We know “what” Second Wind is: a non-profit, volunteer driven organization with a mission to serve lung transplant patients and their families, but “who” are we? Who are the hundreds of members that support our mission?

One way to answer that question is to look at our member data base, which contains basic information that allows us to paint a picture of what a “typical” member is like. It can answer questions like: How old are we? Where are we from? How long since we were transplanted, and where did we receive this life saving miracle?

Just to be clear, while we do store a few basic facts about members, we never share any of this information, nor do we ever, like some non-profits, share member names and addresses with other organizations.

In looking at the data, it’s important to remember that our 340+ members include more than just those of us who have received a transplant. We also have members who are awaiting a transplant, as well as caregivers and transplant center professionals—e.g., doctors, social workers, nurse coordinators, etc.

Of our 340+ members, 190 have actually received a transplant. Below you’ll find profiles of both this subset, as well as the membership as a whole.

**AGE**

Looking at all of our members—not just those who’ve had a transplant (e.g., including caregivers)—the average member is 61 years old.

Our two youngest members are 3 years old, and the oldest is 87. That member is only one of six who are in their 80s. The largest group, a total of 80, consists of members in their 70s.

**TRANSPLANT SURVIVAL**

As you can see from the above, we are an aging group, which is good news! It means we’ve survived the many risks associated with an organ transplant.

Looking only at members who have had a transplant and survived for at least one year, our longest surviving member has experienced 29 years of life post-transplant. Amazingly, this member is one of 14 who has survived for 20 or more years after receiving the gift of life.

Among all members, the average transplant recipient has survived for 7.3 years post-transplant, and the median number (half more, half less) is 4 years.

**WHERE DO WE LIVE?**

Second Wind members (including those who have not been transplanted) come from a total of 47 different states, including Alaska and Hawaii. The largest number of us (54) live in California, followed by Ohio (29), Illinois (23), Pennsylvania and Texas (19), New York (18), Florida (16), Indiana (13) and North Carolina (11).

**WHERE WERE WE TRANSPLANTED?**

The numbers above generally reflect where members were transplanted, which is the final distinguishing characteristic available from our data base that we’ll share.

By far, the transplant center leading the way is the Cleveland Clinic Foundation in (where else?) Cleveland, Ohio. A total of 35 of our members were transplanted there.

The other centers most frequently used by our members were the University of California at San Diego (29), the
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University of Pittsburgh Medical Center (13), the University of California at Los Angeles (12), and finally, Loyola University, the University of Washington and Barnes Jewish Hospital, each with 9 members transplanted.

While numbers provide a broad overview of our members, they can’t show us what they’re like, especially those who’ve actually received a transplant. These members and their caregivers exhibited tremendous courage and perseverance throughout their transplant journey. Now they, and all our other members, continue to pay it forward by supporting the mission of the Second Wind Lung Transplant Association.

Information changes almost daily regarding Covid and treatments, and it’s hard to know where to find the best information and facts regarding Covid today. Sadly, the topic has become far too political to know who to trust with the most complete data and facts about Covid and Covid treatments today, so the best advice for all concerned is to always trust your own personal doctor or your team of lung transplant doctors and pulmonologists regarding all things Covid.

Remember, we the patient are our own best advocate for our health. If we don’t like what our doctors are recommending or treating us with, then we go for another opinion until we find the medical specialist we feel best takes care of our needs.

Finally, Huge Congratulations to the Barnes Jewish Hospital Lung Transplant team in St Louis (my amazing lung transplant team!) who recently completed their 2000th lung transplant surgery! In my humble opinion, they are the BEST!

Breathe Easy!
Tom Nate, President
December 14, 2022 marked the one-year anniversary of my single lung transplant at University Hospital in San Antonio, Texas. At the age of 72, after dealing with Interstitial Lung Disease, I went through the screening process, was approved, and transplanted three weeks later. I was in the hospital right through Christmas and New Year’s. Being home for the holidays this year is a blessing.

My recovery was slower than I anticipated. As a 30-year retired Air Force Chief Master Sergeant, being out sick more than a few days was foreign to me. Thankfully, my wife Debbie is a registered nurse (retired), and provided care for which I can never truly repay her.

