



NEWSLETTER

Long Island Chapter of Transplant Recipients International Organization
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SPRING 2011

Our general meetings are held on the second Wednesday of each month from September through June. Meetings begin at 7:30pm and are held at 145 Community Drive, Manhasset, NY.

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Dr. Shapiro Joined Us on April 13th from Hackensack Medical Center to Discuss Deceased Donor Kidney Organ Allocation

By Helena McDermott

Michael E. Shapiro, MD, FACS, Chief, Organ Transplantation, joined us on April 13th, from Hackensack Medical Center to discuss Deceased Donor Kidney Organ Allocation and some proposed changes in allocation criteria. Dr. Shapiro is the chairperson on the UNOS Ethics Committee so he was eager to get our group's opinion about organ allocation and share a great amount of his knowledge with us. He explained that in the mid-1980's center-based allocation existed; which means if someone in the hospital passed and was an organ donor, someone in that hospital would receive the organ. In 1984 the National Organ Transplant Act (NOTA) was passed but it wasn't until 1999 NOTA final rule stated that people would receive organs according to their time on a waiting list.

Dr. Shapiro strongly believes that organs should be allocated equitably, but the question that he posed to us was "What is equity?" He stated that right now because of the shortage of kidneys; kidneys with Hepatitis B are being transplanted to patients with Hepatitis B. To the contrary, organs infected with HIV are not allocated at all because of federal law banning that

practice. What is your opinion? A question to be considered is: Should deceased donor organs with HIV be transplanted to patients with HIV? If this would improve a life, one would think so.

Dr. Shapiro said that today, older people are receiving transplants and with the new suggestions there would be a "shift" that would cause "less deceased donor kidneys" being allocated to candidates who are older and/or candidates who have diabetes. There is also another phenomenon happening; because children under 18 are a priority for organ transplantation (and will always be under the current system and future system) less and less parents of children under 18 are donating to them as these parents hope their child will receive a deceased donor organ within two to three months. The unintended consequence of this is that the child receives a deceased donor kidney, which tends to last a shorter amount of time than a living donor kidney and in turn leaves less deceased donor kidneys for those 18 and older on the waiting list.

Dr. Shapiro told us that 80 to 90 percent of [living donor] kidneys are transplanted from a wife to a husband as opposed to a husband to a wife. Of course none of the

Dr. Sukru Emre, Director, Yale-New Haven Transplantation Center Gave a Presentation About Liver Transplantation

By Helena McDermott

On March 9, 2011 Dr. Sukru Emre, Director, Yale-New Haven Transplantation Center gave an all encompassing presentation about liver transplantation.

Dr. Sukru oversees the activities of Yale-New Haven Transplantation Center and its multidisciplinary group of physicians and caregivers, and fortunately for his patients, continues to offer his specialty, adult and pediatric liver transplantation.

During his presentation Dr. Sukru discussed the various kinds of single transplantation offered at Yale-New Haven Transplantation Center as well as dual organ transplantations. He discussed the survival rate for adult and pediatric patients, which was 100% for pediatric patients. He explained that although he could perform many more liver transplants a year, than he does, his focus is on the quality of the transplantation and not the quantity of those performed.

New! Social Column

I would like to announce a special column for our organization's newsletter that will be a Social column for all of our members. Howie Pohl is accepting your input, email correspondence and stories for this column.

So why a Social Column?

The LI TRIO Newsletter contains a wealth of information about issues affecting transplantation, news of prior chapter meetings, reimbursement concerns, stories of transplant medical advances, contacts for further information, and individual profiles and stories of lives before and after transplant. A Social Column will tell the highlights of our individual stories, thereby shedding light on the motivations and personalities of our fellow LI TRIO members. Our group will be closer, and better informed, as we find out things we might not have known otherwise. This is a chance for all of our LI TRIO members to share their stories, joy, challenges, celebrations and milestones. I have included a letter of introduction from Howie Pohl who will accept your email correspondence and put together this new Social Column.

Please address all messages to LITRIONEWS@gmail.com, an email address that has been created to receive your messages to be shared with TRIO recipients and supporters. We look forward to receiving your contributions. Be sure to include a telephone number where you can be reached in case we need to contact you for clarification.

Thanks in advance for sharing a bit of your life with LI TRIO! If you have any questions regarding this message, please feel free to contact Howie Pohl via email or by telephone at 631.884.0482.

