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A successful end leads to a hopeful beginning...

Great Lakes Hemophilia Foundation
Headline News - November 2011



At GLHF, we ended our fiscal year on September 30th and we went out with a bang. Our amazing inaugural Family Camp hosted five families learning about camp life, trying authentic camp activities like fishing, canoeing and hiking and enjoying impactful networking.

After this busy and productive year, GLHF wants to take a moment to reflect and say THANK YOU to all our donors, volunteers and clients. Thank you for supporting GLHF's mission and making our programs and services possible. With your time, talents and financial contributions, here are a few more things we are celebrating from FY11:

- Through the Patient Financial Assistance Program, \$45,355 was distributed to 59 individuals and families
- We sent 26 youth to learn and grow at bleeding disorders summer camps
- Scholarships were awarded to seven students pursuing secondary education or additional training to advance their careers
- Education and networking opportunities were offered for 50 families, nearly 200 individuals at the annual Wisconsin Bleeding Disorders Conference - Watch for exciting details about 2012 soon!
- Hosted 52 family members in our Spanish-Speaking Educational Program
- Held inaugural Family Camp for 5 families, nearly 30 individuals
- Published the first GLHF magazine
- Our newsletter went digital
- The Mad Hatter's reception made its debut, bringing crazy hats and more than \$100,000 raised
- Celebrated 20 years of our golf tournament- raising nearly \$500,000 cumulatively
- Madison Hemophilia Walk doubled in fundraising and Wisconsin walks overall raised nearly \$50,000

As you can see through the updates in this newsletter, hundreds of people connected this year through programs and events. Congratulations to all who helped us achieve these successes and we look forward to working with you for a booming new year.

FY12 will be a year of evaluation and exploration. We will focus on what we do well, and what we can do better. As always, please do not hesitate to [contact us](#) with your thoughts, ideas and suggestions. We value your input and insight.

May your Holiday season be bright!

Danielle Leitner-Baxter

Family Camp's A Hoot

GLHF hosts its inaugural Family Camp

Great Lakes Hemophilia Foundation
Headline News - November 2011



Great Lakes Hemophilia Foundation hosted its inaugural Family Camp on September 30-October 2 at Camp Matawa in Campbellsport, WI. Camp Matawa is located in the Kettle Moraine State Forest and offered a beautiful fall landscape for this weekend of fun.

In an effort to get a true taste of the summer camp experience, families immersed themselves in authentic camp activities like canoeing, hiking, archery, arts & crafts and rock climbing. Families were also seen bonding over hot chocolate and marshmallows by the fire and clinging onto each other on a wild wagon ride, all beaming from ear to ear of course!

Although disguised by all the fun and games, Family Camp is designed to prepare families that have a child with a bleeding disorder for the "true" summer camp experience and help them gain comfort in sending their child away to camp. At summer camp children begin to gain independence through self infusions and care, learn new skills, engage in healthy lifestyle activities and bond with other children facing the same issues they do. Family Camp is the first step along the way to summer camp and all that is offered there.

GLHF is already looking forward to the next Family Camp in 2012! Please contact Karin, at the Foundation with any questions about camp at 414.937.6782 or kdaniels@glhf.org. We hope to see you at Family Camp in 2012. It's a hoot!



HTC History of Growing Needs and Financial Challenges

Why preserving HTC funding is critical

Great Lakes Hemophilia Foundation
Headline News - November 2011

By Rebecca Clay

Originally Published in Hemaware July 2011



Ronnie Nelson, of Tennessee, advocates on Capitol Hill during NHF's 2011 Washington Days.

[Read about advocacy efforts for the hemophilia treatment center network.](#)

Hemophilia treatment centers (HTCs) have become victims of their own success, says Marion Koerper, MD, medical advisor to the National Hemophilia Foundation (NHF). “The government sees no more patients in hospitals, no new joint disease, no new infections, and asks, ‘Why do we need HTCs anymore?’” says Koerper, director emerita of the HTC at the University of California, San Francisco. “But the reason hemophilia patients are doing so well is because of the HTCs.” In addition to providing high-quality care, HTCs conduct research that has greatly contributed to advancements in management and improved treatment outcomes in patients with bleeding disorders.

