



## COVID-19 Vaccines & Organ Transplant Recipients

By Melissa Burke, Lung Transplant Nurse Practitioner, University of Pennsylvania

The COVID-19 virus has rapidly and relentlessly spread through the US and the world causing unprecedented disruptions and devastation. As this newsletter goes to print, more than 26 million

Americans have contracted the virus, and upwards of 450,000 have died. Globally, over 100 million people have COVID-19 and more than 2 million have died. To compare the severity of this virus to the influenza virus: typically around 60,000 Americans die yearly from influenza, making the COVID-19 virus much more deadly than influenza, and one of the worst pandemics in modern history.

Amidst the bleakness of the last 11 months, there is now a sense that there is light at the end of the tunnel: a vaccine to stamp out this intruder. In early December, the Pfizer/BioNTech COVID-19 vaccine was approved for emergency use by the FDA, along with a vaccine developed by Moderna following closely on its heels. Currently, both Pfizer and Moderna mRNA vaccines are available and being administered to frontline healthcare workers. There is finally hope that we can end this nightmare.

Here are a few of the most common questions that transplant patients might have about the COVID vaccines.

### What is an mRNA Vaccine?

While these are the first mRNA vaccines licensed in our country, the science behind mRNA technology has been studied for decades. Traditional vaccines have used a small part of the virus or a specific protein on the virus—either live or inactivated—to be injected in the hope that the body's immune system would create antibodies to prevent the person from getting the virus.

To explain mRNA technology, we have to start with the fact that we all have mRNA (or messenger RNA) in our cells. This type of RNA helps teach our cells how to make proteins. The COVID-19 virus has a unique “spike protein” (that red spike we see on visual images of the virus) that is specific to the COVID-19 virus. Once in our bodies, the mRNA vaccine teaches our cells to make this “spike protein.” The introduction of the “spike protein” develops an immune response by creating both antibodies and killer T cells (an even stronger part of our immune system) preventing infection of COVID-19.

Last, and most important, be aware that you cannot get COVID-19 from taking the vaccine, as the pathogen itself is not present in the vaccine.

### Should I get the COVID-19 Vaccine if I am a transplant recipient?

Ultimately this is a decision that you must make in consultation with your transplant team, but here are some facts to consider.

The American Transplant Society, along with transplant centers across the country, is recommending that solid organ transplant recipients receive the vaccine. The caveat is that both Pfizer/BioNTech and Moderna have not studied patients who are immunosuppressed, and more specifically, no solid organ recipients were studied in either trial. Both trials, however, included patients with HIV, and these immunocompromised patients did not appear to have increased risk for side effects from the vaccine. In addition, transplant programs in Israel and other countries that have given the vaccine to solid organ transplant patients have not identified a higher rate of complications in this group. Although the numbers of vaccinated transplant recipients are still small, these centers have been closely monitoring the vaccine effect, including any excess immunologic response that might indicate an association with rejection. Based on the current information available, the consensus from the transplant community is that the increased risk of death and complications of transplant patients from COVID-19 outweigh the potential risks associated with the vaccine.

### Will the Vaccine be effective in transplant recipients?

As with any vaccine, there is always the worry that it will not be effective in a transplant recipient due to the use of immunosuppressive therapy. This worry is still present, but we hope that the immune system will respond to the vaccine and prevent disease even in the immunosuppressed population, as happens with other vaccines such as for seasonal influenza. You may wish to talk with your transplant team as to whether you should have antibody testing 2-3 weeks after your second dose of the vaccine. This may help assess your immune response and risk for developing serious COVID-related infections.

*continued on bottom of page 3*

## BOARD OF DIRECTORS

### *President*

TOM NATE

Bilateral Lung Transplants  
Barnes Jewish Hospital  
2007 & 2010

### *Vice President*

FRANK SHIELDS,  
Bilateral Lung Transplant, 2012

### *2nd Vice President, AirWays Editor*

PATRICK HENRY,  
Single-Lung Transplant, 2015

### *Treasurer*

SARAH RIDDER  
Double Lung Transplant, 2006  
Loyola Medical Center

### *Secretary*

RUTH MAGNUS  
Bilateral Lung Transplant, 2008  
UCLA

## DIRECTORS

GARY BLAND  
Bilateral Lung Transplant, 2009

JANE KURZ, Ph.D., RN  
Professor of Nursing

MELISSA BURKE, MSN, CRNP  
Lung Transplant Nurse Practitioner

ERIC HARNED, BS.BA.,  
Marketing & Management  
Bilateral Lung Transplant  
Ohio State-Wexner Center, 2014

DAMIAN NEUBERGER, Ph.D  
Bilateral Lung Transplant, 1997  
Kidney Transplant, 2011

GARRY NICHOLS  
Single-lung Transplant, 2003  
Bilateral Lung Re-Transplant, 2005

MIKE KILMER  
Chief Information Officer,  
Buffalo Chip Campgrounds

# AirWays

SERVICE THROUGH EDUCATION AND SUPPORT

*AirWays* is published four 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. Original articles printed in *AirWays* become the property of Second Wind Lung Transplant Association, Inc. and may not be reprinted without permission from the Editor.

