

Second Wind Loses a Treasure, Sarah Ridder, Our Board Treasurer

On February 24, 2024 Second Wind lost a piece of its heart when Board Member, Sarah Ridder passed away unexpectedly at the age of 50.

Sarah joined the Board in 2021 and quickly became our Treasurer, filling a critical need at a difficult time for Second Wind. Her energy, passion and devotion to supporting our mission were unmatched. We will always be grateful for the opportunity we had to work with such a dynamic woman.

Sarah grew up in a family afflicted by a genetic version of Interstitial Pulmonary Fibrosis (IPF), and as a result of the disease, received a bi-lateral lung transplant in 2006. As a number of her family members were lost to IPF, she remained a rock, providing support and encouragement to siblings, nieces and nephews through their many crises.

Sarah shared the story of her family's struggles in the November, 2021 issue of *AirWays*. Here is an excerpt from that piece:

"In 2003, almost 20 years to the day of our dad's passing; I had a terrible skiing accident that would again forever change our close-knit family. When I went to the ER, the doctor was more concerned about my lungs than the broken clavicle and concussion. After an open lung biopsy, it was confirmed that I did have Pulmonary Fibrosis, the Familial form. Thus began a long road of heartbreak and despair for our family, as diagnosis after diagnosis confirmed that I and my siblings were positive for PF, the disease that robbed us of our father."

Never one to let health challenges stop her from embracing all the world has to offer, Sarah obtained a Bachelor's Degree with honors and worked for a variety of companies as an accountant. And, in addition to providing support for her family, and her volunteer work with Second Wind, she was known as an avid skier, a drag racer and, by reputation, one wild, four-wheeling mama!

Sarah was preceded in death by her mother Jane Grosvenor, father Oliver Grosvenor, and siblings Brian, Roy, Sharon, Caroline, and Ray. She is survived by Kevin, her beloved husband of 28 years, son Dorian Ridder Wolfram, granddaughter Alleria Elliott, and siblings Rick, Lisa, Amy, Mark, David, John, and Loren.

In addition to her many friends & family, Sarah will be sorely missed by her two canine companions, Dino & Lucas.

It is with profound sadness that we extend our deepest sympathy to Kevin, Dorian and the many members of Sarah's extended family.

Board of Directors,
Second Wind



Sarah Ridder and husband, Kevin

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AirWays

SERVICE THROUGH EDUCATION AND SUPPORT

AirWays is published three times per year by the Second Wind Lung Transplant Association, Inc. by and for lung transplant candidates, recipients, caregivers, and transplant professionals worldwide.

Every attempt is made to print accurate technical/medical information, but because of time and technical constraints it is not possible to check all submitted information.

Articles printed in this newsletter are for general information only and are not meant to be taken as professional medical advice. Each individual's situation is different and information in the newsletter may or may not apply to you or your circumstances. It is your responsibility to discuss any information herein with your physician to determine whether it is beneficial or deleterious to your health.

We welcome contributions; however, we reserve the right to edit submissions for length and content. Any changes made will be reviewed with the author whenever possible.

To submit an article for publication in *AirWays*, send an MS Word document as an attachment to: pherry2ndwind@gmail.com.

To join or change your address please contact Second Wind via email to pherry2ndwind@gmail.com.

Comments or suggestions? Email us at airwaysfeedback@gmail.com

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President's Notes

Tom Nate, President
Second Wind Lung Transplant Association, Inc.



Howdy Fellow Members,

I'm still basking in the joyous feelings of celebrating another Father's Day with my family, the 14th since my 2nd double lung transplant in 2010. However, I've certainly not forgotten that I had to celebrate Father's Day weekends in 2009 and 2010 while on a ventilator, and those occasions

were equally as joyful.

I'm reminded each special day and holiday that I get to spend with my wife and son are what I lived for while sick, and for every year since. My lung transplant journey, with the good, bad and ugly, taught me so much about learning to appreciate the "little" things, and that they are far more important than we remember prior to our illness and battles.