In the 36 years since the HTC network was created, federal funding has decreased even as the patient population has grown. People with von Willebrand disease (VWD) and rare factor deficiencies could benefit from the comprehensive care provided at HTCs. Further, more people with hemophilia are surviving into adulthood than ever before, because of the reduced risk of HIV and hepatitis C from contaminated blood products, effective HIV treatment and at-home prophylaxis, says Judith Baker, MHA, administrative director of the network's Region IX, which represents 14 HTCs in California, Guam, Hawaii and Nevada.

Hemophilia Treatment Centers' Growth

In 1973, NHF launched a campaign to establish a nationwide network of HTCs. Two years later, Congress authorized it. In the beginning, there were 25 centers around the country. Grants from the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration (HRSA) helped fund case management, social work and other services that are essential to the comprehensive care model but are not covered by insurance. In 1987, the Centers for Disease Control and

Prevention (CDC) responded to the AIDS crisis by adding support for HIV surveillance, education and prevention.

“Because the comprehensive care model was so successful, the number of centers was increasing,” Koerper says. The number eventually reached 140 around 2000. Traveling clinics helped fill the gaps, Baker says. But there are still plenty of underserved areas, and not just in rural parts of the country. “Urban areas like Los Angeles, where there’s very limited public transportation, can also be underserved,” Baker says.

Hemophilia Treatment Center Funding Challenges

Ensuring that plasma-derived factor products would eventually become safer from viral contamination was an achievement for the bleeding disorders community, but it also threatened the CDC funding. “By 1995, CDC administrators were saying that HIV was a non-issue, so why should it continue to fund HTCs?” Koerper says. Fortunately, the CDC ultimately decided to continue HTC funding. It redirected its focus to surveillance of joint disease and other secondary complications, and safeguarding the blood supply from potential threats.

While this was welcome news, federal funding represents only a small part of HTC budgets. Most funding comes from billing insurers—both public and private—for services. That reimbursement isn’t enough to cover the extensive education and care HTCs provide, says Koerper, particularly as hospitals’ income from insurance reimbursement began to drop once prophylactic treatment decreased the frequency of joint bleeds and, thus, the number of HTC visits.

Between 2000 and 2010, some hospitals began regarding HTCs as losses, with some saying their centers had to close, Koerper says. In addition, many of the original HTC directors were retiring, and there weren’t enough young physicians to replace them. By 2010, the number of HTCs had dropped to 130, says Koerper.

One hopeful funding development is HTCs’ growing participation in the federal government’s “340B” pharmacy program. This allows HTCs to purchase factor at a reduced price, sell it to patients and reinvest the modest revenues back into the centers. About 85 HTCs now have such programs.

Koerper is confident that advocacy by NHF and the rest of the bleeding disorders community can also help preserve HTC funding. “When a doctor goes to Congress and says, ‘I want you to keep giving me money,’ it’s seen as self-serving,” she says. “When patients say, ‘Our lives are better because of treatment from HTCs,’ that’s a very powerful voice to persuade Congress to continue funding.”

Walk Wisconsin!

Great Lakes Hemophilia Foundation
Headline News - November 2011



Thank you Wisconsin! We had 300 walkers across the state raise nearly \$50,000! These dollars go to individuals and families living with a bleeding disorder in your community. Thank you!

We hope you had a great day walking with us, and we hope to see you back next year.

In the meantime enjoy the pictures of our three walks.

[Milwaukee Walk pictures](#)

[Madison pictures](#)

[Fox Valley pictures](#)



10 for 10 Challenge



The winner of our very first 10 for 10 Challenge and a brand new iPad 2 is Sheryl.
Congratulations Sheryl!!!!