To submit an article for publication in *AirWays*, send an MS Word document as an attachment to: [phenry2ndwind@gmail.com](mailto:phenry2ndwind@gmail.com).

### General Information

Membership in Second Wind includes a subscription to *AirWays*. To join or change your address please contact Second Wind via email to [phenry2ndwind@gmail.com](mailto:phenry2ndwind@gmail.com) or by phone, toll free at 1-888-855-9463.

## TABLE OF CONTENTS

|   |    |
|---|----|
| COVID Vaccines Q & A .....                | 1  |
| Board of Directors .....                  | 2  |
| President's Notes.....                    | 3  |
| Profile: UC San Diego Health.....         | 4  |
| In Memoriam .....                         | 5  |
| Donations .....                           | 6  |
| Financial Assistance Update.....          | 6  |
| "Congratulations on Your New Lung!" ..... | 7  |
| Remembering Tim Adams .....               | 8  |
| The Not-So-Friendly Skies? .....          | 8  |
| Welcome: Mike Kilmer & Sarah Ridder ..... | 9  |
| Transplant Anniversaries.....             | 9  |
| Cathy McGill Remembered.....              | 10 |
| Transplant Games Rescheduled.....         | 11 |
| New & Renewing Members .....              | 11 |

## President's Notes

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



As I pondered what I wanted to share in my first message to you, the members, I thought of my lung transplant journey, and what led me to volunteer for the privilege of serving as your President for the coming term. I also began to think of many of my fellow lung transplant survivors (friends), as well as those who are no longer with us.

Do you remember how you felt the day you were told you would need a double or single lung transplant to survive? Shock, fear, and like me, maybe even denial?

I remember my week-long evaluation at Barnes Jewish Hospital as one of the most grueling four days I've ever experienced. I remember the struggle my caregiver had managing my O2 tank to make sure it was kept full, and both of us going back to our hotel exhausted at the end of each day, all the while beginning to have doubts if I could handle this journey.

What was the moment for each of you, when you really believed and said, "I can do this! "?

For me it was on the 4<sup>th</sup> day, when I listened to two lung transplant survivors tell their stories. When I saw how much energy they had and heard both of them say they would do it all over again given how their lives had improved, I was all in! That was the watershed moment in my journey. Little did I know that I would wind up taking the journey twice!

Now, fast forward—it's ten years post-transplant for me and I realize we each have daily reminders that we have another person's lungs inside us. Some of us may be in more difficult situations, with complications or worse, rejection. We each deal with a multitude of medications, perhaps infusion treatments, adverse reaction to the medications and even adverse reactions created in other organs due to our medications. Some of us have great caregivers and support groups while others of us maybe do not have very much support or help.

My doctor told me when I was ready to leave St. Louis to move back home to Texas, "Don't go home and live in a bubble, we gave you new lungs to live life." I had decided after my first transplant that I would give back to the world of lung transplant by serving others who were on the same journey in any way I could, as well as in my community. I have mentored many transplant patients and caregivers online and in person all over the country.

The Lung Transplant Foundation, Barnes Lung Transplant mentor program, Pulmonary Fibrosis Support Group in Texas, Texas Organ Sharing Alliance and Donate Life Texas are all great organizations that I give as much time to as I can and, of course, now to Second Wind. I know many of you do the same. I'm always asking myself where and how can I do more?

Now, as I take over from Jane Kurz, who did a phenomenal job as your President these last two years moving our organization forward, I will have a tough act to follow. We owe Jane a debt of gratitude for stepping in just as Cheryl Keeler ended her long and successful reign as our President.

Second Wind is blessed to have a very strong Board of Directors with many combined years of experience, and I'm excited to welcome new board members—Sarah Ridder and Mike Kilmer—to the team.

Sarah will be taking on the role of Treasurer, succeeding Gary Bland, who's done an outstanding job for the past seven years. Second Wind owes Gary many thanks for the work he's done on our behalf.

Second Wind belongs to you, the members, and our leadership team is committed to serving you, always striving to enhance our programs. We welcome your feedback by way of the Email Support Group or the Second Wind Transplant Association, Inc. Facebook page. We'd also like to see YOUR story in an upcoming issue of our Airways Newsletter.

