Son’s memory lives through monthly donations

Green jackets built Clinic history, secure its future
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Son’s memory lives through monthly donations
Ed and Mary Anne Arendt began making monthly donations to Marshfield Clinic Research Foundation five years ago when their only son, Steve, died of complications from hemophilia.

In the 60 months since, they’ve been pleased to see Steve’s name appear regularly in a thank you recognition Marshfield Clinic publishes each month in the Marshfield News-Herald. “I like to see his name in the paper,” Mary Anne said. “Otherwise, the name kind of vanishes.”

Both Ed and Mary Anne, of the Marshfield area, were surprised when Steve, as a baby, suffered a small cut that just wouldn’t stop bleeding. The diagnosis of hemophilia, a life-threatening disease that keeps blood from clotting, was devastating news for the family. Steve’s only sibling is his sister Jean Arendt Machart, who is a vice-president of product development and management at a Fortune 300 company.

Throughout his life, Steve remained upbeat with a finely honed sense of humor. At age 5, he learned quickly to ride his bicycle without training wheels even though he had a fused right leg because of knee surgery related to hemophilia. He played softball and had a good throwing arm. Later he went hunting, snowmobiling and fishing.

A blood product called Factor VIII helped provide clotting and allowed Steve to travel with his family around the United States, New Zealand and Australia. He earned his bachelor’s degree in history and his master’s degree in library science and information studies with honors from the University of Wisconsin-Madison. While he was there he attended Badger games, made friends who didn’t know he had hemophilia, and went to Florida with them on spring break.

As activities became too difficult for him, he turned to fishing and gourmet cooking. “He kept moving to things he could do rather than complain about what he couldn’t do,” Ed said. “He didn’t give up on life.”

Right to the end Steve was joyful and full of life. The weekend before he died he planned a family vacation to a northern Wisconsin resort for later in the summer. Although he had died, the rest of the family took the vacation in his memory. The day before Steve went to Saint Joseph’s Hospital for the last time, he drove his dream car, a 1997 Mustang Cobra convertible, home from a Minneapolis garage. The car was a recent purchase, and he had waited several weeks for a supercharger to be added to it.

Jean considers her brother a Renaissance man. “Steve was a versatile and creative conversationalist. He enjoyed the company of many people of all walks of life,” Jean said.

Steve holds Sport, his beloved dalmation puppy.
When improved Factor VIII products were produced, Steve’s life and the entire Arendt family’s lives were greatly improved. These products were the result of research. “Research is so important,” both Ed and Mary Anne said. “We are responsible to help improve lives, and supporting research is one way we do that.”

“Supporting the efforts of Marshfield Clinic Research Foundation is easy,” Ed said. “We give a donation every month. Once we started giving, we realized that anyone could give because any amount is accepted.” Donations may be mailed, of course, but Ed and Mary Anne enjoy visiting with members of the Development Department, so they usually deliver a donation each month. “The staff is so friendly and welcoming,” Ed said. “It’s a pleasure to stop in.”

Ed and Mary Anne, both retired from teaching careers, keep busy in the lives of Jean and their son-in-law, Brian Machart, and their three granddaughters. They enjoy charitable activities, travel and their three horses.

**Steve’s name on Lifetime Giving Wall**

Because of Ed and Mary Anne Arendt’s donations to Marshfield Clinic Research Foundation in memory of their son, Steve, a plaque was placed on the Lifetime Giving Wall. It reads “In Memory of Steven Arendt.” Friends and other family members also have donated.

The giving wall is one way Marshfield Clinic celebrates the one-time and ongoing gifts from donors and friends, said Lynneia Miller, coordinator of stewardship for Marshfield Clinic’s Development Department. “When people pass by the wall they sometimes look for their family or their loved one.”

Plaques reflect the lifetime giving of individuals, families and businesses. Giving can be a wonderful way for a family to leave a lasting legacy and improve lives for future generations. “It’s so special to see people looking for their plaque, pointing it out to children or parents,” Miller said. Development staff can provide directions to each of the 2,684 plaques on the wall. “We’ve moved some plaques to different locations on the wall. We are happy to help find a particular name,” she said.
Every day, friends of Marshfield Clinic remember and honor relatives and others by making contributions that support research and education programs necessary to enhance the quality of healing and caring.