Team Board

Accredo's Human Factor, Baxter, Blood Brothers and Sisters, Caleb's Crew, Chrissy's Crew, Ethical Factor Rx, Foresters, Galloping Giraffes, Grifols Team Wisconsin, Helena's Hellions fighting Hemophilia, Jim's Team, Lightning McKveen Racing Team, M3 Insurance Solutions, Inc., Maripat's Meanderers, Nathan's Ninja's, NeeSabe, NM4Life, Renate's Legal Beagles, Sally the Spider, Team Chubby Cheeks, Team Henry, TEAM KEDRION, Team Kohler, TEAM LIFESAVERS, Team Optimus for InsurWorks, LLC, TEAM WALGREENS, Terri's Trekkers, The Fitzgerald Boys, Unique Diamonds, UW Bleeding Disorder Program, WADE BRIGADE, Walk Don't Run

Who your dollars help

We were able to meet many other families with children with bleeding disorders through foundation sponsored events. Knowing we were not alone and sharing stories, treatment tips and ideas helped our entire family cope with the problems of hemophilia. The foundation helped train us to become more independent.

- Ed B., father of a son living with hemophilia

Thank you to the following Hemophilia Walk sponsors!

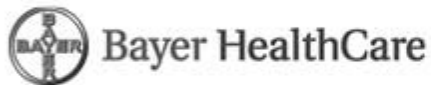
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Local Kilometer Sponsor: University Hospitals & Clinics

Decorate for a Cause

Great Lakes Hemophilia Foundation
Headline News - November 2011



Decorate for a Cause with Great Lakes Hemophilia Foundation's poinsettia, wreath and coffee sale.

Last year we added coffee and it was such a hit we are including it again, but as a special way to commemorate GLHF's first Family Camp we are featuring our very own Campfire Roast from Stone Creek Coffee.

Your purchase of these gorgeous plants and delicious coffee will help support important programs for Wisconsin's bleeding disorder community.

And don't forget to share the fun, because poinsettias, wreaths and coffee make great gifts!

[Order online before November 15th!](#)

CAMPFIRE ROAST



Campfire Roast doesn't include marshmallows, but your purchase is something sweet for Wisconsin families.

Each bag you buy helps us provide important educational programs for Wisconsin's Bleeding Disorder community, like our annual Family Camp.



Plasma Users Group Takes Stand on Health Reform and Medicare

Great Lakes Hemophilia Foundation
Headline News - November 2011

National Hemophilia Foundation
E-Notes, October 2011



The American Plasma Users Coalition (A-PLUS) comprises patient advocacy groups representing people with hemophilia, alpha-1 antitrypsin deficiency and other conditions who rely on plasma-based products to remain healthy. NHF is a founding member of the group, which formed a few years ago to coordinate advocacy related to health reform. We continue to meet regularly to discuss health reform implementation, and other federal and state issues that affect our communities. For example, last month:

- A-PLUS drafted principles outlining our priorities regarding essential health benefits, services that all health insurance plans offered in the exchange must cover. The principles focus on the need for individuals to have access to specialists, the full range of therapies and all appropriate sites of care. A-PLUS will use these principles to evaluate and comment on essential health benefits regulations and in advocacy with Congress and the administration. The principles are available [here](#).
- A-PLUS sent a letter to the Congressional Joint Select Committee on Deficit Reduction, the so-called “Super Committee” that is charged with recommending policies to reduce federal deficits this fall. Our letter focused on three issues that are rumored to be under consideration by the committee: reclassification of treatments currently covered in Medicare Part B into Part D; reduction of Medicare Part B reimbursement from Average Sales Price (ASP) +6% and a proposal to eliminate first-dollar coverage in Medi gap insurance policies. We oppose each proposal and described the negative effects that these policies would have on our community. The letter is available [here](#). To learn more about the Super Committee, [click here](#).

Programs & Services Updates

Stay up to date with the latest programs and services happenings at GLHF

Great Lakes Hemophilia Foundation
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GLHF programs are designed to educate and support individuals and families with bleeding disorders by increasing public awareness, ensuring access to needed medical services, providing relevant information and resources, building a supportive community among individuals and families, and promoting choices that lead to optimal health and living life without limitations.

Family Fun Day

New this year, GLHF will host a Family Fun Day. This day of fun will take place on Saturday, December 10th and will include social time for networking with other individuals/families and finish up with an activity. Details will be announced very soon, so keep an eye out for an invitation in your email inbox.

