SECOND WIND
LUNG TRANSPLANT ASSOCIATION, INC.

AirWays

SERVICE THROUGH EDUCATION AND SUPPORT

JULY – OCTOBER 2025

A Young Dad Questions the Quality of His Transplant Drug

It's common and normal to trust generic drugs. If an expensive name brand drug has a generic form, we don't think twice about taking it—we trust they are equivalent. However, one transplant recipient's recent experience with a generic version of Tacrolimus is a warning sign that our trust in generics may be misplaced.

Joe DeMayo was diagnosed with kidney disease. Here is what happened to him, as reported by Debbie Cenziper and Megan Rose of *ProPublica**.

"When he was 33, his wife had donated her kidney to him, a milestone that changed the course of DeMayo's life. The relentless fatigue, nose bleeds and itchy skin brought on by his own poorly functioning kidneys vanished, and he felt good enough to leave home in Philadelphia for a new beginning in the foothills of northern California."

However, surprisingly, despite taking his medications faithfully, Joe's kidney started to fail in early 2023. Organ failure was occurring much sooner than expected. Joe was on tacrolimus, an essential immunosuppression drug that helps prevent organ rejection. (Tacrolimus is the generic form of the brand name Prograff.)

The report goes on: "Joe grew weaker. His kidney unable to cleanse his body of excess fluid and waste. He fought exhaustion and struggled to hold onto his job behind a deli counter."

He was suffering from organ rejections, and this led to a second transplant at Temple University Hospital in Philadelphia. It wasn't until after this second transplant that Joe learned about quality issues surrounding his tacrolimus.

Tacrolimus is produced in India, Europe, and the United States. The Food and Drug Administration (FDA) visited India at least eight times since 2015 and each visit uncovered problems in the way the drugs were made.

In 2023, the FDA inspected the Intas Pharmaceuticals factory that manufactured the tacrolimus Joe was taking and investigators discovered the factory had manipulated drug testing records to cover up the presence of particulate matter—which could include glass, fiber or other contaminants—in the company's drugs.

That November, the FDA barred the Intas factory from exporting drugs to the United States, but for some unknown reason, the ban excluded certain medications, including tacrolimus.

After his second surgery, Joe gave *ProPublica* two unused bottles of tacrolimus for testing at Valisure, an independent, accredited lab in Connecticut. Valisure found that some of the capsules contained a lower amount of the key ingredient than allowed by U.S. regulation. According to experts, underdosing can make patients vulnerable to rejection. Valisure also found that Joe's capsules dissolved too quickly, up to three times faster than the name brand. This defect can introduce too much of the drug too quickly, potentially causing tremors, headaches and organ failure.

(In a statement to *ProPublica*, Intas Pharmaceuticals claimed that their version of tacrolimus is both safe and effective.)

Joe said that he will never know whether generic tacrolimus contributed to the loss of his first donated kidney. Kidneys can fail for other reasons, too, and in Joe's case, he was hospitalized with a stomach virus and dehydration the same year his donated kidney started to fail.

Still, Joe now questions the quality of tacrolimus. It was supposed to protect him, and he worries that other transplant patients who have taken it could be at risk.

"The people who oversee the pills are failing and the people who are making the pills are failing." DeMayo said. "How did it get so bad?"

(For some answers to Joe's questions, see the articles on pages 6 and 9.)

*ProPublica is *an independent, non-profit newsroom* that produces investigative journalism in the public interest.

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

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President's Notes

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

TO: Members, Caregivers, Medical Partners and Friends,

Howdy from South Texas where fall has not quite arrived yet!

I've just completed a week of going through one of those "bumps" we talk about in the lung transplant world (bout of food poisoning) and was on my back for 3 days with it. Thankfully I've been blessed with very few of these bumps the last 15 years. I know there are many of you in our organization and beyond who have faced challenges following your lung transplant surgeries—they are a way of life for us.

On a more positive note, November 6, 2025 is the 30th anniversary of the founding of the Second Wind Lung Transplant Association. You will find more information about our history later in this issue.

It has been my privilege to lead this Association since 2021, and I hope to continue on for several more years. I want to recognize those who've come before me—Past Presidents—by name and in order from our founding in 1995 to today.

Our founder, Steve Love, was followed by Judy Wright, Tom Wright, Paul Anderson, Kathryn Flynn, Steve Bunsen, Tom Archer, Cheryl Keeler, and Jane Kurz. Like me, most were lung transplant survivors.

