

# LEGACY PARTNERS

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## VISIONARY | FRED FELDMESSER

“My life really started when I was 11 years old,” recounts Fred Feldmesser about his introduction to NewYork-Presbyterian Hospital and the beginning of a relationship that has flourished for more than 64 years.

In the mid-1950s, Fred’s grandfather was a patient at the Hospital, now known as NewYork-Presbyterian/Columbia University Irving Medical Center. Fred’s mother took him to visit because she wanted her son to meet another patient. His name was David; at five years of age, he was undergoing treatment for brain cancer. “I didn’t understand the disease or my reaction to it,” Fred recalls. “What I did understand was that there was always a sense of calm within the walls of the Hospital.” Each time David made the trip to the Hospital for radiation treatments, Fred would visit his friend. When they were apart, the boys would send each

other postcards. The friendship was deeply meaningful, although it would last only three years—David passed away at age eight. A child himself, Fred always wanted to do more for his friend, not comprehending that their time together was the ultimate gift.

“What I did understand was that there was **always a sense of calm** within the walls of the Hospital.”

Fred’s father was one of the original founders of New York’s Diamond District in the 1930s. As a child, Fred had promised David’s mother that he would become a doctor. But as circumstance would have it, Fred followed in his father’s footsteps and studied gemology. Today, he is an

## BREAKTHROUGHS IN HEART DISEASE: A DISCUSSION WITH MATHEW S. MAURER, MD



Director of the Clinical Cardiovascular Research Laboratory for the Elderly (CCRLE), NewYork-Presbyterian Allen Hospital; Arnold and Arlene Goldstein Professor of Cardiology, Columbia University Vagelos College of Physicians and Surgeons.

*A general internist and geriatric cardiologist board-certified in heart failure and cardiac transplantation, Dr. Maurer specializes in the care of patients with heart failure and studies cardiovascular disease in older adult patients.*

### What inspired you to specialize in geriatric cardiology?

I've had a long-term interest in merging the fields of geriatrics and cardiology, since research has shown that older adults are disproportionately affected by cardiac disease. The U.S. and the world's populations are aging, with the fastest-growing segment being the over-85 population. So I've been able to integrate my personal interest in cardiology with a rising need for this specialty to focus on older adults.

### Are older adults at higher risk for certain cardiac diseases?

Aging is the most important risk factor in the development of cardiac disease, including more common disorders such as hypertension, valve disease, and arrhythmia. However, these are disorders that are spread across all demographics—they affect younger patients as well as older ones. The disease that I'm currently focused on, which is almost exclusively seen in older populations,

is something we used to call senile cardiac amyloidosis—not a very nice name—but now it's called transthyretin cardiac amyloidosis.

### Could you explain what transthyretin cardiac amyloidosis is and how it affects those who suffer from it?

Discovered here at Columbia in the 1970s, transthyretin is a protein produced in everyone's body by the liver to transport thyroid hormone and retinol-binding protein. (That's where we get the name.) If you can picture it, the protein folds into a shape with three other identical proteins to form a structure that looks like a four-leaf clover. In some people, the protein falls apart and the pieces get stuck inside the heart, resulting in a condition we call transthyretin cardiac amyloidosis. The protein deposits make the heart thick and stiff, weakening the heart muscle, inhibiting cardiac function, and leading to heart failure.

### How common is cardiac amyloidosis among older adults?

This disorder was at one time thought to be rare; doctors seldom tested for the disease, and it was difficult to diagnose because it required a heart biopsy. But it's not rare. It turns out there's both a wild type of the disease, which occurs with aging, and a genetic form. The two populations in the U.S. affected with the genetic form are African-Americans, of whom one in 25 to 30 carry a mutation that leads to this disease when they're 65 years of age or older, and people of Irish descent, who carry a common mutation called the Appalachian mutation.

