

Vision

Newsletter of Philanthropy

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Loyola University Medical Center ~ Part of Loyola University Health System

Parents of NICU Graduate Establish Education, Research Fund

As Scott and Jean Sykora look at their healthy 14-year-old son, a math whiz who enjoys baseball and football, his first months of life spent in Loyola University Health System's (Loyola) Neonatal Intensive Care Unit (NICU) seem a distant memory. However, the experience is still fresh enough in their minds to inspire the Hinsdale, Ill., couple to establish a fund in their son's name — the Daniel J. Sykora Neonatology Research & Education Fund — for Loyola's NICU medical staff.

"The doctors and nurses in Loyola's NICU saved Daniel's life and our sanity," said Mrs. Sykora. "Having a premature child sick enough to be in NICU is every new parent's nightmare. We want to do our part to further NICU education and research so, perhaps, fewer parents will have to go through the same experience."

Daniel was born 14 weeks early on Jan. 2, 1993 at 26 weeks' gestation. He weighed only 2 pounds, 2 ounces. Mrs. Sykora went into preterm labor due to a misshaped uterus caused by a medication her own mother had taken when she was pregnant.

"I spent one week in the hospital in preterm labor, during which I received steroid shots to help with Daniel's lung development," she explained. "That probably saved his life because he had good lungs and was able to avoid respiratory problems."

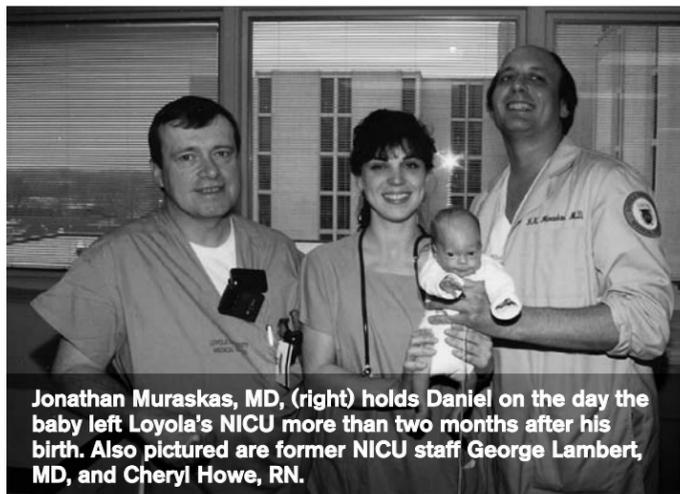
After Daniel's birth he was given a 50 percent chance of survival. His small size made him vulnerable to infections and viruses. His parents were not able to hold him for three weeks, and he spent his days in an isolette attached to oxygen.

The Sykoras had a few scares while Daniel was in the hospital for more than two months: his weight dropped to 1 pound, 12 ounces; he was not able to regenerate blood taken for several tests and required several blood transfusions from his father; and he underwent hernia surgery. But he survived by escaping the major problems common in premature babies. "He never suffered from brain bleeding, and he seemed to navigate safely through all the high risks. We called him our miracle baby," Mrs. Sykora recalled. "The wonderful care provided by the doctors and nurses at Loyola was responsible for his healthy outcome. We met a lot of kind people who not only provided high-tech care but the human spirit side of care."

"The doctors and nurses in Loyola's NICU saved Daniel's life and our sanity."
Jean Sykora



Daniel in his first week of life



Jonathan Muraskas, MD, (right) holds Daniel on the day the baby left Loyola's NICU more than two months after his birth. Also pictured are former NICU staff George Lambert, MD, and Cheryl Howe, RN.

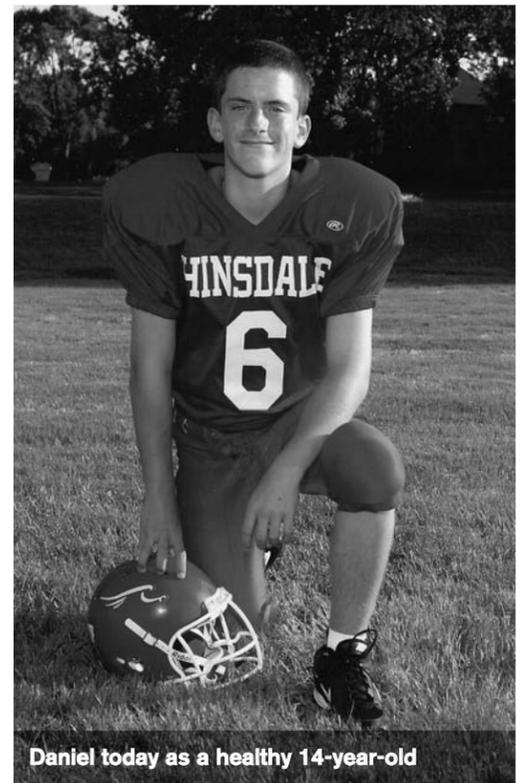
Daniel went home healthy on March 19, 1993, weighing 4 pounds, 8 ounces. Today he is a straight-A eighth grader who takes an advanced geometry class at Hinsdale Central High School.