I remember well how frustrating it was being unable to breathe or do much on those special days, but my family never left me out of the celebrations. So, no matter where we all are in our journey, we need never take a day, or even one hour, for granted. So, whether pre-transplant, post-transplant, doing well or struggling with issues, we should take time to treasure moments both big and small. None of us know how long we have on this earth, but as lung transplant candidates, patients and survivors, we know how special life is, and must learn never to take it for granted.

As you peruse this issue of AirWays you will see a tribute to our late treasurer, Sarah Ridder. Though she passed back in February, we on the Second Wind Board of Directors are still feeling the heaviness of her loss. She had a great impact on all of us during her tenure, and we will miss her greatly.

I want to announce the addition of Mark Henry to the Board of Directors. Mark is the son of our Vice President and AirWays editor Patrick Henry. Mark has been handling technical duties with our database, and comes to Second Wind with nearly two decades of technical background in his career. Welcome Mark, we are excited to have you on board!

You will also see an announcement in the newsletter about the temporary suspension of our Second Wind Financial Assistance Program (FAP).

All of the funding for Financial Assistance comes from donations designated to the FAP Fund. Sadly, during the

past two years we have endured the passing of five Board members, including one, Frank Shields, who was perhaps the best fund-raiser in the history of our organization. The COVID years also put a damper on donations, as to be expected.

As a result, at our last Board meeting we voted to suspend issuing any new FAP grants until such time as we can build our fund back to an acceptable level. We are currently actively seeking other methods of enlarging this fund, and will resume issuing FAP grants as soon as possible. We appreciate your understanding with this.

Finally, summer has arrived! Be safe, and be sure to use lots of sunscreen and wear straw hats!

Breathe Easy!

Tom Nate, *President*

Editor's Notes

- We're welcoming a new partner in the struggle to support organ transplant patients. The Children's Organ Transplant Association (COTA), is a non-profit organization that provides fund raising assistance & support to families facing this issue. Check out the COTA profile on page 4, and their ad on the back cover. COTA may just be the answer your family needs to deal with the high costs of an organ transplant.
- Funding for transplant expenses is also covered in two other articles in this issue. If you go to page 9 you'll find both good and bad news on this topic.
- Author Bonnie Parsons has returned to contribute two articles in this issue outlining recent advances in organ transplantation and vaccine development. Thanks, Bonnie!
- Thanks also to Jane Kurz for her book review, and to Nayano Taylor-Neumann for her piece on what she did to find low cost transplant meds.
- As always, if you have a personal story to share, please send it to me at the address shown below. Sharing your experiences can provide comfort and helpful strategies to others facing the same challenges that you overcame.

- Patrick Henry, Editor
(Phenry2ndwind@gmail.com)

Help With Transplant Fund Raising: Just A Click Away

The Children's Organ Transplant Association (COTA) helps children and young adults who need a life-saving organ transplant by providing fundraising assistance and family support. COTA is the premier organization providing fundraising assistance to transplant families ... for a lifetime.

Since 1986, COTA has been assisting children and young adults needing funds for a life-saving organ, bone marrow or stem cell transplant. They also work with individuals of any age with a single gene disorder, such as Cystic Fibrosis, Alpha-1, Polycystic Kidney Disease and Sickle Cell Disease. Since 1986, COTA has served thousands of families, and helped them raise \$160 million, all at no cost to the families.

COTA does not charge for their services. 100% of funds contributed in honor of patients are controlled by COTA and used only for transplant-related expenses. Thus, because they are a 501(c)3 charity, all donor gifts are tax deductible to the fullest extent allowed by law.

Because COTA serves as the administrator of the funds that families raise, making 3rd party payments on behalf of the transplant patient, donations are not considered income to the family, and typically do not jeopardize their eligibility for other assistance programs.