Hispanic Day of Education

A day of education and networking will be held for Spanish speaking families in the state on January 21 - 22, 2012. Please join GLHF in Sheboygan this January! More information will be coming out soon, so keep an eye out for your email invitation. In the meantime contact Karin at the Foundation with any questions.

Wisconsin Bleeding Disorders Conference

Each year families from the Wisconsin bleeding disorders community attend the Annual Wisconsin Bleeding Disorders Conference. The weekend provides families with an opportunity to gather information through educational sessions, meet with healthcare and industry professionals, and form important connections with other Wisconsin bleeding disorders families. By doing so, Great Lakes Hemophilia Foundation hopes that families can find ways to ease the challenges of living with a bleeding disorder. Join GLHF at the Kalahari Resort in Wisconsin Dells this June 8-10, 2012. New this year, the conference will begin on Friday evening!

Family Camp

Great Lakes Hemophilia Foundation hosted its inaugural Family Camp on September 30 - October 2 at Camp Matawa in Campbellsport, WI. Camp Matawa is located in the Kettle Moraine State Forest and offered a beautiful fall landscape for this weekend of fun. [Read More](#)

Scholarship Program

Each year GLHF awards educational and career development scholarships to students with bleeding disorders. Again this year, GLHF will be providing funding for youth interested in attending college bound preparatory programs, like College for

Kids or tutoring. Please visit glhf.org after January 1, 2012 for a n up to date list of GLHF scholarships and other bleeding disorder specific scholarships offered across the country. Mark your calendar, May 1st, GLHF scholarships are due! Contact Karin at the Foundation for further details at kdaniels@glhf.org or 414.937.6782 apply online at glhf.org.

Campership Program

GLHF provides camp scholarships (Camperships) to Wisconsin youth, underwriting the costs of attending a week-long summer camp which is designed and staffed especially for those who have bleeding disorders. Campers apply to the GLHF Campership program and can select the camp of their choice from three Midwest camps in Illinois, Michigan or Minnesota. At these summer camps, campers are encouraged to learn self infusion with training, and practice with medical professionals and with the support of their peers and teen mentors. At camp, lifelong friendships are formed with peers and children are given the opportunity to have a safe and fun week without limitations related to their bleeding disorder. Contact your Hemophilia Treatment Center or Karin at the Foundation for more information on GLHF Camperships at kdaniels@glhf.org or 414.937.6782. The deadline is May 22, 2012.

PFA Program

GLHF offers patient financial assistance to individuals and families needing funding assistance with medical bills, insurance premiums and emergency basic living expenses. GLHF also assists with payment of medical alert bracelets and membership renewals. Please contact Karin at the Foundation at 414.937.6782 if you would like more information on the GLHF Patient Financial Assistance Program.

Upcoming Programs:

Family Fun Day, December 10, 2011

Hispanic Day of Education, January 21-22, 2012

Teen Program, March 10, 2012

GLHF Scholarship Deadline, May 1, 2012

GLHF Campership Application Deadline, May 22, 2012

Wisconsin Bleeding Disorders Conference, June 10-10, 2012

If you have an idea for a program or topic please feel free to call Karin at the Foundation at 414.937.6782 to discuss. We appreciate your input!

Not Alone

Single parents find support while raising children with bleeding disorders

Great Lakes Hemophilia Foundation
Headline News - November 2011

By Kadesha Thomas

Originally Published in Hemaware October 2011



Alicia Unger is awake by 6:30 a.m. every day. She has only an hour or two to squeeze in a day's worth of chores: laundry, cleaning, cooking, maintaining a one-acre yard and checking e-mail. Once her 17-month-old son, Landon, wakes up, Alicia starts her other job: keeping a close watch on him to make sure nothing goes wrong. When Landon was diagnosed with severe hemophilia B a few days after he was born, Alicia knew she would have to drastically cut back her work hours as a hairstylist at a local salon to take care of him.

The rocky, on-and-off relationship between Alicia and Landon's father abruptly ended when she told him she was pregnant. At 25, Alicia is a single parent, raising her son by herself. "Doing everything on my own is intense," says Alicia, of Conneaut Lake, Pennsylvania. "Try taking a toddler with hemophilia to the grocery store. I have an ongoing fear that he is going to have a bleed."