The endowment named after Daniel was made possible in part by a generous gift from LJM Partners, an investment financial firm where Mr. Sykora serves as managing director. "My business partner, Tony Caine, founded the firm; he is like an uncle to our son," said Mr. Sykora. "The fund will help doctors interested in specializing in neonatology."

The fund will be used to increase educational opportunities for physicians, fellows and residents working in the NICU including Jonathan Muraskas, MD, profes-

sor of neonatal-perinatal medicine/obstetrics & gynecology, who was part of the team that took care of Daniel. It also will provide money to further research on causes and treatments for premature births.

The practice of neonatology is relatively young, and there are many unanswered questions including why premature infants commonly experience bleeding in their brains and bowel infections, according to Dr. Muraskas, who is director of the Neonatal-Perinatal Medicine Fellowship Program and chair of the Loyola University Chicago Stritch School of Medicine Committee on Admissions.



Daniel today as a healthy 14-year-old

Researchers also are working on treatments to help younger premature infants not only survive but thrive; currently NICU technology has reached a plateau at a specific gestational age. Dr. Muraskas explained that a 2-pound baby born at 27 weeks' gestation has a 90 percent chance of survival and a less than 10 percent chance of having significant developmental problems. However, a 1-pound baby born at 23 weeks' gestation has only a 30 percent chance of survival and a 90 percent chance of significant developmental problems. "We haven't made much progress with these extremely small birth weight babies," he said. "Additional research is needed to improve their outcomes, preferably to keep them from being born too soon. Survival is one thing, but their quality of life is just as important."

Dr. Muraskas expressed his gratitude for the Sykora's gift and encouraged other parents of NICU babies to consider donating to the fund or starting a new one. "Financial gifts like the Sykora's endowment will help us continue our work and retain our status as one of the top neonatal centers in the country," he said. "However, the biggest satisfaction for me and everyone working in Loyola's NICU is seeing our graduates excel in high school, college and life in general. When a baby as small as Danny not only does well but thrives, that makes all our work worthwhile."

To contribute to the Daniel J. Sykora Neonatology Research & Education Fund, or for more information on making your own gift to Loyola's NICU, contact Eva Moss in the Office of Development at evmoss@lumc.edu or (708) 216-8249. ~

Donors Help Get New Pediatric Mobile Health Unit Rolling

The Pediatric Mobile Health Unit of the Ronald McDonald® Children's Hospital of Loyola University Medical Center pulled up to Roswell B. Mason Public School on Chicago's west side a couple of weeks before Christmas, its staff ready to distribute medical care, friendly conversation, advice and small gifts to school children.

On this particular run the mobile unit staff was providing care to students with asthma: checking their breathing and following up on their asthma management plan. The unit staff provides various medical services such as physicals, immunizations and vision and hearing screenings. All of these services are free and available to children throughout the Chicago area who have no health insurance or inadequate insurance coverage, or simply have no way to get to a doctor's office for routine care.

The Pediatric Mobile Health Unit program began in 1998, and was the first of its kind in the Midwest. Since then, approximately 74,000 uninsured and underinsured children in the Chicago area have been evaluated and treated through services provided by staff in the unit. Each of the 150 schools the mobile unit visits is now approaching 100 percent compliance on physicals and immunizations.