Prior to my transplant, Debbie and I scuba dived all over the world, jumping into the waters of exotic places like Fiji, Bali, Indonesia, Galapagos, French Polynesia, Egypt, and the Caribbean and Hawaiian Islands.

Upon the conclusion of my military and civil service careers, I trained to become a scuba diving instructor. The most rewarding aspect was training and certifying Wounded Warrior amputees through the Center for the Intrepid at Fort Sam Houston. It included classroom and pool training, checkout dives in a local lake and an all-expenses paid trip for the veterans to Florida for ocean dives.

But then, after my transplant, the question became, “Will I ever dive again?”

A committee of transplant physicians and specialists met to discuss my request and they unanimously approved my return to diving. Debbie and I have now scheduled a dive trip to Cuba next year, something on my bucket list.

In February 2022 I sent a letter through the hospital to the donor family hoping for a response. When I hadn’t heard anything I sent another. Then I got what appeared to be a generic letter explaining what a wonderful man my donor was, and signed by his mother. I managed to find her through Face Book. Krystal lived in northern Arizona, and her son, my donor, was Christopher John, known as “CJ”.

I contacted her and asked if we could correspond. She quickly answered yes, and that began regular contact, including phone calls. Last October she said she’d be in Dallas in mid-December, and asked if we could meet. We agreed to meet halfway—in Temple, Texas—and we each drove 150 miles to have lunch together.

We met on December 11th, the anniversary of CJ’s passing, making the day especially emotional.

We learned a great deal about CJ, a 28-year-old man who died in a motorcycle accident. He was very athletic, with a great love of the outdoors. Krystal told us that CJ’s passing resulted in over a dozen organ donations, including eyes and skin, but that thus far I was the only recipient who had contacted her.

My wife had brought her stethoscope and Krystal held it to my chest, listening to CJ’s lung. She was in tears, saying that this helped give her a sense of closure. We promised to keep in touch and will meet again in the future.

Thanks to my transplant, my wife and I are now able to look forward to many adventures in the future, especially getting back underwater. Had we not gone through this journey, I’m sure I would no longer be of this earth.
Doctors have long theorized a link between lung transplant rejection rates and air pollution, and according to one study, indoor air pollution can be deadlier than outside. In addition, maintaining proper indoor humidity levels can be just as important to lung health.

Sources of indoor pollution include dust, smoke from wood burning fireplaces & stoves, fumes from chemical based cleaning products and even scented air fresheners.

Indoor humidity levels should ideally be in the 40-50% range, and problems occur when cold, dry air comes indoors and is warmed, dropping the relative humidity by 20%. Such a drop in humidity makes it easier for airborne viral particles to travel. Also, the hair-like organelles outside of cells that line the body’s airways, called cilia, do not function as well in dry conditions — they cannot expel viral particles as well as they otherwise would.

Technology that can improve the home’s air quality:

Air Purifiers & Humidifiers:

Ultraviolet air purifiers can be attached to the inside of an air conditioner’s outdoor air handler via a strong magnet. The device shines a light that kills germs in the evaporator or induction coil. This prevents mold growth caused by condensation and kills organisms such as mold, mildew, viruses, dust mites, and bacteria by damaging their genetic structure. The device can help to reduce rejection rates for lung transplant patients caused by any of these common pollutants. Air purifiers are also a good option as they contain filters that capture contaminants, including some viruses and bacteria. Again, these can be connected to a HVAC system, or a portable system can be used for one room or area of the home. Some systems contain electrical charges that kill the contaminants, as well as catch them.

Humidifiers are devices that release water vapor or steam to increase moisture levels in the air. Types of humidifiers include:

- Central humidifiers: these are built into home heating and air conditioning systems and are designed to humidify the whole house.
- Ultrasonic humidifiers: these produce a cool mist with ultrasonic vibration.
- Impeller humidifiers: these humidifiers produce a cool mist with a rotating disk.
- Evaporators: evaporators use a fan to blow air through a wet wick, filter or belt.
- Steam vaporizers: steam vaporizers use electricity to create steam that cools before leaving the machine. Avoid this type of humidifier if you have children. The hot water inside this type of humidifier may cause burns if spilled.