A majority of the 85 board members who have served our organization over the years were/are lung transplant survivors, candidates, caregivers and medical professionals. And, like myself, folks also work in a volunteer capacity for other organizations related to lung transplantation.

Many Second Wind members serve while dealing with their own lung health related issues, including rejection post-transplant. Since 2020, five members passed away while serving on the board.

All of us are motivated to "give back" to the lung transplant community in some small way in return for the "gift of life" we have all been given.

Consider that back in 1995 there was very little of the technology we have today to be able to communicate and operate effectively. Yet our predecessors kept the mission alive and growing.

Today our board members all live in different parts of the country and volunteer their time (there is no central office or support staff), so donations and funds received go into supporting the transplant community as our mission states.

There is always an open invitation to those of you who may feel inspired to serve as we do by joining Second Wind (if not a member already). And, we invite you to join our board of directors to help our Association continue to educate, support and inspire our members!

Congratulations to Second Wind on our 30th Anniversary!

Breathe Easy!
Tom Nate, *President*

Editors' Notes

- Like Second Wind, Beth Davenport also has a 30 year anniversary to celebrate. Read about the lung transplant that helps her continue "living life to the fullest."
- Our cover story is about Joe DeMayo, who wondered why the kidney transplant he received from his wife failed, and if it related to the quality of his medications. His experience prompted us to look further into the safety of transplant related medications, so in this issue you'll learn about the danger of generics, and the Federal Goverment's unexpected canceling of research into the most advanced respiratory vaccines.
- We also planned to update you on the availability of COVID vaccine boosters, but staff reductions and the resulting chaos at the Centers for Disease Control (CDC) made it difficult to predict what will happen next. Consult your doctor for advice on how to obtain this important vaccine at little or no cost.
- We love getting personal stories like the one Beth sent us. If you have a story to tell, or have a subject you'd like us to cover in *AirWays*, drop a line to Bonnie at bonpaulparsons@gmail.com or to Patrick at Phenry2ndwind@gmail.com

- Patrick Henry & Bonnie Parsons

Second Wind: 30 Years AND COUNTING!

On November 6, 1995 a dedicated group of individuals came together and created the Second Wind Lung Transplant Association. Their goal was to provide information about lung transplantation, and they adopted the slogan, “Support Through Service.” This phrase continues to guide our efforts thirty years later.

Over this period Second Wind has had the good fortune to be led by a total of 85 volunteer board members, including nine different Presidents.

Our accomplishments over the past thirty years include:

- Development and maintenance of a website (2ndwind.org) containing valuable information about lung transplantation, including details on the 75+ transplant centers in the U.S. Scan the QR code at bottom of the page to visit it.
- Production and distribution of *AirWays*, a newsletter focused on both personal stories and important breakthroughs in the diagnosis and treatment of lung diseases.
- Provided financial grants to lung transplant candidates and recipients totaling just under $100,000 to help with medical, transportation and/or housing expenses (Note: this program is currently on hold due to funding limitations).
- Maintenance of a Facebook Page and an Email Support Group—places where people can share information and ask questions about lung health.

The Board of Directors is proud to continue our founders’ goal of providing service and support to all in the lung transplant community, and we couldn’t do it without your help. Please consider going to our website to join, make a donation, or volunteer for a board position. Become part of our great team!

Visit Us by scanning the QR Code

Transplant Games of America

Denver ★ June 18 – 23, 2026

The Transplant Games of America (TGA) is an Olympic-style, multi-sport event celebrating the lifesaving gift of organ, eye, and tissue donation. Held every two years, thousands of transplant recipients, living donors, donor families, caregivers, and supporters from across the country come together to honor the legacy of donors, raise awareness about the importance of donation, and promote healthy living after transplant.

The TGA is presented by the Transplant Life Foundation, a nonprofit, advocacy organization for patient-centered policies which also publishes *TransplantNATION* magazine. (You can visit their website at: transplantlifefoundation.org/council.)

The TGA is composed of “state teams.” These teams play an important role in carrying out the mission for bringing more awareness to donation and transplantation. Recipients and donors can join either their home state team or their transplant state team. All other participants can join any team. State team pins are a big deal! Trading pins is an added fun activity throughout the games.

From basketball to pickleball, swimming to ballroom dancing (!), the 2026 TGA offers 20 different athletic and recreational competitions in three divisions.