Tom Nate  
President

---

### *COVID-19 Vaccines continued from page 1*

#### **Will I get sick from the vaccine?**

As stated above, you will not get COVID-19 from the vaccine. You may experience common side effects of the vaccine which could include: headache, fever, chills, body aches, injection site soreness and fatigue. Most of these symptoms last for 16-24 hours. There is also a risk of an allergic reaction, but the risk is similar to that of any vaccine.

#### **When will I get the vaccine?**

This is the burning question that we do not have answers for yet. We know that as of the date this article is published, frontline

healthcare workers and nursing home residents and employees are receiving the vaccines.

You should refer to the tiered dispensing plan specific to your state or county to determine when a vaccine will become available to you. And again, be sure to consult with your transplant team before taking the vaccine, let them know if/when you receive it, and which version you have received (Pfizer or Moderna).

*Helpful Resources: there are a number of websites where you can get more information about COVID vaccines, including the World Health Organization ([who.int](http://who.int)) and the Centers for Disease Control ([cdc.gov](http://cdc.gov)).*

# PROFILE: UC San Diego Health Lung Transplant Program

By

Kamyar Afshar, DO

Medical Director, UC San Diego Lung Transplant Program



I thank the Second Wind Lung Transplant Association for giving me a venue to share the UC San Diego Health Lung Transplant program perspectives and methods. Like all other lung transplant programs, we strive for excellence. What I share with you is not a reflection on other programs or to be seen as a comparison, but simply to share our approach. Let's

look at one UCSD patient's experience to illustrate our approach.

"The fact that you are talking to me about a lung transplant means that I have no other choice but to get one. I know that a transplant means I will only have 5 years to live. The stopwatch will start the moment I get my new lungs!"

These were the words my patient said to me when we started the discussion about his need for a lung transplant many years ago. My patient, a husband and a father of a 3 year-old girl, had a genetic condition called Cystic Fibrosis. Patients with this diagnosis often suffer from repeated lung infections. He spent many hours searching the Internet about lung transplantation and saw much scary information about the risks of having this procedure. He was more interested in ensuring a good quality of life in the years he had left, rather than extending the years he lived and sacrificing the quality. He really wanted to know how he would connect with a team that would help him on his lung transplant journey. Our team helped him reach his goal to see his daughter grow up.

My patient's story is relevant because it resonates with other lung transplant recipients. Many of our patients care about their quality of life in the years they have, not simply the quantity of years living with poor quality. This is an important distinction and one that deserves discussion with your healthcare provider. In medical training, we are taught how a physician communicates with a patient is as important as the information being communicated.

Lung transplantation is a grueling life choice. All of the Second Wind readers know this already. Many patients and caregiver are looking for answers to the "how the program succeeds for their patients", not just the "which program" is deemed to be successful.

Our program is at the forefront of innovative surgical approaches and medical treatments; including extracorporeal membrane

oxygenation, ex vivo lung perfusion, organ donation with active hepatitis C viral replication and treatment of difficult to control bacteria using bacteriophage therapy. More important even, is the culture of the program. It is our devotion to patients and their wellbeing that drives us. We strive for the best because anything short of that is unacceptable.

## Best Practices

How do we implement best practices? By determining if our lung transplant program is equitable, efficient, accessible, compassionate, transparent and timely. We have a proactive, interdisciplinary care model to handle the complexity of care for our patients. We also benchmark and modify our approaches in real-time to improve upon best practices already in place at other national transplant programs.

**"...HOW A PHYSICIAN COMMUNICATES WITH A PATIENT  
IS AS IMPORTANT AS THE INFORMATION  
BEING COMMUNICATED."**

## Best Quality

How do we achieve best quality? We have a dedicated team for quality assessment and performance improvements. The quality team follows a clear purpose to improve patient satisfaction and experience. By improving these measures, outcomes improve. Examples of these successful collaborations include: obtaining time sensitive information from referring physicians prior to a patient appointment; ordering appropriate laboratory tests for quick assessments; shortening time on mechanical ventilation after lung transplantation; shortening hospital length of stay; and implementing specific protocols for high risk patients.

## Best Outcomes

How do we achieve best outcomes? After a full evaluation and discussion with a patient, UC San Diego's Lung Transplant success begins with a multidisciplinary team approach, reviewing each patient chart and customizing a detailed risk assessment prior to making a lung transplantation recommendation. Despite the SARS-COV-2 pandemic, our program has successfully provided 34 lung and heart-lung transplants to appropriate candidates. The trends in the last 2 years have exceeded this program's historic

*continued on next page*

yearly volume, and the survival statistics continue to surpass the National average. There are approximately 32 new candidates listed this past year.