To summarize: minimizing indoor air pollution and maintaining proper indoor humidity levels are essential for lung transplant patients to consider when evaluating the quality of the indoor environment on their lung health.
Welcome Patrick Libens!

Second Wind is pleased to announce the addition of Patrick Libens to our Board of Directors.

Pat was diagnosed with IPF (Idiopathic Pulmonary Fibrosis) in 2005 at the age of 55, and received a single lung transplant in July 2019 at the Cleveland Clinic.

He graduated from Ohio University with a major in journalism and communication in 1975 and, prior to retirement, worked for many years in the areas of marketing and sales, corporate profitability turn around, customer and vendor relations, budget management, resource utilization and product development.

Pat describes his motivation to support Second Wind’s mission as follows:

“From pre to post transplant my world changed, and it took me three years to figure out how I could give back. In addition to my involvement with Second Wind, I volunteer at the Cleveland Clinic as a mentor to transplant recipients. This work helps me appreciate the gift I have received, and allows me to offer hope to others who face the same challenges that I did.”

One More Reason To Mask Up

As China opens up, leading inevitably to more COVID variants, the risk of infection remains a serious threat to those who have had an organ transplant, and any others who are immune suppressed. Continuing to wear a mask in public (preferably an N-95 version) is important to avoid infections of all types, not just COVID. And now, a recent study has shown that wearing a mask in cold weather provides even greater protection than previously thought.

As reported in the December 2022 issue of The Journal of Allergy and Clinical Immunology (jacionline.org), the study found a biological reason for why we get more respiratory illnesses in winter. It turns out that cold air itself damages the immune response found in the nose.

Research showed that reducing the temperature inside the nose by as little as 9 degrees Fahrenheit kills nearly half of the virus and bacteria-fighting cells in the nostrils.

The team exposed study participants to 15 minutes of 40-degree-Fahrenheit temperatures, and then measured conditions inside their nasal cavities. They found that when exposed to cold air, the temperature in your nose can drop by as much as 9 degrees Fahrenheit, enough to knock out the natural immune advantages that the nose has.

When a virus or bacteria invades the nose, the cells lining the front of the nose immediately begin creating billions of simple copies of themselves, called extracellular vesicles, or EVs. These act as decoys, so that the virus sticks to these decoys instead of sticking to the cells.

These germ laden EVs are then expelled into nasal mucus, and thus stopped before they can get to their destinations and multiply.

He noted that these results are from in vitro studies, not a study being carried out inside someone’s actual nose, and such studies are often, but not always, confirmed.

Dr. Benjamin Bleier, of Massachusetts Eye and Ear and an associate professor at Harvard Medical School, was one of the research team leaders. He noted, “It turns out, the pandemic gave us exactly what we need to help fight off chilly air and keep our immunity high. Not only do masks protect you from the direct inhalation of viruses, but it’s also like wearing a sweater on your nose.”

In short, the warmer we keep our intranasal environment, the better our immune defense mechanisms can work, giving us yet another reason to continue masking up.
The latest issue of TransplantNATION magazine featured a two-page spread on the Second Wind Lung Transplant Association. The article outlined our mission and described the programs we operate to support pre and post lung transplant patients. Second Wind is honored to have been included.

TransplantNATION magazine is published by the Transplant Life Foundation, and contains a variety of inspiring personal stories, as well as medical updates related to organ transplantation.

The Foundation is perhaps best known as the architect of the Transplant Games of America. The stated mission of the Games is:

To increase awareness of the life-restoring importance of organ, cornea, bone marrow, and tissue donation through the lives of the athlete-recipients and the lasting legacy of their donors.

You can learn more about the Foundation, the Transplant Games and subscribe to TransplantNATION by going to their website: transplantlifefoundation.org.

Study Shows Spirometry Underutilized in COPD Patients

Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in the US, and a leading cause of disability and health care utilization. A recent study showed that too many COPD patients are not receiving spirometry testing to confirm the existence and extent of their disease.