Now in its ninth year of operation, the clinic on wheels is prepared to serve even more children with a new, state-of-the-art vehicle. The new unit was formally launched on April 19 with a ceremonial ribbon cutting that included a blessing of the vehicle by Rev. Lawrence Reuter, SJ, associate vice president of Loyola University Chicago Ministry. Several donors to the Pediatric Mobile Health Unit program, including a representative from the Children's Care Foundation, were on hand to celebrate the event and receive well-deserved thanks from ceremony speakers. The foundation funds organizations and charitable programs that have responsible and accountable objectives aimed at solving contemporary problems of underserved children. "Without your funding this program wouldn't exist," said Sandra Swanson, RN, administrative director, Women's & Children's Health Services, Loyola University Health System (Loyola). "Those of us who work on the mobile medical unit are so grateful for your support and are very happy to celebrate our program moving up a notch."

"This is a winner day for children and their families and a good day to recognize the importance of philanthropy," said Paul K. Whelton MD, MSc, president & chief executive officer, Loyola. "The new mobile unit is spectacular; it's high tech coupled with high touch. It really underscores our intent when we say we also treat the human spirit.®"

At 40-feet long and 8-feet wide, the new Pediatric Mobile Health Unit has more space and is more versatile than the previous unit. Some features of the new unit are:

- ≈ Two fully equipped examination rooms, a laboratory, a medical records section and an intake area



Alicia Menchaca de Cerda tours the inside of the new pediatric mobile unit with her sons, Gabriel, 3, and Benjamin, 7 months.

- ≈ An air-system specially designed for infection control
- ≈ Numerous safety features such as a rear-mounted backup alarm system and camera with an in-cab monitor; an alarm system with two panic alarms in each examination room; a carbon monoxide/smoke detector; and an intercom phone system in all the rooms and the cab
- ≈ A fully retractable automatic awning system providing coverage for patients waiting outside
- ≈ A push-button, computerized stabilization system to ensure the clinic is level
- ≈ A 17-inch flat screen television with a DVD/VCR to present health-related programming
- ≈ A power wheelchair lift designed to hold two people and a wheelchair

"This is a winner day for children and their families and a good day to recognize the importance of philanthropy."

"The new mobile unit is spectacular; it's high tech coupled with high touch. It really underscores our intent when we say we also treat the human spirit.®"

Paul K. Whelton MD, MSc

The new unit will do more than provide a more comfortable atmosphere for young patients; it also will enhance the learning experience for medical and nursing students. "It will provide medical and nursing students hands-on experience in community medicine," said Jerold M. Stirling, MD, professor and chair of the Department of Pediatrics,

Loyola University Chicago Stritch School of Medicine (Stritch).

On its asthma clinic run to Mason School last December, the mobile unit staff included two student nurses and a medical student. "Serving on the mobile medical unit is one of the most enjoyable and informative parts of my pediatric rotation training," said Sara Szkola, a third-year medical student at Stritch. "The kids are what make it so fun," added Elizabeth Macias, a student at West Suburban College of Nursing in Oak Park, Ill. "They look forward to coming on the mobile unit to receive medical care for their asthma and a little extra attention."

The students were all smiles after undergoing their checkups and receiving small Christmas gifts of hair barrettes, toothpaste, toothbrushes and body lotion. "I love coming on the van because the people are so nice and fun to talk to," said Monica Medlock, 13, an eighth grader. "They taught me the right way to take my asthma medicine, and my breathing is much better now," said Victoria Shadd, 12, a seventh grader.

For more information on donating to the Pediatric Mobile Health Unit program or other pediatric services, contact Eva Moss in the Office of Development at evmoss@lumc.edu or (708) 216-8249. ≈



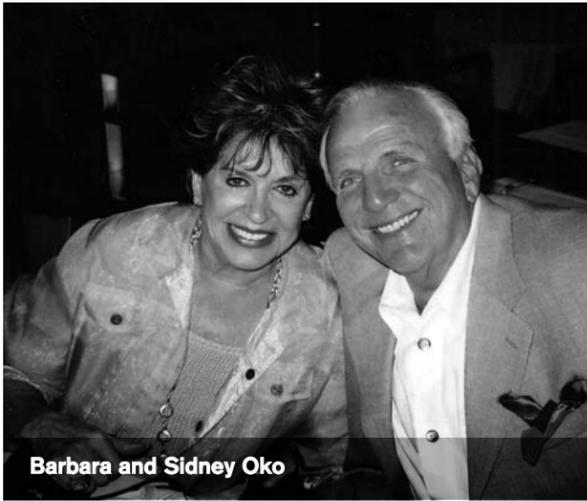
The new Pediatric Mobile Health Unit is ready to roll.

