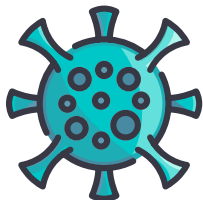


IS COVID MAKING A COMEBACK?

Nope. It never really left.

By J. Patrick Henry – Single Lung TX, 2015



Moving about the country these days might lead you to believe that COVID is a thing of the past. No more masks, no social distancing, and big crowds everywhere you look. But, unfortunately, COVID remains with us, and continues to plague (pun intended) the elderly, organ transplant recipients and others who are significantly immune suppressed.

Here's the long and short of it, albeit in reverse order.

The Short of It:

According to the EPA (Environmental Protection Agency), since the pandemic began in the late winter of 2020, there have been a total of 1.5 million deaths, and 6.4 million hospitalizations due to COVID in the US. And now, by all measures, it appears that COVID infections are on the increase.

Also, as reported by the EPA, hospitalization rates due to COVID hit their bottom in June, 2023 at six thousand/week. Since then, they have tripled, reaching an average of 19 thousand/week.

The highest rates of hospitalization were in the fall & winter of both 2020-21 and 2021-22, when people spent more time indoors. Thus, it's reasonable to expect that we'll see higher rates this fall and winter.

Meanwhile, the use of masks has seemingly disappeared, and the rate of vaccinations has dropped from a high of 3 million/day in March, 2021 to a low of 62 thousand/day in May, 2023. This despite the availability of new versions designed to thwart the latest mutations of COVID.

As of today, only 17% of us have received the latest version of the COVID vaccine. Although the figure is higher (43%) among those older than 65, this percentage may or may not be high enough to protect vulnerable populations against an outbreak this coming winter season.

The Long of It:

Many believe that once you've contracted COVID, you're home free—that is, you can't get it a second time, and your

complete recovery is assured. Neither assumption is true, even for those who are up to date on their vaccinations.

According to a February 15, 2023 article in "Scientific American", a team of researchers at Washington University in St. Louis concluded that reinfected people are twice as likely to die and three times as likely to be hospitalized with COVID than those infected only once, regardless of their vaccination status.

Their data, drawn from from half a million COVID patients treated by the U.S. Department of Veterans Affairs, showed that 10% had been infected with COVID between two and four times. And some patients continued to have symptoms during the six months of follow-up, what scientists have come to term, "Long COVID."

The most commonly reported symptoms of Long COVID include:

- Fatigue
- Symptoms that get worse after physical or mental effort
- Fever
- Respiratory symptoms, including difficulty breathing, shortness of breath and cough

The prevalence of Long COVID in my area (Western New York) has been such that the University of Buffalo's Internal Medicine Dept recently opened a special "Long COVID Treatment Center". Funded by a grant from the Mother Cabrini Health Foundation, with support from UB, the center is accepting all patients, regardless of whether they have insurance.

So, What's To Be Done?

The appropriate responses to a heightened threat from COVID are simple things we all know: mask up, social distance where possible, and, with your physician's permission, get any dose of an updated COVID vaccine as soon as it become available.

COVID will continue to mutate, and it's up to us to protect ourselves and our loved ones by doing what we can to ward off these latest variants.



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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: phenry2ndwind@gmail.com.

To join or change your address please contact Second Wind via email to phenry2ndwind@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.



Hello Members and Guests,

Last month I was blessed to celebrate the 13th year anniversary of my second double lung transplant surgery. It was, in many ways, a surreal day of reflecting on my journey.

It started in 2003 with my diagnosis, my first double lung transplant surgery in 2007, chronic rejection (BOS, or bronchiolitis obliterans syndrome), treatment and ultimately surviving to receive a second transplant.

The memory of my struggle with BOS for more than two years is still quite vivid in my mind. As lung transplant survivors we live each day knowing that BOS can happen at any time, and that it cannot be reversed. Thankfully, today there are treatment options that can slow the progression of BOS, and even level it off if detected early enough.

In my case, using daily at home spirometry, I was able to monitor and notice a decline in my FEV1, and inform my transplant coordinator. However, my decline was simply too rapid.

BOS affects every patient differently. Many have lived with BOS, for a number of years as their decline leveled off or stopped. There is no cure for BOS, yet, but research for a cure is ongoing on many fronts.