The study, published by Arianne K. Baldomero, et al, was funded by the National Institutes of Health and reported in the November issue of the Journal of the COPD Foundation. It looked at 24,300 patients with newly diagnosed COPD who received care from the Veteran’s Administration, and found that less than 60% were evaluated using spirometry procedures.

COPD is characterized by irreversible airflow obstruction, but clinical history and physical examination findings have shown not to be reliable indicators of the presence of airflow obstruction. Guidelines recommend spirometry to confirm a diagnosis of COPD in patients with respiratory symptoms. The absence of spirometry can result in misdiagnoses. Failing to diagnose COPD results in delayed medical interventions, while a mistaken diagnosis of COPD can lead to higher health care utilization, and the administration of unnecessary therapies which could result in adverse side effects and higher health care costs.

The study showed that spirometry underutilization was associated with older age and lower comorbidity burden. Additionally, patients without a pulmonary specialty care visit had lower rates of undergoing spirometry compared to those who had a pulmonary specialty care visit.

The study suggests that expanding access to spirometry alone will not be sufficient to address underutilization. Quality improvement initiatives addressing guideline adherence, particularly among older patients, patients with lower comorbidity burden, and patients who are not receiving pulmonary specialty care may be necessary.

For more information, go to the Foundation’s website at https://journal.copdfoundation.org and find the November issue.
Dear Editor,

I was startled by the article in the last edition of Airways in which the author described her trip to a large conference in Orlando and her resulting case of Covid. Not only did the trip surprise me, but even more so was the writer’s statement that she was “no longer afraid of Covid” because she had survived a mild case.

Of course, all of us have to decide for ourselves, but the writer’s conclusion did not make sense to me. There are so many Covid variants (both current and emerging) that the fact that medical treatment was successful in this case does not mean that the result would be the same next time. (Not to mention the potential for Long Covid.)

For me, the writer’s decision does not seem like a sound one, and thus I will stick to my circumscribed life. Do I miss my busy pre-Covid life of work, travel, and events? You bet I do! But would I risk the celebration of my 25th re-birthday this year? No way!

Sincerely,
Holly Hahn-Baker
Double Lung 1-3-98

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

Eunice Gibson-Sutton
Transplanted 2002

Fred Harris
Transplanted 2016

Alan Schwenk
Transplanted 2009

Recovering
Haiku by Jane Kurz

Ventilators swish
Like eternal ocean waves
Breathing in new life.

The Author of the article responded:

In response to the letter to the Editor regarding my recent article, I would like to emphasize a few points.

I am very respectful that people make their own decisions about living with Covid, and what measures they take to stay safe. I too am very careful wherever possible.

When I had my transplant, my pulmonologist told me that the reason I was given the gift of my lungs was to go and enjoy my life. Those words always ring powerfully in my head.

As for what I meant by not being afraid of getting Covid, I fully realize how lucky I was to not feel as sick as others have been. I also realize how fortunate I was to receive the monoclonal antibodies which helped me recover so quickly.

Maybe my story offered hope for some people who are still struggling with being stuck at home, and are ready to carefully take a step forward, because Covid is going to be with us for a very long time.

Let’s all stay safe and healthy and still enjoy some good living each in our own way.

- Ruth Magnus
DONATIONS

As you know, since the COVID pandemic hit Second Wind has been waiving membership dues. For that reason we included a Donation Envelope in the November issue. Unfortunately, due to a technical error, the envelope wasn’t in all of the copies of *AirWays*. If your copy didn’t contain an envelope, we urge those who can afford to do so, to make a voluntary gift to support our work. You can do this by going to our website—2ndwind.org—or by mailing a check to:

Second Wind Lung Transplant Assoc.
3590 Beckwith Ln.
Crete, IL 60417

We want to recognize and thank the following individuals who did make a generous donation to support the mission of Second Wind in the past three months.