Memorials honoring these individuals were received from January through March 2007.

Marie M. Acker
Howard Adams
Clara C. Ahlquist
Joseph F. Amerson
Joanie Anderson
Orphia B. Anderson
Steven E. Arendt
Ted Arneson
Buddie “Gene” Artz
Donald Aumann
Suzanne Baltus-Zecherle
Hans Barczewski
Bernard Bauer
Glenn and Helen Bean
Edmund and Lucille Beining
Norbert M. Bell
Nadine Belmont
Marlene Below
Benedict J. “Ben” Bembenek
Florence R. Benson
Randy Bergstrom
Ardel Bertucci
Lorraine Beyerl
Donald W. Bierman, Jr.
Sarah J. Blanchard
John J. Blochynski, Jr.
George H. Bodette
Joseph F. Boh
Joseph Bohman, Jr.
Margaret C. Bohman
David L. Brean
Jocelyn W. Brehm
Lois A. Brown
Paul R. Bugar
Jeanette A. Burger
Edgar S. “Ted” Burkhardt
Mary “Kay” Busch
Shirley J. Capes
Albert Carollo
Charlene J. Carter
Harry Clark
Richard D. Cleveland
Byron C. Crowns
Dianne D. Cullen
Wayne Dake
Betty Daniels
Dr. Dean J. Danner
Earl L. Darling
Dan Decker
Elaine M. Degenhardt
Gilbert Dobrinski
Melody Meissner
Dovenburger
Ida Draxler
Lee Dressendorfer
Carl E. Eeckes
Harold A. Esser
Wilbur F. Feith
Darrell F. Felloher
Terese J. Femrite
Haaken Foss
Mary L. Frey
Loretta M. Fritschler
Helen Fritz
Thomas H. Fruhe
Dennis Garber
William “Pat” Garrigan
Betty Jean Glyn
Richard W. Goes
Lindsey R. Hauke
Valanace R. Hayes
Gerald Heiting
Lester W. Henning
David W. Herrmann
Marjorie Higgins
Dennis Hildebrandt
Don Hiller
Dr. Dayton H. Hinke
Betty Holmquist
Dolores Hornung
Helen L. Huber
Rita A. Hutchins
Harry J. Huter
William and Caroline Imaehl
Marian Indger
Dr. Daniel M. Jacobson
Dr. Donald H. “Doc” Jenkins
Denis J. “Bud” Jirschele
Arleen M. Jiskra
Joseph and Carrie Joas
Alfred T. Johnsrud
George and Sandra Kann
Donald “Hezzy” Kappus
RoseMarie (Schlecht) Lietz
Helen Lindrud
James P. Lingford
Diane Louze
Gertrude Helen Macht
Cydelle Manchester
Ernest J. Mancl
Jacob and Mary Marinich
Dr. Robert Marti
Clarence and Bernice Martin
Leora E. Matthews
Ossie and Alice May
Eugene McCaghy
Kenneth R. McGrath
James L. McNamara
Janet M. Meier
Steven L. Meissner
Mae Melbinger
Janice Miller
Steve J. Miller
Byron Moen
John F. Moore
Shari Nate
Jeroma L. “Jerry” Neis
Karen Nekola
Darlene E. Nesbitt
Raymond Donovan Newberry
Susanne K. Noeldner
Doris E. Oleson
Elwood Olson
Irene D. Oppen
Loren H. Osman
James E. Paasch
Vic Panetti, Jr.
Katherine Patrick
Gerald F. Paul
Donald Ray Pellizzaro
James R. Peterson
Joseph and Agatha Plucinski
Richard F. Popp
Dr. Gerald Porter
Helen I. Potts
Mildred Pratt
Dr. Louis J. Ptracek
Robert C. Radlinger
Daniel W. Radtke
Lori M. Ranta
Ray Ranta
Mae C. Reinhardt
Vi Rhodes

“Please accept this gift in appreciation of the wonderful care my family and I have received by your doctors and staff.”