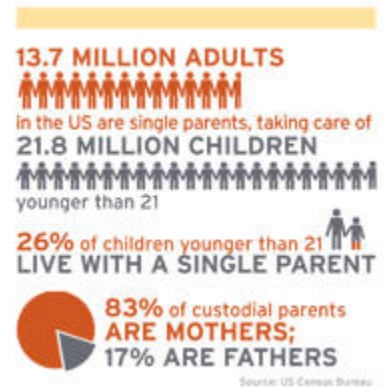
Despite the challenges of being a single parent, single does not have to mean alone. Single parents of children with bleeding disorders can build a team of support to alleviate stress, fear and loneliness. That team can include trusted friends and family who can babysit and help with the child's treatment plan. It can also include nurses, social workers and other staff at the hemophilia treatment center (HTC).

Single Parents All Around

Up to 30% of children in the US are living with a chronic disease or health condition, according to a May 2008 study in the *Journal of Pediatric Psychology*. Many of them are being raised by single parents. A 2009 US Census Bureau report found that more than 26% of all children and adolescents younger than 21 were raised by one parent, with the other parent living outside the home. Further, most single parents are mothers. One-third have never been married; 45% become single parents after a divorce or separation. Fewer than 2% are widowed. (The rest divorced but remarried.)

The challenges for single parents raising a child with a bleeding disorder touch all aspects of life, from emotional and psychological stress to financial instability. On top of feeling overwhelmed, Alicia also had to face the drastic financial shift that came with becoming a single mom. Because of her son's hemophilia, Alicia is [afraid to put him in day care](#). She went from 70 hours a week at the salon to 10 so she could be the primary caregiver for Landon. [Her parents babysit](#) when she is working. Alicia supplements her meager income with child support. "I am fortunate that I get to watch my child grow up every day," she says. "But financially, I would never have chosen this."

Most single parents have approximately half the income of two-parent households. This makes them more than four times as likely to live in poverty, the *Journal of Pediatric Psychology* study reported. Stress and fatigue from raising a child with a bleeding disorder are even more pronounced in single parents who also have to work full time, says Diane S. Standish, LSW, a social worker at the Hemophilia Center of Western Pennsylvania in Pittsburgh. This could lead to clinical problems for the child. "If parents are exhausted from having to run the household, work and raise the kids, they may make decisions that are not the best, like delaying treatment," she says.



To help parents find relief, Standish asks them to identify existing resources, such as a trusted family member or neighbor who can care for the child, watch other children during trips to the emergency room and provide respite care. She also recommends that parents get involved in support groups at their HTC or local [National Hemophilia Foundation \(NHF\) chapter](#).

Living close to her parents is an immense source of support for Alicia. Her mother watches Landon once a week while she works. Her dad, a paramedic, is there for her during emergencies. However, Alicia says the primary reason she has been able to manage her son's condition is that she has educated herself and sought support at NHF's [Western Pennsylvania Chapter](#) in Cranberry Township. Last year, Alicia helped with activities, like the fundraising walk in September and the Oktoberfest, where Landon picked pumpkins and played with other children. "When I got involved with the chapter, the first thing they did was give me a hug and offer me their phone numbers," Alicia says. "That has been my biggest help."

Dividing Household Duties

Gina Rescinio, 50, of Oceanport, New Jersey, became a single parent in 2002 when she and her husband ended 10 years of marriage. Her son, Nicholas, 14, has mild hemophilia A, and her two daughters, ages 16 and 11, are unaffected. The emotional turmoil of the divorce, along with caring for three children and serving as her son's primary caretaker, made Gina doubt her ability to tackle it all. But

she went back to work full time as a high school special education and history teacher to support her family.

Gina manages her family by being organized and dividing the duties. The day begins at 5:30 a.m., as she gets herself ready for work and makes sure her kids are getting ready for school. After work, she runs errands and takes the kids to and from activities. By the time the family eats dinner, it's nearly 8 p.m. "There's no time for anything else," Gina says.