COTA staff works closely to assist families in their fundraising efforts, training teams of local volunteers and providing ongoing coaching throughout the fundraising campaign. Fundraising resources and materials are provided at no cost to all COTA volunteers. In addition, a website is provided at no cost to use for fundraising and communication. COTA secures the website and the personalized URL/domain name.

An example of how effective COTA's assistance can be is transplant recipient, Chris Rayburn. Chris and a team of dedicated family members and friends raised nearly \$50,000 with the help and guidance of COTA staff.

As Chris said, "COTA has proved to be an invaluable resource for myself and my family throughout my transplant journey to date. I am fortunate to live very close to my transplant center, but family members had to incur significant expenses to come help my wife care for me during my recovery. COTA funds were used to help with travel and lodging for caregivers, which was an incredible gift for us. We also needed to access COTA funds to help with copays for the transplant surgery itself and for the extended hospital stay post-transplant."

"While many people understand the actual transplant itself is going to be expensive, I believe the cost of a lifetime of transplant-related expenses is often overlooked," Chris explained. "This is where COTA's lifetime of support commitment is a tremendous asset."

If you or a family member you know needs to raise funds to cover pre and/or post-transplant related expenses, go to COTA.org and simply click on "Let's Get Started".





“Perfusion” Keeps Donated Organs Viable For Transplantation

When we donate our organs, we are giving another person the chance for renewed health and wellbeing. Improvements in keeping organs suitable for transplantation longer are being made in hospitals all over the world, giving more patients a chance to get well.

A recent article in *The New York Times*, “The Organ Is Still Working. But It’s Not in a Body Anymore” describes Perfusion, a technique that keeps a donated organ alive outside the body. Perfusion gives the surgeons time and increases the number of transplants, changing every aspect of the organ transplant process, from how surgeons operate, to the types of patients who can donate organs, to better outcomes for recipients.

Traditionally, surgeons cooled a donated organ to just above freezing. This slows the metabolic process, allowing time to deliver the organ to the patient. Livers are viable for, at most, 12 hours; lungs and hearts are only viable for 6 hours.

After years of experimentation, devices have been developed to preserve organs at a warmer temperature. A perfusion device for preserving lungs was approved by the Food and Drug Administration in 2019, and for hearts and livers in 2021.

While in the device, the perfused organ continues to function and, therefore, doctors can assess whether it will thrive in the patient’s body. This discovery has led to an increased use of organs from older or sicker donors, organs that were previously turned down. With perfusion, an organ can be revitalized and thus, still qualify for transplantation. According to Dr. Kris Croome, a professor of surgery at the Mayo Clinic in Florida, “We’re going after organs we never would have before, and we’re seeing good outcomes.”

Dr. Daniel Borja-Cacho, a surgeon at Northwestern Memorial Hospital in Chicago, stated, “It’s a little bit science

fiction,” noting that a donor’s liver is still functioning in a plastic machine which circulates blood, removes waste, and produces bile and proteins essential to the body until it is transplanted into the needy patient.

UNOS (United Network for Organ Sharing) analyzed data from the last four years and reported that, as a result of perfusion techniques, liver transplants following circulatory death have doubled.

In regard to heart transplants, when someone is comatose and their family has withdrawn life support, the heart eventually stops. Thousands of people die this way each year, but they were rarely heart donor candidates because the dying process deprived the organ of oxygen. Surgeons can now perfuse these hearts and qualify them for transplant. In 2023, using perfusion, surgeons transplanted over 600 hearts.

Research in new technologies continues. Dr. Shaf Keshavjee, a surgeon at the University of Toronto, believes perfusion devices could eventually even allow doctors to remove, repair and return their own lungs to sick patients, rather than having to replace them.

Dr. Ashish Shah, chairman of cardiac surgery at Vanderbilt University, calls it “...the holy grail. Your heart sucks,” he said, “I take it out ... and fix it—and then I sew it back in. Your own heart. That’s what we’re really working for.”