Pat Lightfoot, Cancer Survivor
Eau Claire
Violet M. Rhodes
Julia “Judy” Risseeuw
Father Rork
Grant R. Rose
Kim R. Russell
Ronald R. Rux
Jeannie Saule
Margaret Schill
Merlin L. Schjoneman
Anna M. Schleicher
Joshua Mark Schmitz
Milton “Bob” Schraufnagel
Romayne Schueller
Ruth Schuttpelz
Erna M. Schult
Jim Schumacher
Norman C. Seipp
Trudy Seiter
Bernard H. Severson
Chin-Te Sheu
Mabel J. Shippee
Paul Sigel
Mary Jane Sitkawitz
Stanley D. Skalecke
Debra Smith
Patricia Smith
Rita L. Smith
Neil Sokolowski
Margaret “Peggy” and
Stanley Sommers
Kay St. Arnauld
Fred Stary
Steve Steffen
Evelyn M. Sturm
Dr. Ludwick R. “Jiggs”
Svoma
Evelyn J. Syth
Virginia Szlabick
Magdalene Szmurlo
Charles Szostak
Woodrow E. Tesmer
Lawrence E. Tessmer
Arnold and Erma Tiedt
George Tork
Kenneth Truax
Lisa Van Eekhout
Roshell Volkmar
Robert W. and Bette
Von Lutzow, Sr.
Donna M. Vruwink
Jean L. Vylacil
Robert C. Wachholtz
David L. Wagner
Willard D. Walker
Art Weber
Cletus P. Weber
Fern M. Weber
Wilbur C. Weilep
Eugene Wein
George and Hilda Wendt
David A. Whetstone
Robert H. Wibben
Maureen R. Wilcott
James Wildrick
Ruth J. Will
Dr. Gail H. Williams
Linda Wilson
Winifred “Winnie” Winch
Donald L. Winn
Barbara J. Winrich
Elaine Yoho
Ronald W. Zieher
Arnold E. Zimmermann
David L. Zoromski
Loretta B. Zwaschka

In Honor of
Kimberly A. Bliven
Lacey E. Bowen
Susan M. Buehler
Dr. Lawrence H. Clouse
Paul and Brenda Hoffer
Peggy Driessen
Dr. Dean A. Emanuel
Dr. Scott S. Erickson
Adele Ernst
Carol L. Ernst
Kedrin Ernst
Lee and Sandy Ernst
Lloyd Ernst and Janet
Van Deusen
Joyce C. Guenther
Christine A. Haley
Reed E. Hall
Dr. John J. Hayes
Holly J. Heuer
Mary Hirsch
Dr. Gaby A. Iskander
Michelle Kultgen
The Honorable Melvin R.
Laird
Dr. Richard A. Leer
Dr. Russell F. Lewis
Concetta I. Maki
Arlene B. Manci
Florence J. Marietti
Marshfield Clinic Wisconsin
Rapids Center Staff
Dawn R. Mrozinski
Marjorie Petzel
Dr. Douglas J. Reding
Dr. Thomas L. Sell
Bob and Kathie Shafer
Dr. Steven B. Standiford
Elizabeth Suckow

Thank you

Dr. James V. Thomalla
Donald F. Tom, Jr.
Dr. Humberto J. Vidaillet
Foster H. C. Will
John Kelly first heard about Marshfield Clinic during graduate school at the University of Chicago, and he visited Marshfield Clinic 20 years ago while working in Detroit. “I was always aware that Marshfield Clinic did good work,” he said. “Marshfield Clinic has always been held in high regard.”

Kelly, who has been the Clinic’s East Division administrator for two years, said he was looking for an operations position that allowed him to be closer to patient care, where changes and improvements are easier to see. “A variety of administrative work is needed in health care, but I like some types of work better than others,” he explained. “Marshfield Clinic is a good fit for me.”

“It is remarkable, in this largely rural area in Wisconsin, to have such high quality medical care and research that Marshfield Clinic provides,” he said. “In the business of medical management, Marshfield Clinic is way ahead of the rest of the country.”

For Kelly and his wife, Jane, donating to Marshfield Clinic is a natural extension of their support for its mission. “It is important to give back to organizations whose missions you believe in,” he said. “Jane and I believe that giving back and sharing what we have is an important reflection of who we are as a family.” Kelly does not designate his donation to a specific purpose, trusting instead that Marshfield Clinic will put the funds to the best use.

Kelly said his faith, his family and his work are the most important aspects of his life. “I look at work as an expression of the other two,” he said. “I feel my philosophy fits well with Marshfield Clinic’s mission – to serve patients.”  

