

A Kosciusko County Organ Donor Assistance Foundation:

A Feasibility Study

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Prologue

This feasibility study has been conducted and prepared by Mr. Jim Cooper of Hand Industries Inc., and Mr. Benjamin P. Kemper of Dalton Foundries, for the Kosciusko Leadership Academy, and for the benefit of all of the residents of Kosciusko County.

The topic that has been researched, and that is being reported on, is whether or not there currently exists a county wide need for a Kosciusko County "Organ Donor Assistance Foundation".

During the course of this investigation, the authors conducted personal interviews with persons associated with the Indiana Organ Donor Procurement Association, Kosciusko Community Hospital, the Howard County Community Assistance Foundation, (a fully operational Organ Donor Assistance Foundation), and with a local individual who has had to cope with the loss of a family member due to the ever growing national problem of there being a shortage of organs available for life saving transplant operations.

In addition, the authors have also prepared this study based on statistics and information obtained during their researching of recent Kosciusko County demographics, and from the information contained in recent national and local news articles that have appeared in the media pertaining to the topic at hand. A complete listing of the research and informational sources used in preparing this study are found in the bibliography section of this report.

The author's would at this time like to publicly thank all of those who were kind enough to make the time to share their personal information and experiences pertaining to this research topic with

the authors.

In addition, the authors would also like to thank all of those associated with the on-going operations of KLA, as well as their individual sponsors, for allowing them the opportunity to learn more about Kosciusko County, leadership skills, and of course, this very important research topic.

It is the authors' sincere hope that based on the findings and information contained herein, that both the reader and the leaders of Kosciusko County, will be inspired to further investigate this vitally important issue. Especially since it is literally a matter of life or death and/or prosperity or poverty, for some of the current residents of Kosciusko County.

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"TO REMEMBER ME"

Give my sight to the man who has never seen a sunrise, a baby's face or love in the eyes of a woman.

Give my heart to a person whose own heart has caused nothing but endless days of pain.

Give my blood to the teen-ager who was pulled from the wreckage of his car, so that he might live to see his grandchildren play.

Give my kidneys to one who depends on a machine to exist from week to week.

Take my bones, every muscle, every fiber and nerve in my body and find a way to make a crippled child walk.

If you must bury something, let it be my faults, my weaknesses and all prejudice against my fellow man.

Give my sins to the devil.

Give my soul to God.

If, by chance, you wish to remember me, do it with a kind deed or word to someone who needs you.

If you do all I have asked I will live forever.

-ROBERT N. TEST

What Is An Organ Donor Assistance Foundation?

For the purposes of this study, an Organ Donor Assistance Foundation is a non-profit, charitable, community organization whose primary purpose(s) are:

- 1) The educating of the general public about the critical need for transplantable human organs.
- 2) The encouraging of the general public to actually make the very simple arrangements needed to become an organ donor upon death.
- 3) The assisting of those individuals and/or families that are in desperate financial need due to the overwhelming variety of non-insurance covered expenses associated with being a transplanted organ recipient.

As such, an Organ Donor Assistance Foundation, or ODAF for short, is an institution designed to create public awareness about the ever growing need for our increasing of the national supply of human organs that are available for life improving or saving transplant operations.

As a charitable institution , an ODAF would act entirely at its own discretion. It may voluntarily choose to become a payer of last resort for some of the non-insurance covered expenses for those individuals that are in desperate need of some sort of financial assistance in order to either survive long enough to eligible to receive, or to actually receive, some type of organ

transplant surgery.

For example, there are many types expenses that are commonly associated with being a transplant organ recipient that are not covered by any sort of insurance coverage. These could include such things as the gas, food, and lodging expenses that the recipient and/or their family must incur as a result of their having to travel to hospitals in distant cities in order for them to receive the specialized testing, treatment, or therapy needed to sustain them while awaiting for an acceptable organ to become available.

A typical ODAF would be incorporated as a not for profit corporation, and would be governed by a 10-30 member Board of Directors, with its public educational and fund raising activities being carried out via a network of community volunteers and/or the Board itself. The public educational activities would include such things as the securing of free press releases in local newspapers, (as warranted), and the dispersing of informational brochures and the actual forms needed to become an organ donor at public places and public events, e.g local libraries, hospitals, county fairs, etc.

Fund raising operations may include such things as "phon-a-thons", bake sales, direct mail solicitations, the sale of some sort of merchandise, public auctions of donated goods and services, and/or coin canisters placed in public places. In general, it is the ODAF's Board of Directors responsibility to select and implement the type of fund raising event(s) deemed most practical and socially acceptable for their particular local community.