One organization that is leading the charge to educate patients about BOS, and facilitate research and patient studies for BOS is the Lung Transplant Foundation. Their website at lungtransplantfoundation.org is a great resource to learn more about available treatments, and how to live with BOS. I would encourage everyone to take time and visit their website for the latest in all things related to BOS and to take advantage of their educational workshops.

For those who are living with BOS today, my heart goes out to you. Don't lose hope or give up. Each day we see a new sunrise is one day closer to research discovering a cure for BOS.

Breathe Easy!
Tom Nate, *President*



Editor's Notes

- Many lung patients who have been listed and are anxiously awaiting "The Call" are advised by their team to focus on the future—on the things they used to do but now can't, and how life will be different once they receive their new lung(s). This issue includes an inspiring story of one man who never lost focus on his future, and who succeeded beyond his expectations. Don't miss "Getting Back In The Game" on page 7.
- We encourage others to share your own story. Personal stories, like the one noted above, help transplant recipients understand the challenges we face, and how to overcome them.
- Since COVID hit in 2020 we've not been listing Support Groups in *AirWays*. That's changing. As more groups move from virtual to in-person meetings, we'll begin listing them again. If you are aware of a currently active support group, live or virtual, that you'd like to see listed in the newsletter, contact me at the email address below.
- Finally, are you a frustrated author looking for a way to use your skills to help others? We're in need of people interested in assisting with the production of *AirWays*. You can contribute in various ways: you might research and write about new transplant treatments or simply send us tips that we can pursue ourselves, or provide a personal story of your transplant journey. If interested, contact me at the address below and we can talk it over.

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

Indoor Air Quality

In Spring and Summer we can all enjoy the luxury of breathing fresh air. Of course, this past year many of us encountered heavy smoke from wildfires in Canada and the west. Still, time spent outdoors is generally a healthy thing to do.

But now, as the Fall and Winter seasons are upon us, most will be spending more time indoors, and will face certain conditions that, as lung patients, can be dangerous.

Following is a version of an article that appeared in the February, 2023 edition of AirWays on this topic, and one that bears repeating this time of year.

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 woodburning fireplaces & stoves, fumes from chemical based cleaning products and even scented air fresheners.

Indoor humidity levels should ideally be in the 40-50% range. Problems occur when cold, dry air comes indoors and is warmed, dropping the relative humidity. Such drops in humidity make 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 include: Air Purifiers/Filters and Humidifiers. Here's a summary of both:

Air Purifiers/Filters

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 contaminants, as well as catch them.

For information on the best indoor air filters, go to this NY Times' Wirecutter column: <https://www.nytimes.com/wirecutter/reviews/best-air-purifier/>

Home Humidifiers

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 air pollution and maintaining proper humidity levels are essential for lung transplant patients to consider when evaluating the impact of the indoor environment on their lung health.



Lung Diseases: A Glossary

By: Jane Kurz, Ph.D. RN & Dr. Kaymar Afshar, UC San Diego

Lung transplantation is a treatment for those with end-stage lung disease that is resistant to conventional medical therapy. The following four transplant procedures are available: single lung, bilateral lung, heart-lung and transplantation of the lobes from two living donors in select cases. Improved survival rates are noted based upon improved recipient selection, better immunosuppression regimens, and surgical and technological advances. Unfortunately, these do not result in a cure, so lung transplant recipients are required to take a lifetime of medications, undergo close monitoring and have strong caregiver support.

The following terms describe only some of the 80+ lung conditions that are suitable for transplantation. Note that the only way to determine if your situation meets the definition of one of these diseases is to meet with appropriate specialists, as often more than one field of expertise is needed.

Alpha-1 Antitrypsin (A1AT) Deficiency is an autosomal recessive (genetic) disorder that is commonly associated with Chronic Obstructive Pulmonary Disease or bronchiectasis. In addition to affecting the lungs, patients with A1AT Deficiency can also develop liver disease. A1AT is a protein that is produced in the liver and normally found in the lungs. It protects the lungs from a natural enzyme (neutrophil elastase) that is produced during inflammation from bacterial infections or smoking. A severe deficiency of A1AT results in premature destruction of the alveoli (air sacs) as seen on a chest X-ray, and a decline in lung function as noted on pulmonary function tests (spirometry). More information can be found at alpha1.org/what-is-alpha1/.

