

Leslie Anne Hummel will carry all her supplies on her bicycle when she rides 4,500 miles across the country.

Photo courtesy of the Hummels



## BICYCLE

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Maine, her fundraising efforts are right on schedule.

Her bike training, she says, is another story. A graduate of Greensboro Day School, Hummel is undertaking an ambitious academic program in Potsdam, N.Y., completing her senior year of high school and freshman and sophomore years of college simultaneously. She manages to squeeze in daily stationary bike rides, but she says she'll have to wait for the spring thaw to really begin serious training.

But for a varsity track, cross country, basketball and softball athlete, getting in shape to ride an average of 50 miles a day shouldn't be too difficult.

And if the strength in her legs begins to waiver, her enthusiasm can take over.

"I would like nothing better than to contribute to the cure," says Hummel, whose own sister was diagnosed with juvenile diabetes at the age of 13.

Hummel was only eight at the

time, but she remembers her mother rushing her sister Elizabeth to the hospital.

Although the signs of juvenile diabetes were all there — sudden and extreme weight loss, constant hunger and an unquenchable thirst — the family's pediatrician missed the diagnosis, nearly costing Elizabeth her life.

And Elizabeth isn't Hummel's only relative with the disease. Six of her cousins have it, and the disease is so widespread in her family tree that her mother's side of the family is the subject of a medical study.

"If you look at the family tree, it's kind of scary," says Hummel. "Each one of us has the scary possibility of passing that gene onto our children."

Hummel hopes that by the time she has children, there will be a cure for the disease.

"It seems maybe absurd, but we really are a whole lot closer to a cure than it might seem," she says, sounding more like a doctor than a young woman in the midst of applying to colleges. "The solutions for the cure will really come from genetics."

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## CANCER

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experience from being "just a scary one to one with a different dimension to it."

Adds Morgan, "It's easier to come back to a place to get treatment with a friendly face to meet you."

It's also possible that the volunteers improve the patients' physical response to their treatment.

Kevin Sowers, manager of the hematology and oncology units at Duke and director of Duke's Cancer Care Consortium, says, however, that psychology does not necessarily affect a patient's condition.

"If you don't have a positive attitude, it doesn't mean you're going to get sicker," he says.

Sowers, who took care of Linda Schanberg Clark when she was a patient at Duke and has worked with the volunteer program since its inception, says the program "provides wonderful support opportunities for all types of patients and families."

The volunteers work with patients in Duke's outpatient clinics who are undergoing surgery, chemotherapy, radiation or a bone marrow transplant.

Volunteers say the positive attitude of patients is contagious.

"Cancer patients I find as a whole are so upbeat," says volunteer Pat Booth. "It is very rare to find anyone in tears. No matter what's bothering me, when I leave I feel better."

But Booth also sees the more difficult side of cancer. Although it isn't required of volunteers, some, like Booth, stick with their patients when they become ill, visiting them in the hospital and even being with them when they die.

Last year, three of Booth's patients died within a six-week period.

To help volunteers deal with these, and other stressful situations,

volunteers attend lectures almost every month. In January, a psychiatrist spoke to the volunteers about stress management.

"We don't want volunteers to be overwhelmed," says Morgan. "Some can handle the death and dying end of it, and for others, it's not their thing."

Volunteers are trained in workshops and by watching veteran volunteers work with patients. Formal training covers listening skills, general education about cancer, and a medical understanding about treatment. The program asks for a four-hour weekly commitment from its volunteers, although many volunteers give much more. And those who want to volunteer but who work during the day can volunteer a few hours a week at night or on the weekends, visiting hospitalized cancer patients.

For many of the volunteers, it was a personal experience with cancer that brought them to the program. Dixie Kirby lost her husband to cancer in 1989. He was diagnosed with the disease the year before the volunteer program started, so Kirby knows

what it's like to watch a spouse go through treatment both with and without a volunteer's support.