Division 1: Organ recipients

Division 2: Living donors and tissue, cornea, and bone marrow recipients

Division 3: Donor families

AirWays Board Member Eric Harned participated in the 2024 TGA on Team Ohio, and came away with individual and team medals!

“The key takeaway, however,” he said, “was all the fun I managed to have and all the great people I got to meet.”

The TGA Village serves as the vibrant heart of the event, “a dynamic hub teeming with energy, information, and camaraderie.” It offers a diverse array of activities and opportunities for participants to connect and share their stories, a place where individuals, families, and supporters gather to learn and celebrate the gift of life.

Visit the TGA website (transplantgamesofamerica.org) for information and inspiration, including how to register for the games.

A 30-Year Transplant Journey Continues to Bring Joy

By Beth Davenport

Hard to believe, it's been 30 years since my lung transplant. I was so excited going into the surgery just knowing that now my husband Ed and I'd have a chance to watch our son grow up together. I did not hesitate to have this surgery. I was given a gift and I would do the best I could to honor it.

Looking back over the years, there have been a lot of ups and downs, but mostly it's been about really living life to the fullest.

My transplant journey began in 1986 when I was a flight attendant for Piedmont Airlines. I noticed as the years went by that it was harder for me to push the drink cart up the aisles on the airplane and to carry my luggage up the stairs.

I had developed a terrible cough, and the smoking on the airplane at that time was not helping matters. In the summer of 1991, I was in a car accident. I was 32 weeks pregnant. As a result of the accident, our son Drew was born prematurely.

His pediatrician noticed that he was jaundiced. Blood work showed the jaundice was due to Alpha-1 Anti-Trypsin (AAT) protein deficiency. That's when we found out that I have AAT, too. My son's AAT manifests itself in his liver while mine is in my lungs. An odd hereditary disorder.

I was listed for a double lung transplant in 1993 at Norfolk Sentara General Hospital in Norfolk, Virginia. In 1995, after two years of waiting, our prayers were answered. It was a bittersweet moment. Thanks to the family of a young man, I received the gift of life.

I was fortunate that the only problem I had at that time was my lungs. This made my recovery time much easier since we didn't have to deal with other issues.

Eight days later, I left the hospital to start my new life. I'd landed in the middle of a gigantic medical field. I know more about hospitals, medications, diseases, treatments, and germs than I thought possible.

Our family and friends helped tremendously. There's the saying that it takes a village to raise a child. Our son was four years old at the time of my transplant. We desperately needed help during my recovery and throughout the years when I had issues with fungal infection, chronic rejection, kidney disease, cmv, heart attack, and multiple skin cancers.

In 2003, we moved to Charlotte, NC. My pulmonologist Dr. Daniel Howard was amazing and he did his very best to keep me as healthy as possible. However, chronic lung rejection kept rearing its ugly head, so he referred me to Duke University Hospital to see if they could help. I am now a patient at the Duke post- transplant program. They take very good care of everyone—it's a very efficient, well-oiled machine.

A couple of years ago, I had Rabbit Anti-Thymocyte Globulin (rATG) therapy for chronic rejection. This helped tremendously and I'm still here hanging out!

I could not have endured this journey if it hadn't been for my husband, my family, and friends. They cheered me on every step of the way. I'm happy that I've been able to watch our son grow into a fine adult.

I celebrated my first transplant anniversary by climbing Jockey's Ridge in Nags Head, NC and celebrated my 30th in Ireland and Scotland.

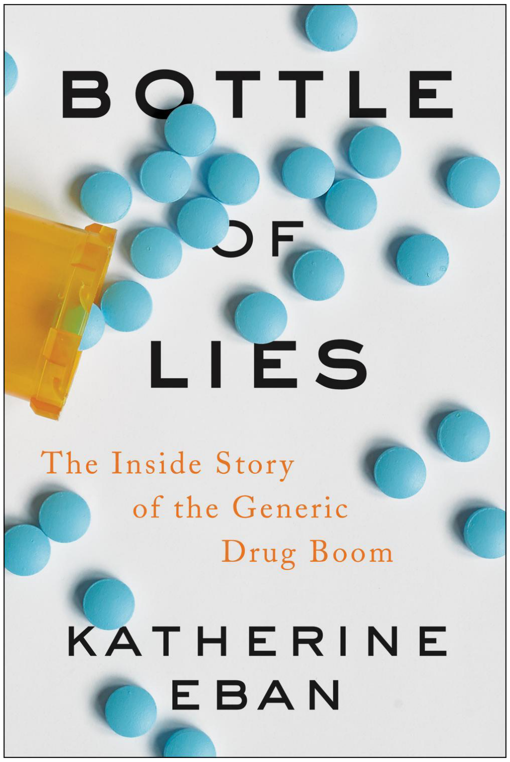
Life is good and I am blessed.