The Scientific Registry of Transplant Recipients provides data on all Transplant Programs (see [sstr.org](http://sstr.org)). The website confirms our most recent 1 year survival rate is 98.59% vs. the US average of 89.86%, and our waitlist mortality rate is substantially lower than expected (observed 4.2 per 100 person years vs. the expected 13.8 per 100 person years).

### **Best Experience**

How do we provide the best experience? We understand the vulnerability of our patients and strive for the best outcomes and experiences. We custom design each patient's care spectrum from the initial evaluation, to surgical intervention and post op care and management. Our goal is always to, not just increase a patient's quantity of years, but to also improve the quality of life that's afforded by the gift of donated lungs.

In closing, we firmly believe that a proactive, patient centric approach will foster tremendous success for each lung transplant recipient on not just extending their lives, but to extend their time of living well. Our team is humbled by the trust each patient bestows upon us. We are always striving for nothing but the best when it comes to our patients' care.

For more information about our program, visit [health.ucsd.edu](http://health.ucsd.edu), click on "Medical Services" in the Menu Bar and scroll down to "Transplantation."

## **If you are going through a lung transplant, we can support you**

"I have been blessed with a renewed opportunity to live. I look forward to sharing my experiences."

— Jerry Gilliland



Tina & Jerry  
Gilliland

To request a mentor, please visit:  
[lungtransplantfoundation.org/mentorship/](http://lungtransplantfoundation.org/mentorship/)  
For inquiries, email:  
[ltfmentor@lungtransplantfoundation.org](mailto:ltfmentor@lungtransplantfoundation.org)  
Free. Confidential. Anywhere in the U.S.



Lung Transplant Foundation Joseph J. Carter®  
**Mentorship Program**

## *In Memoriam* **2020**

Second Wind wishes to recognize the loss of the following members during the past year:

Terry Stroud, February

Chris Balcerzak, February

John Douglas, April

Robert Lohstroh, May

Sandra M. Andersen, May

Ed Smiley, August

Kate Moyer, November

John Fusco, November



# Financial Assistance Program Update

The Second Wind Financial Assistance Program (FAP) provides grants to assist lung transplant patients and their families in dealing with unforeseen expenses. Second Wind maintains a separate fund to provide for these grants.

During 2020 FAP Committee volunteers processed a total of 22 cases, and disbursed awards totaling \$6,076.72.

Grants are awarded for expenses related to an applicant's transplant, including but not limited to lodging, travel and medicines not covered by insurance.

Eligibility is income based, and applicants are expected to use up any funds raised for their transplant before FAP can step in to assist.

If you'd like to learn more, go to our website, [2ndwind.org](http://2ndwind.org) and click on "Financial Aid".

If you'd like to donate to this fund, click on the "Donate" button on the first page. Your donation will help people experience the miracle that is lung transplantation.



## DONATIONS

### General Fund

Loren Gerhard & Cathy Cuenin  
John Curtin  
John Della Jacono  
Joseph & Donna Discepolo  
John & Mary Della Jacono  
Donald Gwynne  
Terry & Kathran Hahn  
Elena Kahn  
Jane Kurz (Network for Good)  
Julie Martin  
Mickey McCabe  
Tim Monahan  
Damian & Judy Neuberger  
Michelle O'Guinn  
Fran Peach  
Lois Peddigree  
Lisa Potter  
Kay Ryan  
Lori Schilling (2 Donations)  
Alan Schwenck  
Michael & Linda Thomas  
Anita Tracey (2 donations)  
Carolyn Vega

### Financial Assistance Fund - In Honor of Frank Shields

Michael & Margaret Rzepka  
Thomas & Paula Staroba  
Bob Trezek Insurance Services

### Financial Assistance Fund

Tim Monahan  
Frank Shields (Network for Good)  
Alan Schwenck

### Membership Assistance Fund

Donald Gwynne

### IMO Terry Smeltzer

Ernest Pemberton

### IMO Kathy McGill

Ronald McGill

### IMO Ron Desantis

David Courtwright & Shelby Miller

### IHO Jane Kurz

Patrick Henry

### IMO Tim Adams

Christian Blake  
Sal Emma  
Sean Gormley  
Patrick Henry  
John & Susan McKee  
Arnold & Roslyn Oberson  
Conor O'Brien  
Grace Preston

### IHO Cathy Cuenin

George & Karen Cuenin

### IHO Nancy Sullivan

Michael Accord

### IHO All Donor Families

Holly Hahn-Baker

*Special thanks to  
those donors who responded by  
returning the donation envelope  
included in the last issue of  
AirWays, whose contributions  
totaled \$745.00*

# **“Congratulations, You Have a New Lung!”**

These are the first words many of us heard when coming out of the fog of anesthesia after our lung transplant, but we probably couldn't fully appreciate their import at the time. Chances are there was another moment during our recovery when the impact of this miracle—this gift of life—became real to us.