- Meet the People of Marshfield Clinic -

John Kelly
Department: Administration, Eastern Division
Years at Marshfield Clinic: 2
Doug Reding, M.D., believes that he’s lucky. He was raised on an Iowa farm by parents who encouraged and supported education. He believes their legacy in giving back led to his career and his commitment to community. He believes in the high quality health care that he and more than 700 other physicians at Marshfield Clinic provide to patients. He also believes that life is more than work, and work is more than taking care of the person in front of him.

Dr. Reding started donating to Marshfield Clinic in 1988, two years after he joined the system. His first donation was in support of the Ben R. Lawton Center, which houses research laboratories and research administration. “I think people give for many reasons,” he said. “They give because it feels good, because there is a need, because they believe in a good cause. Those are all reasons I give to Marshfield Clinic.”

Dr. Reding has donated to capital campaigns for research buildings, but most of his support goes to fund medical research and education at Marshfield Clinic. Research expands and improves the care he provides to patients, he said. “As an oncologist, I know the only way we get better and improve care is through research.” Supporting research, and specifically cancer research, allows Dr. Reding to increase the scope of the care he provides.

Recently, he made a donation to the Pink Ribbon Cancer Survivors’ Garden, located at Marshfield Clinic Wisconsin Rapids Center. The garden will provide a soothing place for patients and families affected by cancer. It features a ribbon of pink pavement that winds through the garden. “I donated in honor of my father-in-law, who died of cancer,” Dr. Reding said.

Organizations must use donations wisely to earn Dr. Reding’s support. “It’s important to me that charities do not spend a great deal to raise funds,” he said. “I want my donation to go to the cause. I feel comfortable giving to Marshfield Clinic.”

“As an oncologist, I know the only way we get better and improve care is through research.”

Doug Reding, M.D.

A second cause close to his heart is the American Cancer Society. Dr. Reding is the Midwest Division president of the American Cancer Society and has been active in the group throughout his career. Marshfield Clinic is privileged to have an American Cancer Society navigator on site. This person is specially trained to help people diagnosed with cancer learn about their disease and to facilitate services in the health care system. “We were among the first clinics in the country to have a navigator on site,” Dr. Reding said.

Dr. Reding not only supports research, he conducts research. The next set of screening results from the Prostate, Lung, Colorectal, Ovarian (PLCO) cancer study, funded by the National Cancer Institute, will be completed in the next few months. This study is determining whether intense screening for specific cancers improves outcomes. Dr. Reding is the principle investigator for Marshfield Clinic’s portion of the study.

He also is principle investigator for the Men’s Health Study, which is looking for links between environmental exposures and incidence of prostate cancer. “In rural areas, men are often younger when diagnosed with prostate cancer,” Dr. Reding said. “We are trying to understand why that occurs.” Another question he is trying to answer is why farmers have a higher incidence of prostate cancer. “It might be related to exposure to pesticides, but it also may be because farmers tend to be older, and prostate cancer usually occurs in older men.”

Results will be reported soon on a brain cancer study, also connected to farmers. “We may be able to tie exposure data to changes in the DNA of the cancer tumors,” he said. If exposure is linked to cancer, reducing exposure should reduce tumors.

A rural women’s health study is linking information from Marshfield Clinic’s Personalized Medicine Research Project to data from the PLCO. “We have a great deal of data in both studies and when we link the information, we can analyze the role different exposures play in breast cancer.”

Dr. Reding, who also serves on the School Board in Auburndale, said working with the American Cancer Society (ACS) and the school district...
allow him to learn from different organizations. He also is vice president of Marshfield Clinic and Chairman of the Research Foundation’s Board of Trustees. “I think diversity in work and volunteer activities keeps you good at what you do,” he said. “Serving on the school board and working with the ACS, I’m developing skills on the job that I can use at Marshfield Clinic.”

Already a leader, Dr. Reding recently graduated from Leadership Marshfield. Each class develops several community projects, designed to foster leadership skills and improve the community. His group project is working for a smoke-free Marshfield. “As an oncologist, at some point you have to say that cigarette smoking is a public health issue,” he said. “Yes there is personal choice. But people who don’t smoke are getting smoking-related cancers due to second-hand smoke. That’s not personal choice.”
During Marshfield Clinic events, a distinctive group stands out in their green sport coats. These retired physicians, who dedicated long careers at Marshfield Clinic, have made helping the Clinic maintain a strong foundation a goal in retirement as well. This group, known collectively as the Green Jackets, volunteer as ambassadors for the Clinic.