By Howie Pohl

I have been retired for more than a year (time flies) and I have been able to enjoy the company of my beautiful wife Ruth (liver-2003). We have been to dozens of concerts, plays, movies, games, followed our opera-singing daughter to her performances, relocated our son to his graphic-design job (stop and admire his Duncan Hines and Mrs. Paul's labels at your next grocery visit). I have also volunteered to serve as an advocate for the Animas Corporation's insulin pump, a device that has improved my health immensely. The company that handles their public relations is interested in having me speak to local news outlets and groups that deal with Type I diabetes care.

With trips to Camden Yards and Busch Stadium, we are fulfilling Ruth's plans to see as many games at stadiums as possible. Who knows? Maybe even Yankee Stadium sometime! We are thinking about Paris in September.

Write to us according to the email instructions you have received and let us share in some of your occupations, accomplishments, joys and sorrows. Life is always better shared.

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Dr. Shapiro Joined Us on April 13th from Hackensack Medical Center to Discuss Deceased Donor Kidney Organ Allocation

women in the room were surprised. There are 58 centers in the US that a person can list with if they are awaiting a kidney. In our area the waiting time for a kidney is currently 8 years but in Albany it is about 2 years. In New Jersey the wait is approximately 4 years and this is where issues of geographic disparity comes into play. UNOS' Kidney Committee did not even consider, tackle or try to solve this geographical disparity issue in their forty page document. Additionally, Dr. Shapiro described how economic status can potentially come into play. Dr. Shapiro explained that if you are a New York City resident who takes public transportation and earns less than the average American you will be forced by circumstance to wait on an 8 year waiting list. Another person that has the means is able to drive or fly to another state to receive a transplant in a shorter amount of time because almost every other state has a shorter waiting list than

New York. None of these issues were even touched or addressed in the 40-page document individuals were asked to review. These are some of the topics that our organization and the transplant community needs to think about while the need for organs increases.

We thank Dr. Shapiro for his expertise and the questions that he posed to us about organ allocation. Dr. Shapiro's basic research interests are in the development of new immunosuppressive agents for clinical transplantation (including the pre-clinical work for the now approved anti-IL-2-receptor antibodies), the immunomodulation of pancreatic islets to decrease immunogenicity, and new methods for islet cell transplantation. His clinical research has been directed towards new, less toxic immunosuppressive protocols and the development of new antiviral agents for use in transplant patients. His current work relates to bioethical

principles in organ allocation.

Dr. Shapiro joined the full-time academic staff in the Department of Surgery, Beth Israel Hospital and Harvard Medical School as an Instructor in Surgery in 1983, and was promoted to Assistant Professor in 1987. He became Chief of Pancreas Transplantation at Beth Israel in 1988, Chief, Division of Transplantation in 1992, and Chief of Pancreas Transplantation at Beth Israel Deaconess Medical Center in 1996. In 1999, he became Chief of the new Section of Transplantation at Hackensack University Medical Center and Associate Professor of Surgery at New Jersey Medical School/UMDNJ in 2001. Dr. Shapiro became Professor of Surgery at the new Touro University College of Medicine in 2008. Dr. Shapiro is board certified (1985) and recertified (1995, 2005) in Surgery.

Dr. Sukru Emre, Director, Yale-New Haven Transplantation Center Gave a Presentation About Liver Transplantation

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Dr. Sukru specializes in split liver transplantations in which one liver can be used for three people. He described the different sections of the liver and explained which parts could be used for an infant, a child or petite woman and a larger man or woman. Dr. Sukru was very passionate about ending the long wait for transplantation and by using one liver to transplant three people; he is certainly contributing to the cause. Dr. Sukru also displayed the kinds of livers that could be considered for transplantation and expressed the need for more live donors to give the gift of life.

Dr. Sukru believes that education is the key to ending the long wait we encounter in the New York area. He also expressed the need for those in the pre-transplant stage to become as active as possible in getting the word out about donating life and transplantation. He believes with split liver transplantation and the kidney chains and swaps, living donation can increase and therefore decrease the wait people are enduring.

Dr. Emre also led the meeting in an informative and important discussion about the UNOS Kidney Committee's proposal document with their suggested changes in deceased donor kidney allocation. Dr. Emre cited many points stated in the *New York Times* Op-Ed piece that also appears in this issue of our chapter's newsletter.