What Types Of Organs Can Be Transplanted?

Due to major medical and technological advances, the list and/or types of human organs that can now be successfully transplanted to recipients has dramatically increased since 1954 when the first living related donor kidney, ("renal"), transplant was performed at Boston's Peter Bent Brigham Hospital.

The sheer variety and types of organs that are desperately needed, and that can be successfully transplanted, usually proves to be quite surprising to most of the people who are not fully familiar with this particular subject.

In general, there are two major categories in which transplantable human organs can be separated into. These are those types of organs, (primarily of the "tissue type") that can be donated by a living donor, and those types of major organs which can only be donated by individuals who have been declared deceased due to an absence of measurable, electrical brain activity.

The types of human "tissue" organs that can be successfully donated by living donors would include such things as skin, bone marrow, and blood. In addition, it is also possible for a living donor that is a close relative to the recipient to donate one of their kidneys, which would be considered a major organ.

The types of major human organs that can be successfully transplanted by "brain dead" donors, would include such organs as heart, lungs, kidneys, corneas, pancreas, and liver. In addition,

many of the tissue type organs of the deceased can also be used.

It is probably the types of major organs that are needed from non-living donors that local county residents are the most familiar because they usually receive the most local and national media publicity, and because usually they involve a life or death scenario for a single member of the local community.

However, the authors have been told, that the actual patient need for the types of organs that come from living donors, (tissue type and kidneys), that dramatically improve the quality of life for the recipient, is far greater than the need for the types of organs obtained from non-living donors. (Thus, the dissemination of this type of information is one of the primary responsibilities and objectives for any ODAF.)

As of March 1991, 22,340 individuals were awaiting a transplant; of these 18,163 were awaiting a kidney transplant. And yet in 1989, just 8095 kidney transplants were performed - 7063 take from deceased donors and 1842 from living related donors.

In most instances, the organs that are donated and received from living donors are obtained from the close relatives of those in need of a transplant operation. This is because it is these individuals who are most likely to have the emotional motivation to be a donor, and they are the most likely individuals who may have the specific types of organs that closely match the chemical and blood make up of the recipient's body.

Thus, the use of a close relative's donated organs could help to minimize the possibility of recipient organ rejection.

It is important to note, that one need not be a relative of someone in need of one of the types of tissue organs available from a living donor, in order to become a living donor. The national need is so great, that the odds are strongly in favor of their being a recipient "match" available for any tissue organs donated.

The most important criteria in determining if a donated organ is usable for a transplant operation is whether or not the donor and recipient share enough biochemical and blood type traits as to make such an operation feasible and safe. In other words, the donor and the recipient must "match up" with one another.

The majority of all organs donated and received from non-living donors are a result of some type of severe head trauma, e.g. auto accidents, gun shot wounds to the heads, fatal falls, etc.

In most instances, the organs obtained from these types of donors are subsequently transplanted into individuals who the donor and the donor's surviving family members never personally knew prior to the time of the actual organ donation. Therefore, these types of organ donors and/or their families are altruistic in nature, ie. they donate their organs solely so others may live.

Unfortunately there are thousands of individuals nationally who actually do not, or can not, become an organ donors upon their death, even though they made the necessary arrangements during their living years. Thus, thousands of organs that could have been used in transplant operations are lost annually because the potential donor's heart had been stopped for too long to allow successful procurement.

Human organs do deteriorate quickly when deprived of oxygen rich blood and become unusable if the donor's heart has stopped beating very long. The maximum time the following organs/tissues can be kept without blood flow is: kidneys (72 hrs.), livers (6-12 hrs.), heart (4 hrs.), lung (4-5 hrs.), heart-lung (4-6 hrs.), pancreas (4-6 hrs.), skin (one year frozen), bone (five years), and heart valves (two years).

It should be noted that physical age is not a critical factor when considering whether or not to become an organ donor. This fact is demonstrated in the following table:

Organ And Tissue Donor Criteria

Organ/Tissue	Age Limit
Kidney	2 months- 70 years
Liver	Newborn - 70 years
Heart	Newborn - 70 years
Heart/Lung	Newborn - 70 years
Lungs	Newborn - 70 years
Pancreas	Newborn - 70 years
Corneas	Newborn - no age limit
Bone	15 years - 70 years
Skin	15 years - 70 years
Heart for Valves	Newborn - 55 years
Soft Tissue	15 years - 50 years

The Scope of the Problem

There are two basic problems facing our nation with regard to actual organ transplantation. These problems are:

- 1) The lack of available organs to transplant.
- 2) The very high financial costs associated with the actual transplant procedures, as well as pre and post operative medical treatments.