Bronchiectasis is a chronic disease that is characterized by permanent, abnormal dilation of the medium bronchi as a result of inflammation and subsequent infection. This damages the elastic and muscular structures supporting the bronchial wall, and results in airway obstruction. Patients with bronchiectasis can harbor various bacterial or fungal infections. The main goal of the recommended treatments is to reduce the amount of mucus plugs in the airways, thereby reducing the inflammatory and infectious processes. Primary ciliary dyskinesia is another condition that results in bronchiectasis. More information can be found at copdfoundation.org.

Bronchiolitis Obliterans (BOS) is a progressive airflow obstruction that can occur following lung transplantation. It is a major manifestation of chronic, irreversible lung transplant

rejection. This is typically monitored with pulmonary function tests (spirometry) and CT scans of the chest. Based on the degree of BOS, immunosuppressive treatments are modified to slow the progression of BOS.

Chronic Obstructive Pulmonary Disease-Emphysema (COPD) is a disease characterized by persistent and progressive airflow limitation, chronic inflammation of the airways and destruction of lung alveoli (air sacs). As air is trapped during expiration, the residual air trapped in both the small and large airways results in lower lung function, and gas exchange abnormalities resulting in increased carbon dioxide levels and reduced oxygen levels. More information can be found at copdfoundation.org.

Chronic Bronchitis is an independent disease that may precede airflow limitations. Unlike Emphysema, destruction of the alveoli is not seen in chronic bronchitis. Patients with chronic bronchitis show signs of inflamed airways on a CT Chest scan. More information can be found at copdfoundation.org.

Cystic Fibrosis (CF) is a genetic disease characterized by a defect in the transport of sodium and chloride from within the lung's epithelial cells to the cell's outer surfaces. CF affects the lungs, gastrointestinal tract, endocrine and even the reproductive system. As a result of genetic mutations, cells that line the lungs, pancreas, intestines and other organs produce secretions that are low in sodium content, making the mucus abnormally thick and sticky. The resulting mucus plugs cause organ scarring and, eventually, organ failure. The Sweat Chloride test was once considered the standard for diagnosis, but now genetic testing is the gold standard. In addition to lung transplants, there are newer genetic therapies that are helping to improve patients' lives. More information can be found at cff.org.

Eisenmenger's Syndrome is a congenital heart defect which includes a ventricular septal defect (a hole between the 2 ventricles), pulmonary hypertension with pulmonary artery enlargement, and increased size of the right ventricle. The increased pressure of blood flowing through the shunt increases pressure in the pulmonary artery. Over time, this increased pressure damages the smaller blood vessels in the lungs. This is treated with a combined heart-lung transplantation. More information can be found at rarediseases.org/rare-diseases/eisenmenger-syndrome.

continued on next page

Interstitial Lung Disease (ILD), also called “diffuse parenchymal” lung disease, it refers to more than 200 disorders in which the tissues between the lung’s air sacs (alveoli) are inflamed. Over time, irreversible lung scarring (fibrosis) results. Causes can include: inhalation of occupational and environmental toxins, certain medications, radiation therapy, infections and connective tissue disease. Often, the cause can be unknown at the time of diagnosis. More information can be found at pulmonaryfibrosis.org.

Idiopathic Pulmonary Fibrosis (IPF) is a chronic, progressive scarring of the lungs from an unknown (idiopathic) cause. Chest X-ray findings are often non-specific, so it is recommended to obtain a CT Chest scan to better identify the pattern. Pulmonary function tests show restriction and possibly poor gas exchange. A surgical lung biopsy is considered the gold standard for tissue confirmation, but there are times that a diagnosis can be made based on clinical and radiographic findings. A biopsy may not be pursued if there is a higher risk of complication compared to the benefits of the tissue diagnosis. More information can be found at pulmonaryfibrosis.org.

Lymphangioleiomyomatosis (LAM) is a rare lung disease in which muscle cells that normally line the airways and blood vessels invade the lung tissue, growing into the walls of the airways and causing obstructions. The air sacs also swell and form cysts which impact oxygenation and gas exchange.