Patient Gift Honors Heart Physicians Who Restored His Health

Thirty years ago, 40-year-old Sidney Oko's quality of life was very poor due to a damaged aortic valve. "I could hardly walk, and I was in real bad shape. I realized I had a very serious problem," he recalled.

Mr. Oko underwent an aortic valve replacement at Loyola University Medical Center (Loyola). His team included now retired Loyola cardiologist Rolf Gunnar, MD, and cardiac surgeon Roque Pifarre, MD, who is living in Spain part time. "Dr. Gunnar was extremely interested in my case. He and Dr. Pifarre worked very well together, and I was lucky to have them on my team," Mr. Oko said. "They put my life back together."

After the successful surgery, Mr. Oko kept busy, raising children and grandchildren, but he never forgot the physicians who made it all possible. He and his wife, Barbara, recently pledged \$100,000 over two years to be used toward unrestricted cardiology research at Loyola. Part of the gift will honor his surgical team by renaming the echocardiography reading room in the hospital the Rolf Gunnar, MD, and Roque Pifarre, MD, Reading Room. "It's a small repayment for what these doc-



Barbara and Sidney Oko

tors have given me: health, happiness and the ability to watch my grandchildren grow," he said.

"It's great to hear from former patients who are doing well years after a procedure," said Dr. Gunnar. "It's one of the most important rewards that make the medical profession worthwhile."

As a testament to his own cardiac health, Mr. Oko believes it is fitting that his gift will contribute to research that will benefit future cardiac patients. "Loyola did a great job with me 30 years ago, but

the technology and surgery success rate is even greater today," he said.

He is proud to make a donation to a health system with such a strong reputation, adding that he would not hesitate to return to Loyola if he needed more treatment. "Loyola is a great institution. It's one that's renowned and respected, and I'm happy to be involved in a small way with its leading-edge cardiology research," he said. "Who knows, in the future I may return for more treatment. Although I've been told this valve may outlast me."

Mr. Oko believes that philanthropy to health care in general is important because it is a way to share your good fortune with others. "Philanthropy is a wonderful way of telling people you're happy with your quality of life and you want others to enjoy their lives as well," Mr. Oko said. "What better way of expressing your happiness is there than helping others enjoy good health?"

For more information on giving a gift for research in cardiology, contact Robert Barto in the Office of Development at rbarto@lumc.edu or (708) 216-3203. 

New Stritch Cancer Researcher Jump Starts His Career with Schweppe Award

A new cancer investigator in the Department of Pharmacology & Experimental Therapeutics at Loyola University Chicago Stritch School of Medicine (Stritch) is off to a promising start thanks to funding he received to further his research on treatments to stop cancer from metastasizing in breast and ovarian cancer patients.

Wael M. ElShamy, PhD, is one of five 2007 recipients of a \$100,000 Schweppe Foundation Career Development Award. The funding for the two-year award began April 1 and will continue through March 30, 2009.

"I am so happy to receive the award because the funding will help provide supplies for a start-up lab," said Dr. ElShamy, who joined Stritch's research staff as a junior tenure-track faculty member in November. "I feel I have the freedom to hit the ground running."

Dr. ElShamy said the research he will be able to accomplish with the funding will strengthen his ability to compete for future grants from the National Institutes of Health (NIH) and other grant providers.

The Schweppe Foundation was established in 1947 by Chicago-area physician John S. Schweppe, MD, as a memorial to his parents, Charles H. Schweppe and Laura Shedd Schweppe, a couple with a special interest in supporting medical education. For several decades, Dr. Schweppe and his wife, Lydia, managed the foundation's activities. They believed strongly in the importance of providing support for clinicians and researchers in the early stages of their careers in academic medicine due to the uncertain level of financial support they would receive from medical schools and outside sources. Dr. and Mrs. Schweppe also believed that Chicago-area medical schools must have access to the brightest and best-trained men and women with medical and doctorate degrees.

The foundation began offering the Career Development Award in the late 1960s to provide



Dr. ElShamy is investigating new treatments for invasive breast and ovarian cancer in his lab.

nurturing and sustenance to young physicians and researchers. These awards are limited to applicants from Stritch and the five other medical schools in the Chicago area, along with the University of Colorado Health Sciences Center. A Schweppe family member lives in the Denver area and wanted to extend the award to his home state. Recipients must not have any major funding grants from the NIH or other sources.