As Dr. Ronald Parsons, Surgical Director of Kidney & Pancreas Transplant Programs at the Hospital of the University of Pennsylvania said, “The recent changes in organ repair and assessment with perfusion technologies are a major advance in organ transplantation which should continue to improve organ access for our patients who are in dire need.”

New RNA Strategy Offers Potential For Universal Flu Vaccine

A new RNA (Ribonucleic Acid)-based flu vaccine strategy appears to be effective against any strain of a virus. Scientists at the University of California Riverside report that the new vaccine will also provide protection for babies and other immune-compromised individuals. A U.S. patent on this vaccine technology has now been issued to UC Riverside.

In an article in the *Proceedings of the National Academy of Sciences*, Rong Hai, UCR virologist and author, describes how the RNA vaccine works, and its success with mice.

Normally, vaccines contain a version of the targeted viral strain. Our body's immune system recognizes a protein in the virus and begins to produce T-cells that attack the virus and stop it from spreading. In addition, B-cells, or "memory" cells, train our immune system, protecting us from future infections. Similar strategies are utilized for COVID vaccines.

The new RNA strategy will eliminate the need to target all different strains of the virus. Hai stated, "What I want to emphasize about this vaccine strategy is that it is broad. It is broadly applicable to any number of viruses, broadly effective against any variant of a virus, and safe for a broad spectrum of people. This could be the universal vaccine that we have been looking for."

The new RNA vaccine contains a version of the virus, the same strategy used in the current vaccines. It does not, however, produce proteins and trigger the traditional immune response. Shouwei Ding, distinguished professor of microbiology at UCR and lead paper author said in the RNA vaccine, "A host—a person, a mouse, anyone infected—will produce small interfering RNAs as an immune response to viral infection. These RNAi then knock down the virus".

Babies under six months have underdeveloped immune systems. Traditional vaccines will not protect them from infections because they rely on the immune active proteins to attack the virus.

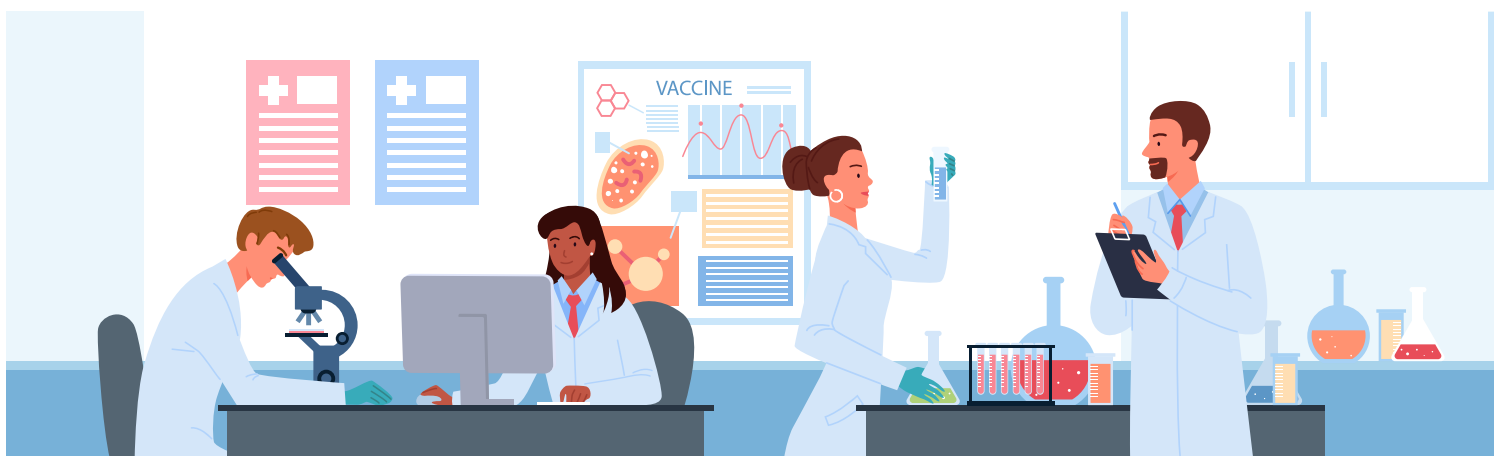
The research on mice found that the RNA vaccine produced small RNAi molecules even on newborn mice, protecting them from infection. "That's why our next step is to use this same concept to generate a flu vaccine, so infants can be protected. If we are successful, they'll no longer have to depend on their mothers' antibodies," Ding reported.