At a dedication event for a new Marshfield Clinic building, some retired physicians talked about the need for a clear Clinic or physician presence at public events. “There were many people from the city at the dedication, and we thought those people should know where to turn with questions,” said Dean Emanuel, M.D., a retired cardiologist and member of the emeritus physician group. “We wanted people to know that physicians are interested in these projects.”

Several members of the Green Jackets emeritus physician group are pictured above (from left) George Magnin, M.D.; Russell Lewis, M.D.; Robert Greenlaw, M.D.; Joseph Ousely, M.D.; Dean Emanuel, M.D.; Dieter Voss, M.D.; Raymond Hansen, M.D.; Thomas Rice, M.D.; and William Dovenbarger, M.D.

The Green Jackets attend many public events, including building ground breakings and dedications, Science on Sunday, a donor recognition event, and the Lawton Lecture, said Chief Development Officer Steve Yorde. “The Green Jackets are a visible sign of the depth of feeling that these emeritus physicians have for the mission and values of Marshfield Clinic,” he said.

The physicians wear green jackets in honor of the Masters green jacket that Melvin R. Laird owns as a member.
of the Augusta National Golf Course. Laird is a Marshfield native and long-time supporter of medical research at Marshfield Clinic and around the world.

In addition to serving as ambassadors for the Clinic, the physicians who wear green jackets have been instrumental in financially supporting Marshfield Clinic. During the recent employee capital campaign for an addition to the Laird Center, the Laird Center for Medical Research, each Green Jacket physician donated money and supported staff in the Development Department with requests to specific physicians. The campaign has raised more than $1 million from physicians and staff as part of a $40 million campaign for the building.

For Ray Hansen, M.D., retired pediatric allergist and immunologist, helping Marshfield Clinic is “payback time. I like the Clinic. I’m proud of the Clinic and what it’s doing, particularly today in research,” he said. “When I give, I want to do something for this place. This is where I worked for 21 years, completed an internship and a medical school rotation. I want to see it grow and thrive.”

That’s the sentiment shared by many of the physicians. Robert Greenlaw, M.D., said spotting his former colleagues in their green jackets made him curious. “I wanted to wear a green jacket,” he said.

For Dr. Greenlaw, a retired radiation oncologist, and his wife, Louise, giving to Marshfield Clinic began during the 1970s and continues today. “Practicing medicine and supporting research go together,” he said. “Every one of the people I worked with was involved in clinical trials. This was how we chose to shape our practice.”

Dr. Dovenbarger attends events and supports the Clinic because he wants to see it continue to grow and thrive. “I think research is important to a high quality medical clinic,” he said.

Dr. Emanuel, who was among the physicians in initial discussions about developing a green jacket program, said continued involvement with Marshfield Clinic is a hallmark of many retired doctors. “We’d like to have even more support,” he said. “To me, if you’re going to work for an organization, your heart should be in it and you should be willing to contribute whenever possible.”

Support from retired physicians is crucial, Yorde said. “We rely on their passion and enthusiasm for Marshfield Clinic to open doors not only to their colleagues, but to introduce us to their former patients who were grateful for the high quality care provided at Marshfield Clinic,” he said. “We are grateful for the involvement and contributions these doctors continue to make as we build the future of medicine.”

Members of the Green Jacket group are:
- William Dovenbarger, M.D.
- Dean Emanuel, M.D.
- Robert Greenlaw, M.D.
- Raymond Hansen, M.D.
- Russell Lewis, M.D.
- George Magnin, M.D.
- William Myers, M.D.
- Thomas Nikolai, M.D.
- Joseph Ousley, M.D.
- Thomas Rice, M.D.
- William Toyama, M.D.
- Dieter Voss, M.D.