It primarily affects women, and the cause is genetic or of a random, unknown nature. Women with LAM can have lung collapses (pneumothorax), fluid around their lung or in their abdominal compartment (chylous effusion). More information can be found at thelamfoundation.org.

Primary Pulmonary Hypertension (PPH) is characterized by elevated pressure in the lung arteries (pulmonary arterial pressure) caused by stiffness, damaged or narrowing of the lung artery. As the lung pressure rises, it puts a strain on the right-sided chambers of the heart. Eventually patients with PPH develop shortness of breath and symptoms of right-sided heart failure, such as swelling in their legs (edema) or swelling in their abdominal compartment (ascites). There are multiple PPH medications used to slow down the progression of the disease. More information can be found at phassociation.org.

Sarcoidosis is a chronic disease characterized by the formation of very small clumps of inflammatory cells (granulomas) in one or more organs of the body. The more common sites of involvement are the lungs, lymph nodes, eyes, skin and liver. Treatment is based on the organ function and disease progression, with steroids being the mainstay of therapy. In some cases, patients will experience a spontaneous remission, but patients need to consult with their doctor to see if this applies to them. More information can be found at stopsarcoidosis.org.

New At Home Screening Kit Available to Test for Alpha-1

“AlphaID At Home”, a screening kit to detect Alpha-1-antitrypsin deficiency (Alpha-1), has been cleared by the U.S. Food and Drug Administration, and became available as of April of this year.

This free, direct-to-consumer screening kit was developed by Grifols, a Spanish company. It enables adults in the U.S. to determine their genetic risk of developing lung or liver disease linked to Alpha-1, such as Chronic Obstructive Pulmonary Disease (COPD).

COPD is an inflammatory lung disease caused by long-term exposure to irritants, such as cigarette smoke, air pollution, and chemical gases. In a small percentage of cases, COPD is inherited and results from a deficiency in Alpha-1-antitrypsin, a protein that protects the lungs from damage caused by infection and irritants.

People with Alpha-1 lung disease have two abnormal genes, the Z and S genes, that can act to prevent the creation of antitrypsin. Signs of lung disease in people with Alpha-1

include shortness of breath, wheezing, chronic cough and sputum, recurring chest colds or pneumonia, year-round allergies, and bronchiectasis.

Early diagnosis of Alpha-1 is important because quitting smoking and early treatment are vital to slow disease progression. The condition can’t be diagnosed by symptoms or medical examination alone, however. Previously it took a blood test to confirm its presence, but now the new AlphaID at Home test, using a saliva swab, can provide the same result.

To use the saliva collection kit, individuals simply collect their sample and send it to a certified lab for processing. Within a few weeks, and through a secure online portal, they will know if they are at risk of developing Alpha-1.

To obtain a free Alpha-1 at home test kit, go to alphaidathome.com and click on “Order A Free Kit”.



Getting Back In The Game

By: Eric Harned

For some lung patients a transplant marks the end of something—their struggle to survive—while for others, like Eric Harned, it marked the beginning of something, a return to the game he loves.

“Play Ball!”

Those are words I wasn’t sure I’d ever get to say again, as I fought to get listed for a double lung transplant, having been told in September, 2014 that I had only 4-6 months to live without one.

Simply stated, I’ve always been an active person, someone who loved officiating sports and interacting with players, coaches and fans.

Prior to my lungs going bad, I umpired baseball for 7 years at the high school level and, including travel tournaments and men’s fast pitch baseball, I averaged 120 games a season.

But in 2014 life threw me a curveball. My lungs collapsed, and I was told that I needed new lungs if I was going to live to my next birthday. Being a fighter, I refused to give up. I knew life could be much better if I managed to get new lungs, but tried not to get my hopes up as I knew it might take months or years to find a match. Fortunately, my stay on the list lasted only 3 days, and my transplant was completed on December 22, 2014. That’s when my tough recovery began.

Yes, my prayers had been answered. My donor, Rita, had not only provided me with a second chance at life, but also the hope of returning to umpiring baseball. The doctors knew that I was a very driven person, and never once shot down my expectations of returning to officiating sports. I worked extremely hard to recover and set my sights on returning in the spring of 2016, and, guess what—I did just that!

I managed to umpire a total of 80 games that first season post-transplant. Since that time I have continued to umpire over 100 games per season for the last 8 years. I’m now bringing the 2023 season to a close having umpired a total of 125 games!

