

Biography

Denise Redeker

Heart Transplant Recipient

Founder and Executive Director of Heartfelt Help Foundation, a nonprofit public charity

Denise was born and raised in the San Fernando Valley area of Los Angeles, attended high school in Montreal while her aircraft engineer father was on special assignment there, and graduated from UCLA (political science). She was working as Vice President of Marketing for a national legal services firm when she decided to focus full time on raising her young son. Until childbirth, Denise had no known heart condition. On the day Matthew was born, Denise's father-in-law (USC medical school professor of hepatology and liver transplant researcher and collaborator with Dr. Thomas Starzl) held his newest grandchild in her hospital room for an hour while the family chatted. As doctors tend to do, he kept an eye on her EKG monitor, and after an hour of watching it, he saw an otherwise imperceptible irregularity in her heart rhythm. He mentioned this to Denise's hospital doctor who agreed she should be evaluated by a cardiologist after discharge. So began Denise's path toward a heart transplant.

The cardiologist confirmed a slight abnormality that required no immediate intervention. After about ten years of management via pharmaceuticals, hypertrophic cardiomyopathy was indicated, and she received an implanted pacemaker-defibrillator. A few years later, she was referred to the advanced heart failure monitoring and therapeutics department of her health care provider. In late December 2017, her advanced cardiologist concluded based on her several "minor" cardiac arrests in recent months, during which the device intervened, that her heart was severely damaged from the episodes in addition to being weak, enlarged, stiff, and producing a low ejection fraction from long term decline. Her doctor said the best of modern medicines might be able to maintain her low-level heart function for at most another two years but soon would become decreasingly effective. Then, her heart will enter uncontrollable decline wherein neither the implanted device nor any medications will be able preserve its function, prolong her life, or prevent, or save her heart from, another arrest. This devastating information drove her and husband Jim to tears.

The good news that day was that Denise, age 54 at the time, was young enough and her other organs appeared healthy enough to make her seem a good candidate for a heart transplant. Denise immediately began the many tests and tasks toward being formally considered. Two weeks into the evaluations, Denise suffered yet another cardiac arrest, was revived by her implanted defibrillator and hospitalized. Fearing she would not survive another episode if at home, she was kept inpatient until her evaluations were complete. Denise soon qualified for transplant, medically, financially, psychologically, and socially and was listed at Stanford Hospital. Her heart was considered at imminent risk of uncontrollable, unrevivable failure so within a few days she qualified for the next suitable organ in Stanford's region (Priority 1A at the time). Denise was extremely grateful that her body was very average and accommodating in all relevant ways thus she would have few conflicts with available hearts. She received and accepted an "offer" in late January 2018 – one month after learning she needed transplant – and entered her 12-hour overnight surgery. In the morning, the lead surgeon told Jim that she

was doing well and her new heart was “fantastic” in that it appeared vibrant and very healthy. He said it began pumping merely from his hand warming it, without electric stimulation. Beforehand, another doctor reported that Denise’s surgery would be postponed several hours because the donor had been so healthy that his organs would be able to save several other lives and doctors wanted to be sure to find homes for all of them.

The surgery team re-opened Denise’s sternum twice that morning to address persistent leaks and several days later she was rushed back to ICU for intense pain. Maximum dose medications could not control it and nearly stopped her breathing; Jim couldn’t detect her breaths. Narcan revived her breathing but reversed the pain medication, so she suffered many hours of extreme pain without relief. Her neck still shows scars from the additional carotid artery entry points the ICU doctor needed immediately. That night she learned a first example of the truism, no matter how bad one’s own condition, there’s always someone worse off than you. That night, the patient in the next bed suffered an all-hands cardiac emergency that sounded alarms and scattered furniture. She never heard whether he survived. Later she met a patient who had simultaneous heart and lung failure and a dual-organ transplant, she learned of patients with complicated body size and/or chemistry issues that dangerously prolonged their waiting times for a suitable organ, and she met others who because they were so sick needed to accept offered organs that were less than ideal. Denise was discharged from Stanford Hospital with her new heart on Valentine’s Day 2018. She initially recovered in an apartment near the hospital, and was re-hospitalized multiple times before being allowed to go home. She suffered cellular and antibody rejection, e-coli and salmonella infections, and her chest incision would not heal for several months so she endured a wound vacuum for a long period. She pushed her insurer to approve cardiac rehabilitation and still exercises every day to honor and maximize the gift of life she received.

While recovering in the temporary apartment which her medical team required but her insurance paid only part of the cost (even though it was generous in many other ways), Denise wondered how financially challenged heart transplant patients pay for what their doctors require but their insurance doesn’t cover. She thought about the many ways transplant patients can be in financial despair at the same time they reach the end stage of heart disease or have sudden heart failure. She learned that myriad adverse situations could befall patients who can’t afford what their doctors require.

In 2020, to help fill these gaps for Northern California heart transplant patients in financial distress, Denise formed Heartfelt Help Foundation,¹ a 501(c)(3) public charity, where she raises funds to help them pay medically required expenses that insurance doesn’t cover and other essential expenses that are unaffordable because of the transplant. No other such organization existed in her area then or exists now. In five years of operating the nonprofit, Denise has helped dozens of patients and parents of pediatric patients to pay for otherwise unaffordable clean, safe, private, and individualized temporary lodging that facilitates recovery for the months required and in the expensive areas near the San Francisco Bay Area transplant

¹ www.HeartfeltHelpFoundation.org

hospitals. Likewise, she has helped them pay other essential expenses they couldn't afford like their rent, car loan, medical travel, utilities, and groceries. Her motivators were equity and access; Denise believes that heart recipients of modest means deserve the same quality recovery lodging and in the same near-hospital locations as patients with larger means use. Likewise, she knows they occasionally need a helping hand when they run out of money because the transplant prevented them from returning to work as soon or as fully as expected. Her motivators also have been the outcomes of her programs: patients who are medically and financially fragile have lodging that's appropriate for their unique needs and is near the hospital for the frequent follow-up care, they begin their second chances at life without crippling debt from the expense, and they avoid eviction, car repossession, shutoff of their utilities, or missed medications or medical appointments. From her firsthand experience with a heart transplant, she mentors people to, through, and after their transplants to help them make the most of the life changes that come with being a transplant recipient and she often educates the public about organ donation and transplant, regularly speaking to classes at her local high schools.

Denise has become a Transplant Thriver and she uses her second chance at life to provide for others to become the same.