For individuals suffering from a disease that compromises their immune system, the RNA vaccine research provides hope that they could be protected from a variety of dangerous viral infections, such as the flu.

The new flu vaccine will likely be in the form of a spray. "Respiratory infections move through the nose, so a spray might be an easier delivery system," said Hai.

In the future, the article noted, scientists believe they can "cut and paste" and use this new strategy for any number of viral diseases like dengue, SARS, and COVID.

Shouwei Ding believes, "This should be applicable to these viruses in an easy transfer of knowledge," creating what his colleague, Rong Hai, described as a *Universal Vaccine*.



Close to My Heart: The Terrifying, Sometime Humorous Journey To A Double-Lung Transplant

Reviewed by Jane Kurz, Ph.D., RN

This book by Robert Emmet, published in 2020, is a must-read for patients pre and post-transplant, their families, nurses, and transplant center physicians.

Emmet is a retired high school English teacher who was diagnosed with Idiopathic Pulmonary Fibrosis at age 66. His wife, daughter, and son-in-law were his support system, one that gave him the resolve to fight this disease. He, like many of our readers, went through a period of denial before he realized that a transplant was his only option. He described the dramatic tipping point after almost drowning in a lake.

He provides his backstory, as well as his struggle to be evaluated by a new transplant center in Chicago in 2016. He cleverly weaves accurate facts about transplantation and healthcare into each section without the reader being aware that they're being educated on these topics.

The book is divided into pre-transplant and post-transplant sections. His sense of humor is obvious as he describes the trouble getting parking vouchers, cold stethoscopes, hospital abbreviations, name badges in the wrong place, gowns that fit no one, and the fogginess from medications. He includes many helpful stories, with suggestions on how to best interact with nurses, aides, clerks, and phlebotomists so that one can maintain both their dignity and their limbs.

His story about a pre-transplant Endoscopic Wire Test (EWT) to check for acid reflux was especially memorable. The wire was inserted by radiology through his nose and was to remain in for 24 hours. That night he ingested a pepperoni pizza and soda after visiting hours and then wondered why he had such acute indigestion in the middle of the night! His response was to remove the very long wire, and hide it. The conversations

between Emmet and the healthcare team the next morning are priceless. The escapade about a post-transplant enema is also one that will leave you laughing hysterically.

Recovery from his double-lung transplant proceeded as planned, but he shared his views of his consciousness (or lack of), of family visiting in ICU, and the first PT session. Emmet and his wife moved to hotel housing, and eventually back to their real home. Chapters about the recovery phase allow the reader to gain more insights into his reflections on trading one disease for another, and even life and death.

He presents many tips about the importance of knowing and taking "pills" as instructed, and what occurs if one skips any. Using a cellphone alarm to keep you on schedule, buying a pill separator and your own water bottle are helpful. He even supports ranting against having to take them all!!

The book includes letters and comments from family members that showed that their experiences were as intense as those he, the patient, was feeling. Closing chapters focus on family, and the challenges of dealing with typical family matters in the midst of a health crisis. There is much humor here, interspersed with truths. His Afterword is a bonus, providing his top ten transplant lessons.

It was Emmet's transplant team's psychologist who asked him to write this book, and we're glad he did. There are so many revelations in the book that you simply need to read it to appreciate them all.





Donating to Second Wind Through iGive

We know that many of you shop on-line, especially now that the COVID pandemic has made in-store shopping a risky affair, and we want to alert you to an opportunity to help Second Wind while you shop.

