SECOND WIND
LUNG TRANSPLANT ASSOCIATION, INC.

AirWays

SERVICE THROUGH EDUCATION AND SUPPORT

MARCH - JUNE 2025

Three Goliaths

One Mother's Fight to Make Medication Safer for All

By Dr. Anaïs Webster Mennuti, PharmD

When Loretta Boesing's young son Wesley received a lifesaving liver transplant, she knew their lives had changed forever. What she didn't expect was that his recovery would be put at risk not by medical complications—but by the mail-order pharmacy meant to help him stay alive.

During a hot Missouri summer, Wesley's critical medications arrived via mail, unprotected from the extreme heat. Soon after, he went into transplant rejection. Loretta, devastated and determined, began to investigate how this could happen—and what she found was shocking.

The more she looked into it, the more alarming it became. There are currently no state or federal regulations requiring temperature protections for medications during shipping, despite the well-documented risks.

That experience led Loretta to a years-long fight to protect vulnerable patients, such as her son Welsey. Her story is at the heart of a new short documentary titled *Three Goliaths*, which follows Loretta's journey from concerned mother to national patient safety advocate. It's a story about a mother's love—but also about the systemic failures of the U.S. pharmacy system.

Loretta's fight is deeply personal, but the fight she has taken as her own affects millions of Americans. Patients across the country depend on temperature-sensitive medications—such as insulin, biologics, and anti-rejection drugs. Without proper safeguards in transit, these medications can lose their effectiveness, leading to dangerous or even fatal outcomes. And yet, no federal law requires pharmacies or shipping companies to ensure safe delivery conditions.

In *Three Goliaths*, we follow Loretta as she pushes for legislation in Missouri and beyond, demanding accountability and advocating for common-sense protections. Her grassroots effort has already made waves, gaining bipartisan attention and uniting patients, pharmacists, and providers around a shared goal: to make medication access safer, more transparent, and more equitable.

This short documentary is part of a larger project titled *HARMACY*—a forthcoming feature-length documentary that lifts the veil on America's broken pharmacy system. As a pharmacist turned filmmaker, I've spent years in the industry and have witnessed how the system prioritizes profit over patients. *HARMACY* is a wake-up call and a rallying cry, created in partnership with fellow pharmacists, Pharmacy Benefit Managment insiders, and patient advocates.

We're proud to have the support of organizations like Pharmacists United for Truth and Transparency, the Oregon State Pharmacy Association, and American Pharmacy Cooperative, Inc. With their backing—and the stories of people like Loretta—we're building a movement to expose and reform the policies that put lives at risk.

To learn more about Loretta's advocacy and the fight for safe medication delivery, visit uniteforsafemedications.org. You can also follow our progress and donate to the broader *HARMACY* initiative through our fiscal sponsor, docsinprogress.org. We welcome your stories about how pharmacy access issues have affected you on the Share Your Story form on our website.

Three Goliaths is a story of courage, care, and reform—and it's just the beginning.

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.

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

TABLE OF CONTENTS

Second Wind Board Adds Two New Members

The Second Wind Board of Directors recently elected two new members to the Board: Bonnie Parsons and Bret Zaccaglin. We want to introduce you to them, and share some of the talents and experience they bring to the board:

Bonnie Parsons

Bonnie Parsons was born in Montreal, Canada. At age 13, her family moved to Amherst, Massachusetts where she attended high school and university. Her husband, Paul and she now live in Smithfield, Rhode Island.

Bonnie devoted her career to elementary school teaching and administration, advancing to program supervisor, elementary school principal, and adjunct college professor.

At eight months of age, she was adopted in a closed adoption. As a young mom, she started to search for her birth family. Her memoir, *Young Love – An Adoptee's Memoir* tells that story.

Bonnie enjoys creating notecards. "*Send a Little Love"* was the theme of her Etsy card shop and also the title of her second book, *Send a Little Love: Sequel to Young Love – An Adoptee's Memoir*.

Bonnie, now the Co-Editor of *AirWays*, said:

> *"Thank you for inviting me onto the Second Wind team. I enjoy working on AirWays. AirWays provides valuable information, but most importantly, it represents the Second Wind community—patients, families, doctors and nurses, caregivers ... My father was chronically ill from a WWII disability—yet he lived to 85 with the support from my mother and the whole family. Today, I see my son's dedication to his kidney transplant patients and their families. I hope my contributions to Airways also help folks in the Second Wind community."*

Welcome NEW BOARD MEMBERS!