On top of my baseball season, I also had always wanted to add basketball. Prior to my transplant I never would have been able to run up and down the court, but now my lungs were performing so well that I asked my docs if they would sign off on me becoming a high school basketball official. Fortunately, they gave me the thumbs up.

Off I went to take classes and pass my test, and in the fall of 2018 took the court as a licensed, high school basketball official. I managed to officiate 45 games that first season, and am now about to kick off season 6, having officiated 85 games in 2022-2023. I’ve had no issue keeping up with players running up and down the full court.

People marvel learning that I’m a double lung transplant recipient and that, even at the age of 60, can officiate over 200 games a year between the two sports.

Do I feel lucky and blessed? Yes, very much. I give praise and thanks to my heavenly father, to the docs and nurses at OSU Wexner Medical Center, and most of all, to my donor, Rita. Without her gift I never would have been able to return to my passion of umpiring baseball, or challenged my body to become a basketball referee.

I’ve written this article to hopefully inspire others to chase your dreams, and to not be afraid to challenge your body to do things that you might not think a transplant recipient could do. I have never given up on the belief that I can do anything I did prior to my transplant, and I urge you to adopt that same belief.

Feel free to reach out to me with questions, and please know that, just because we’ve had a transplant, we don’t need to sit on the shelf and hesitate to do the things that will make us happy.

Blessings—Eric Harned (eharned@columbus.rr.com)



SECOND WIND NEEDS YOUR HELP!

As you are aware, in light of the economic impact of the COVID pandemic, Second Wind has not been charging annual dues for the past three years.

While we know this was the right thing to do, the loss of revenue has been significant. In addition, an increase in applications for financial assistance to lung transplant patients (see article on page 10) has had an impact on our bottom line.

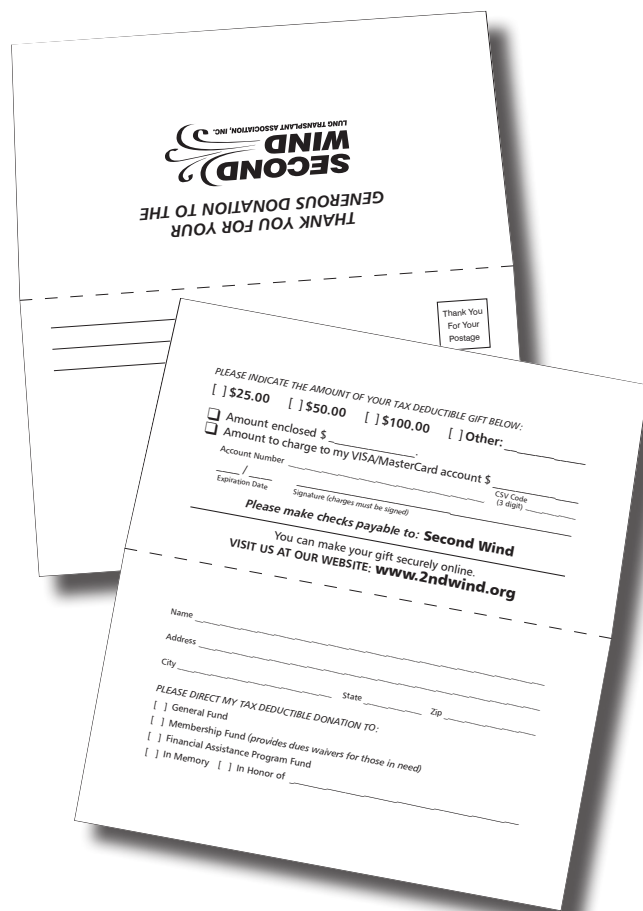
Second Wind receives no governmental or foundation funding, and if it were not for donations, this newsletter, the Financial Assistance Program and our other services could not continue. Indeed, Second Wind itself would not exist.

Soliciting direct contributions from our readers isn't a step we take lightly, but current conditions leave us no choice. For that reason we ask that, once again, if your financial situation permits, please use the enclosed envelope to make a donation to help keep Second Wind on a sound financial footing.

We would love to add your name to the list of generous donors shown at the bottom of this page.

Thanks.

- The Second Wind Board of Directors



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.