I've been researching cardiac amyloidosis for 10 to 15 years. A few years ago, researchers here at NewYork-Presbyterian/Columbia University Irving Medical Center developed the PYP scan that essentially revolutionized the diagnosis. Now, we can replace a heart biopsy with this readily accessible and efficient scan, which can be done in any cardiac practice

## TANYA J. VAN BERGH: A LIFE OF ART AND GIVING



“Tanya was a consummate New Yorker and patron of the arts,” says Kim Clancy, first cousin, once removed, of the late Tanya J. Van Bergh. Growing up in New York, Ms. Van Bergh was a free spirit, pursuing a career in the performing arts and studying classical Indian dance and ballet. She worked professionally for many years as a dancer and later served in various roles at the Metropolitan Opera, including director of volunteer programs for the organization.

Ms. Van Bergh tirelessly shared her passions with those around her. “Throughout my youth and during my college years, Tanya would regularly treat me to trips to museums, the ballet, and the opera,” says Kim. “She was so cultured and was always bighearted and interested in discourse. Tanya radiated with a sense of generosity and an eagerness to immerse herself in what she loved and share it with those she loved.”

Though she never had children, Ms. Van Bergh cared deeply for those of her family and friends, and she was propelled by a passionate heart. “She was so excited when I began a family,” says Kim. “She cherished my children and treated those of her friends as if they were her own.”

As Ms. Van Bergh grew to require more assistance in her later years, Kim was happy to be of help to

the one who had so lovingly nurtured her in her youth. However, the complications of coordinating the many facets of elder care soon became evident to both Ms. Van Bergh and Kim.

Ms. Van Bergh’s visits to NewYork-Presbyterian left a lasting impression on her, and the care she received at the Hospital informed her decision to remember the organization in her estate plans. “Tanya was profoundly affected by the impact cancer had on loved ones, and through her own experiences, she recognized the difficulty of coordinating care,” says Kim. Ms. Van Bergh wanted to make sure that her philanthropy would benefit a medical center focused on cancer research and integrated care for cancer patients, spurring her to leave a lasting legacy for NewYork-Presbyterian.

We are deeply grateful to Tanya Van Bergh for her thoughtful bequest and are pleased to recognize her generosity by naming a space at the Hospital’s new ambulatory care facility, the David H. Koch Center.



### SUPPORT LIFE-SAVING HEALTHCARE WITH A BEQUEST

Like Tanya Van Bergh, you may choose to include NewYork-Presbyterian Hospital as a beneficiary of your will or living trust. When you do so, you support the Hospital’s work in the future while remaining in control of your assets during your lifetime.

We suggest the following language for your will or living trust:

**“I give, devise, and bequeath to New York-Presbyterian Fund, Inc., a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York, (the sum of \$\_\_\_ or \_\_\_% of my residuary estate) to be used for the general corporate purposes of NewYork-Presbyterian Hospital as its Board of Trustees shall determine.”**

For more information:

**Phone:** (646) 317-7499 **Email:** [legacy@nyp.org](mailto:legacy@nyp.org) **Online:** [www.nyp.org/giving/planned-giving](http://www.nyp.org/giving/planned-giving)

(New York-Presbyterian Fund, Inc., exclusively supports NewYork-Presbyterian Hospital. The Tax Identification Number for New York-Presbyterian Fund, Inc., is 13-3160356.)

## ■ FRED FELDMESSER continued

internationally known private jeweler and educator. However, the Hospital would always have a place in his heart. “I go to work in the morning and look at stones,” he says humbly. “Doctors wake up every morning and care for children, give them new hope.” Fred refers to children’s hospitals as “monuments to the sacredness and sweetness of life.”

Fred’s experiences as a child cultivated not only a strong sense of empathy but also a lifelong dedication to be a part of the amazing work at hospitals and the impact they have on children’s lives. During his 20s, while living in Cambridge, Massachusetts, Fred began volunteering at Boston Children’s Hospital. It was on one serendipitous visit when a patient presented Fred with a thank-you card addressed to “Freddy Rocker.” It was in that moment that Fred’s alter ego was born. “I cherish this gift of the perfect name for the persona I became,” he says.

Children’s hospitals are  
 “monuments to the sacredness  
 and **sweetness of life.**”

Hospitals became the platform from which the budding gemologist could share his passion while delivering a bit of wonder to pediatric patients in need. He asks, “What child doesn’t love and treasure a stone that sparkles?” And so, the Freddy Rocker Gem Show was born.