Since Dr. and Mrs. Schweppe's deaths in the late 1990s, the foundation has been guided by their children — Leigh Schweppe Buettner, Charles Schweppe and David Schweppe — along with a board of directors. The foundation also has a Medical Advisory Committee made up of Schweppe family members and faculty at the seven medical schools the foundation supports. The committee reviews all award applications, interviews the candidates and makes recommendations. "I enjoy being a part of a group that identifies talented young investigators; it's very rewarding to see how the Schweppe Foundation supports their careers," said Medical Advisory Committee member Tarun B. Patel, PhD, chair of the Department of Pharmacology & Experimental

Therapeutics, Stritch. "The hardest part of being on the committee is choosing award recipients from among so many excellent candidates."

Dr. Patel is thrilled that a researcher in his department is being honored with a Career Development Award; the last time a Stritch faculty member received a Schweppe Foundation Award was in 1999. "The award is good recognition for the Department of Pharmacology &

Experimental Therapeutics, and it frees up some other department resources so they can be used toward other projects and staff," he said. "I wish we had more of these types of awards for our new investigators."

The Career Development Award has made significant contributions to the work of many researchers through the years. "Several members of the Schweppe Foundation's Board of Directors Medical Advisory Committee were past recipients and have gone on to have very successful careers," said Dr. Patel.

"The Schweppe family members are to be commended for the contribution they are making to science," added Dr. ElShamy. "They are very gracious, down-to-earth people who have made a difference in the livelihood of many new investigators."

Dr. ElShamy plans to use the award to purchase equipment for his laboratory, pay the salary of a lab assistant and travel to the University of Texas M.D. Anderson Cancer Center in Houston to learn new research techniques pertinent to breast

See Schweppe, on page 4

Stritch Research Breakfast Highlights Burn & Shock Trauma Institute

Approximately 80 Loyola University Chicago Stritch School of Medicine (Stritch) donors, alumni and faculty members gathered for breakfast one morning in early May to learn about ongoing research at Stritch's Burn & Shock Trauma Institute.

One of the notable guests was former Burn Center patient Timothy Gould, of Sterling, Ill., who was admitted the summer of 2001 with second- and third-degree burns on 93 percent of his body following a chemical explosion that occurred when he was working on his property. The husband and father of three young children received life-saving skin graft treatments using techniques developed at the institute to heal and replace his skin.

"It's important for people to see me to understand what researchers at the Burn & Shock Trauma Institute actually accomplish," Mr. Gould said, explaining why his long drive to the breakfast that morning was worthwhile. "The researchers, doctors and nurses at Loyola didn't just save me, Tim Gould; they saved a son, husband and dad."

Richard L. Gamelli, MD, chief of the Burn Center and founder and director of the Burn & Shock Trauma Institute, said the institute team treats more than 500 patients annually, children and adults, and is one of the busiest centers of its type in the Midwest. He gave an overview of the institute's goals, stressing the work performed in community education to prevent injuries. "You may be thinking 'How can anyone stop an injury when it's caused by an unpreventable accident?' but we don't think that way," explained Dr. Gamelli, who is the Robert J. Freeark, MD, Professor of Trauma Surgery and chair of the Department of Surgery. "Injuries can be prevented because they are definable, controllable events marked by specific risks."

Dr. Gamelli made a strong case for preventing injuries by citing statistics showing that severe trauma is the most common cause of death for Americans in their first four decades of life. One of every four Americans is injured each year, with 9 million injuries leading to disabilities and 145,000 leading to death annually.

Along with focusing on injury research and prevention, the institute is committed to educating residents, fellows and physicians on injury causes and treatments. Institute staff members are grateful for any funding assistance in providing this training. "The future of the institute is not sitting in this room," Dr. Gamelli said, referring to the faculty attending the breakfast. "The future is the students we're educating at Stritch and the residents we're training in our labs."

After Dr. Gamelli's overview, the breakfast focused on research investigating how alcohol consumption affects burn injuries. Elizabeth J. Kovacs, PhD, vice chair of research for the Department of



Former burn unit patient Timothy Gould meets with Richard Gamelli, MD, at the Spring Research Breakfast

Surgery and director of research for the Burn & Shock Trauma Institute, related a conversation with a Burn Unit nurse during which Dr. Kovacs learned that patients in the unit who had consumed alcohol before their injuries were not healing well. Dr. Kovacs decided to research the correlation between alcohol consumption and burn injury complications. Burn patients who had consumed alcohol were twice as likely to suffer serious infections and other complications and required 60 percent more surgical procedures than burn patients who had not consumed alcohol. Moreover, burn patients with alcohol in their blood had hospital stays that were twice as long and underwent more rigorous antibiotic therapy than other patients. So she decided to focus her research on finding the reason why patients with alcohol in their blood take longer to recover from burn injuries.