Bret Zaccaglin

Bret lives in Southern California with his wife and two sons, where he works as a civil litigation attorney, specializing in complex tort litigation.

His commitment to helping others deepened after his father, Anthony Zaccaglin, underwent a double lung transplant on September 13, 2023. Witnessing the challenges his family faced during that time inspired Bret to support others navigating similar journeys.

In his spare time, Bret enjoys being with his family, cooking, and watching sports.

Bret is pleased to be able to offer his legal expertise to the Board in support of Second Wind's mission.

Editors' Notes

- If you receive your critical transplant meds via the mail, there are some serious potential risks involved, and our cover story describes these risks, and how one pharmacist is working to reduce them.
- We're also highlighting the role of caregivers in this issue, using the personal experience of our Board President Tom Nate as an illustration of what an important role these people play in the lives of transplant patients.
- You'll also find a page of poems about the transplant experience from different points of view. We hope you appreciate the authors' efforts.
- If you would like to contribute to *AirWays*, drop a line to Bonnie at Bonpaulparsons@gmail.com, or to Patrick at Phenry2ndwind@gmail.com

- Patrick Henry & Bonnie Parsons

An Extended Transplant Journey

Some transplant journeys are short and smooth, some long and tortuous.

Alan Schwenck's journey had elements of both, and included some dramatic coincidences. Alan was a Second Wind member who recently passed away. Let's let him tell the story in a piece he wrote for the American Lung Association newsletter (edited for space).

"I am Alan Schwenck, a grateful 73 yr. old recipient of a single lung transplant at New York Presbyterian Hospital (NYP) on Oct. 6, 2009.

"It all started with a constant cough in 1999, diagnosed as post nasal drip. I was otherwise feeling excellent, walked/jogged daily 3-4 miles. After a tenth of a mile I was gasping for air, but continued on. I assumed it was normal age and weight related. Then I noticed a couple jogging past my house who were laughing and talking, which was impossible for me to do. And, in 2004 my son-in-law noticed I was extremely out of breath during exertion and suggested I look into it.

"We went to NYP and saw Pulmonologist Dr. Paul Simonelli, who suggested a biopsy. The result: I was diagnoses with Idiopathic Pulmonary Fibrosis (IPF, or scaring of the lungs). I entered clinical trials of two different drugs, but neither showed positive results. So a lung transplant was offered, if I was interested and qualified.

"Wanting to learn more about my disease, the NYP Transplant program provided classes for candidates on lung disease, diet, medications post-tx, finances, etc. I was still feeling fine, requiring no oxygen, but my checkups indicated a steep decline.

"I was requiring more oxygen at night, during exercise, and continued my Pulmonary Rehab 2-3 times a week. I joined the Better Breathing Club, which provided support, education, and the feeling I was not alone with my disease. This may seem strange BUT, if I didn't have this disease I would have NEVER have met such dedicated, caring people, giving me a wonderful EXTENDED family.

"Soon an evaluation was required to determine if I was a possible candidate. In 2008-9 local hospitals had transplant age limits of 65. I was now 69 and very concerned I wasn't going to make it, leaving me slightly depressed. But I continued doing what I'd agreed to, and in late January 2009 I learned that NYP would list me for transplant.

"Then, on Oct. 5, 2009 at 9:00 PM, ten long years after my first symptoms appeared, I received a call to be at the hospital by 11:00PM. I was prepared for surgery, and at 3:00AM the nurse came in and said the lung was mine. My wife Marta, youngest daughter Brenda and my granddaughter Amanda mouths dropped. I said goodbye, getting hugs and kisses.

"I received my GIFT (Left single lung) the next morning, Oct. 6th, my oldest daughter, Christine's birthday! After waking up in ICU I felt wonderful, was sitting in a chair hours later, and transported back to my room early the next morning. Every case is different, but receiving a single lung is less invasive, so with a faster recovery therapy I was soon walking the halls.

"I JOINED THE BETTER BREATHING CLUB, WHICH PROVIDED SUPPORT, EDUCATION, AND THE FEELING I WAS NOT ALONE WITH MY DISEASE... GIVING ME A WONDERFUL EXTENDED FAMILY."