In Memory of Deborah Miko

Heather and Jason
John Altick
Brandi Carr
Joseph Miko
Joanna Perretta
Darlene Robinson
Linda West

Financial Assistance Program

Paul Albert
Bushnell Construction
John Della Jacono
Eric Harned
Patrick Henry
Marguerite Newhouse
Chuck Shuele
Paul Woods

General Fund

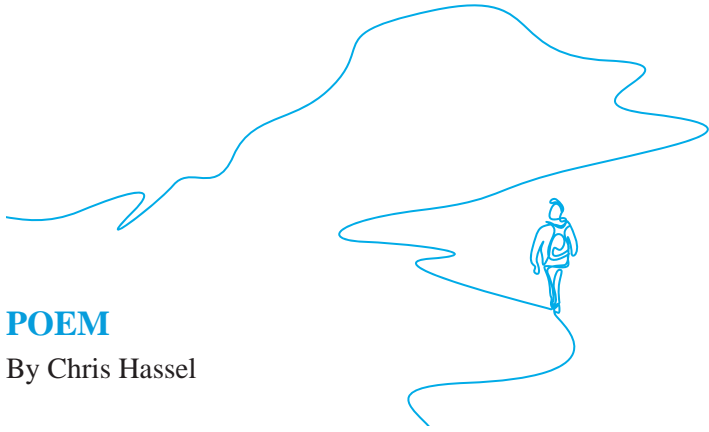
Connie Buchs
Jeanne Nelson
Eleanor Parsons
Chuck Shuele
Lance Wood

In Memory of Reese Lewis

Hunter Huckabay

In Memory of My Donor

Patty McClintok



POEM

By Chris Hassel

Do you see everything coming your way.
Do you foresee every challenge and test.
Of course you don't.

But you still prepare for them all just the same.

If you could've seen everything that you've been
through ahead of time.

Would you still have walked this path.

That is a difficult ask.

Maybe you would've tried to make changes.

I know I would've.

I never expected this for my life,
Just like you never expected this for your life, either.

Having said that.

Things are the way that they are.

Just remember this:

Your life matters.

You are beautiful.

You are worthy.

You are not alone.

We are blessed.

We are stronger together.

Warrior up and march on.

Chris Hassel self-identifies as a son, brother, father, uncle, grandfather and widower. He has survived five years of Dialysis, 48 operations and two Kidney Transplants. You can learn more about him at: facebook.com/people/Chris-Hassel/100075343210719/

Lady in Waiting

By Denise Jacobs

Breathing

Once taken for granted

"Hal", tethering me like an astronaut, my life support

Level going higher, higher...

Breathing in, and breathing out

Watching my body from above

Waiting and wondering what will happen next

One "Hal" turns into twins in tandem

Realized fears I never thought of

Will I make it to the car, or house, before I run out?

When I get home, is the bathroom or oxygen more urgent?

Will the power go out? "Hal", don't fail me now!

Friends called me "Lady in Waiting"

Did I wait too long to start this process?

So many tests

Then, the call!

Relief in sight!

Fifteen days in that room,

Staring at those walls

Seeming like forever

Ups and downs,

Highs and lows

Is it working?

Yes! I'm one of the lucky ones!

So grateful...

To the Divine,

To my donor,

To doctors, nurses, therapists, family, friends

Still breathing

Cheating death

More time

Breathing

Denise Jacobs received a Bilateral lung Transplant in 2017 at the Ohio State University Medical 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, are currently listed, or have already had a transplant.

FAP can help pay for transplant related expenses, including medications, travel, lodging and others.

An application is required and eligibility is based on income. Due to a lack of funding, as of 8/1/23 the maximum grant amounts were reduced from \$1,000 to \$500 annual, and from \$2,000 to \$1,000 lifetime.



Grants are always paid directly to an appropriate vendor, or via gift cards which can only be used for eligible expenses. No cash grants are paid directly to eligible recipients.

A total of 25 requests for assistance have been received in this calendar year, of which 15 were approved, 8 are pending additional information, and 2 were denied due to excess income.

More information about FAP eligibility and the application forms, can be found by going to 2ndwind.org and clicking on “Financial Aid” at the bottom of the home screen.