Within 18 months of her husband's death, Kirby was back at Duke, this time to do for others what had been done for her.

"I wanted to return some of the care and concern that had been given to us," she says.

Kim Warren decided to become a volunteer after she was a patient at Duke. Now, she runs the patient library, spending two days every week stacking the shelves, ordering materials and helping patients find relaxation tapes or books on coping with cancer.

Booth, who practiced nursing for 28 years and has been an active volunteer for most of her adult life, says the program at Duke is the best volunteer experience she's had.

She spends more than 20 hours a week helping to run the program, train new volunteers and, most importantly, helping her patients get through treatment.

"It's probably the most fulfilling, rewarding thing I've done in my life."

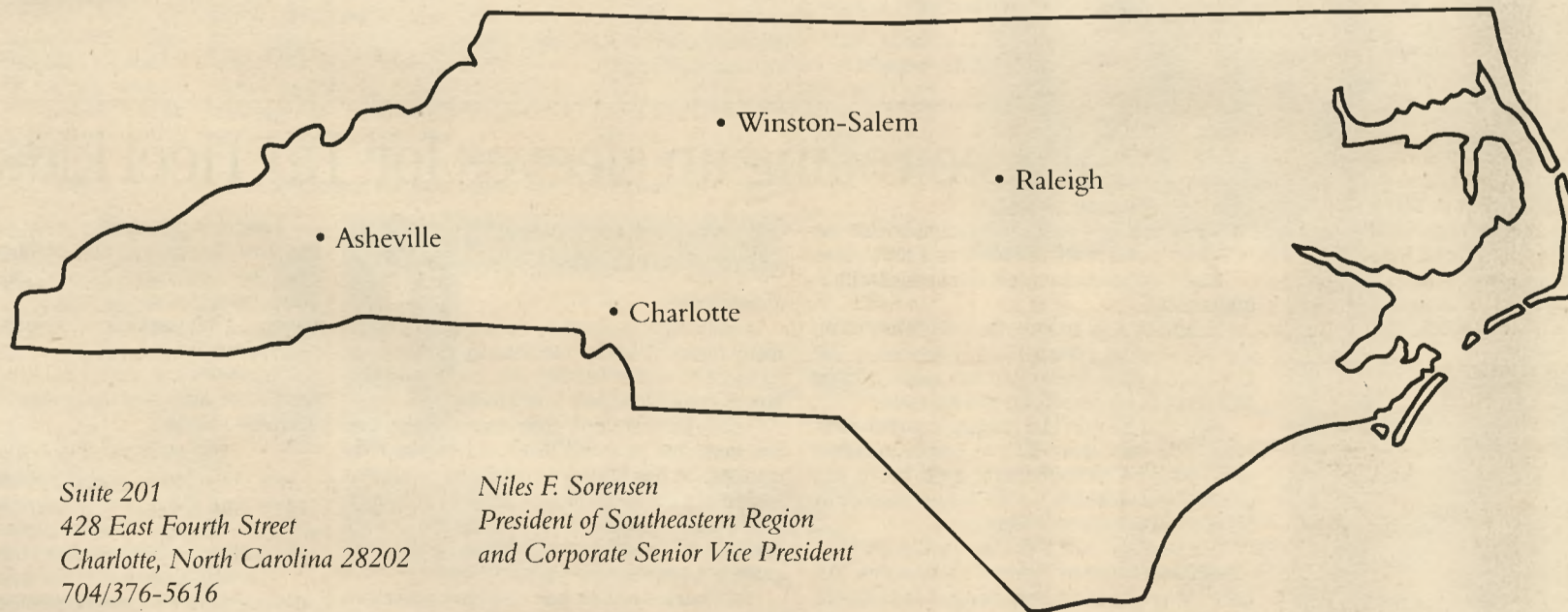


Former Duke University Medical Center cancer patient Kim Warren helps fellow volunteer Dixie Kirby arrange books in the cancer library.

Photo by John Fletcher Jr.

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