"Lying in bed I thought about and prayed for the family who'd lost a loved one, and who then offered gifts of life to me and so many others, adding pages to our lives' stories. I was released after 9 days, on Oct. 14th.

"Our family wants to share something very meaningful to us.

"Marta and I had three daughters. We lost our daughter Diana at age 33 to a brain aneurysm on Oct. 14, 2001. As a family, we knew Diana's wishes would be to donate her organs, which we did.

"What is so unique is that I received my gift on Oct. 6th, my eldest daughter's birthday, and left the hospital on Oct. 14th., the same date that, eight years earlier, our loving Diana left us.

"So to all I say, be well, enjoy life, embrace support systems like the Better Breathing Club, and please consider Organ donation. I wouldn't be writing this if it weren't for the donation of a loving family."

THE HOSE PRE-TRANSPLANT

It seems as though I have a nose that runs on just…forever.
It's just a hose, that's up my nose, to keep me in the pink.
It's long and slender, even tender, but one I'd like to keep,
As long as I have need of it, to keep my lungs in sync.
One would think I didn't know, a nose that long is odd,
It's just the hose that's up my nose, to keep me from the brink.
It follows me where 'ere I go, it goes just for the ride,
It even goes to bed with me, to make sure that I arise.
I have a cart that follows too, it seems it is on a tether,
It's just so I don't wonder off, no matter what the weather.
And in this cart, there rides a tank, that carries all my air,
So I can breath in just like you, without a thought or care.
They've been my friends for years it seems, they stay close to my heart,
But when I got new lungs you see, it's then we can part.
I'll miss the hose that's up my nose, but parting's not sweet sorrow.
For new lungs to this "old grey frame" can add some "new Tomorrows".

- Monty (2003)

Recovering

Haiku by Jane Kurz

Ventilators swish
Like eternal ocean waves
Breathing in new life.

Don't ask a mom who's child
is sick "how are you?"

Her child is sick.

She is heartbroken,
But faithful.

She is scared,
But fearless.

She is tired,
But restless.

She is strong,
But feels helpless.

She is a fighter
That will not back down.

The next time you are
worried for a mom you know
that has a sick child ...

Don't ask her how she's doing.
PRAY FOR HER.

She is a warrior.

But don't worry,
God chose HER.
And she'll be ok.

Carol-Marie Schutt de Sandoval

Lung Transplant Heroes - Our Caregivers

By Tom Nate, Bilateral Lung Transplants, Barnes Jewish Hospital 2007 & 2010

The following article is based solely on my observations of my caregiver during the past 18 years, and many other caregivers I've met.

During my lung transplant journey, I was fortunate to meet and interact with many caregivers of lung transplant patients. I know that not one of them was prepared to be a lung transplant caregiver, but they all stepped up and did so out of love for the patient.

I myself have been blessed with an amazing caregiver, my wife Irma. When we married in 1986, and took our wedding vows, "In sickness and in health," she could never have imagined the challenging and arduous journey she would have to take with me.

When I was diagnosed in need of a transplant, Irma was busy caring for our three year-old toddler. In an instant, all her dreams and expectations of how our lives would be changed forever. Nothing prepared her to need to learn about lung disease, Pulmonary Function Tests, medications, blood types, antibodies, pulmonary rehab, and chronic rejection. She would have to make life and death decisions on my behalf, and accept the distinct possibility that her spouse may not survive this journey.

Caregiver candidates come from all walks of life.

There is a retired airline pilot who cared for his wife for years pre and post-transplant. There is a mother who was the caregiver to her daughter because the husband was unable to miss work located in a different city. Another caregiver I met was a 70-year-old grandmother who was the caregiver to her granddaughter because the father could not, due to his own health problems. I met another patient whose caregivers were three of her adult children sharing the duties, and she is doing well 15 years later.

One of the most creative caregiver solutions I learned about was devised by one of our board members, Eric Harned. Temporarily lacking a close friend or relative who could fill the role, he approached his pastor for help. Soon there was a spreadsheet schedule used by dozens of parishioners who volunteered to share the caregiver role on a 24/7 basis.

> **"LIFE AND DEATH DECISIONS BY THE CAREGIVER ARE A REALITY IN THE TRANSPLANT WORLD..."**

As I mentioned above, my wife Irma was my caregiver and was amazing, taking care of me while raising our son. So, put yourself in her shoes when, during my first 14-hour transplant surgery, she was told I might bleed to death "on the table."