Bottle of Lies

The Inside Story of the Generic Drug Boom

As described elsewhere in this issue, problems with the quality of generic drugs from India pose a threat to patients in the U.S., especially those with compromised immune systems.

Bottle of Lies, by Katherine Eban (Harper Collins, 2019) explores in detail both the blatant fraud committed by Indian pharmaceutical companies in the production of generic drugs, and the Food & Drug Administration's (FDA) inability to adequately protect the American public from useless and/or dangerous versions of brand name drugs.



The book follows the story of a whistleblower who struggled to expose the intentional fraud committed by the management of one Indian company, Ranbaxy, and reads like an international spy thriller. Unfortunately, in this tale the good guys don't win in the end.

Eban describes how Ranbaxy's top management encouraged and hid the falsification of test data and faulty manufacturing processes in order to sell low cost generic drugs to the U.S. and other markets, drugs which they knew were ineffective, and in some cases, outright dangerous.

The book goes beyond the fraud committed by this one company, portraying what has become endemic quality problems among both Indian and Chinese pharmaceutical companies, those that focus on maximizing profits at the risk of people's health.

These companies routinely hid bad test results, knowingly used low-quality or adulterated ingredients, lied on applications to the FDA to gain approval to produce their products, and kept duplicate sets of records: one they would show to the FDA inspectors, and one for themselves that contained actual results of their drug testing.

In addition to these firms' fraudulent practices, Eban's book exposes the extent to which the FDA failed miserably in its duty to protect U.S. consumers from the dangers of poorly made generic drugs.

Hard as it may be to believe, unlike in the U.S., where FDA inspections occur unannounced, Indian and Chinese companies routinely receive 6 – 8 weeks advance notice of any FDA inspections, giving them ample time to hide evidence of their deceit. Companies have also been shown to have bribed inspectors by providing upgraded travel, lodging expenses and vacations.

Even when FDA inspectors *do* try to do a thorough job, they are frequently met with resistance by manufacturers, including threats of violence. And, long term staffing shortages among FDA inspection staff mean that single inspectors can be responsible for overseeing hundreds of pharmaceutical plants in a given country.

In addition to putting U.S. citizens at risk of taking ineffective and/or dangerous generic drugs, Eban details how companies in India and China routinely use "dual track production" in which they produce drugs of differing quality, one set for the U.S. and European market, and one (the worst version) for third world countries that lack rigorous inspection protocols. Because this results in the widespread consumption of low-quality antibiotics, not only do infections go uncured, but the drug also kills off just the weakest pathogens, allowing the stronger ones to survive and multiply. This leads to the increased incidence of drug resistant bacteria. And, as the author notes, while the distribution of these ineffective antibiotics may be limited by geography, bacteria respects no boundaries.

The problems that Eban exposed continue to plague the pharmaceutical industry today. It's unnerving to realize that 60% of pill forms of generics are currently manufactured in India. For active ingredients, even those used in some brand name drugs, the numbers are just as scary—62% of active ingredients for all drugs come from either India or China.

Clearly we are in a period where "buyer beware" becomes the rule of the day.

(To learn how to find out where your drugs originate, check out the article on page 9 of this issue.)

RFK JR. Cancels mRNA Vaccine Research

Move Creates Potential Risks for Transplant Recipients

By Patrick Henry, Single Lung Transplant 2015

Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. initiated a clampdown on mRNA vaccine research, following months of pressure from anti-vaccine activists.

In a video posted on social media, Kennedy claimed falsely that mRNA vaccines do not protect against respiratory illnesses like Covid and the flu, and that a single mutation in a virus renders the vaccine ineffective.

(An mRNA vaccine uses a copy of a molecule called messenger RNA to produce an immune response by building a protein normally produced by a specific virus, thereby teaching the body to destroy that protein.)

The Trump administration has denigrated mRNA vaccines as a dangerous technology, but large-scale studies have established that they are both safe and effective. The technology won a Nobel Prize in Physiology or Medicine.