Part storyteller, part teacher, and part showman, Freddy Rocker entertains pediatric patients, along with their families and caregivers, teaching them about treasures from the earth. The children are as involved as can be: Freddy’s shows encourage his audience to share their stories and dreams. The children have the opportunity to touch real gemstones, prehistoric shark teeth, and even a piece of “kryptonite!”

As Fred explains, “What I am really telling them with these objects is that the world awaits them

outside the hospital, a world filled with magic, color, and excitement.” At the end of each show, Freddy Rocker has all kinds of special treasures for the kids to keep for their own: carved agate geodes, crystal bracelets, and much more. “I tell them, ‘When you need strength, touch that stone, and you are tapping into strength and beauty,’” he says.

In the many years and decades since David’s passing, Fred has never forgotten his first days at NewYork-Presbyterian Hospital. Although Fred now resides in Los Angeles, he returns each year to attend the annual celebration for pediatric heart transplant recipients and their families at the NewYork-Presbyterian Morgan Stanley Children’s Hospital.



Fred Feldmesser with NYP Morgan Stanley Children’s Hospital former patient, Christophe Lafontant.

Since the first successful heart transplant performed at our Hospital in 1984, 567 children have been given second chances at life. Through his affiliation with the Hospital, Fred is keenly aware of how blessed he has been. An enduring friend and partner, he has selected NewYork-Presbyterian as a beneficiary of his estate. Fred’s generosity will touch patients, young and old, for generations to come. “There are few hospitals that are so special,” he says. “To be a part of this truly extraordinary family is a gift from the heavens.”

## ■ BREAKTHROUGHS IN HEART DISEASE continued

in the country. Because of its ease of use, the PYP scan has led to more frequent testing, and it turns out that between 15 and 20 percent of patients with certain types of heart failure have cardiac amyloidosis. The good news is now we can treat it with a new drug, tafamidis, which was originally studied on nerves and now has been shown to be effective for transthyretin amyloidosis in the heart.

### What has been the impact of tafamidis so far?

I've been working with colleagues, studying this drug for more than a decade. A recent trial conducted on 441 individuals with an average age of 75—upward to 90—has shown tafamidis to be a home run. Of those people with amyloidosis who received the

“We provide world-renowned cardiovascular care for people of all ages with heart diseases and disorders, and we successfully treat some of the highest-risk and complicated cases in the world.”

drug, 33 percent were less likely to die than those who received the placebo, and 30 percent were less likely to be hospitalized for cardiac conditions. The drug is taken orally once a day and is well tolerated. This was the only drug trial I've been involved with where the people who took the placebo complained more of side effects than those who took the drug. Really, tafamidis has had very positive clinical effects and reduced the decline in walking and quality of life that occurs in patients with transthyretin cardiac amyloidosis.

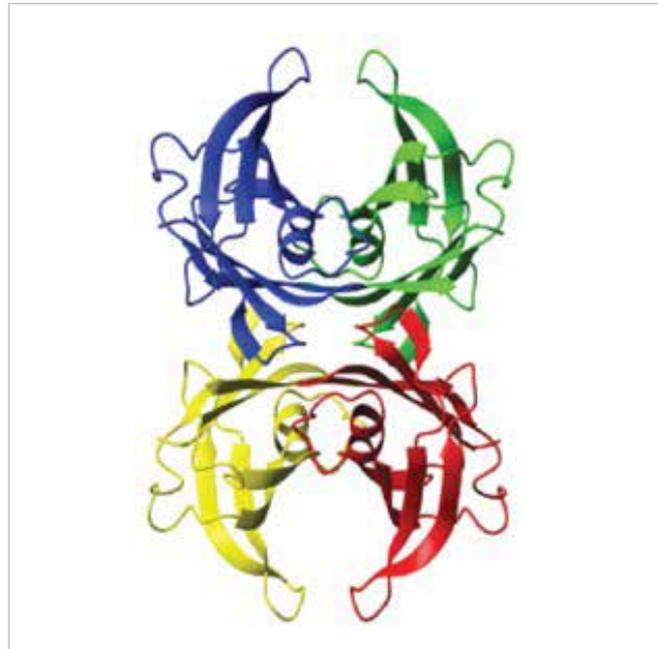
### What's next in the treatment of cardiac amyloidosis in older patients?