I survived and came back home only to find that, 8 months later, I faced chronic rejection and had to tell Irma I needed a *2nd* double lung transplant!

I can only describe her emotions in that moment as complete devastation. My son had just started first grade, Irma had just been given a leadership position in a parents organization and I'm telling her we have to move from Texas back to St Louis, where my first transplant was done.

Life and death decisions by the caregiver are a reality in the transplant world and Irma is literally the reason I am alive to write this today.

While waiting for the second transplant, I went into cardiac arrest, respiratory failure, kidney failure, and had C-Diff and a blood infection in one of my catheters. Doctors called Irma to the hospital in the middle of the night to tell her

that I would not survive the night. The doctors said, based on my advance directive, I did not want to be resuscitated. But Irma stood firm and said she would not let them turn off my life support unless they could show her that I had no brain activity. They told her they would put me on an external ventilator with a trach, but weren't certain I'd survive. I did manage to leave the hospital on the vent, and used a scooter to stay mobile.

Now my wife became my psychologist during the 18 month wait for my second transplant. She could tell when I was not doing well mentally, and would always find a way to snap me out of being depressed or anxious. Irma was amazing at knowing exactly where I was mentally most of the time.

I did get my second surgery and returned home. Emotionally, Irma was drained, and 15 years later there are still painful memories—things that she has never shared about what she experienced while I was near death in 2009.

Another caregiver I know well is my brother-in-law. My sister had the same lung disease (Kartagener's Syndrome) that I had. He was an amazing caregiver to her, and she had a successful double lung transplant and was doing well. However, she developed a liver problem unrelated to her lung transplant.

Her body began to shut down and though I was not the caregiver, I was able to communicate with the doctors about her condition for my brother-in-law. Sadly my brother-in-law and I together had to make the decision to turn off her life support after the doctor's prognosis that extensive organ damage meant she would not have any quality of life if she were to survive. That was the most agonizing decision we have ever had to make, and left deep emotional scars for both of us.

What I have described are just a few examples I've observed as the patient of a caregiver, and a friend to many other patients and caregivers. There are many more examples I could give, but my words are not nearly adequate to describe what our caregivers truly experience. They live each day caring for a patient who is struggling to breathe, waiting for "the call" with the same emotions and anxieties as the patient, but with the added stress being powerless to help the patient feel better or breathe easier.

I simply want to raise awareness of their own difficult journey while caring for the patient.

Each day they care for us, they're answering questions from family and friends about how the patient is doing on almost a daily basis. However, what I observed is that almost none of those family and friends calling to check on the patient ever ask how the *caregiver* is doing. After standing shoulder to shoulder with the patient through the entire journey, whether successful or not, the caregiver is left exhausted and emotionally spent.

Irma and I sought counseling when we returned home after my 2nd transplant and the counselor told us that we were experiencing PTSD. Even now, 15 years post-transplant, my wife still has some anxieties that surface from our time in "the battle," and some memories are too painful to talk about.

Knowing what she's been through, I have resolved to always be mindful and check on the condition of the caregivers I encounter. Not only caregivers for lung transplant patients, but caregivers to any patient suffering from a life threatening illness. We all need to recognize that the patient isn't the only one who suffers when illness strikes.

Our caregivers are truly the unsung heroes of lung transplant patients' survival.

Understanding Our Immune System

Our immune system safeguards us from threatening viruses, bacteria, cancer cells, genetic variants, and illnesses that may develop later in life. Clearly, the immune system is extremely important for our overall health and well-being. However, it can be challenged by a broad spectrum of dangers that can make us ill. Immunocompromised or suppressed immune systems vary in severity from weakened or mildly suppressed to moderately or even severely suppressed.

The recent worldwide pandemic heightened our awareness of spreadable dangers like Covid or *coronavirus disease*. We learned the term "immunocompromised". In addition, flu season and food-borne illness outbreaks are examples of diseases that can severely impact the health of immunocompromised people. We learned a lot! But, those who are immunocompromised face a far broader spectrum of conditions and risks to their health.

The New York Times October 2024 article, "What Does It Mean to Be Immunocompromised?" by Knvul Sheikh reports that about 7 percent of U.S. adults, or about 18 million people, have suppressed immune systems. Unfortunately, this is a significant rise from 3 percent in 2013.