We thank Dr. Emre for his passion and dedication to the transplant community.

What Is a Medigap Plan?

Medigap plans are supplemental insurance policies you can buy to help cover some of the costs you have to pay if you have original Medicare. If you don't have other insurance coverage to help pay your Medicare costs, such as retiree insurance, you might want to think about getting a Medigap plan.

There are currently 10 different Medigap plans you can buy: A, B, C, D, F, G, K, L, M and N. The plans are standardized. This means all plan A's cover the same benefits no matter which insurance company you get the plan from.

Medigap rules changed in June 2010. Plans sold before June 2010 have slightly different benefits than the plans on the market now. Two new plans have also been added. These are plans M and N. All Medigap plans sold starting June 1, 2010 must cover:

- Hospital copay: This is the amount you must pay each day during an inpatient hospital stay.
- 365 additional hospital days beyond what original Medicare covers
- Part or all of the coinsurance for Part B covered services: The Part B coinsurance is the amount you pay for outpatient services such as doctor visits, x-rays and lab tests.
- Hospice coinsurances: The hospice coinsurance is 5 percent of the cost of inpatient respite care.

Some Medigap plans also cover:

- Part B deductible
- Hospital deductible
- Skilled nursing facility coinsurance
- Emergency care outside of the U.S.

You should call your state insurance department to find out which plans are available in your area.

National Kidney Registry Doubles KPD Matches

New York, NY – March 4, 2011. Today, the National Kidney Registry announced the results of a major upgrade to its matching system that is increasing the number of matches found for kidney transplant patients with incompatible donors. The software upgrade has extended the Registry's matching capability from 2 deep loops and 12 deep chains to 20 deep loops and 20 deep chains. Early results indicate that this technology advance is not only finding more matches, but is finding more matches for the hardest to match patients, including another six antigen match found last month for a patient in the Registry that has a 99.9% PRA with 64 listed antibodies.

Since upgrading the matching software in December of 2010, over the past 90 days, the Registry has made 44 match offers involving 277 potential recipients. 9 of these match offers were loops and 35 of these match offers were chains. The loop offers involved 28 potential recipients and the chain offers involved 249 potential recipients. The two longest chain offers were 18 deep. During the past 90 days the Registry facilitated 45 successful transplants.



"This latest technology advancement required a near total rewrite of our core matching engine and pushes the computer processing limits of our state-of-the-art platform. It was a massive programming effort that builds on a foundation of over 15,000 development hours already invested in the platform, achieving the anticipated results", said Rich Marta, Senior Software Engineer at the National Kidney Registry.

"As our capacity to find matches has expanded, we are now seeing an increase in the rate of match offer declines which has inspired another innovation, the Toolbox, which will allow member centers to "preview and pre-select" all potential donors that are biologically compatible to a potential recipient. This project is partially funded by a \$175,000 HRSA grant and is already under development. It is expected to be rolled out in the next two months. It will increase the number of transplants by reducing the number of match offers that are ultimately declined", reported Gareth Hil, Founder & President of the National Kidney Registry.

Long Island TRIO – Legislative Initiatives



Lauren Shields and her wonderful parents are Long Island TRIO members who have a desire to volunteer and help in any way they can. They are very generous with their time and I think you'll find that as you get to know Lauren, you'll be speaking with a very special young lady who has received the Gift Of Life and wishes to give back every day.

You can meet Lauren and her family at our Donor Rose Garden Ceremony in September where Lauren will be a special guest speaker. Lauren's Law is named after 10 year old Lauren Shields who received a heart transplant in March 2009.

Senator David Carlucci (D-Rockland/Orange) announced the introduction of life saving legislation, Lauren's Law. Lauren's Law encourages people to become life saving organ donors by adding a section to the New York State drivers license application that will require applicants to chose "yes" or "not at this time". Applications will not be valid unless this section is filled out. Currently, there is an organ donation section on the application but it is not required to be filled out.

"I can't stress enough how absolutely critical it is that we find a solution to the low donor enrollment we face here in New York State," Senator Carlucci said. "Every day lives are lost because donor organs are not available. We cannot just sit by and let this

Governor Says Transplant Funding Restored

It's too soon to celebrate until we have confirmation that the Arizona 98 are back on the waiting list so we are keeping an eye on this issue.

Thanks to all who have sent letters and made phone calls to Arizona's Governor and State Legislature!