Amyloidosis affects people after the age of 55 to 60, but we want to catch the disease in its early stages—rather than when it progresses to middle- or late-

stage heart failure. When we catch it early, we can reduce the mortality rate by 64 percent with tafamidis, which is huge.

These findings have led us to conduct studies in which we try to screen patients earlier, before their hearts become thickened and stiff. Because our scan can pick up amyloid before patients have symptoms, we can identify the disease at a stage when tafamidis, and possible other transthyretin stabilizer drugs, can have tremendous benefit.

One study I'm conducting with a colleague in Boston on 800 people with heart disease is called SCAN-MP (Screening for Cardiac Amyloid Using Nuclear Imaging in Minority Populations). Our findings have been important because it turns out that amyloidosis has been reported in London as the fourth-leading cause of heart failure among African-Americans.



A rendering of the protein structure of transthyretin. Misfolding of these proteins contributes to amyloid diseases.

## HELP US SAVE LIVES—WHILE YOU RECEIVE GENEROUS INCOME

One way you can support the Hospital's life-saving work is through a Charitable Gift Annuity. A gift annuity might significantly increase your cash flow while helping the Hospital provide the best, most compassionate care to every patient, every day.

Here's how a NewYork-Presbyterian Charitable Gift Annuity might benefit you:

- **Increased income for you with attractive annuity rates**

A Charitable Gift Annuity (CGA) is created with a simple contract between NewYork-Presbyterian and you, in which the Hospital promises to make fixed, annual lifetime income payments to you and/or a loved one in exchange for your donation. The annuity rate paid is based on age and can be quite generous compared with the low yield of many securities.

- **Payments begin when needed**

You and/or a loved one can begin to receive income immediately, or can defer payments to a future date, which will provide a higher annuity rate.

- **Significant tax savings**

In exchange for your irrevocable donation of cash or marketable securities, you will receive an immediate charitable income tax deduction—and a portion of each annual payment may be tax-free.

- **Security**

Your payments are secured by the assets of NewYork-Presbyterian Hospital, an organization with the highest level of fiscal responsibility, and are backed by a separate reserve account dedicated solely to annuity payments.

- **Affordability**

The minimum donation required to establish a CGA with the Hospital is \$10,000, and the minimum age at which one can begin to receive payments is 65.

- **Satisfaction**

And, of course, you will provide generous support for NewYork-Presbyterian, helping us to provide the best healthcare available anywhere.

Here are some sample payout rates based on an annuitant's age at the time the gift is made:

Age	70	75	79	84	87	90+
Rate	5.6%	6.2%	7.1%	8.1%	8.7%	9.5%

For more information:

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**Online:** [www.nyp.org/giving/planned-giving](http://www.nyp.org/giving/planned-giving)



## MEET THE PLANNED GIVING TEAM



Lynn Hoyte, Nick Pitaro, and Ieroo Park.

Our Planned Giving team is available to answer your questions about gift options, such as bequests, charitable gift annuities, charitable trusts, or tax-free giving from your IRA. We would be pleased to consult with you and/or your advisors, in confidence and with no obligation.