According to various research theories, the rise in immune suppression may be caused by an increase in autoimmune diseases, increased rates of cancer, chronic diseases treated with immunosuppressive medications, or simply the broader use of medications that weaken the immune system.

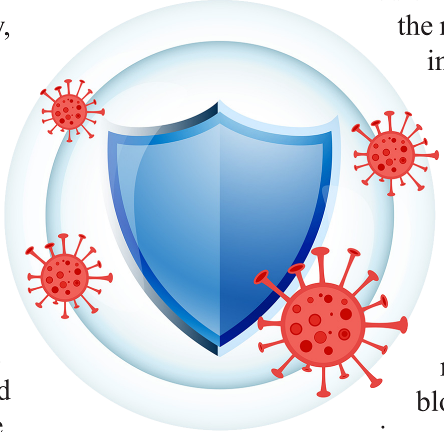
"It's no longer a niche group," said Dr. Joshua Hill, a specialist who treats infectious diseases in immunocompromised cancer patients at Fred Hutch Cancer Center in Seattle. "These are people walking around in the community that you might not know are immunocompromised," he added.

What makes someone immunocompromised?

Some people have a weak immune system because they were born that way. This year, the Immune Deficiency Foundation has identified more than 550 so-called primary immunodeficiencies. These are rare conditions caused by genetic variants that weaken the immune system. Routine newborn screenings or blood tests shortly after birth can detect some genetic variants.

Patients with severe immunodeficiencies may require a bone transplant that replaces their immune system with a donated immune system. "Both the nature of their illness and the treatment mean these individuals tend to be among the most immunocompromised," said Dr. Paibel Aguayo-Hiraldo, the medical director of transplant and cellular therapy at Children's Hospital Los Angeles.

Blood or immune-cell cancers like leukemias, lymphomas, or myelomas cause immunosuppression because both the disease and the treatment severely damage the immune system, according to Dr. Aguayo-Hiraldo. Likewise, organ transplant patients need immunosuppressive medications to prevent rejection of the new organ. These medications increase their risk of infections.



Dr. Hill notes interestingly, our immune systems are not necessarily weakened by cancers such as breast cancer, prostate, lung, and colon cancer, but the treatments can reduce the number of immune cells in the blood and cause weak or mild immunosuppression.

In addition, chronic conditions such as multiple sclerosis, lupus, rheumatoid arthritis and AIDS can cause mild immunocompromised symptoms. "These diseases are often driven by an overactive immune system that starts damaging the body's own cells, making it less capable of fighting off actual pathogens," said Dr. Carl Fichtenbaum, a professor of infectious diseases at the University of Cincinnati. Treatment with steroids to reduce inflammation or biologic medicines can also weaken the immune system.

Finally, normal aging can weaken our immune system. As we age, we tend to produce fewer antibodies that both defend us from pathogens and may be produced more slowly.

How are your body's defenses affected?

The broad spectrum of conditions and risks impacts different parts of the immune system—clearly a complex subject. The condition or cause of the patient's illness may temporarily or permanently damage a specific part of the immune system. The following case is an excellent example.

"Adriano Ortiz, 9, was born with Fanconi anemia, a rare genetic condition that predisposed him to an immunodeficient condition. Neither his T cells, which identify and attack pathogens, nor his B cells, which should remind the body how it dealt with past infections, were functioning properly. After a bone-marrow transplant in 2019, he had to remain in the hospital for more than a year to heal and avoid any infections. Even after that, he had to go back to the hospital every time he got sick over the next several years."

"I would mentally prepare for at least two days in the hospital every time he got sick," said his mother, Eliana Ortiz."

People with rheumatoid arthritis may take biologic drugs which only block specific parts of the immune system, reports Dr. Fichtenbaum. "Some of these drugs may make patients susceptible to particular types of respiratory infections, while others may raise the risk of infections in the gastrointestinal tract or skin."

Furthermore, immunocompromised people may be unable to have a strong response to a vaccine. The vaccination to fight off the flu or Covid might only produce half of the antibodies compared to the antibodies produced in a healthy person, according to Dr. Ziyad Al-Aly, the chief of research and development at the Veterans Affairs St. Louis Health Care System.

Finally, data suggests that protection from Covid vaccines in immunocompromised people tends to decline more rapidly compared to healthy people. "They may need a booster dose after six months, while most of the rest of us may be OK getting vaccinated once every year," Dr. Al-Aly said.