Apr 04, 2011 Reporter: Craig Smith

Source: TUCSON (KGUN9-TV)

How to pay for the state Medicaid programs has been one of the most emotional debates in the state capitol.

Last year's budget cut low-income people out of state funding for life-saving organ transplants.

Now that lawmakers have passed this year's budget, there's debate over whether transplants are covered or not.

Restoring state money for medical transplants has been one of the most emotional issues this session. The decision to knock low income Arizonans off the transplant list brought the state criticism from around the country.

The budget restored transplant funding.

We called Governor's spokesman Matt Benson to pin down the answer.

Waiting List Candidates as of April 5, 2011

110,602

Transplants January 2010 - January 2011

2,406

Donors January 2010 - January 2011

1,195

Source: UNOS

happen anymore. Lauren's Law will make people consider organ donation, hopefully growing the organ donor list and saving lives."

"I don't know who my donor was but I hope to find out some day. They are the angel that saved my life," Lauren Shields said. "As a parent is was so difficult to watch my daughter's health go from perfect to failing so quickly. While she lay on life support, I looked out the window many nights wondering if it would be the night that she would be saved. Words cannot express how grateful we are to the donor's family," Jeanne Shields, mother of Lauren said.

UPDATE – "The bill was passed unanimously in the New York State Senate. We are working on helping the New York State Assembly pass Lauren's Law as well." – Mike Sosna

KGUN Reporter Craig Smith: "The question's been raised whether transplants are truly restored in the budget, yes or no?"

Matt Benson: "Yes. Transplant procedures have been restored as part of the budget and it's effectively immediately upon the Governor's signature."

Some of the Medicaid changes require Federal approval but Benson says there's enough savings in other parts of the Medicaid cuts to cover the transplants.

The governor's spokesman says if Federal officials reject the Governor's Medicaid revisions a lot of negotiation will ensue with Federal authorities and a new plan will emerge. Exactly how that will affect the budget will have to wait for what sorts out.

NATIONAL SCHOLARSHIP PROGRAM

Long Island TRIO has been participating in a National Scholarship Program and has been pleased to offer \$1000 scholarships administered by TRIO national and donated by our Long Island Chapter. In the past 14 years our organization has been pleased to award more than 80 scholarships to deserving students who are transplant candidates, recipients, donors or their family members. Please follow the link published at www.litrio.org to view and download the Scholarship Application.

The following Op-Ed piece appeared in the New York Times and more than thirty of our members and guest speakers cited points made in this piece. It was first submitted by (among many others) LI TRIO members Mel Lerner and Mary Graffeo.

Lainie Friedman Ross is a pediatrician and professor of clinical ethics at the University of Chicago. Benjamin E. Hippen is a transplant nephrologist at the Carolinas Medical Center in Charlotte, N.C.

How Not to Assign Kidneys

By Lainie Friedman Ross and Benjamin E. Hippen

MORE than 87,000 Americans suffering from end-stage renal disease are on dialysis and awaiting a kidney transplant. Fewer than 17,000 of them are likely to have new kidneys by the end of the year.

The United Network for Organ Sharing, the nonprofit group that manages the nation's organ transplant system, wants to change the system for allocating kidneys from deceased donors. While organs from living donors are usually directed to a particular person, kidneys from the deceased are distributed under a formula devised by the network. The proposal is supposed to provide deceased-donor kidneys of higher quality to healthier, younger patients instead of to elderly ones who presumably have fewer years to live.

It sounds simple enough. But the strategy could result in fewer kidneys going from living donors to young candidates, and could lead to more deaths of older or sicker candidates on the waiting list. Moreover, it would do nothing to address the fundamental problem: the persistent shortage of kidneys from donors, both living and deceased.

The proposal would set up a two-pronged strategy that is intended to increase the number of life-years gained for every donor kidney. Under the proposal, the top 20 percent of kidneys from deceased donors who had been young and healthy would be assigned to the top 20 percent of young healthy candidates. In other words, the best deceased-donor kidneys would be given to patients likeliest to have long lives ahead of them.

The other 80 percent of deceased-donor kidneys would be allocated first to local candidates within a 15-year age range of the donor, and if no potential candidate were identified, then to the broader pool of candidates. (For example, candidates aged 25 to 55 would get priority for a kidney from a 40-year-old donor who had just died.)