Calendar

Thursday, June 14
Pink Ribbon Garden dedication
Marshfield Clinic Wisconsin Rapids Center

Tuesday, June 19
“Fore the Kids” Steven Meissner Memorial Golf Classic
RiverEdge
Marshfield

Saturday, July 14
Weber/Driessen Family “Fishing for a Cure” ALS Benefit
Hollandtown Park
Kaukana

Tuesday, August 21
“Golf to Benefit Cancer Research”
Lake Arrowhead
Nekoosa

Monday, August 27
“Fore a Cure” Golf Event
Greenwood Hills
Wausau

Thursday, September 20
National Farm Medicine Center, Auction of Champions
Marshfield

For more information on these events, please call Teri Herr-Wilczek at 715-389-3249 or 1-800-858-5220.
Study targets possible genetic risk for fibromyalgia

Fibromyalgia is a chronic pain syndrome that is difficult to diagnose and treat. The fibromyalgia syndrome (FMS) affects millions of people in the United States.

Fibromyalgia is among the most common conditions treated by rheumatologists and physical medicine specialists. FMS is characterized by widespread muscle pain, sleep disturbance, fatigue and morning stiffness. The pain is often described as “migratory,” in that it tends to move around the body. This makes FMS especially difficult to diagnose.

The fact that there are no diagnostic tests physicians can rely on to confirm the diagnosis or follow the course of the condition simply adds to the challenge of diagnosing and treating FMS. In fact, for many years, clinicians disagreed over whether fibromyalgia was even “real.”

Principal Investigator Jonathan Reeser, M.D., Ph.D., has begun a research project designed to evaluate a possible genetic risk factor for fibromyalgia. Using data from the Personalized Medicine Research Project at Marshfield Clinic Research Foundation, the study will explore whether the prevalence of a gene called apolipoprotein E4 (APOE4) is higher in people with fibromyalgia than in people with no history of the disease. The APOE4 gene also is a marker for Alzheimer’s disease and cardiovascular disease.

Dr. Reeser decided to investigate the APOE4 gene because the gene has also been found to be associated with poor outcomes from head trauma. Although no specific genotype has thus far been definitely associated with fibromyalgia, previous epidemiologic studies have suggested that the syndrome has a distinct genetic component. Furthermore, increasing evidence suggests that fibromyalgia results from a defect in the processing of pain signals by the central nervous system, and APOE4 is thought to play an important role in central nervous system function.

The study is just getting under way. “The long-term goal of this research team is to identify clinically useful genetic and biochemical markers for the fibromyalgia syndrome,” Dr. Reeser said. Presently, FMS is a diagnosis of exclusion—meaning that other conditions that could result in similar symptoms must be ruled out before the diagnosis of fibromyalgia can be made with confidence. Consequently, patients often experience frustrating delays in arriving at an understanding of the cause of their perplexing list of symptoms. Based on prior studies, we know that women tend to be diagnosed with the syndrome more often than men (by a 9:1 ratio), but the reasons for this disparity are not clear.

Dr. Reeser hopes that by “gaining a foothold” in understanding of the genetics of FMS, researchers may be able to pave the way for further research that will yield additional information that in turn may enhance the ability to care for people who suffer from fibromyalgia.

The treatment of fibromyalgia focuses on symptom management and typically includes a combination of patient education and counseling, regular exercise and medication.
Who should I name as trustee of my revocable living trust?

Jim Bartelt: One important decision you will face if you are establishing a revocable living trust is who to name as trustee to manage the assets your trust controls. Although you can be your own trustee, or name just about any other adult, there may be situations in which a corporate trustee should be considered.

A corporate trustee might be appropriate if you do not wish to serve as your own trustee during your lifetime (for reasons such as declining health or lack of time or interest) and you do not have any children or other trusted relatives or friends either living nearby or who are willing to serve as your trustee.

If you decide to be your own trustee, you might consider naming a corporate trustee to be your successor trustee to step in and manage your trust for you when you can no longer act due to incapacity or death.

Another option is having a relative (perhaps one or more of your adult children) and a corporate trustee work together as co-trustees. This would give you the professional experience and objectivity of a corporate trustee combined with the personal involvement of someone who knows you.

You should consult with the members of your financial and estate planning team concerning the selection of the trustee(s) who will manage and distribute your assets for the benefit of you and your named beneficiaries.

For additional information on making a planned gift to Marshfield Clinic, please contact Karen Piel, planned giving officer, at 1-800-858-5220 or e-mail piel.karen@marshfieldclinic.org.
Life has its moments.

Get the best neonatal care so you can enjoy every one of them.