A recent discussion on the Second Wind Email Support Group revealed that this moment was different for everyone. The moments shared were sometimes mundane, sometimes emotionally powerful, but always interesting. Here's a sampling:

## ***From Laura Roix:***

*I used to tell the RT that I could no longer whistle. Not that I whistled a lot before but it was a way of explaining how the lack of oxygen was in my lungs. I was on 10 liters when I received my transplant 3 years 11 months ago, on January 7, 2017. On January 8th I called the RT from my cell phone and the first thing I did was whistle a tune to her. Needless to say she was just as emotional as I was. :-)*

## ***From Eric Harned:***

*Lol but the first time I sneezed post transplant it was a petite sneeze. I laughed and told my caregiver that I wonder if my lungs came from a female based on the petite sneeze versus my prior efforts that would wake the dead. Funny - but 5 months later I learned my donor was Rita - so it validated my earlier comment. 6 years later I am back to vibrant sneezes and throwing boogers across the room.*

## ***From Beth Davenport:***

*Big memory was learning to breathe correctly! Now that I could take in a deep breath, I needed to relearn how to do so correctly. I placed a Kleenex box on my prone body, directly on my long forgotten diaphragm, breathing in and out without the box moving. It was hard to do but eventually mastered it. Feeling air go all the way to my toes, another amazing gift!*

## ***From Patrick Henry:***

*One of the first things I noticed was something most people would think was pretty insignificant, but that at the time struck me as profound.*

*I could blow my nose!*

*Because emphysema primarily affects your ability to exhale, the only way I could do it before my transplant was if I used the Neti pot. The buffered saline solution in my sinuses gave me something to work with, and I could blow my nose. Otherwise? Just wasn't gonna happen.*

## ***From Damian Neuberger:***

*There were many firsts after my lung transplant.*

*I could breathe without lugging that 10-pound liquid O2 tank around and I didn't have to think about how full it was before I did anything.*

*Going back to work after 6 weeks medical leave was a big moment. I worked for a medical products company and the Division knew about my transplant, and about the serious risks of survival (remember, this was in 1997). As I walked down the hall towards my office that first day back, a good friend who had started there the same time I did saw me coming. He quickly came up and hugged me, welcoming me back.*

*However, the most moving event was when I received a long letter from my donor's mom, telling me all about her only child and son, whose lungs I'd received. Couldn't read that letter without crying for the family's loss.*

If you'd like to be part of discussions like these—whether to contribute or just listen in—join the Email Support Group by contacting Tom Nate via email at [tnate1254@gmail.com](mailto:tnate1254@gmail.com).

## Remembering Tim Adams

The Second Wind Board of Directors and the transplant community lost a valued member with the passing of Tim Adams on November 21, 2020.

Readers of *AirWays* knew Tim as the author of the continuing series, “Stayin’ Alive”, in which he shared personal advice on how he and his wife, Donnamarie, worked as a team to maintain the health of the new lungs he received in June 2017.

Tim was born on February 29, 1948 in Detroit, MI, and spent his career in marketing for global and Fortune 500 companies before he retired. He joined the board of Second Wind in 2019, and, among other things, spearheaded the development of a long-term, strategic fundraising plan for the organization.

He was also on the board of Southern Counties Amateur Radio Association (SCARA) and Auxcomm of Southern

New Jersey. A ham radio buff, Tim was part of a network of amateur radio operators who assist in communications among first responders during declared emergencies.



Tim is survived by his wife of eight years, Donnamarie Adams of Ventnor City, NJ; his daughter Rachel Adams of New Hampshire; his son Jason Adams of New York; siblings Diane Adams Townsend and Jim Townsend of Florida; Scott L. Adams of Florida; Donna M. Adams of Florida; and a large, close-knit family of nieces, nephews, in-laws and extended family that filled his life.

The Second Wind Board of Directors will miss Tim’s energy and commitment to meeting our mission of serving the lung transplant community. We extend our sincere condolences to his wife and family.

## The Not-So-Friendly Skies?

A recent news article in the Washington Post about two COVID-19 sufferers who died in mid-flight (“*Flying with covid-19 isn’t just reckless — it’s potentially deadly, doctors say*”) revealed a little known fact about air travel: lowered air pressure—which is standard in plane cabins—can result in low blood-oxygen levels and be a danger to people with respiratory conditions.