There is a growing "organ gap" in this country between the number of major organs being donated annually, and the demand for donated organs. The "potential donor pool" has been estimated at anywhere between 6,900 and 10,700 people nationally, yet the "actual" number of donations has remained virtually unchanged over the last five year period (4,357 donations in 1990). It is also believed that the "potential" national donor pool is decreasing due to greater use of driver safety devices such as seat belts and air bags, and the due to the growing number of AIDS cases nationally.

As shown in the following tables, (1-3), the national demand for donated major organs is indeed great. As of March 1992 there were 26,033 people nationally awaiting major organ transplants, of which 404 of those people reside in Indiana.

(When reviewing these tables, the authors would like to point out that during the course of this study it became apparent that the statistical reliability of some of the information contained in the tables is questionable due to the rapid changes that occur on any given day, i.e. patients die and/or new patients are added on a continual basis.)

TABLE 1

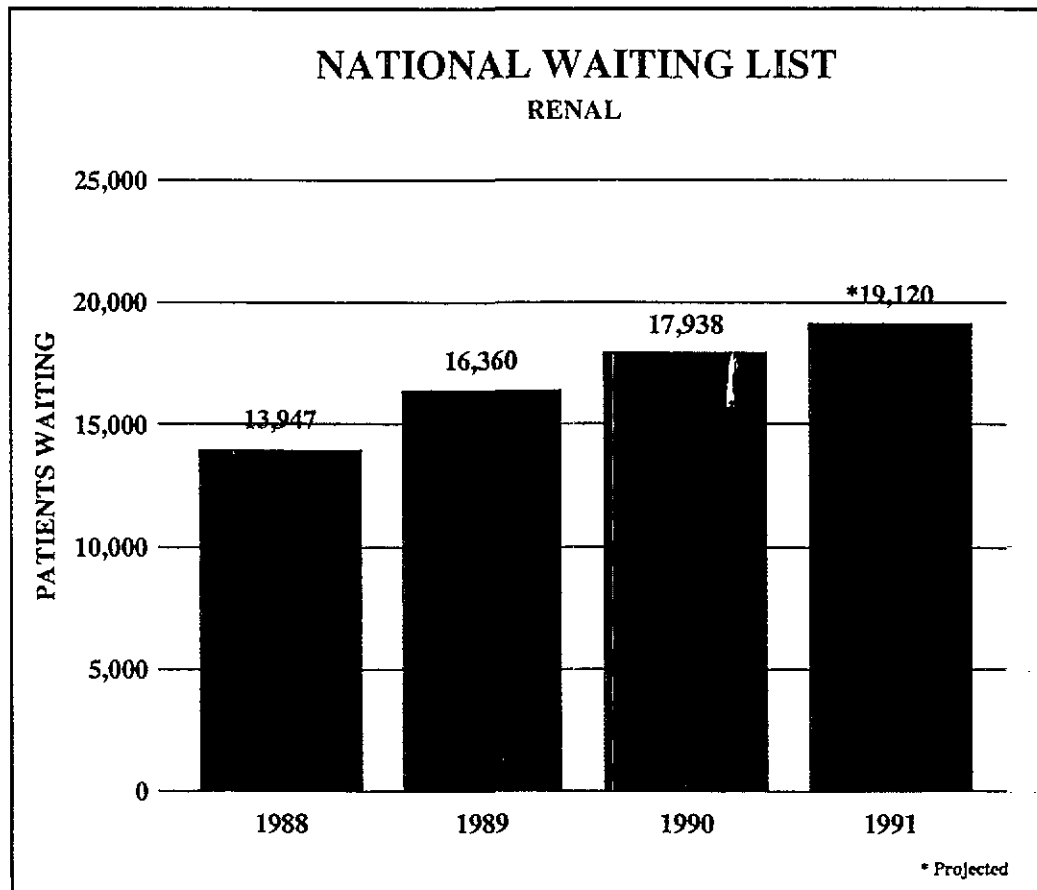
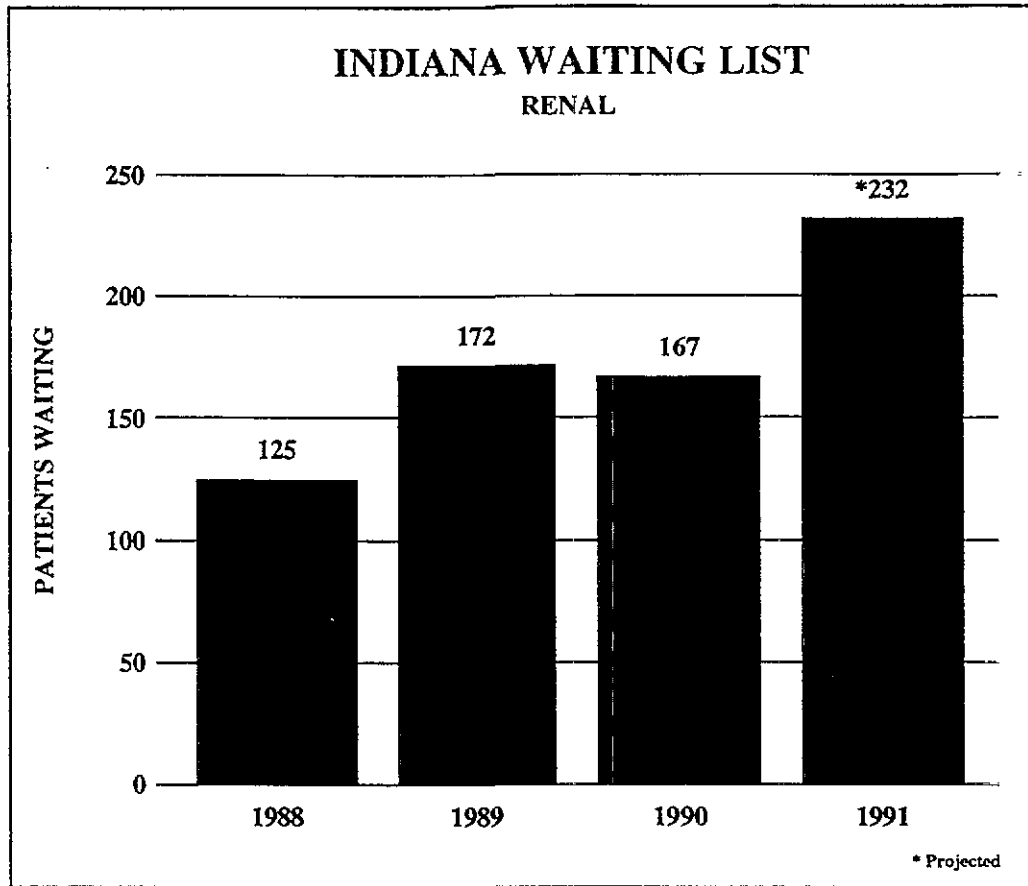
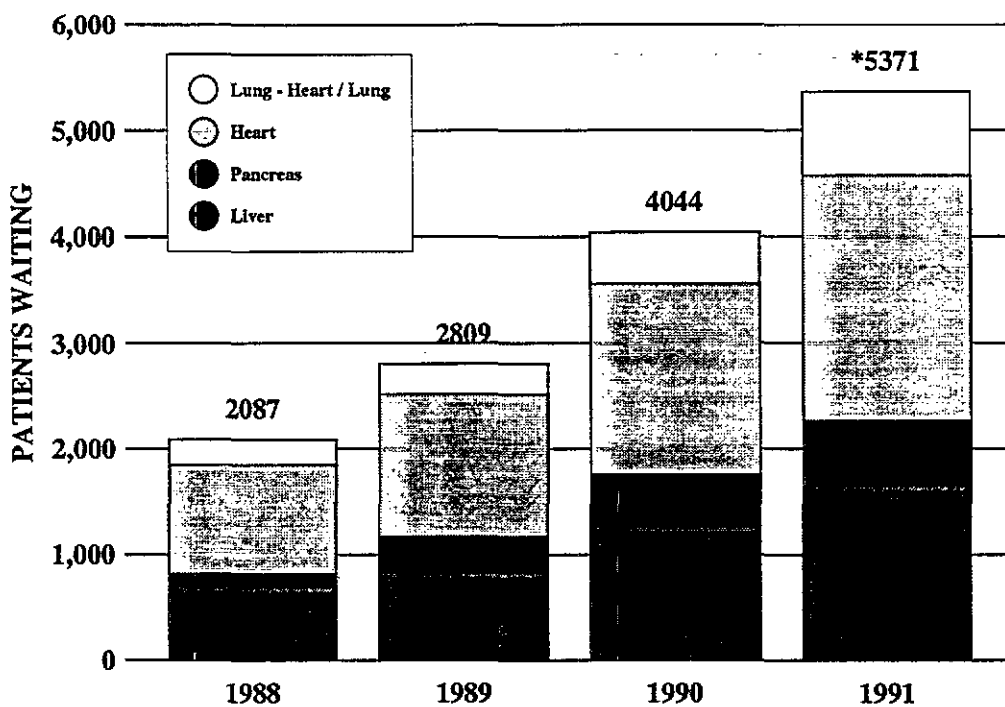