When you shop using a website known as iGive, a part of every purchase goes to Second Wind.

At iGive, over 2,300 stores will provide an average donation of 3% of your purchase price to Second Wind every time you buy. Joining is free, and iGive will send us a check every month.

Curious if your favorite store participates in the iGive program and how much they donate? Then enter igive.com/html/merchantlist2.cfm in your browser. There you will find merchants such as Staples (2% donation), GAP (1.6%), Best Western Hotels (2%), Pet Supermarket (3.2%) and many more.

Since 1997 iGive has grown to 350,000 members, and contributed over

\$8 million dollars to support different charitable causes.

You can shop using their iGive Button (a browser extension), via the iGive website, or by using the iGive mobile app.

To join iGive and start helping Second Wind, go to the website igive.com/SWLungTransplantAssoc and complete the membership form.

It's that easy!

Time To Explore 2ndwind.org

Second Wind maintains a website that has an abundance of useful information about the organization and issues affecting lung transplant recipients and their families.

Here's but a partial list of the things you'll find there:

- PDF copies of past *AirWays* newsletters;
- Personal stories written by transplant recipients.
- Nutritional Advice for pulmonary patients;
- Detailed information on Lung Transplant Centers, sorted by State and Country;
- "Financing a Transplant";
- Bios on many of the SW Board of Directors;
- List of books about lung disease and transplants;
- Caregiver Links: resources for people providing support for lung transplant recipients and anyone dealing with pulmonary disease.

The website is constantly being updated, so if you haven't visited in awhile, now's the time to get back in there and look around.

Help Available To Pay for Meds?

By Nayanno Taylor-Neumann

During my pre-transplant workup, the hospital financial consultant encouraged me to consider fundraising options to offset expenses.

“Huh?” I thought. “I have a decent health insurance policy. Why should I worry?”

Post-transplant, I learned about those many expenses the hard way.

I don't have to tell any of you who have already received your transplant that your doctors will prescribe many medications. We all hauled home a big bag of meds after the operation.

Several of my medications came with unpleasant surprises. For instance, Vancomycin (to combat the dreaded C-diff) is \$416.47 per month without insurance, and Eliquis is \$594 (or, if you have insurance or Medicare, about \$50 per month).

I am on a very tight budget, so even that smaller amount of \$50 out-of-pocket would swallow a good chunk of my monthly income. And as time passed, I came to need even more meds, all of which came with hefty price tags. I searched Google for “pharmaceutical manufacturer patient assistance programs” and found one for each med.

Many pharmaceutical manufacturers sponsor these programs. Through them, I get some of my expensive meds free. These include Pfizer Pathways (pfzerrxpathways.com) Vancomycin, Bristol Myers Squibb Patient Assistance Foundation (bmspaf.org) for Eliquis, and Merck Helps (merckhelps.com) for Prevymis.

Do you believe that your income isn't low enough to qualify? I found that the upper limits were much higher than I expected. But then, I am a poor country mouse!

If you don't qualify for one of the pharmaceutical manufacturer's programs, there is a website (pharmacychecker.com), that claims to list reputable online pharmacy websites through which you can buy meds overseas. However, you must do your own careful research to assure that you're receiving accurate versions of these critical meds.

Good hunting!



Financial Assistance Program Halted. Donations Needed!

Due to funding constraints, the Second Wind Board of Directors voted to put the Financial Assistance Program temporarily on hold. Requests for assistance received or approved before May 11, 2024 will be processed, but no other grants will be issued until/unless our financial situation improves. To that effect, the Board has approved the hiring of an experienced grant writer to assist us in gathering more funds so we can continue this program.

In the meantime, if you are in a position to help, donations to the Financial Assistance Fund can be made on our website (2ndwind.org), or by mailing a check payable to “Second Wind Lung Transplant Assoc.” to:

Second Wind
1177 San Marino Dr.
Apt. 2212
San Marcos, CA 92078

We have lung transplant patients who rely on our help to meet the many expenses that insurance does not cover. Your donation can mean a lot.