But while the goal is understandable, the proposal is flawed. For one thing, our ability to forecast the success of any particular transplant is limited. The models used to predict whether both the kidney and the recipient survive in any individual operation are correct only 60 percent to 70 percent of the time; sometimes kidneys don't last as long as expected. So basing a vast shift in policy on a model that is just two-thirds accurate should give us pause.

In addition, giving healthy young patients first dibs on kidneys from young deceased donors might reduce donation rates from living donors to the young candidates, which is at cross-purposes with the goal of extending years of life after transplant. In 2005, the network started giving pediatric transplant candidates priority for kidneys from deceased donors younger than 35. While the pediatric patients received more organs from deceased donors, they got fewer organs from living donors. The likely explanation is that the donors, including many parents, held off, figuring that they could donate later, when the deceased-donor kidney eventually failed.

(Those kidneys can last up to 20 years.)

The new proposal would effectively expand the 2005 rule to all healthier, younger candidates, potentially reducing living-donor transplantation to the very group that stands to benefit the most from it. This would only increase their need for another transplant later, since kidneys from deceased donors do not last as long as kidneys from living ones.

Giving more organs to young recipients would also come at the expense of "older" recipients, which in this context can mean 50 to 64. (Only a tiny fraction of all kidneys go to recipients older than 70.) Since older candidates on the waiting list are less likely to live long enough to receive a kidney, making them less eligible for transplants will probably result in more deaths on the list, and more pressure on available living donors to donate to older candidates.

What should be done instead?

First, allocate kidneys on a broader basis. Under both the current and proposed systems, kidneys are allocated locally. But while a New Yorker with end-stage renal disease will typically wait at least six years for a transplant, her counterpart in Minnesota might wait just two to three. Since a kidney from a young deceased donor would probably be allocated to a young local candidate, young candidates in areas with long waiting lists would still be at a substantial disadvantage under

the new proposal. Turf disputes among regional and state networks are the main reason geographic disparities haven't been addressed.

Second, the network should continue to support first-person consent legislation under which people who have properly declared their willingness to donate their organs in case of an unexpected death cannot have their wishes overruled by their bereaved families.

But for now, the only sure way to reduce the shortage of organs is to expand transplantation from living donors, which requires more resources from the network. The public needs better education about the benefits of donation by the living and assurances that it is almost always safe. And the network should identify and remove disincentives to donation, like the expenses donors incur for travel or for taking unpaid leave from work for the operation preparation, the procedure and recuperation. We also support tracking the long-term health of living donors, which the network should do more to promote.

The network should also keep encouraging innovative efforts like "kidney swaps" or "donor chains." Kidney swaps involve two donor-recipient pairs who are incompatible within the pair, but can donate to the other pair's recipient. (Think of it as a square dance where the couples switch partners halfway through.)

Donor chains begin with a living donor willing to donate to anyone on the waiting list. Instead of simply giving that donor's kidney to the next patient in line, the kidney can go to the would-be recipient in an incompatible donor-recipient pair; that donor, in turn, can then give to another recipient of an incompatible donor-recipient pair, with the chain continuing indefinitely. (Consider it the medical equivalent of "pay it forward.")

Patients count on doctors to be not only compassionate in providing care, but also dispassionate in examining data and vigilant in considering the undesirable consequences of any treatment. On these points, the new proposal for allocating kidneys from deceased donors falls short. And on the really pressing issues, it is not nearly ambitious enough.

Lainie Friedman Ross is a pediatrician and professor of clinical ethics at the University of Chicago. Benjamin E. Hippen is a transplant nephrologist at the Carolinas Medical Center in Charlotte, N.C.

Stem Cells Help Grow Live Human Heart

Source: AP and redorbit
Tuesday, 5 April 2011, 07:19 CDT



Scientists are growing human hearts in laboratories with the help of stem cells, giving hope to millions of cardiac patients around the world. Researchers at the University of Minnesota in

Minneapolis believe the lab-developed organs could start beating in a matter of weeks. It's a huge step towards the first 'grow-your-own' heart, and could lead the way into producing other organs such as livers, lungs and kidneys.

The researchers created the organs by removing muscle cells from donor organs. They injected stem cells which multiplied and grew around the structure, eventually forming healthy heart cells.