TABLE 2

NATIONAL WAITING LIST

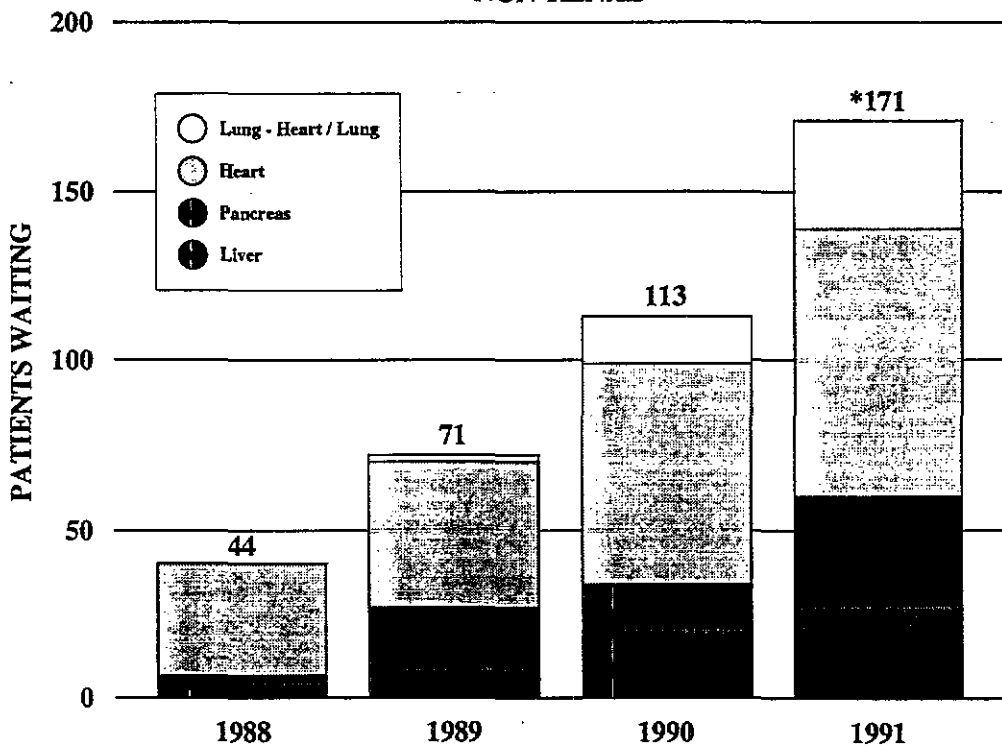
NON-RENAL



* Projected

INDIANA WAITING LIST

NON-RENAL



* Projected

TABLE 3**U.S. Patients Awaiting****Major Organ Transplants****As of 3/18/92**

Heart	2,492
Heart/Lung	156
Lung	729
Liver	1,919
Kidney	20,081
Pancreas	656
TOTAL	26,033

Indiana Patients Awaiting**Major Organ Transplants****As of 3/23/92**

Heart	101
Heart/Lung	1
Lung	36
Liver	29
Kidney	216
Pancreas	21
TOTAL	404

Decreasing organ donations, on both the state and national levels, translates into risky waiting periods for potential major organ recipients. Thus, as shown in Table 4 below, this literally translates to an increase in the number of deaths that can be directly attributed to this decreasing organ supply.

TABLE 4

National Reported DeathsBy Year and Organ Type

	<u>1988</u>	<u>1989</u>	<u>1990</u>
Kidney	757	769	936
Liver	203	317	378
Pancreas	6	21	21
Heart	502	527	650
Heart/Lung	63	78	68
Lung	16	42	56
	----	----	----
TOTAL	1537	1732	2080

In Indiana, there were 90 organ donors in 1990 and only 78 in 1991. Through March of 1992, there have only been 16 major organ donors. This shortage of Indiana donors becomes more dramatic when one considers that there were 260 major organ transplants done in Indiana in 1990, and approximately 280 in 1991.

Bringing this problem down to a County level is difficult due to the lack of hard statistical information that is available. However, thanks to the Indiana Organ Procurement Organization there is some information available regarding the number of people awaiting transplants in Kosciusko and it's surrounding counties.

As shown in Table 5, it appears that our County does not currently have what would be considered a "severe problem" with the number of people currently awaiting major organ transplants.

However, that does not mean that there is no problem, or that such a county wide problem could not develop relatively quickly. And, it is very important to note that this table does not include people awaiting tissue transplants, (bone marrow, blood, and skin).