Gina treats her children like responsible members of the household, all of whom pitch in to keep it running smoothly. Nicholas and his sisters do the dishes and the laundry; they make their own lunches the night before school. Nicholas mows the lawn and either walks home from school or takes the bus. The more he steps up, the more manageable Gina's to-do list becomes. "I encouraged Nick to take responsibility for himself, and he was able to begin self-infusing this year," says Gina. "This was very positive for his self-esteem."

Working Through Differences

Like other divorced couples, the Rescinios have had to work through their differences in parenting their children, especially regarding Nick's condition. Gina prefers calling the HTC right away about treatment options when Nick is injured. But when Nick goes to his father's house, his dad usually waits to see if an injury develops into a bleed, Gina says.

Parents need to respect each other's differences when managing their child's bleeding disorder. There may be a temptation to feel one parent does not know enough or do things the "right way," says Aime Grimsley, RN, a nurse at the University of North Carolina Hemophilia and Thrombosis Center in Chapel Hill. "But it's helpful for the child to see that parents have different perspectives. Everyone has to have a plan to know the signs and treat bleeds, but there's more than one right way."

Despite their conflict, Rescinio and her ex-husband learned to communicate openly about their son. They keep in touch regularly by phone about Nick's condition and any incidents that happen between visits with Nick's dad. Both parents have the HTC's phone numbers on hand. If Nick needs immediate treatment, his parents have agreed to call each other to meet in the local hospital's emergency room.

Healing the Hurt

Fluid communication can be difficult when divorced parents are struggling with anger or guilt. That's where mediation comes in, says Christopher M. Borriello, MD, assistant professor of child and adolescent psychiatry at Tulane University in New Orleans. "Mediation can help both parents feel as if their needs can be addressed and supported," he says. It can help parents share decision-making responsibilities and talk about divorce with the children at an age-appropriate level. "The most

important thing for parents to remember is that children demonstrate resilience over time.”

Resilience and flexibility are traits Jeff Presti has come to heavily rely on since his



divorce in June 2010. Jeff, 47, Clifton, New Jersey, has had to reinvent his relationship with his 11-year-old son, Rhett, who was diagnosed with severe hemophilia A at birth. Since the divorce, Jeff, who is a service consultant for a Mercedes-Benz car dealership, has had to evolve from the father trying to fix everything to the father who can also be a friend.

The custody agreement allows Jeff to spend every other weekend with his son, which restricts his involvement in managing Rhett's hemophilia. Jeff, who now lives 50 miles away from Rhett, does not infuse his son, nor does he attend physician visits. If Rhett has a bleed, Jeff sends a text message to his ex-wife, a certified phlebotomist. She instructs him in the next steps or asks him to bring Rhett home for treatment.

Jeff's goal is to make his son's weekend visits a respite from hemophilia, if possible. "My time is 100% doing whatever he desires, whether that's watching TV, hitting the flea market or going to the movies," Jeff says. "There will be weekends where we do nothing, because on Wednesday he had to get treatment." He encourages Rhett to communicate openly about his pain and to be independent.

Jeff's strongest support has come from a source he didn't expect: his son Ryan, 19. Ryan, who doesn't have hemophilia, lives with his dad. He saw how miserably Jeff was coping with living on the margins of his sons' lives. "I had the 'woe is me' attitude at first. I went through some terrible times," Jeff says. Ryan told his father the hard truth: "Dad, you're a mess. Stop worrying about us."

"He was right," Jeff recalls. "That moment fixed everything. I stopped being a mess and started being a better man, a better father." Ryan offers that same support to his young brother. "I've never seen my older son be upset with my younger son, ever," Jeff says. "He has always protected his brother."

Support for single parents can come from a variety of sources—neighbors, nurses, friends, relatives, even their own children. That support not only lightens the load of responsibilities, but also helps single parents tap into their inner strength and encourage their children to live healthy, productive lives.

Learn More

- Brown RT, et al. [Single parents of children with chronic illness: An understudied phenomenon](#). Journal of Pediatric Psychology 2008; 33(4): 408-421.
- Find Parents Without Partners chapters and resources: parentswithoutpartners.org.
- Single parenting advice and support: singleparentcenter.net.