"The hearts are growing, and we hope they will show signs of beating within the next weeks," said Dr. Doris Taylor, an expert in regenerative medicine at U of M, according to the Daily Mail. There are many hurdles to overcome to generate a fully functioning heart, but my prediction is that it may one day be possible to grow entire organs for transplant," she added.

The artificial organs have been created using immature 'master cells' which have the ability to turn into other types of tissue. This latest experiment follows a series of successful experiments researchers have accomplished in the goal to create artificial organs for potential use in transplants.

Taylor and colleagues have already created beating rat and pig hearts. Although the organs were not strong enough to use in animals, the research proved to be a major step in the goal of producing tailor-made organs.

The researchers reported their latest study results at the American College of

Cardiology's annual conference in New Orleans. The team used human hearts taken from dead bodies to create the lab-grown hearts. They stripped the cells from the dead hearts using a powerful detergent, leaving 'ghost heart' scaffolds made from collagen protein.

The researchers injected the ghost hearts with millions of stem cells – extracted from patients – and supplied with nutrients. The stem cells recognized the collagen heart structure and began to turn it into heart muscle cells. Although the hearts have yet to begin beating, the team believes that when they do, they could be strong enough to pump blood.

However, there are many obstacles obstructing scientists from creating working hearts. One of the biggest obstacles is getting enough oxygen to the heart through a complex network of blood vessels. Scientists will also need to ensure that the heart cells beat normally. "We are a long way off creating a heart for transplant, but we think we've opened a door to building any organ for human transplant," Taylor told the Sunday Times.

New York Yankees Draft Pick Kevin Jordan Gets Kidney from Wake Forest Baseball Coach



Wake Forest baseball coach Tom Walter has donated a kidney to a freshman player who suffers from a disease that can lead to kidney failure.

Both Walter and outfielder Kevin Jordan were recovering today in an Atlanta hospital one

day after the transplant was performed. Dr. Kenneth Newell, the lead surgeon on the team that removed Walter's kidney, said in a statement issued today by Wake Forest that he expects Walter and Jordan to recover fully.

The school says recovery time for both Walter and Jordan is expected to be several months. Walter said it will be two months before he is back to normal. Jordan's father Keith said his son could swing a bat again in 6-8 weeks, and he expects Kevin to enroll in summer school in June and prepare for the fall semester.

"Certainly, the best-case scenario is that Kevin and I just lead a normal life," Walter said. "For Kevin's sake, I think that's the first goal, that Kevin can just have a normal life. Forget the baseball part of it for now. If he gets back on the field, that's going to be the best story of all. That's when (the media) are going to be calling back for another press conference, because that's going to be the great story, when he makes it back to the playing field."

Jordan had trouble shaking the flu last winter as a high school senior in Columbus, Ga., and lost 20 pounds. Doctors at Emory University Hospital in Atlanta discovered his kidney was functioning at only 15 to 20 percent. He was diagnosed last April with ANCA vasculitis, a type of autoimmune swelling disorder caused by abnormal antibodies. When those abnormalities show up in the kidneys, they can cause blood and protein to leak into the urine and result in kidney failure.

Jordan, who was drafted by the New York Yankees in the 19th round last June, wound up on dialysis — three days a week at first, and then daily. Family members were tested to see if any were a possible match for a transplant, and Walter was tested in December after it was determined that his relatives weren't compatible.

Walter found out January 28, during the team's first practice of the spring semester, that he was a match. He told the team three days later, and said the players greeted the news with "stunned silence followed by a round of applause."

"We knew that our prayers had been answered," Keith Jordan said. "Kevin just, you could just imagine the smile on his face that maybe, all of this nighttime dialysis and medicine, and the shots he's having to take, and maybe all of this would be behind him a little bit."

MARCH/APRIL/MAY RE-BIRTHDAY CELEBRATIONS!

