



# NEWSLETTER

Long Island Chapter of Transplant Recipients International Organization

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Fall 2011

*Our General Meetings are held on the second Wednesday of each month from September to June. Our holiday party in December substitutes for the December meeting. The meetings begin at 7:30 PM and are held at*

*145 Community Dr., Manhasset, NY.*

## The President's Corner

The Long Island TRIO Singers hit a home run for Organ Donation Awareness on August 17, 2011 at the Ducks game where they performed our nation's National Anthem. There was an announcement at the beginning of the game that described the need to save lives with Organ Donation.

The Singers dedicated our performance to Sue Tietjen who had conducted the LI TRIO Singers for the past seven years at all of our performances where we worked and sang for Organ Donation Awareness. Our friend and colleague Sue Tietjen passed away last month and she is sorely missed. Our thoughts go out to George and his family at this time.

Thank you to Christine Burki who conducted the LI TRIO Singers and did a professional job while helping to dedicate the special performance to Sue. The Ducks also made additional announcements about LI TRIO and our Organ Donation Outreach and Awareness efforts during the fourth inning of the baseball game. Thanks to Ed, Tom and Walter for all of the great work in making our outreach evening such a successful and effective event in 2011.

You are invited to join us at our next LI TRIO Meeting: September 14, 2011 7:30 PM-Special Program.

Long Island TRIO's September meeting will be held on Wednesday evening, 14 September, 2011. We will have coffee and homemade cookies personally baked by

our friend and LI TRIO member Beth Chapman.

Our meetings are held at 145 Community Drive, Manhasset NY. and we look forward to seeing you at this special program.

I'm also pleased to announce the re-dedication of our "Donor Rose Garden" in Eisenhower Park on Long Island.

When:

Long Island TRIO's most cherished event will be held on September 17, 2011 12 Noon-2 PM

Where:

Please join LI TRIO and NYODN in honoring and thanking Donors and Donor Families as we re-dedicate our "Long Island TRIO Donor Rose Garden" to Donors and Donor Families in a ceremony being held on Saturday, September 17, 2011 at 12 Noon. The Donor Rose Garden is located in Eisenhower Park, East Meadow, NY in Nassau County- adjacent to the Women's Sports Pavilion-Parking Field 6/6A.

Donors and Donor families are indeed our heroes. Please be our guest and join us at this special event. I hope to personally welcome you on Saturday, 17 September.

At this time, I would like to continue to offer information with respect to special needs Prescription Drug Resources. Some drug companies have special programs

for people who do not have insurance coverage for medications and cannot afford their own. To get a list of these companies and what they require, please visit [www.helpingpatients.org](http://www.helpingpatients.org) or call (202) 835-3400.

You can also write to Pharmaceutical Manufacturers Association 1100 15th Street, NW, Washington, D.C. 20005.

The Together RX Access Card may help as well. The card can help uninsured patients get a 25-40% discount on over 275 prescription drugs.

Visit [www.togetherrxaccess.com](http://www.togetherrxaccess.com) or call (800) 444-4106. Our chapter's volunteers will also offer specific discount cards again in the coming weeks just as we have done in the past. I hope these can be of help to as many people as possible.

There is a new bill introduced in the United States Senate. What follows is some information with respect to S. 1454: Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011-112th Congress: 2011-2012.

I look forward to seeing you at our upcoming events. •

-Mike Sosna

*Our chapter's Legislative Initiatives:*  
S. 1454: A bill to amend title XVIII of the Social Security Act to provide for extended months of Medicare coverage of

transplant patients and other renal dialysis provisions.

### The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011



Sponsor: Sen. Richard Durbin [D-IL]

Status: This bill is in the first step in the legislative process.

Source: Senator Dick Durbin's Office

July 29, 2011

#### DURBIN, COCHRAN INTRODUCE LEGISLATION TO HELP ORGAN TRANSPLANT PATIENTS

WASHINGTON, DC – U.S. Senators Dick Durbin (D-IL), Thad Cochran (R-MS), and Scott Brown (R-MA) today introduced bipartisan legislation to improve the quality of life for people with kidney disease. The 2011 Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act would assist thousands of Americans under the age of 65 who are being cut off from Medicare after 36 months by extending coverage of immunosuppressive drugs for kidney transplant recipients. Also cosponsoring today's legislation were U.S. Senators Daniel Inouye (D-HI), Chuck Schumer (D-NY), Carl Levin (D-MI) and Ben Cardin (D-MD). Congressman Michael Burgess, M.D. and Congressman Ron Kind are planning to introduce companion legislation in the House of Representatives within the next few weeks.

"Of the 89,000 patients waiting for an kidney transplant, those patients lucky enough to undergo a successful transplant should not have to worry about

being able to pay for the medication that will reduce the risk of organ rejection," said Durbin. "In 2000, Congress passed legislation that provided older or disabled individuals lifetime coverage for immunosuppressive drugs through Medicare. Today's legislation will extend that coverage to all patients trying to live healthy lives after kidney transplants."

"Our legislation is intended to help people with end-stage renal disease and offset long-term costs to the government for treatment of this condition. Kidney transplants are often the best option for these patients, and this bill would help in providing the immunosuppressive drugs needed to make transplants successful. In states like Mississippi with high incidences of diabetes and related kidney failures, extending this coverage to younger patients could mean improved health and quality of life," Cochran said.