Plane cabins are pressurized so that passengers can breathe at altitudes above 30,000 feet, but that air pressure is 25 percent lower in a plane cabin than it is at sea level. Flying with that reduced pressure can impact blood oxygen levels to a degree that, for those with lung or heart conditions, immediate medical attention may be required.

The article cited David Freedman, an epidemiologist at the University of Alabama at Birmingham, who noted that even non-coronavirus infected people, those with lung and heart conditions that impact their breathing, could be in danger. This is why airlines are prepared for respiratory emergencies and all of them carry supplemental oxygen onboard.

Melissa Burke, a Lung Transplant Nurse Practitioner at The University of Pennsylvania and Second Wind Board member, said, “We sometimes do an altitude test where we mimic the cabin pressure and see if patients’ oxygen levels dropped. I had one patient whose levels dropped during the testing. So we set him up with oxygen for his flight to Greece and he did great.”

So a word to the wise: if you’re one of those people whose lungs or heart are compromised, and you’re going to fly, plan ahead. Those skies may not be as friendly as you once thought.



## New Board Members Elected



### MIKE KILMER

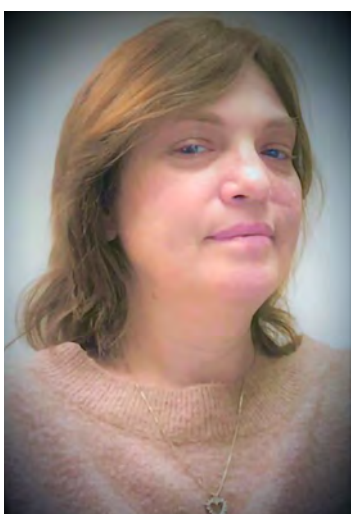
Second Wind is pleased to announce the addition of Mike Kilmer to our Board of Directors.

Mike, who resides in Spearfish, South Dakota with his wife of nineteen years, is a candidate for lung transplant, and currently under the care of doctors at the National Jewish Health Center in Denver, Colorado.

He brings a variety of critical skills to the Board, including experience in Information Technology, Graphic Arts, Marketing and Brand recognition.

In his Board application he noted, "The reason I am applying to be considered for the board is that I have my personal experience in dealing with not having the oxygen to do things I would like and thought I would be able to add to the program."

If you, like Mike, can offer your time and energy to help Second Wind fulfill its mission of service to the lung transplant community, contact Board President, Tom Nate, at [tnate1254@gmail.com](mailto:tnate1254@gmail.com).



### SARAH RIDDER

Sarah Ridder, our newest Board Member, has been elected to the position of Second Wind Board Treasurer. She had a double lung transplant in March 2006 due to a rare, hereditary form of IPF (Interstitial Pulmonary Fibrosis).

She has worked in the accounting field since she was 12 years old and is currently head of Accounting for Arrow Truck Repair.

Sarah has donated her talents to other non-profits, including The Human Relations Committee of Sauk Village, IL, The Coalition for Pulmonary Fibrosis, Prairie State College, and Daughters of the American Revolution as both Historian and Librarian for the past 4 years.

## Transplant Anniversaries

### NOVEMBER 2020

| Name             | Transplant Date | Years |
|------------------|-----------------|-------|
| Carolyn Blaylock | 11/5/2003       | 17    |
| Cathy Cuenin     | 11/9/2004       | 16    |
| Beth Hunley      | 11/25/2019      | 1     |
| Buddy Norris     | 11/25/2014      | 6     |
| Fran Peach       | 11/23/2018      | 2     |
| Chuck Schuele    | 11/20/2008      | 12    |
| Niccolo Sandoval | 11/5/2019       | 1     |
| Susan Sweeney    | 11/2/2014       | 6     |
| Nicholas Torres  | 11/28/2014      | 6     |

### DECEMBER 2020

| Name            | Transplant Date | Years |
|-----------------|-----------------|-------|
| James Austin    | 12/18/2019      | 1     |
| Robert Bochniak | 12/17/2017      | 3     |
| Betsy Cichon    | 12/16/2004      | 16    |
| Gage Georgeff   | 12/14/2009      | 11    |
| Michael Harmon  | 12/13/2019      | 1     |
| Eric Harned     | 12/22/2014      | 6     |
| James Helmes    | 12/15/2019      | 1     |
| Karen Joy       | 12/18/2017      | 3     |
| Joanne Justice  | 12/6/2007       | 13    |
| Janice Laidlaw  | 12/19/2017      | 3     |
| Etta Milton     | 12/1/2017       | 3     |
| C. Lorenzo Pope | 12/4/2017       | 3     |
| Dorothy Virgil  | 12/25/2019      | 1     |
| Fred Walker     | 12/15/2006      | 14    |