Joseph Behar
March 2, 2005
Kidney

Alan Leavy
March 2009
Kidney

Kyriakos Tsempelis
March 24, 2009
Kidney

Alvin J Futterman
April 8, 2005
Kidney

Ralph Greener
May 8, 2008
Kidney

Richard Prete
May 8, 2008
Liver

Gerald Blessinger
March 6, 1992
Liver

Milton Marcus
March 2, 2004
Liver

Kathy Vliet
March 20, 2006
Pancreas

Margaret Gonzalez
April 18, 2002
Kidney

Terry Kaufman
May 10, 1993
Kidney

Vito Riservato
May 6, 2002
Liver

Ed Burki
March 28, 2000
Kidney/Pancreas

Michael Marscovetera
March 22, 2005
Kidney

Fran Addazio
April 11, 2002
Kidney

Anne Melican
April 20, 2009
Kidney

Melvin Kershner
May 21, 2009
Kidney

Vinny Santalucia
May 27, 2000
Kidney

Rosalie Collura
March 28, 1992
Heart

Faith Samowitz
March 10, 2009
Heart

Evelyn Alvir
April 15, 2004
Kidney

Michael Murphy
April 10, 2004
Kidney

Leslie Kreisman
May 5, 2000
Kidney

James P Schneidmuller
May 23, 1987
Liver

Gerard Eichhorn
March 6, 1991
Kidney

Robert Seebach
March 17, 1996
Heart

Rocco Carpinelli
April 24, 2010
Kidney

Diane Newman
April 2, 2009
Kidney

David Krugman
May 13, 2006
Kidney/Liver

Wilma Spatafore
May 12, 2002
Liver

Irene Kolodny
March 9, 2006
Kidney

Steven Taibbi
March 27, 2001
Heart

Gillian Cohen
April 17, 2005
Liver

Sandrajane Rios
April 16, 2008
Liver

Hopeton Lue
May 30, 2000
Kidney

Ida Tesoriero
May 12, 2005
Kidney

Al Lange
March 6, 2007
Kidney

George Donohue
April 12, 1996
Kidney

Ann Grasso
May 5, 1995
Liver

Margaret Margulies
May 13, 1989
Kidney

John Tolan
May 1996
Kidney

NEW MEMBERS

Barry Brennan

Leely and Joe Evans

Skip and Pam Knell

Sandrajane Rios

Bob Graziani



UPCOMING EVENTS

Volunteer helping to enroll New Yorkers in the Donate Life Registry at the DMV. To choose a date and location, email mike@sosproductions.com. Save lives!

4th Annual NKF Long Island Kidney Walk on Sunday morning, May 15th at Hofstra University in Hempstead. To register, visit: walk.kidney.org/longisland

TRIO Scholarship application deadline – June 30, 2011.

Organ Donation Awareness Month – The DMV Project



As you know, April was Organ Donation Awareness Month, and Long Island TRIO volunteers were out in full force in DMVs all around New York answering questions people have about organ donation. Our volunteers urged people to check the “yes” box to donate.

There were “2.8 million people that went to the DMV to renew their licenses,” said Rivera, spokeswoman for NYODN. NYODN did a great job working with DMV management in order to allow our volunteers to engage with people waiting in line at each DMV as opposed

to our volunteers just volunteering while sitting at tables as we have done for more than 15 years.

LI TRIO's efforts helped enroll many more New Yorkers in the Donate Life Registry so that lives will be saved in the future. LI TRIO has asked that we can help coordinate an ongoing effort at one DMV on Long Island through out the year and not just during Organ Donation Awareness Month. We will need many volunteers to help coordinate this effort and Jeff Fenn has graciously volunteered to help with this endeavor.

Thank you for all who have volunteered and thanks to all who will volunteer in the near future. You are doing wonderful volunteer work!



Transplant Recipients International Organization
 Long Island Chapter
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 Garden City, NY 11530

To read more human
 interest stories and
 articles related to
 transplantation

www.litrio.org



The Newsletter of the Long Island Chapter of Transplant Recipients International Organization is mailed free to all members. Please send any letters or other correspondence to:

LI TRIO
PO Box 81, Garden City, NY 11530

Please send all articles, member profiles, stories, anecdotes and other newsletter submissions to:

Mike Sosna, President
LI TRIO
5440 Little Neck Parkway, Suite 4H
Little Neck, NY 11362
Tel: 516.902.8111 / Fax: 516.482.2599

LI TRIO MISSION STATEMENT:

Long Island TRIO is a non-profit all volunteer organization committed to improving the quality of lives touched by the miracle of transplantation through support, advocacy, education and awareness.

NEWSLETTER STAFF:

Mike Sosna–Editor
 Helena Mc Dermott–Reporter

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LI TRIO TRIBUTE CARDS:

Florence Sosna has LI TRIO donation tribute cards “In Memory Of” or “In Honor Of” a loved one. You can contact her at 516.482.2908. At your request Florence will customize, address and mail the card in honor of a loved one and/or special occasion or in memory of a loved one.