Below you will find a partial listing of the donations we have received since the last issue of AirWays. Note that, due to the unexpected loss of our previous Treasurer, our records may be incomplete. We appreciate all who have made a donation, and apologize if yours is not recognized in this listing.

DONATIONS

Second Wind would like to thank the following individuals for their generous donation to help support our mission to serve the lung transplant population.

General Donations

Kellee Bennett
Nancee Enyart
Lisa Starke
Richard Williams

In Memory of Peter Mick

Michael Pazen

In Memory of Sarah Ridder

Patrick and Camille Henry
Gary Bland

In Memory of Pamela T. Green

Cheryl & Shahin Mehrkar

A Wonderful Life

By Bob Milton

This last December I lost Etta, my wife of 42 years, to stage 4 lung cancer. She had received a single lung transplant on December 1, 2017 at Ronald Reagan Hospital, UCLA. She suffered a seizure the morning of December 1, 2023, exactly six years later, and died shortly thereafter. The cancer was in her native lung, not the transplanted one.

I'm writing this note to share our gratitude for the six years of normal life she led after her transplant, and to address the dark side of all transplants: cancer.

Our body's main defense against cancer is our immune system. Given that our immune system is responsible for the rejection of transplanted organs, and that transplant recipients take meds to dampen it, these patients basically have none. This is why recent NIH (National Institutes of Health) studies have shown that transplant patients are more likely to develop cancer than others. And, because modern advances in cancer treatment focus heavily on immunotherapies, transplant patients would seem to be more likely to die of cancer.

So, the question becomes, would my wife have avoided cancer and lived longer without her transplant? I don't know. What I do know is that her remaining life would have been miserable without it.



My wife loved to cook. Before her transplant, she could not even make scrambled eggs without sitting on a stool, due to her shortness of breath. (For those who like technical details her FEV1 by then was 18%.) She would have hated being like that.

But once Etta had her transplant, her life was nearly normal. She again enjoyed cooking dinner for our wine-tasting friends, would often cook for as many as 16 people, and enjoyed every minute of it. She also enjoyed trips to see family and friends, or to go wine tastings throughout California.

And, a few years ago, she welcomed her first great grandchild, one who brought her great joy.

Looking back on her experience, and on mine, I can only thank the folks at the UCLA heart/lung transplant team, and Etta's donor family, for the six years of wonderful life that they gave her.

NEW MEMBERS

The following individuals became members of Second Wind during the period March - June 2024.

We welcome and thank you for your support of our mission.

Kellee Bennett	Debra Hall	Kerry Ware
Ellen Buckler	Walter Kenny	Judy Weston
Susan Copeland	Gabriella Knox	Barbara Whitcomb
José Luis Cruz	Jon Levario	Jeremy White
Arthur Donovan	Rick Lofgren	Glenn Wildberger
Karen Elliott	Jesse Ramos	Richard Williams
Ann Marlene Gallagher	Leonard Schlesinger	Anthony Zaccaglin
Hilda Gonzalez	Cindy Thompson	

In Memoriam

Second Wind wishes to recognize the recent loss of the following members:

Jim Oldfield

Transplanted 2018

Sarah Ridder

Transplanted 2016



Transplant Anniversaries

Second Wind congratulates the following members who have celebrated the anniversary of their lung transplant this Spring. Special recognition (**bold type**) is given to those members who have reached or exceeded their 10th year post-transplant.

NOTE: if you received a transplant after joining Second Wind, your name may not appear in these newsletter listings. If you send an email to Phenry2ndwind@gmail.com including your date of transplant, we'll be sure to include you in the future.