Military Mom on Duty

Elizabeth Purvis, 26, is a military wife who has learned to function as a single parent at times. Although her husband, Army Sgt. James Purvis, is actively involved in caring for their son, Benjamin, 2, he could be deployed at any time—again. Benjamin, nicknamed “Tater,” has severe hemophilia A and an inhibitor.

Elizabeth’s first taste of life as a married single parent came shortly after Benjamin had a [brain bleed during delivery](#). The family was transported from their home base in Fort Polk, Louisiana, to a New Orleans hospital. Days before Elizabeth and Tater were released from the hospital, James was ordered to return to his unit. “I was angry because my husband was being taken away at a critical time,” Elizabeth says.

In July 2010, the family was relocated to Fort Stewart, Georgia. Then, James was summoned for deployment to Iraq, leaving on the couple’s second wedding anniversary. This was his second tour since the couple married in July 2008. Elizabeth continued to struggle with resentment as she was left to deal alone with emergency room trips, central line surgeries, port placements and factor infusions.

But what helped Elizabeth cope were the connections she made in the bleeding disorders community via social media, especially with other moms and military wives. In Georgia, Elizabeth didn’t have family nearby for support. “It would have been hell without the other hemo moms on Facebook,” she says. “When my friends from the hemophilia community call to check on me, they’re doing a whole check—on me, the baby, the port, the inhibitor. They have been here with me through everything.”



Sustaining Support Lasts a Lifetime...

Great Lakes Hemophilia Foundation

Headline News - November 2011



You can put your gifts to work now and in the future by planning long term support of the bleeding disorders community through sustained giving to GLHF.

We all know good health insurance is imperative for people with chronic health conditions such as bleeding disorders. Your sustaining support of GLHF provides the ultimate “insurance” for the bleeding disorders community of Wisconsin.

You can make a sustaining gift - one that provides ongoing, consistent support - in a few different ways:

1. Giving through a workplace, United Way, or Federated (for municipal, state, and federal employees) campaign provides an easy way to give throughout the year using payroll deduction.
2. GLHF can make arrangements with you to process a monthly or quarterly gift payment on an annual pledge.
3. Consider including GLHF in your estate plans through a will, trust, or other agreement.

When you give a sustaining gift, you help ensure that individuals and families coping with bleeding disorders will have access to important resources for whatever length of time they need them ...throughout a lifetime if necessary.

Please contact Maripat Monahan (414-937-6783 / mmonahan@glhf.org) with any questions or to make sustained or planned giving arrangements.

Your **Party with a Purpose** can make a world of difference...

As holiday time approaches, we all have the urge to gather with friends and support a worthy cause. Please consider hosting (or co-hosting!) a friendly gathering that raises awareness and funds for Great Lakes Hemophilia Foundation. In fiscal year 2011 GLHF raised \$1,500 through third party fundraisers like birthday parties and workplace fundraisers. There are lots of ideas on the GLHF website in the [Together We Can](#) guidebook. Your support of GLHF's fundraising efforts makes a big difference for the people in the bleeding disorders community who count on our programs and services. Together, we can help individuals and families access the resources they need to achieve optimal health and live life without limitations!

Save the Dates



Orders due Tuesday, November 15, 2011

Holiday Sale

Orders delivered or picked up
December 2-3, 2011



Saturday, December 10, 2011
Family Fun Day
Southeastern Wisconsin

More information coming soon!



January 21-22, 2012
Hispanic Day of Education
Sheboygan, WI

More information coming soon!



Friday, March 30, 2012
Mad Hatter's Reception
Pier Wisconsin, Milwaukee, WI

Teeing
Up for
Charity

Monday, May 16, 2012
21st Annual Teeing up for Charity®
The Bog, Saukville, WI



Friday*- Sunday, June 8-10, 2012
**Wisconsin's Annual
Bleeding Disorders Conference**
Kalahari Resort, Wisconsin Dells, WI

**New this year, the conference will begin on Friday evening!*