NEW MEMBERS

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

Karolyn Arnold

Donna Bradley

Jose Figueroa Muniz

Victor Gonzalez

Alejandro Gonzalez Castano

Michael London

Dana Nussbaum

Lyman Ringbloom

Ena Ross

Dan Spees

George Wilson

Support Groups

Following is a list of support groups currently operating. If you know of a group that is meeting (in person or virtually) email the details to phenry2ndwind@gmail.com and we'll add it to the list.

UCLA Ronald Reagan Medical Center

Meets every at noon every 1st & 3rd week via ZOOM

Contact Eboni Moran, MSW for a link.

310-923-1697

University of California at San Diego

Pre-, Post-transplant and Caregivers Support Group

Meeting 1st Monday, every month via Zoom, 10:00 AM – 11:15 AM

Contact Emily Reiss (858) 657-5050

ereiss@health.ucsd.edu



In Memoriam

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

Deborah Miko

Transplanted 2018

Carol Mitchell

Pre-transplant



Transplant Anniversaries

Some call it their “lungaversary”, some call it their “rebirthday” or simply their transplant anniversary. On that day we stop to say a silent prayer of thanks to the courageous and unselfish donor family that made this life of life a possibility.

Special congratulations to those listed below in **bold type**, who have now reached or exceeded their 10th year anniversary.

JULY 2023

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Steven Bahm	7/7/2022	1
Catherine Brosnan	7/7/2020	3
Terri Christenson	7/9/2014	9
John Della Jacono	7/19/2019	4
Thomas Hayes	7/17/2018	5
Daniel Kolopajlo	7/4/2019	4
Patrick Libens	7/27/2019	4
Ruth Magnus	7/20/2008	15
Darcy Ode	7/18/2014	9
Michael Pazen	7/9/1999	24
Ralph Rhodes	7/21/2021	2
Anita Tracey	7/3/2005	18
Karen Vollten	7/23/2016	7
Ina Williams	7/14/2020	3

AUGUST 2023

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Kandi Bastianelli	8/27/2019	4
William Bostick	8/15/2007	16
Christine Capriati	8/4/2022	1
Jan Chicoine	8/16/2020	3
Tamara Geunther	8/15/2020	3
Harlan Halvorson	8/24/2006	17
Dave Harris	8/12/2016	7
Patrick Henry	8/25/2015	8
Gwen Herron	8/11/2012	11
Jack Hollenbach	8/3/2007	16
Francesca Magee	8/23/2020	3
Aldo Mancilla	8/13/2010	13
Julie Martin	8/29/2005	18
Ruben Ogando	8/18/2018	5
Michele O’Guinn	8/26/2004	19
Toni Perez	8/15/2021	2
Michelle Takemoto	8/15/2020	3
Chris Towe	8/26/2018	5

SEPTEMBER 2023

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Tim Calkins	9/29/2018	5
Paul Enslin	9/21/2019	4
Kevin Gargan	9/5/2016	7
Linda Grubb	9/17/2021	2
Karina Hallinan	9/13/2019	4
Brian Jenkins	9/2/2009	14
Nancy Lee	9/23/2011	12
Veronica Lobo	9/5/2020	3
Daryl Long	9/4/2019	4
Michael Long	9/26/2019	4
Arapata Albert McKay	9/29/2020	3
John McNamara	9/18/2006	17
Jim Oldfield	9/5/2018	5
Cheree Peirce	9/16/2012	11
Nayano Taylor-Neumann	9/15/2021	2
Pamela Thorkelson	9/17/2019	4
Lloyd Turner	9/27/2020	3
Carolyn Vega	9/1/2013	10

OCTOBER 2023

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Lotfi Ben Abdallah	10/28/2020	3
Beth Davenport	10/20/1995	28
Julia Flatt Cohn	10/5/2020	3
Courtney Harris	10/16/2020	3
Sonia Joseph	10/23/2019	4
David Lischer	10/15/2017	6
Mickey McCabe	10/17/2016	7
Damian Neuberger	10/19/1997	26
Kay Ryan	10/18/2020	3
Alan Schwenck	10/6/2009	14
David Somerville	10/30/2017	6
Charles Vigil	10/28/2018	5
Danette Ward	10/24/2019	4
Jennifer Wilcock	10/6/2019	4
Scott Willoughby	10/26/2017	6



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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



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