Through research interviews, it was learned that these types of tissue needs do definitely exist in our county. The authors attempted to assign numerical values to these needs, but were unable to locate a source of reliable statistical information.

However, as stated earlier, given the fact that tissue transplants are used to assist such common problems and diseases as leukemia, cataracts, severe burns, etc., the authors feel it safe to assume that the need for tissue transplants far exceeds the need for major organ transplants.

TABLE 5

Patients In Indiana Counties
Awaiting Major Organ Transplants
(As of 3/23/92)

Kidney: Kosciusko County - 4
 Allen County - 14
 Elkhart county - 7
 Wabash County - 1
 St. Joseph County - 13
 Noble County - 2

Heart: Kosciusko County - 0
 St. Joseph County - 5
 Elkhart County - 2
 Whitley County - 1
 Fulton County - 2
 Allen County - 7
 Wabash County - 2
 Miami County - 1

Lung: Kosciusko County-1
 Fulton county - 1
 Elkhart County - 2
 Allen County - 1

Liver: Kosciusko County - 0
 Elkhart County - 1

Pancreas: Kosciusko County-0
 Allen County - 3
 St. Joseph County - 2
 Wabash County - 1

Another Current National Dilemma

The nation is currently facing a moral, legal, and ethical dilemma concerning whether or not to allow for the removal of the transplantable organs from infants who have been born with just a brain stem, rather a fully developed brain. The brain stem is that part of the brain which controls only the autonomic functions of the body, (heart beat, respiration, etc.).

A well publicized recent case involving this issue occurred in Florida in 1992, and is commonly referred to as the "Baby Theresa" case. Current Florida laws, which are like those found in many states throughout the country, states that absolutely all brain activity of the donor must have ceased entirely, (including brain stem activity), before the donor's organs can be removed.

Thus the removal of the organs which Baby Theresa had available to donate to other critically ill children, (while her heart was still beating), was forbidden by the legal system. This prevention occurred even though Baby Theresa could not have lived long term with just a brain stem; that other children would die without those needed organs; and even though it was Baby Theresa's parents who were petitioning the court to allow her organs be removed in order to help save the lives of other ill children.

Given the critical national shortage of organs available for transplant to critically ill infants, the issue of allowing the organs of terminally ill infants, like baby Theresa, to be donated while there is still some sign of measurable brain activity will definitely become more pressing for us as a nation as time goes on.

Undoubtedly, it will eventually become the duty of the U.S. Supreme Court to decide whether or not the sustaining of one fatally ill infant is worth the sacrifice of many other critically ill infants. Thus, only time will tell how the nation will handle this ever growing problem in the years ahead.

The Financial Crisis

Due to the rising costs of health care in this country today, only a very few people nationally who could self finance all of the various direct and indirect medical costs associated with any type of major organ transplant surgery. And unfortunately, most people also lack the type of extensive insurance coverage that would be needed to cover all of these types of direct and indirect expenses.

In a fact, a recent study conducted by Roger Evans, of the Battelle-Seattle Research Center, showed that only one out four Americans could financially afford to bear the average cost of the actual transplant surgery. He calculated that 67 million, people, (one out of four), in the United States lack the insurance to cover a major organ transplant. These people are eligible to donate organs but due to financial reasons may be unable to receive them.

The costs associated with organ transplantation are indeed overwhelming, and they need to be addressed. As of 1990 the average kidney transplant cost \$25,000 to \$30,000, a heart transplant \$57,000 to \$110,000, and a liver transplant \$135,000 to \$230,000. And, these cost figures do not include the expenses associated with pre-operative medical treatments needed to remain alive prior to the operation, or post-operative medical expenses.

Many hospitals will not even put a person on a waiting list for an organ unless that person is able to demonstrate the ability to pay. These facilities won't overtly discriminate in this manner, but rather choose to do so in a covert manner. This situation is referred to as the "green screen".

An example of this could be the case of a bone marrow transplant. Once the computer registry has identified potential matches, the patient has to pay anywhere from \$175 to \$600 to have each of them tested. Since insurance companies usually don't pay for the testing of anyone except the patient, once the patient's money runs out, most computer registries stop working.

After an operation, permanent use of immunosuppressive drugs may cost from \$4,000 to \$10,000 per year and there will also be other unexpected medical fees associated with the transplant that will occur.

It also is important to keep in mind that often times, either one or both, parents of a critically ill child in need of a major organ transplant must be readily available 24 hours a day, just in case a suitable organ becomes available for their child. This can mean that those parents must either take extended leave of absences, or give up their jobs to be with their ill child.