Does the immune system ever bounce back?

Good news, the immune system can recover from many dangerous conditions. For example, once a person achieves remission from cancer following chemotherapy, the immune system can recover within a few weeks or months. The same is possible following a regimen of biologics or steroids.

When immunosuppression is caused by a disease like AIDS, antiretroviral therapy (ART) may control the virus and give the body time to make healthy immune cells again, and help restore immune function. ART is a combination of medications to suppress the virus and prevent its transmission.

Dr. Aguayo-Hiraldo states that for people with severely compromised immune systems, months or even a few years may be necessary to rebuild the immune system. In cases of genetic immune deficiencies or severe autoimmune disorders, continuous treatment may be necessary to manage the disease and control the dangerous pathogens.

"…IMMUNOCOMPROMISED PEOPLE MAY BE UNABLE TO HAVE A STRONG RESPONSE TO A VACCINE…(AND) PRODUCE HALF OF THE ANTIBODIES COMPARED TO THE ANTIBODIES PRODUCED IN A HEALTHY PERSON."

Immunocompromised people are faced with the challenge of limiting their exposure to potential infection, notes Dr. Hill.

For example, Sheikh reports, "Kaley Karaffa had just turned 28 when the reality of having a weakened immune system as a cancer patient started to sink in. …Ms. Karaffa had a type of B-cell lymphoma, a cancer that affects the white blood cells, which are essential to fighting off infections."

"I had to become cautious about who I saw, the activities I was involved in and even the kind of food I ate," said Ms. Karaffa, who is now 37.

Following cancer treatment, she had blood tests every few months to check her immune system recovery progress. Eventually, Kaley resumed her normal activities and volunteer work, but she still carries hand sanitizer and puts on a mask whenever someone nearby is sniffling or sneezing. "I'm much more conscientious about the risk of illness than I was before," she said.

Experts often say the immune system is like an army that protects you from foreign enemies, like viruses and bacteria, as well as domestic ones, like cancer cells. However, some people have an immune army that is not working as it should against a broad spectrum of dangers. Scientists and medical doctors strive to improve the health of patients with weakened immune systems. Patients are also challenged to protect themselves from exposure and harmful infections.

Second Wind Board Explores New Revenue Sources

But Your Donations Keep Us Going

Second Wind, like many other non-profit organizations, has had to deal with the economic impact of the COVID pandemic, as well as the effects of recent inflationary pressures. Our costs have increased at the same time our supporters/members have had to face income challenges themselves.

One thing we quickly did was to waive annual dues, which continues in effect.

In addition, the Board of Directors has been working to find new sources of revenue to help maintain our services. For example:

- We hired a consultant to assist us in approaching foundations for grants. This process is ongoing, but has yet to produce any tangible results.
- We are currently exploring the use of a special free ad program offered by Google, which, if implemented, should dramatically increase traffic to our website, and, hopefully, increase both membership and revenue.

While we search for other revenue sources, donations from readers like you remain essential to enable Second Wind to meet our mission.

If you haven't already, please consider using the enclosed envelope to help support Second Wind, and add your name to the list of generous donors shown below.

Thanks,

- The Second Wind Board of Directors

General Donations

Mike Bushnell
Julie Yoshida
John & Mary Della Jacono
Leslie Casey
Ralph Rhodes
Gail Lewis
Magda Czoty
John & Alida Becker
Gwen Herron
Cheree Peirce
Robin Hanry
Paul Frick
Richard Williams
John Martin
Andrew & Janice Laidlaw

In Memory of Darly Long

Lorraine Taylor-Neumann

In Memory of C. Lorenzo Pope

Nancy Pope

In Honor of Carly Streiff

Lewis A. Kingsley Foundation

In Memory of Cathy Cuenin

Loren Gerhard

In Memory of Manuela Perry

Fraternal Order of Eagles, Orange Park, FL

In Memory of Dennis M. Coll

Mary McCormick
Janet Rutzel
Joan Anderson

In Memory of Jim Withers

Brenda Withers

Financial Assistance Fund

Shawn & Lorraine Merva

NEW MEMBERS

The following individuals became members of Second Wind during the period March - June 2025. We welcome and thank you for your support of our mission.

