and finding a cure for cancer.

Ruth Vance is so supportive of this research that she made Swedish a beneficiary in her will. And this year, she decided to accelerate that gift and give it now, instead of after she passes away. This allowed the Vances to avoid estate taxes and take advantage of recent legislation that allows large-gift giving without penalties.

Ruth Vance first met Dr. Kaplan in 1989, after she had been diagnosed with colorectal cancer and needed to choose an oncologist.

“The fact is, Dr. Kaplan made a horrible experience bearable,” said Ruth. “He is one of the kindest, most caring people I have ever come across.”

Bill is a Seattle-area native, and Ruth grew up in the “other Washington” and Philadelphia. They met while Bill was serving in the Navy and settled on Mercer Island in 1959. The Vances have two sons, Charlie and Neal, a daughter, Lea, and several grandchildren. Over the years, Bill developed a successful real estate and property management company, WAV Corp. He is now “mostly” retired and the Vances’ children run the company.

Ruth has been cancer-free since 1990 and stays active today. She and Bill enjoy snowshoeing in the winter months and travel throughout the West in search of great trails.

“I wouldn’t be here to give to Swedish if Hank hadn’t helped me through the cancer,” she said. “And I think it’s important to give back when you can.” The Vances hope that by supporting Dr. Kaplan’s research, they are not only demonstrating their deep appreciation for the care they found at Swedish, but also helping doctors find a cure for cancer.

Gifts to Swedish Increase by 61 Percent in Last Two Years

Swedish is proud to report that total gifts to the Swedish Medical Center Foundation have increased by more than 61 percent since 2003. Foundation Executive Director Don Theophilus attributes the increase in total gifts to a new focus at the foundation on stewardship, major gifts and planned gifts.

“We have made a special effort over the past two years to engage our donors more closely in the work that Swedish is doing – the work that their gifts make possible,” Theophilus said. “For example, we hosted a series of VIP open houses that showcased the latest health-care technology that was sponsored by philanthropy — demonstrating the difference that their gifts made. We know that our donors are deeply committed to ensuring that the very best health care is available here in Seattle. We want them to know how much we appreciate their partnership.”
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First Hill campus
747 Broadway
Seattle, WA 98122-4307

Ballard campus
5300 Tallman Ave. N.W.
Seattle, WA 98107-1507

Providence campus
500-17th Ave.
Seattle, WA 98122-5711

Issaquah campus
2005 NW Sammamish Road
Issaquah, WA 98027-5364

Home Care Services
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