### JANUARY 2021

| Name              | Transplant Date | Years |
|-------------------|-----------------|-------|
| Leslie Casey      | 1/24/2016       | 5     |
| Karen Couture     | 1/21/1996       | 25    |
| Dan Griggs        | 1/11/2016       | 5     |
| Holly Hahn-Baker  | 1/3/1998        | 23    |
| Blaine Lesnick    | 1/8/2015        | 6     |
| Paula Moscareillo | 1/1/1994        | 27    |
| Brian Puhalsky    | 1/30/2017       | 4     |
| Joanel Read       | 1/19/2019       | 2     |
| Jeanne Roberts    | 1/1/2017        | 4     |
| Michael E. Thomas | 1/16/2012       | 9     |

## Remembering Cathy Lynn McGill: Record Transplant Survivor

Cathy Lynn McGill, a member of our Second Wind family, passed away on October 21, 2020 at the age of 67, having lived 35 years with transplanted heart and lungs. At the time of her passing she was thought to be the longest known lung transplant survivor.

She was born in Moline, Illinois to parents Jackie and Donald, with a three-chambered heart and transposition of the greater vessels. Most of us are born with a four-chambered heart: two atriums and two ventricles that make a closed system, which ensures that all blood passing through is oxygenated. But with a three-chambered heart, both oxygenated and non-oxygenated blood mix in a single ventricle, so blood is only half oxygenated. This is usually corrected with surgery, but for Cathy this was not possible.

Her mother describes Cathy as a bright child who never complained. She could walk short distances un-tubed, but used oxygen and a wheelchair for traveling any distance. She attended school, but by the 8<sup>th</sup> grade it became too difficult, and she changed to being tutored at home.

As Cathy was entering her 30s, a friend of her mother read an article about Stanford Medical Center performing the first heart-lung transplant. Jackie decided to try to get one for Cathy. As it turned out, it was the University of Minnesota that accepted her. She and Cathy moved to the Twin Cities area and Cathy was tested and prepared for transplant. However that program closed down so she transferred to UPMC Presbyterian in Pittsburgh. Fortunately, they accepted her previous testing, and Jackie and Cathy returned home to await the call.

It came on July 13, 1985. She was flown to Pittsburgh and rushed to the hospital, where the team immediately began the heart-lung transplant surgery. By 8:30 AM the following morning, the physician emerged and asked Jackie if she had ever seen her daughter pink. She replied that, in all of Cathy's thirty-two years, she had not. But that day she did.

After four weeks in the hospital and two more in the area, where she was able to walk all around the city, they returned home, coming back periodically for care and management. Jackie believes that Cathy was the 22nd person to have a heart-lung transplant. Repeated Internet searches indicate that, at 35 years post-transplant, Cathy held the record for longevity.

According to her mother, Cathy made the most of her new heart and lungs. "She had a wonderful life," she says. "She was happy and considered her life a miracle."

She loved to travel, traversing the USA by bus and making many trips to Hawaii. There were lots of friends; a few were boyfriends, and she stayed in touch with many transplant friends. She made miniature doll houses and furniture, painted china, oil painted, traveled to five transplant games, walking three miles in one of them. She was a volunteer at the Mississippi Valley Regional Blood Center and lived to become a proud grandaunt to her brother's granddaughters.

Although Cathy never heard back from her donor family after writing them, she and her family were always grateful for the miracle of life she was given.

Jackie says that Cathy looked forward to her Second Wind newsletters, keeping every one. Jackie intends to continue to stay active in Second Wind, and to enjoy the cherished newsletters.

Cathy was preceded in death by her father, Donald; grandparents; and cousins, Steve Hermann and Steve McGill.

In addition to her mother, survivors include her brother, Ronald (Amy) McGill; nephew, Alex McGill; niece, Abby (Jeff) Less; great nieces, Nora and Mila; and several cousins.



## TRANSPLANT GAMES RE-SCHEDULED

Due to the effects of the COVID-19 pandemic, the US-Donate Life Transplant Games and the World Transplant games have made changes to their upcoming schedules.

The Donate Life Transplant Games have been moved from 2020 to July 2021, and will take place at the New Jersey Meadowlands.

The World Transplant Games, usually held every two years, were originally scheduled for Houston, Texas in 2021. The games will now take place in Perth, Australia in April 2023.

Games are open to anyone who's received a heart, lung, liver, kidney, pancreas, stem cell and/or bone marrow transplant. Entrants compete as individuals and teams in track & field, golf, tennis, bowling and everything in between.