RFK Jr. ordered $500 million in mRNA related contracts to either be canceled or altered, including projects focused on creating an H5N1 bird flu vaccine, and vaccines for new respiratory viruses.

HHS said it now will favor other types of shots over those using mRNA, like whole-cell vaccines, an approach that is more than 100 years old. Traditional vaccines like these deliver live viral proteins or weakened versions of a virus to teach the immune system how to fight it. However, immune compromised individuals cannot safely accept whole-cell, live vaccines.

HHS advice stresses that, because these types of vaccines contain a live virus, people with weakened immune systems, especially those who have had an organ transplant, should check with their health care provider before receiving them.

In contrast to live vaccines, mRNA vaccines work by delivering instructions to the body's cells on how to manufacture viral proteins. And, they are much faster to develop than traditional vaccines, which make them valuable in fighting emerging pathogens.

The absence of this type of vaccine for new respiratory illnesses (like COVID) could put organ transplant recipients in jeopardy, because immune compromised individuals cannot safely accept live vaccines, and because new, non-mRNA vaccines take years to develop and test.

Rick Bright, a virologist and former head of the Biomedical Advanced Research and Development Authority, noted that:

> "During the pandemic, mRNA vaccines went from the genetic sequence of the virus to human trials in under 70 days. They were evaluated in large, rigorous trials, meeting the same safety and effectiveness standards as other vaccines. By the end of 2021, they had saved an estimated 20 million lives globally, including more than one million in the United States. They reduced hospitalization and death rates, lowered the risk of long Covid and helped economies and communities reopen sooner."

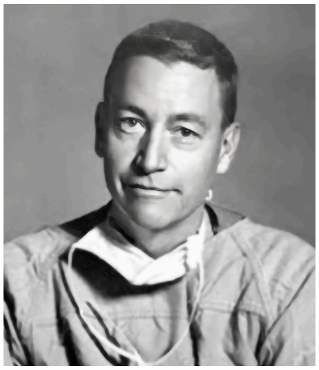
He added:

> "Like every technology, mRNA has limitations. Vaccines meant to protect against respiratory infections, whether developed through mRNA or older technologies, are generally better at averting severe disease than preventing infection. It is a scientific challenge we can address with next-generation vaccines. The answer to limitations is improvement, not abandonment."

Vaccine hesitancy itself is also a threat to transplant recipients. As a growing percentage of the general public refrains from receiving well researched and tested vaccines, diseases like measles and COVID can spread more rapidly.

A combination of falling vaccine rates and reductions in mRNA research and development does not bode well for transplant recipients and other immune compromised individuals.

Dr. Clyde F. Barker, Transplant Pioneer



Dr. Clyde F. Barker, transplant pioneer, visionary surgeon-scientist, and esteemed leader at the Hospital of the University of Pennsylvania (HUP) passed away peacefully on October 2, 2025 at his home in Haverford, PA surrounded by his family—he was 93.

Dr. Barker earned his medical degree from Cornell University in 1958. He completed his surgical residency at HUP, where he continued his work, and devoted more than six decades to advancing surgical science, transforming patient care, and mentoring generations of physicians.

Dr. James Markmann, Penn Transplant Institute states, "In 1966, he performed Penn's first kidney transplant, launching what would become one of the nation's most successful and enduring transplant programs. That same year, he founded the Division of Transplantation, which he led until 2001."

Under Dr. Barker's leadership, the Department of Surgery at Penn became a center of clinical excellence, research innovation, and surgical education. Dr. Barker recruited a faculty that strengthened UPenn Hospital, making it one of the most sought-after training hospitals in the country. His contributions were recognized through the establishment of the Clyde F. Barker Penn Transplant House in 2011, a home away from home for people receiving care at the Penn Transplant Institute.

He wrote more than 430 scientific publications in his career and was known internationally for his contributions to transplantation immunology, specifically in the field of pancreatic islet cell transplantation. "He was also recognized as a world-class tennis player!" said Dr. Markmann.