Further research revealed that the combination of alcohol and burn injuries results in more fluid build-up in the lungs and more inflammation, which can cause tissue damage. Although the lungs of all burn patients can contain bacteria, patients with alcohol in their blood are not able to clear the bacteria as quickly and are more prone to infections.

Ongoing studies will look into whether inflammation and bacteria in the lungs causes the organ's function to be altered. It also will determine the methods by which alcohol causes lung changes, ultimately helping scientists develop more effective treatments for burn patients.

Carol R. Schermer, MD, an associate professor in the Department of Surgery, also spoke on alcohol and injuries, but her research is centered on stopping people from becoming repeat DUI offenders. Citing recent Chicago Tribune articles detailing

spread to their brain, lungs, liver or another part of their body," he said.

Dr. ElShamy is focusing his research on breast and ovarian cancers because they are among the most fatal in women: breast cancer is second most common in women (after lung cancer) and ovarian cancer is usually not diagnosed until it has become aggressive. Another project he is researching involves finding new treatments for drug-resistant, aggressive, recurrent ovarian cancer.

people injured and killed by motorists who had been driving under the influence of alcohol, Dr. Schermer emphasized the fact that two out of five Americans are involved in alcohol-related crashes in their lifetime. Most DUI offenders are not alcoholics or social drinkers but binge drinkers. These binge drinkers are not only prone to ending up in the hospital due to automobile crashes, but also are three times more likely to be readmitted to the hospital for a second alcohol-related crash injury within five years.

Medical centers in Denver, Atlanta and San Diego recently conducted trials in which they provided brief intervention counseling to patients who were admitted following crashes they caused by DUIs. The counseling sessions were non-confrontational, focused on how alcohol use affected the patients' lives and attempted to overcome the patients' ambivalent attitudes toward alcohol. Although staff members were afraid many patients would be offended, fewer than 3 percent declined the counseling, and most said they found it helpful.

Patients from a similar study at the University of New Mexico, who received brief counseling sessions following crashes they caused from DUIs, were one-third less likely to be arrested for subsequent DUIs within three years, compared to patients who did not receive the counseling.

Future research on this topic will look into the best ways to provide these brief intervention treatments, determine if they are cost-effective and examine if these interventions really help decrease the amount of DUI-related injuries and fatalities nationwide.

At the conclusion of the breakfast, John M. Lee, MD, PhD, the dean of Stritch, thanked the donors in attendance. "Without the donors and alumni who contribute to research programs like these, we really would not be able to offer our patients the leading-edge treatments and cures that have come out of the Burn & Shock Trauma Institute," he said.

For more information on donating to further the research conducted at the Burn & Shock Trauma Institute, contact Peggy La Fleur in the Office of Development at mlafleur@lumc.edu or (708) 216-5197. 

"Without the donors and alumni who contribute to research programs like these, we really would not be able to offer our patients the leading-edge treatments and cures that have come out of the Burn & Shock Trauma Institute."

John M. Lee, MD, PhD
Dean
Stritch School of Medicine

Schweppe, from page 3

cancer drug discovery. His research involves finding treatments to stop breast and ovarian cancer from spreading to other organs. He explained that when cancer stays in one part of the body it is easier to treat, and patients have a good prognosis. But when breast or ovarian cancer spreads, the disease is less treatable and patients have a poorer prognosis. "Ninety-five percent of patients who die from cancer have the type of cancer that has

For more information on corporate or foundation grants to help researchers at Loyola University Chicago Stritch School of Medicine find treatments for cancer and other diseases, contact Heather Snyder, PhD, at hsnyder@lumc.edu or (708) 216-4607. 

News in Brief

Umbilical Cord Blood Offers Hope to Bone Marrow Transplant Patients

Each year, 10,000 to 15,000 people with bone marrow cancer in the United States are unable to find a suitable bone marrow donor from relatives or donors on the national bone marrow registry. They may have a new option — transplants from umbilical cord blood stem cells.