David Beck IV
Rafael Borbon
Deb Bresnahan
Bill Briggs
Tina Campbell
Debra Franklin
Tereash Keitt
Annika Kelner
Jill Lacefield
Anthony Morales
Robert Pratt
Daniel Sloane
Michael Smith
Kimberly Strickland
Ryan Trosper
Don Webb

In Memoriam

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

Jeffrey Anderson
Pre-Transplant

Alan Schwenck
Transplanted 2009

Byron Horton
Pre-Transplant

Greg Thompson
Pre-Transplant

C. Lorenzo Pope
Transplanted 2017

Transplant Anniversaries

Second Wind congratulates the following members who have celebrated the anniversary of their lung transplant this Spring. Special recognition **(bold type)** is given to those members who have reached or exceeded their 10th year post-transplant. NOTE: if you received a transplant after joining Second Wind, your name may not appear in these newsletter listings. If you send an email to Phenry2ndwind@gmail.com including your date of transplant, we'll be sure to include you in the future.

MARCH 2025

Name	*Transplant Date*	*Years*
John Becker	3/9/2023	2
Roger Daley	3/12/2021	4
Larry Dulin	3/20/2021	4
Fernando Fernandez	3/31/2019	6
Jean Johnston	**3/11/2003**	**22**
Sharon Kelsay	**3/19/2000**	**25**
Roberta Kickbush	3/31/2021	4
Edward Kuhn	**3/4/2008**	**17**
Judy Ludwig	**3/14/2014**	**11**
Blanca Iris Olivencia	**3/24/2005**	**20**
Elizabeth Papin	3/7/2022	3
Lois Pedigree	3/2/2019	6
Marcy Ryan	3/26/2021	4
Lisa Santistevan	**3/10/2012**	**13**
Dan Scribner	3/10/2021	4
Reana Woods	**3/9/2010**	**15**

APRIL 2025

Name	*Transplant Date*	*Years*
Aunjelique Andersen	4/6/2019	6
Gary Bland	**4/7/2009**	**16**
Mike Bushnell	4/22/2021	4
Thomas Cook	**4/11/2012**	**13**
Tammy Cooper	**4/16/2015**	**10**
Teresa Figueredo	4/29/2016	9
Susan Freeman	4/21/2023	2
Bobbye Hicks	4/23/2019	6
Bruce Lambert	4/4/2021	4
Patty McClintock	4/9/2020	5
Stuart Miller	4/1/2023	2
Dylan Mortimer	4/13/2019	6
Jose Navarrete	4/25/2019	6
Luz Oseguera	4/7/2023	2
Eugene Prettyman	4/29/2021	4
Ellen Riley	4/10/2021	4
Shiranne Simmons	4/8/2017	8

MAY 2025

Name	*Transplant Date*	*Years*
Rudy Arce	5/25/2019	6
Ashley Bates	5/24/2023	2
Connie Buchs	**5/24/2015**	**10**
Mandy Carrasquillo	**5/19/2015**	**10**
Katherine Carson	5/12/2021	4
Marc Chelap	**5/7/2013**	**12**
Maggi Czoty	**5/2/2013**	**12**
Rachelle Ledbetter	5/1/2021	4
Mike Malette	5/12/2021	4
Thomas E Nate	**5/3/2007**	**18**
Anna Young	5/25/2021	4

JUNE 2025

Name	*Transplant Date*	*Years*
Christopher Bonk	6/3/2021	4
Peter Brown	6/19/2022	3
Cassie Buckner	**6/19/1998**	**27**
Teffy Chamoun	6/8/2019	6
Brian Conley	**6/5/2015**	**10**
John Durham	6/23/2020	5
Bridget Fallins	6/18/2024	1
Comel Fulton	6/20/2022	3
Tamika Hemphill	6/6/2023	2
Douglas Hollifield	6/28/2020	5
Denise Jacobs	6/4/2017	8
Holly Kroeze	6/3/2021	4
Patrice Minghelli	6/14/2023	2
Mary Narkevicius	**6/10/2010**	**15**
Helen Nichols	6/17/2019	6
Margaret Seanor	6/19/2018	7
Charles Staples	**6/22/2002**	**23**
Paul Woods	**6/10/2013**	**13**

*Retransplant Date

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

Second Wind Lung Transplant Association, Inc.
4543 Camp Road
L221
Hamburg, NY 14075

RETURN SERVICE REQUESTED