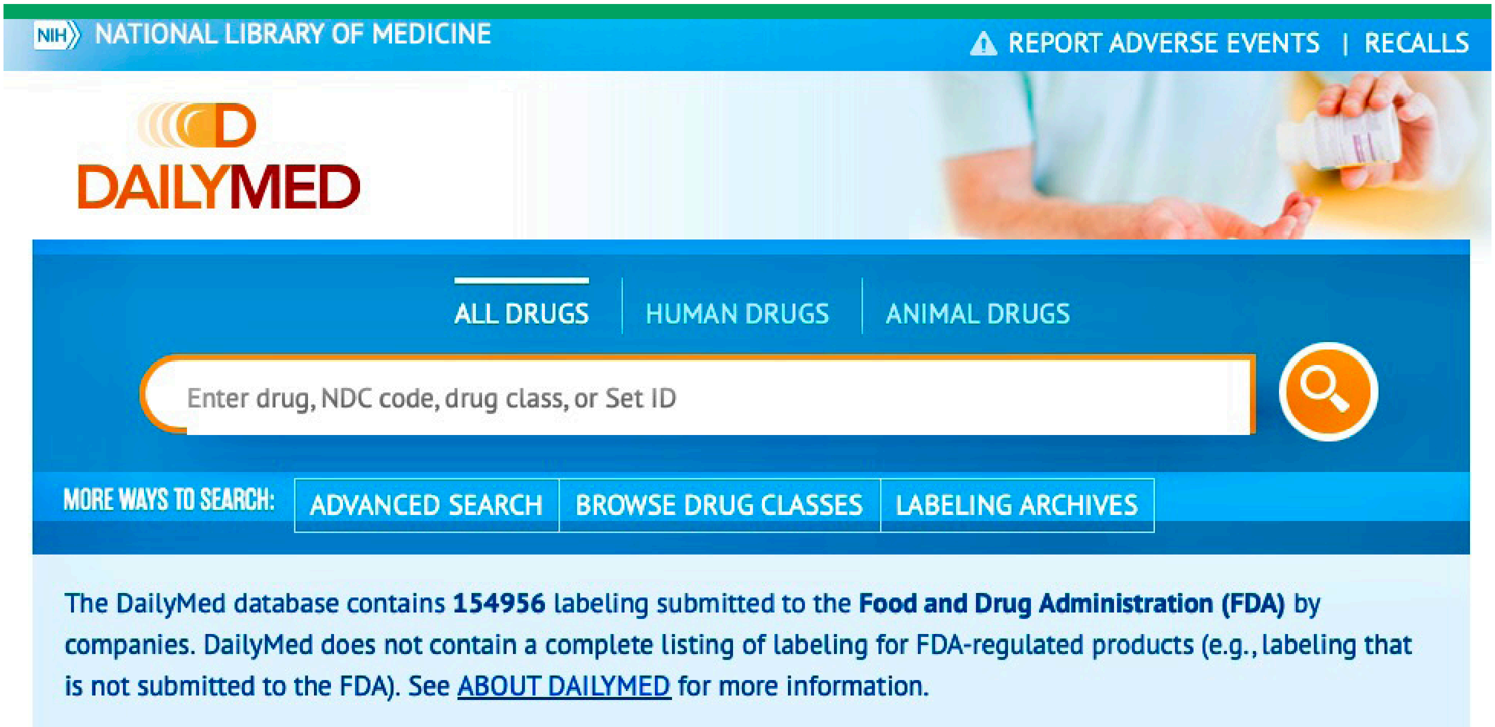
In 1964, Dr. Barker worked with fellow transplant surgeon, Dr. Aaron Bannett, to establish the Gift of Life Donor Program. The Gift of Life stated, "He always said that the true heroes of transplantation are the donors and families who make it possible."

Dr. Barker was past president of the American Society of Transplant Surgeons and the American Surgical Association. He received numerous accolades, including the Pioneer Award (ASTS' highest honor) in 2001, the Medawar Prize, the Thomas E. Starzl Prize in Surgery and Immunology, and the Lifetime Achievement Award from the Society of University Surgeons.

> **"DR. BARKER'S SPECIAL COMBINATION OF SCIENTIFIC INSIGHT, SURGICAL SKILL, AND ADMINISTRATIVE ACUMEN MADE HIM ONE OF THE MOST INFLUENTIAL AMERICAN DOCTORS OF THE PAST CENTURY."**
> ***– AMERICAN PHILOSOPHICAL SOCIETY***

Remarkably, Dr. Barker was the President of the American Philosophical Society (APS), the oldest learned society in the United States, established by Benjamin Franklin in 1743! Former APS President and Dr. Barker's successor, Linda Greenhouse writes, "Charisma is an overused word but Clyde had it. His strength of character shone through in everything he said and did."