“Umbilical cord blood is a rich source of stem cells from which new, healthy blood and immune cells can be produced,” said Patrick Stiff, MD, Coleman Professor of Oncology and director of Loyola University Health System’s (Loyola) Cardinal Bernardin Cancer Center. “Umbilical cord blood matching is less restrictive than that of bone marrow, which must be perfectly matched between donor and recipient for best results.”

In March, Dr. Stiff spoke on the promise of umbilical cord blood stem cells for transplant patients as part of the Top Doctors Lecture Series at Gilda’s Club Chicago. Gilda’s Club, named in memory of actress Gilda Radner who died of ovarian cancer, offers support, networking groups,

lectures, workshops and social events for men, women and children diagnosed with cancer, along with their family and friends.

Trial umbilical cord blood transplants at Loyola are halting or slowing the progression of many cancers originating in the bone marrow, such as leukemia and myeloma, and in the lymphatic system, such as lymphoma. “The goal of the umbilical cord blood stem cell transplant is to replace diseased or non-functional stem cells with healthy stem cells,” Dr. Stiff said. “The transplant also can be used to replace cancer patients’ bone marrow cells that are damaged from high-dose chemotherapy or radiation therapy. These new cells may cause the bone marrow to again function normally.”

Umbilical cord blood is the blood that remains in the umbilical cord and placenta following birth. It contains adult stem cells, and offers excellent opportunities for research. Dr. Stiff has developed a unique method of preparing umbilical cord blood that enables more stem cells to survive. He

also is working on further increasing the number of stem cells that can survive. Stem cells produce white blood cells, which fight infections; red blood cells, which carry oxygen to the tissues and organs; and platelets, which help clot the blood.

Loyola researchers have been awarded a \$1.4 million research grant from the State of Illinois to investigate ways to grow both blood stem cells and immune cells from cord blood stem cells outside the body. “The ultimate goal will be to use these cells as stem cell transplant sources for adults without related or unrelated living donors, making it possible for the first time to find a donor for everyone needing a transplant to fight cancer,” Dr. Stiff said.

For more information on donating funds to umbilical cord blood stem cell investigation and other types of cancer research, contact Barbra Luce-Turner in the Office of Development at bluce@lumc.edu or (708) 216-1051.

Orthopaedics Chair’s Donation Sheds Light on Resident Learning Materials

When Loyola University Chicago Stritch School of Medicine (Stritch) residents in the Department of Orthopaedic Surgery & Rehabilitation review books, journals and other media from the department library, they will hold in their hands a reminder of the generosity of Terry Light, MD, the Dr. William M. Scholl Professor of Orthopaedic Surgery and department chair.

Dr. Light, who also is a member of the Loyola University Health System (Loyola) Board of Directors, has pledged \$50,000 to the Department of Orthopaedic Surgery & Rehabilitation to be used for updated books, DVDs and other media in the library for use by Stritch residents. “I am dedicated to the support of Stritch’s educational programs,” said Dr. Light. “This donation will not only support education now, it will enhance education in the future by providing the most up-to-date resources for our trainees.”

Providing a gift that will benefit the residents has special significance to Dr. Light, as he is the past director of the department’s orthopaedic surgery residency program. Stritch’s dedication to education is what has kept him at Loyola. “I’ve been at Loyola for 27 years, a major part of my career,” he said. “I’m here because I enjoy being involved in