And, often times, these same type of parents are forced to mortgage their homes, (if they are lucky enough to own a home), and/or borrow extensively from other relatives or friends in order to raise the monies needed for the treatment of their sick child.

What happens to these parents and/or families when despite all of their efforts to save their child, the child eventually dies?

Not only are they left suffering in state of profound grief, but often times they find themselves completely financially devastated from the experience as well.

It is important to keep in mind that these are people, who prior to their discovering of the fact that their child was critically ill, were hard working, tax paying citizens. But now, due to this devastating emotional and financial experience, these same people are so overburdened in medical expenses that their discretionary income and their tax monies are virtually permanently lost to the community in which they live.

These people can literally go from being a vital contributor to the economic health and well being of their local community and state, to being a burden on their local and state welfare services in a very short time period. Thus, the authors feel that it would be reasonable to draw the conclusion that these types of personal tragedies, do in fact affect everyone in the community and state. This is because of the economic ripple effect(s) that can result from such an unfortunate, and expensive, family medical crisis.

What Can Be Done To Address The Problem?

A 1990 Gallup poll revealed that 85% of the U.S. population was in favor of organ donation by a deceased relative. However, when it came down to actually donating organs, this number was dramatically lower for a variety of reasons.

Only 25% to 30% of American families consent to the donation of a loved one's organs. This percentage may be so low because either the deceased family member's wishes were not known, the living family members are not asked to consider donation, and/or that the deceased family member's family was asked in an insensitive in some way that did not respect their grieving.

The formation of local "organ donor assistance foundations" would help to alleviate some of these problems. This is because ODAF's readily make available pertinent information required to become an organ donor prior to death.

This same Gallup poll also indicated that family members were twice as likely to donate the deceased person's organs, if they had made it known that they wanted to donate their organs. Again, a local ODAF would help in this instance as well.

There have been laws enacted requiring hospitals staff members to ask the families of dying patients to consider organ donation. However, the organ donor gap has continued to widen due to the increase in demand. Therefore, it may be necessary for the federal government to establish a national program that will ensure an

adequate supply of organs, and the equitable distribution of them.

Many people feel that in order to increase the number of organs available for transplant, the policy of a death benefit payment to motivate families of potential organ donors should be adopted. This payment, if small enough would not be coercive, would not change current laws prohibiting organ brokerages, and would not affect the fair allocation of transplantable organs. If such a policy actually increased the number of procurements, then some feel that it should be adopted on a national level.

The media can, and does, play a role in helping people in need of a transplant find the either the necessary organ or money required for the transplant. Unfortunately though, the media is unable to give this type of coverage to all of those in need of a transplant operation.

However, due to the fact that the "organ gap" is a serious and growing national problem, the media should play a larger role in the educating of the general public about this matter. Again, the formation of local ODAF's could assist in this cause via their frequent press releases concerning this topic.

Summary

The authors' feel that these research efforts have demonstrated that there is in fact a need for the establishment of a Kosciusko County Organ Donor Assistance Foundation.

This local ODAF would be responsible for the dissemination of information concerning the growing "organ gap" problem on a national basis, and would be proactive in providing the public with the types of materials needed to become an organ donor.

In addition, this ODAF would begin to raise the substantial amount of funds needed to eventually financially assist those county residents whose lives may become affected by the need for a major organ transplant by one of their family members.

Since our county has been extremely fortunate up until now in terms of the relatively low number of residents who have required a major organ transplant, the authors' feel that now is definitely the time to begin establishing the base capital needed to establish a long term financial trust fund. Future, charitable, financial assistance offered to local residents could be allocated using the interest accrued on the principal monies in the trust fund.

Since this research was truly conducted only as a feasibility study, it is the sincere hope of the authors that this topic will be further addressed by a future KLA class. In an effort to assist those future KLA cadets in the actual establishment of a Kosciusko County ODAF, the authors have provided copies of the actual by-laws used by the Howard County Community Assistance Foundation in the bibliography section of this study.

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BY-LAWS OF THE
COMMUNITY ASSISTANCE FOUNDATION, INC.

ARTICLE I

MEMBERSHIP

Section 1. CLASSES. The membership of the Foundation shall be made up of the following classes: Life, Regular, Contributing, and Honorary.

Section 2. LIFE MEMBERSHIP. A Life Membership in the corporation may be granted by the Board of Directors to such persons as contribute to the Foundation a sum in an amount determined by the Board of Directors from time to time.

Section 3. Regular members shall be such persons as shall be approved for membership by the Board of Directors.