Dr. Barker is remembered as a relentless advocate for the life-changing power of transplantation. His extraordinary work lives on through the surgeons and scientists he trained.



The DailyMed database contains **154956** labeling submitted to the **Food and Drug Administration (FDA)** by companies. DailyMed does not contain a complete listing of labeling for FDA-regulated products (e.g., labeling that is not submitted to the FDA). See ABOUT DAILYMED for more information.

Where Were My Transplant Drugs Made?

As outlined in other articles in this issue, the question of where the drugs you take originated is important information for transplant patients to have.

The FDA says that 40% of all prescription drugs, including both generic and brand-name, sold in the U.S originated in foreign countries, primarily India and China. And of those drugs manufactured here, 80% include active ingredients that came from those same two countries.

Determining where the drugs you take were manufactured is difficult, given the complexity of the supply chain. Both active and inactive ingredients can come from dozens of suppliers in multiple countries.

Thus, the Food and Drug Administration (FDA) defines a drug's country of origin as the final stop in the manufacturing process—where ingredients are combined, and/or the final product is produced.

Still, there is a way to find out where some drugs are made, especially generics that originate in India or China, two countries infamous for producing low quality and/or adulterated versions of brand name drugs.

(See the review of the book, Bottles of Lies on page 6 to learn why this is.)

One way to track a drug is to go to the U.S. National Library of Medicine website by entering dailymed.nlm.nih.gov/dailymed/ in your internet search engine.

Once there, you can type in a drug in the search box, and then find and click on the photo of the drug label that matches your medication.

For example, if you enter "sitagliptin" (generic version of Januvia) you'll find pictures of different labeled versions. Find the one that matches your drug, and you'll see the manufacturer's name under "Packager."

If you check the label, you can then look them up to find where they are located. Checking one shown as packaged by "Zydus Lifesciences Limited," you learn that this company is located in India.

Using this website, you can enter either the name of the drug or its NDC code. The NDC, or National Drug Code, is a 10 or 11-digit, 3-segment number, that identifies human drugs in the United States. The code should be present on all prescription product labels or package inserts.

Given the poor reputation for quality control in pharmaceutical companies in India and China, it is important to know where your transplant drugs, especially generic versions, are made. And, if at any time you determine that a generic version is not producing the expected results, consult your physician about prescribing the brand name version, or a version made by a different company.

Buyer beware!

Honoring A Life

While Second Wind gratefully accepts general donations, we recognize that many we receive are given as a way to recognize the loss of a close friend or family member.

These “In Memory of” donations are a wonderful way to honor the memory of someone who was either the recipient of a lung transplant, or acted as a caregiver for another who had been fortunate enough to have received this gift of life.

Additional contributions can be generated by citing Second Wind as the preferred recipient of donations to be given in the deceased’s name. Donors can be advised to do so by either visiting our website (2ndwind.org), or by mailing a check to:

Second Wind Lung Transplant Assoc.
301 Chamomile Glen, Apt. 210
Escondido, CA 92025-2593

Everyone who makes a donation will receive a thank you letter from Second Wind. And, at the request of the family, we can provide a list of all who made a donation in honor of the deceased.

We thank the following individuals who made a donation to Second Wind during the period July 1 – October 31, 2025:

General Donations

Paul Albert
Ralph Rhodes
Mark & Lynn Fendler
Richard Williams
Patrick Henry
Mike Bushnell
Gary Bland
Michael Malette
Toni Perez
Jean Roberts
Ruth Magnus

For Second Wind’s Support of Research and Treatment of Lung Diseases

Bonnie Parsons

In Memory of Manuela Cordoza Perry

FOE St. Augustine Auxiliary

In Memory of My Donor Rita Jurgeon

Eric Harned

In Memory of Garry Nichols

James Quain

In Memory of Cathy Cuenin

The Cuenin Family

In Memory of John Scott Jemison

John Seamens
Patricia Filus
Gretchen Larsen
Howard Seamens

NEW MEMBERS

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

Danielle Lyons
Bret Zaccaglin
Lisa Zaccaglin
Toni Perez
Mark Fendler
Angel Perez
Tracy King
Mime Dionne
Rebecca Lilly

In Memoriam

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

Lee Larson - Transplant 2021

William Bostick - Transplant 2007

Transplant Anniversaries

Second Wind congratulates the following members who have celebrated the anniversary of their lung transplant since July. 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.