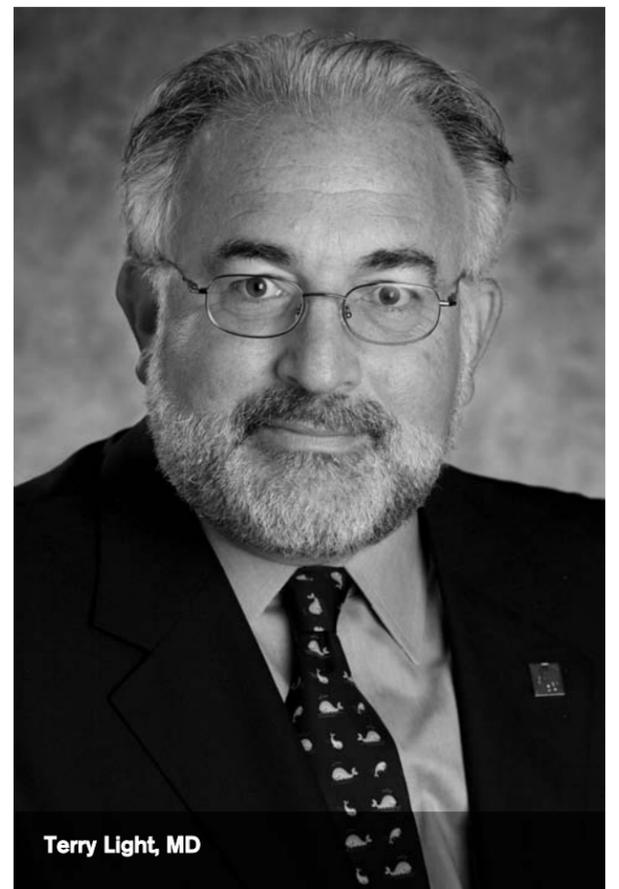
the vibrant educational community and the opportunity to work side-by-side with wonderful colleagues.”

Dr. Light also has enjoyed working in a progressive department that is sensitive to its faculty members’ needs. “I came to Loyola from Yale-New Haven Hospital as a relatively junior faculty member, and my role here has continued to evolve,” he said. “I believe Loyola treats its employees well in that the organization provides opportunities to grow.”

As a board member for approximately 10 years, Dr. Light also feels a donation shows a commitment to his work on the board and his dedication as a physician. He hopes fellow physicians will follow suit.

“Loyola physicians already donate their services in many ways from community work to student mentoring,” he said. “However, I hope my gift will inspire them to consider other ways of giving.”

For more information on pledging gifts to support educational opportunities in a department at Stritch, contact the Office of Development at development@lumc.edu or (708) 216-3201.



Terry Light, MD

Upcoming Events

Mark your calendar for these upcoming events at Loyola University Chicago Stritch School of Medicine (Stritch). E-mail the Office of Development at development@lumc.edu for more information.

Aug. 25 – Stritch White Coat Ceremony

Sept. 11 - Oct. 30 – Stritch Mini-Med School

Sept. 21-23 – Stritch Reunion 2007

Nov. 9 – Stritch 2007 Annual Award Dinner

The
LEADERSHIP
Society **DINNER**

SAVE THE DATE
MONDAY, SEPTEMBER 10, 2007
FOUR SEASONS HOTEL
CHICAGO

What a Difference a Gift Makes

Would you like to make a difference — to make your mark on the future of medicine? You can support Loyola University Health System (Loyola) and Loyola University Chicago Stritch School of Medicine (Stritch) through an endowment gift that helps ensure that future projects receive funding. An endowment is a transfer of money or property to Loyola or Stritch with the stipulation that it be invested and the principal remain intact and grow. We then use the interest earned by the fund toward the stated gift purpose. An endowment is a gift that keeps on giving.

Here are five reasons to choose an endowment when supporting Loyola or Stritch:

Endowments continue to grow – Endowments are guarded and invested separately from other assets, so the principal stays intact. Only income or a portion of income is used to support Loyola or Stritch.

Endowments are a legacy – Larger endowments can be set up in the name of the donor, and in this way family members, friends, stu-

dents, faculty and the Loyola community are continually reminded of the donor's commitment and values. Named endowments also can honor the lives of others.

Endowments enlarge annual gifts – Gifts to an endowment can count as annual gifts.

Endowments strengthen medical education – Endowments fund scholarships, patient care programs, student/faculty research and more, helping to ensure the continued strength of Loyola and Stritch.

Endowments begin now and continue in perpetuity – We are more than a leader in medicine today; we are proud to be a leader in the medicine of tomorrow. Endowments to Loyola or Stritch help ensure our future for years to come.

For more information about establishing an endowment fund at Loyola or Stritch, contact the Office of Development at development@lumc.edu or (708) 216-3201.

For More Information

Loyola is committed to disciplined research and planning concerning both the purposes for which a gift will be used and the impact a gift makes on your personal and financial goals. The Office of Development will be happy to formulate a plan with you and/or your financial advisor that takes full advantage of the available tax benefits, while at the same time fulfills your desire to benefit Loyola.

We understand that your charitable gift intentions are a personal matter. We encourage you to contact us for help with answering or researching any questions about clinical or academic activities or for more information on making your gift to our institution. All discussions will be treated confidentially.

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Vision

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