MARCH 2024

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
John Becker	3/9/2023	1
Roger Daley	3/12/2021	3
Larry Dulin	3/20/2021	3
Fernando Fernandez	3/31/2019	5
Jean Johnston	3/11/2003	21
Sharon Kelsay	3/19/2000	24
Roberta Kickbush	3/31/2021	3
Edward Kuhn	3/4/2008	16
Judy Ludwig	3/14/2014	10
Blanca Iris Olivencia	3/24/2005	19
Elizabeth Papin	3/7/2022	2
Lois Pedigree	3/2/2019	5
Marcy Ryan	3/26/2021	3
Lisa Santistevan	3/10/2012	12
Dan Scribner	3/10/2021	3
Rena Woods	3/9/2010	14

APRIL 2024

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Aunjelique Andersen	4/6/2019	5
Gary Bland	4/7/2009	15
Greg Briggs	4/30/1997	27
Mike Bushnell	4/22/2021	3
Thomas Cook	4/11/2012	12
Tammy Cooper	4/16/2015	9
Teresa Figueredo	4/29/2016	8
Susan Freeman	4/21/2023	1
Bobbye Hicks	4/23/2019	5
Bruce Lambert	4/4/2021	3
Patty McClintock	4/9/2020	4
Stuart Miller	4/1/2023	1
Dylan Mortimer	4/13/2019	5
Jose Navarrete	4/25/2019	5
Luz Oseguera	4/7/2023	1
Eugene Prettyman	4/29/2021	3
Ellen Riley	4/10/2021	3
Shiranne Simmons	4/8/2017	7

MAY 2024

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Rudy Arce	5/25/2019	5
Ashley Bates	5/24/2023	1
Connie Buchs	5/24/2015	9
Mandy Carrasquillo	5/19/2015	9
Katherine Carson	5/12/2021	3
Marc Chelap	5/7/2013	11
Maggi Czoty	5/2/2013	11
Rachelle Ledbetter	5/1/2021	3
Mike Malette	5/12/2021	3
Thomas Nate	5/3/2007	17
Matthew Pasick	5/6/2019	5
Les Wall	5/16/2018	6
Anna Young	5/25/2021	3

JUNE 2024

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Christopher Bonk	6/3/2021	3
Peter Brown	6/19/2022	2
Cassie Buckner	6/19/1998	26
Teffy Chamoun	6/8/2019	5
Brian Conley	6/5/2015	9
John Durham	6/23/2020	4
Comel Fulton	6/20/2022	2
Tamika Hemphill	6/6/2023	1
Douglas Hollifield	6/28/2020	2
Denise Jacobs	6/4/2017	7
Holly Kroeze	6/3/2021	3
Patrice Minghelli	6/14/2023	1
Mary Narkevicius	6/10/2010	14
Helen Nichols	6/17/2019	5
Margaret Seanor	6/19/2018	6
Charles Staples	6/22/2002	22
Paul Woods	6/10/2013	11



Please share this issue of
*AirWays with friends,
family and colleagues.*

Second Wind Lung Transplant Association, Inc.
75 Scattertree Lane
Orchard Park, NY 14127

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COTA can assist **Adult Patients with Cystic Fibrosis (CF) and Alpha-1**

COTA Adult
**Kristen
Jagodowski**
(with daughter)



**Double Lung
Transplant Recipient**

“My hope for the future is to live a long and healthy life with my daughter at my side enjoying all of my favorite things. Doctors’ appointments, medications, procedures, travel expenses are all part of my life and all of those come with a cost. I am so thankful COTA’s support and guidance continues to be a vital part of my journey, relieving the financial stress still today.”



Call COTA at **800.366.2682**



Visit **COTA.org/Get-Started**



Scan **QR Code**



COTA is a 501(c)3 nonprofit and is the largest organization dedicated solely to helping transplant patients and families raise funds for transplant-related expenses.

- ▶ COTA never charges a fee.
- ▶ 100% of funds raised in honor of transplant patients are available for a lifetime of transplant-related expenses.
- ▶ Fundraising websites are provided free of charge.



**Children’s Organ
Transplant Association®**

The Trusted Leader Supporting Families ... For a Lifetime