JULY 2025

Name	*Transplant Date*	*Years*
Steven Bahm	7/7/2022	3
Catherine Brosnan	7/7/2020	5
Terri Christenson	**7/9/2014**	**11**
John Della Jacono	7/19/2019	6
Alejandro Gonzalez Castano	7/21/2023	2
Thomas Hayes	7/17/2018	7
Daniel Kolopajlo	7/4/2019	6
Jon Levario	7/27/2023	2
Patrick Libens	7/27/2019	6
Rebecca Lilly	7/7/2024	1
Thomas MacDougall	7/24/2023	2
Ruth Magnus	**7/20/2008**	**17**
Kathy Magnuson	7/5/2023	2
Anthony Morales	7/2/2023	2
Lori Nagel	7/15/2017	8
Darcy Ode	**7/18/2014**	**11**
Michael Pazen	**7/9/1999**	**26**
Ralph Rhodes	7/21/2021	4
Anita Tracey	**7/3/2005**	**20**
Karen Vollten	7/23/2016	9
Ina Williams	7/14/2020	5

AUGUST 2025

Name	*Transplant Date*	*Years*
Kandi Bastianelli	8/27/2019	6
Christine Capriati	8/4/2022	3
Jan Chicoine	8/16/2020	5
Wilfred Deane	8/15/2023	2
Arthur Donovan	8/12/2021	4
Tamara Geunther	8/15/2020	5
Dave Harris	8/12/2016	9
Jim Healy	8/10/2024	1
Patrick Henry	**8/25/2015**	**10**
Gwen Herron	**8/11/2012**	**13**
Jack Hollenbach	**8/3/2007**	**18**
Frencesca Magee	8/23/2020	5
Aldo Mancilla	**8/13/2010**	**15**
Julie Martin	**8/29/2005**	**20**
Ruben Ogando	8/18/2018	7
Michele O'Guinn	**8/26/2004**	**21**
Jesse Ramos	8/26/2018	7
Tammy Shaver	8/15/2021	4
Joy Stephenson	8/22/2023	2
Chris Stocks	8/5/2023	2
Michelle Takemoto	8/15/2020	5
Chris Towe	8/26/2018	7

SEPTEMBER 2025

Name	*Transplant Date*	*Years*
Tim Calkins	9/29/2018	7
Mime Dionne	9/11/2022	3
Paul Enslin	9/21/2019	6
Kevin Gargan	9/5/2016	9
Linda Grubb	9/17/2021	4
Karina Hallinan	9/13/2019	6
Brian Jenkins	**9/2/2009**	**16**
Annika Kelner	9/17/2021	4
Nancy Lee	**9/23/2011**	**14**
Veronica Lobo	9/5/2020	5
Michael Long	9/26/2019	6
Arapata Albert McKay	9/29/2020	5
Cheree Peirce	**9/16/2012**	**13**
Toni Perez	9/15/2021	4
Lorraine Taylor-Neumann	9/15/2021	4
Pamela Thorkelson	9/17/2019	6
Carolyn Vega	**9/1/2013**	**12**
Julie Yoshida	9/21/2023	2
Anthony Zaccaglin	9/13/2023	2

OCTOBER 2025

Name	*Transplant Date*	*Years*
Lotfi Ben Abdallah	10/28/2020	5
Beth Davenport	**10/20/1995**	**30**
Mark Fendler	10/8/2024	1
Julia Flatt Cohn	10/5/2020	5
Sonia Joseph	10/23/2019	6
Mike Joslin	10/28/2021	4
David Lischer	10/15/2017	8
Mickey McCabe	10/17/2016	9
Damian Neuberger	**10/19/1997**	**28**
David Somerville	10/30/2017	8
Ryan Trosper	10/1/2018	7
Charles Vigil	10/28/2018	7
Danette Ward	10/24/2019	6
Jennifer Wilcock	10/6/2019	6
Scott Willoughby	10/26/2017	8

*Retransplant Date

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Second Wind Lung Transplant Association, Inc.
4543 Camp Road
L221
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The **Second Wind Website** has an abundance of useful information about the organization, its members and issues affecting lung transplant recipients and their families. Including, but not limited to:

- ✓ 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;
- ✓ List of books about lung disease and transplants;
- ✓ Caregiver Links: resources for people who provide support for anyone dealing with pulmonary disease.

The website is constantly being updated, so if you haven't visited in a while, come back and look around.