Section 4. Contributing members shall be such persons as shall have made contributions to the Foundation in a sum determined by the Board of Directors from time to time.

Section 5. Honorary members shall be such persons as shall have been selected by the Board of Directors for such distinction by reason of outstanding service for the benefit of the Foundation, their contributions of their time, talent, money, or property for the benefit of the Foundation.

Section 6. VOTING RIGHTS. All members of all classes of membership shall be entitled to one vote each.

ARTICLE II

MEETINGS

Section 1. The annual meeting for the transaction of such business as may be necessary or advisable shall be held on the last Tuesday in April of each year. Notice of the time and place for holding such meeting shall be given the members not less than one week prior to the holding of such meeting, in such manner as the Board of Directors may order.

Section 2. Special meetings may be held at any time on the call of the President or by order of the Board of Directors, or on the written request of fifteen (15) members. Notice of the time,

place, and object of such meetings shall be given to the members in such manner as the President or the Board of Directors may order.

Section 3. Any meeting may be adjourned from time to time until its business is completed.

ARTICLE III

OFFICERS

Section 1. The officers shall consist of a President, First Vice-President, Second Vice President, a Secretary, a Treasurer, and such other officers as the Board of Directors may establish from time to time.

Section 2. All officers shall be elected by the Board of Directors.

Section 3. The officers shall perform such duties as are ordinarily and customarily incumbent upon their positions, and such other duties as may from time to time be determined by the Board of Directors. All checks and drafts shall be signed by the President or Vice-President, and countersigned by the Treasurer or Secretary.

ARTICLE IV

BOARD OF DIRECTORS

Section 1. The Board of Directors shall not consist of more than thirty (30) of the members in good standing of the corporation.

Section 2. The members of the Board of Directors shall serve for periods of three years, except the initial Board, ten (10) members of which shall serve until May 31, 1985, ten (10) shall serve until May 31, 1986 and ten (10) of which shall serve until May 31, 1987. As terms of Directors expire, their successors shall be elected by the members of the corporation at the annual membership meeting. No Director shall serve more than two (2) consecutive terms or more than six (6) consecutive years which ever is shorter.

Section 3. The Board of Directors shall have the entire and complete control and management of the Foundation, except as to such matters as by statute must be admitted to the members.

Section 4. The Board of Directors shall hold such meetings, either regular or special, at such time and place as it shall determine and upon such notice as it may provide.

Section 5. The Board may authorize such committees to carry on the functions and to achieve the purposes of the Foundation as it may desire and may provide for their appointment, functions and duties.

Section 6. A majority of the Board of Directors present shall constitute a quorum for the transaction of business at any meeting of the Board, provided, that if less than a majority of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time without further notice.

Section 7. Any vacancy occurring in the Board of Directors shall be filled by the Board of Directors. A director elected to fill a vacancy shall be elected for the period until the next annual membership meeting, when a regular successor shall be elected by the members of the corporation for the balance of each unexpired term.

ARTICLE V

BOOKS AND RECORDS

The corporation shall keep correct and complete books and records of account and shall keep minutes of proceedings of its members, Board of Directors and committees having any of the authority of the Board of Directors, and shall keep at the principal office a record giving the names and addresses of the members entitled to vote. All such books and records of the corporation may be inspected by any member, or his agent or attorney for any proper purpose at any reasonable time.

ARTICLE VI

FISCAL YEAR AND BUDGETARY MATTERS

The fiscal year of the corporation shall begin on the first day of March and end the last day of February of each year.

Funds contributed to the Foundation shall be invested in such investments as will produce a maximum of income so long as it is consistent with safety of principal.

An annual audit of the corporation's books and records shall be completed within sixty (60) days of the close of the fiscal year and at such other times as the Board of Directors may from time to time direct; such audit shall be performed in accordance with generally accepted accounting principals by a person or persons selected by the Board of Directors.

ARTICLE VII

REPORTS

The officers of the corporation shall report annually to the Board of Directors the transactions conducted by the corporation during the preceding fiscal year.

ARTICLE VIII

AMENDMENTS

These By-Laws may be amended by a majority vote of those members present at any regular meeting, or at any special meeting called for that purpose.

ARTICLE IX

All meetings shall be conducted in accordance with Robert's Rules of order.

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ORGAN DONOR CARD

I, _____, in the hope that I may help others, hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my wishes.

I give: (a) any needed organs or parts.
 (b) only the following organs or parts:

Please specify organ(s), tissue(s) or part(s)

Signature of donor

Date signed

Witness

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Yes, I have discussed my wishes with my family.

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We need you to become



LUTHERAN HOSPITAL OF INDIANA

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