In Honor of Jane Kurz
Patrick Henry

In Memory of Celeste Davis
Ronald Bigler
Katrina Bush
Tiffany Madden
Clay White

In Memory of Fred Harris
Kathy Harris

In Memory of Abigail Minter
Karen Vollten

In Memory of Frank Shields
Dan Griggs

In Honor of Camille Henry
Holly Hahn-Baker

In Memory of Cathy Cuenin
Marnie O’Sullivan

Financial Assistance Program
Leslie Casey
Bushnell Construction
Leland Larson
Jane Kurz
Cheree Peirce
Charles Schuele
Lorraine Nayano Taylor-Neumann
Paul Woods
Zimmerman Service Center

Financial Assistance Program Update

The Second Wind Financial Assistance Program (FAP) provides grants to members of Second Wind who are lung transplant patients, whether they are in the process of being evaluated, currently listed, or have had a transplant. The FAP can help pay for transplant related expenses, including medications, travel, lodging and others.

An application is required and eligibility is based on income. Maximum grant amounts are $1,000 annual and $2,000 lifetime, and are always paid directly to the appropriate vendor. No cash grants are paid directly to eligible recipients. More information, and application forms, can be found at 2ndwind.org

In 2022, the FAP issued grants totaling $8,000 to assist Second Wind members with transplant related expenses. FAP grants are funded solely by donations from members and friends of Second Wind.
Oldest Surviving Lung Tx Patient Dies at 60

Howell Graham of Wilmington, Delaware, the United States’ longest-surviving lung transplant recipient, died on Nov. 9, 2022 at the age of 60.

“I think about it just about every other day, how lucky I am,” Graham said in 2019, adding, “Organ donation truly is a miracle.”

As a child, Graham was diagnosed with Cystic Fibrosis (CF), a chronic disease that affects the lungs and pancreas.

In 1990, doctors at the University of North Carolina Hospitals told Graham, who was 28, that his odds of surviving a double lung transplant, one of the first attempted in the Southeast, were 50-50.

Graham thought the operation was too risky, but when his CF got so bad that he barely had the energy to walk across a room, he decided to go through with it. The groundbreaking, 13-hour surgery took place Oct. 8, 1990, a date Graham and his family, like many organ recipients, would celebrate annually as a second birthday.

Even with the successful surgery Graham was told his life expectancy was about five years. But he beat those odds, going on to live for more than three decades with the lungs of a motorcyclist who died in a traffic accident.

Those who knew Graham said that, just as remarkable as his survival, was the way he lived his life, taking full advantage of the opportunity he knew he’d been given. He became an advocate for organ donation, spoke to groups about it, and mentored patients considering transplants.

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” & Second Wind’s “Financial Assistance Program”;
• 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 in there and look around.
Membership Renewals

The following individuals renewed their membership in Second Wind during the period November 2022 – January 2023. We thank you for your continued support of our mission.

Aunjelique Andersen  
James Austin  
Kandi Bastianelli  
Stephanie Bauersachs  
Lotfi Ben Abdallah  
Ronald Berrong  
Shawn Berryman  
John Berti  
Robert Bochniak  
Mike Bushnell  
Gregory Carneal  
Sonja Castell  
Taylin Cook  
James Davis  
Timothy Davis  
John Della Jacono  
Robert Dokes  
Jeanne Ehrenberg  
Celia England  
Karen Ettinger  
Shantel Fierbaugh  
Julia Flatt Cohn  
James Fortuna  
Timothy Frederick-Hardy  
Mark Full  
Comel Fulton  
Jessica Funicello  
Gage Georgeff  
Kathryn Hahn  
Karina Hallinan

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Transplant Anniversaries

NOVEMBER 2022

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New Members

The following individuals became members of Second Wind during the period November 2022 – January 2023. We welcome and thank you for your support of our mission.

Shawn Berryman  
Robert Condit  
Timothy Frederick-Hardy  
Comel Fulton  
Ricky Henry  
Mary Jo Hamilton  
Michael Harmon  
Courtney Harris  
Sheryl Helt  
Ricky Henry  
Lotfi Henry  
Ronald Berrong  
Comel Fulton  
Daniel Leasure  
Blance Iris Olivencia  
Karen Murphy

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

<<FullName>>
<<Addressline1>>
<<City>>, <<State>> <<Zipcode>>

Mentoring means I get to be there for others, at a crucial time when support is so important. It brings me joy to help others through my experiences as a lung recipient.

—TAMMY ROBINSON

REQUEST A MENTOR:
lungtransplantfoundation.org/mentorship/
@LungTransplantFoundation