In addition to taking part in a unique competition, Holly Hahn-Baker, a past participant and medal winner, said, "For me, the most rewarding part of participating in the Transplant Games was the experience of interacting with so many donor families. It was the honor of a lifetime to meet so many true heroes."



### New Members

It is our honor to welcome the following individuals who became members during the period November– January 2021.

We thank all of you for your support of the Second Wind Lung Transplant Association.

|                    |                       |
|--------------------|-----------------------|
| Lotfi Ben Abdallah | Jackie McGill         |
| Ronald Berrong     | Arapata Albert McKay  |
| Robert Bochniak    | Blanca Iris Olivencia |
| Mike Bushnell      | Marion Peck           |
| Gregory Carneal    | Lorraine Prinsky      |
| Julia Flatt Cohn   | Robin Racine          |
| James Davis        | Sarah Ridder          |
| Timothy Davis      | Wiley Rosenbalm       |
| Karen Ettinger     | Larry Sanders         |
| Shantel Fierbaugh  | Jessica Seagrave      |
| James Fortuna      | Martha Skaggs         |
| Mark Full          | Gail Vanmeter         |
| Kathryn Hahn       | Paul Worthington      |
| Courtney Harris    | Cynthia Zouras        |
| Jacob Jergensen    |                       |
| Perseus Lark       |                       |
| LaDonne Lenzini    |                       |
| David Lischer      |                       |
| Judy Ludwig        |                       |
| Aldo Mancilla      |                       |

### Membership Renewals

The individuals listed below were renewed as members during the period November– January 2021.

We thank all for their continued support of the Second Wind Lung Transplant Association.

|                      |                  |
|----------------------|------------------|
| Aunjelique Anderson  | Jose Navarrete   |
| James Austin         | Ruben Ogando     |
| Stephanie Bauersachs | Michelle O'Guinn |
| John Berti           | Fran Peach       |
| Taylin Cook          | Cheree Peirce    |
| John Della Jacono    | Helen Sanders    |
| Robert Dokes         | Lori Schilling   |
| Gage Georgeff        | Carol Schutt     |
| Donald Gwynn         | Alan Schwenck    |
| Karina Hallinan      | Raju Shah        |
| Michael Harmon       | Terry Stroud     |
| Cheryl Helt          | Luke Thomas      |
| Bobbie Hicks         | Anita Tracey     |
| Mike Kilmer          | Michelle Wagner  |
| Linda LeDonne        | Edward Vasbinder |
| Michael Long         | Maureen Wagura   |
| David Lymangrover    | Danette Ward     |
| Julie Martin         | Jennifer Wilcock |
| Mickey McCabe        | Ron Zimmer       |
| Tim Monahan          |                  |

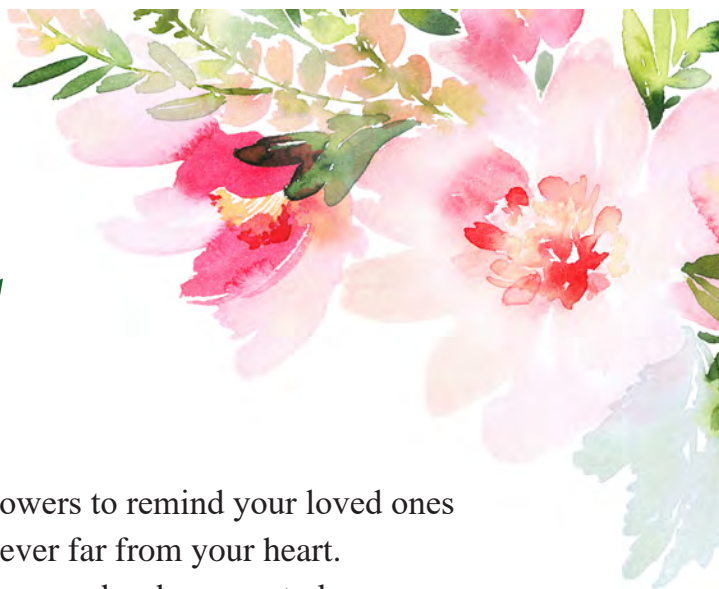


*Please share this issue of  
AirWays with friends,  
family and colleagues.*

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

**RETURN SERVICE REQUESTED**

## *Spread a Little Spring Cheer and Support Second Wind!*



It's a great time to send the gift of flowers to remind your loved ones that, though apart, they're never far from your heart.

Go to **2ndwind.flowerpetal.com** and order some today.

**12%** of the purchase price goes to Second Wind to help continue our mission of providing service to the transplant community.



  
**2ndwind.flowerpetal.com**