Please contact us using the enclosed reply card, or feel free to call or email us at:

(646) 317-7499 or [legacy@nyp.org](mailto:legacy@nyp.org), or visit [nyp.org/giving/planned-giving](http://nyp.org/giving/planned-giving)

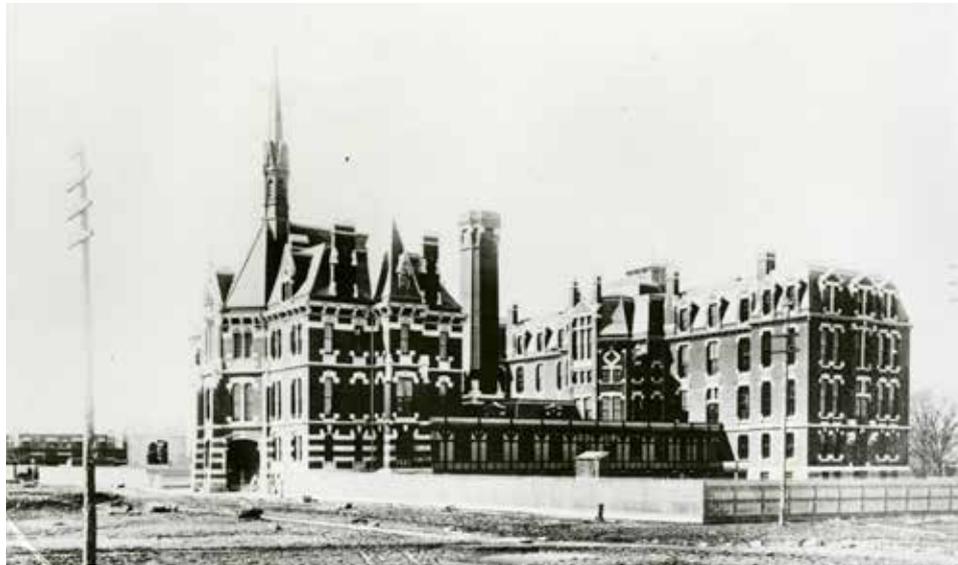
## ■ BREAKTHROUGHS IN HEART DISEASE continued

**Cardiology at NewYork-Presbyterian consistently ranks high in *U.S. News & World Report's* annual hospital ratings. How has the high quality of care at the Hospital affected older cardiac patients?**

Being at NYP makes all the difference. We provide world-renowned cardiovascular care for people of all ages with heart diseases and disorders, and we successfully treat some of the highest-risk and complicated cases in the world. Our physicians continue to lead and participate in multicenter clinical trials, which improve treatment for heart disease, and our Heart Transplant Program, one of the first in the nation, has performed more of these surgeries than any other hospital in the country.

As for cardiac amyloidosis in older patients, until recently, there was no place else to be in the world than NewYork-Presbyterian. In fact, we had people coming here from all over the world for an early access program, where people who knew they had cardiac amyloidosis could gain access to tafamidis. Studies have shown that the earlier the disease is treated, the better the chances for a higher-quality, longer life for cardiac amyloidosis patients. The Hospital's steadfast commitment to excellent care cultivates such opportunities.

## A CORNERSTONE OF NEWYORK-PRESBYTERIAN LAID IN 1868



The original Presbyterian Hospital at Park Avenue and 71st Street.  
*Courtesy of: Archives & Special Collections, Health Sciences Library, Columbia University.*

Encompassing a full square block at Park Avenue and 71st Street on the Upper East Side of Manhattan, the original site of the Presbyterian Hospital was a pivotal foundation for the medical institution that eventually became part of NewYork-Presbyterian.

The plot of farmland was donated by 19th-century philanthropist James Lenox, who helped establish this Hospital in 1868 “for the poor of New York, without regard for race, creed, or color.” New York was in dire need of expanded healthcare for all its residents: Waves of European immigrants arrived by boat, urban livestock roamed the streets, and people lived in crammed tenements. Outbreaks of cholera, typhoid, and tuberculosis were frequent.

The original Hospital, designed by architect Richard Morris Hunt, began with just 300 beds. In 1911, philanthropist Edward S. Harkness helped establish a partnership between the Hospital and Columbia University, and in 1928, Columbia-Presbyterian Medical Center moved to Washington Heights.

Today, NewYork-Presbyterian is among the foremost academic medical centers in the country. Comprising 10 Hospitals throughout the New York metropolitan area, and partnered with two Ivy League medical schools, Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons, we provide the best, most compassionate patient-centered care to every patient who comes through our doors.

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or visit [nyp.org/giving/planned-giving](http://nyp.org/giving/planned-giving)

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