According to United Network for Organ Sharing, approximately 28,000 organ transplants were performed last year in the United States. The vast majority of transplants – over 16,800 Americans in 2010 – are provided to patients in need of a kidney because they are living with End Stage Renal Disease, ESRD, or kidney failure. However, for thousands of working Americans who had not yet reached 65 and were not disabled, treatment was cut off after 36 months regardless of their ability to pay for lifesaving therapy that can run more than \$1,000 a month.

"Extending coverage beyond 36 months for those suffering from end stage renal disease is just common sense. It's good policy, it saves money, but most importantly, it saves lives," said Brown. "No one should lose a transplant because they are not able to pay for the drugs to maintain it."

"This legislation is a commonsense approach to both maximizing taxpayer money while increasing the quality of life for kidney transplant recipients," said Dr. Burgess who is the Vice Chair of the House Energy and Commerce Committee's Subcommittee on Health and Chairman of the Congressional Health

Care Caucus. "Without this legislation, transplant recipients face the potential of losing access to their immunosuppressive medications after 36 months which places them at a higher risk for losing their new kidney and being placed back on dialysis – a situation that has a proven higher cost to taxpayers and does not improve the quality of life."

"Health care costs are the fastest growing area of spending in the national budget," said Rep. Kind. "We should be doing everything we can to improve patient care while getting these costs under control and this legislation is a great step in the right direction. Providing kidney transplant patients access to the medication to ensure the success of their transplant helps keep health care costs down – by decreasing the need for further dialysis and the likelihood of a re-transplant – and the quality of life up – so that patients won't have to worry about how they will pay for the medicine to maintain their health."

The effects of the disparity in coverage are evidenced in the hypothetical case of a young woman. A 26 year old woman living with ESRD would have lifelong dialysis covered by Medicare at \$77,500/year. Medicare would cover the cost of a transplant at \$110,000/transplant. The immunosuppressive drugs she would need to ensure the organ is not rejected by her body are only covered for 36 months and the drugs are far less costly at \$10,000 to \$20,000/year. Without immunosuppressive drugs to keep kidney transplants from being rejected, many patients find themselves right back where they started: in need of a kidney. This circular cycle of care is costing taxpayers a lot of money and putting thousands of lives at risk.

"The National Kidney Foundation commends Senators Durbin and Cochran for their leadership on this critically important legislation. This bill will ensure that thousands of Americans can keep the transplants they have, allow thousands more to be transplanted and reduce the need for re-transplants of people who can

no longer pay for vital medication and end up back on dialysis and the transplant waiting list. This legislation is a major first step towards achieving the goal of the National Kidney Foundation's END THE WAIT! initiative to find solutions to the organ shortage and eliminate the all-too-long wait for a transplant," said Lynda Szczech, MD, National Kidney Foundation President.

"The American Society of Transplantation representing the majority of professionals engaged in the field of transplantation applauds Senator Durbin for his strong commitment to improving the lives of transplant donors and recipients. The Durbin-Cochran Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011 saves both lives and costs to the federal government. It is a common sense and practical policy proposal to improve the nation's transplant system...bringing greater efficiencies to the Medicare system," said Dr. Robert Gaston, President, American Society of Transplantation.

"Extending lifetime coverage for immunosuppressive drugs is the right thing to do for patients. It guarantees patients' quality of life, saves transplanted kidneys, and saves dollars," said Joseph Bonventre, M.D., President, American Society of Nephrology. •

## Two Liver Transplant Recipients Make Medical History

Source: AP/Times Union- Miami  
Trine Engebretsen has made medical history twice: She was Florida's first liver transplant recipient and her son is the first child born to parents who both have had liver transplants.

Andersen Labbe was delivered by C-section at Jackson Memorial Hospital in Miami in July weighing a healthy 7 pounds, 8 ounces. This is the first documented case of a baby born to parents who both had a liver transplant, medical authorities say. A total of 166 liver transplant recipients have reported pregnancies to the Na-

tional Transplantation Pregnancy Registry at Thomas Jefferson University in Philadelphia, which has been documenting such cases since 1991.



*Trine Engebretsen, right, and her husband Ryan Labbe, left, hold their newborn son Andersen Thomas Labbe, during a news conference at the University of Miami/Jackson Memorial Medical Center in Miami, Wednesday, Aug. 17, 2011. Both Engebretsen and her husband are liver transplant recipients. Officials say he is the first child born to parents who both had liver transplants. (Lynne Sladky / AP)*

Overall, the outcomes of pregnancies fathered by male transplant recipients appear similar to those of the general population, the experts add.

Although the liver recipient group does not appear to be at higher risk than others, experts note that female transplant recipients in general have a higher rate of premature or low birth weight babies. They advise female patients to plan ahead, find out if their medications are safe for the fetus and if their transplant is stable.

Engebretsen was no longer taking immunosuppressive medication and was given the go-ahead by her doctors.

"That removed the question if the medication could affect the fetus," Dr. Armenti said.

Engebretsen made news headlines in 1984 when she received her liver transplant.

Dr. Andreas Tzakis, presently at the University of Miami Miller School of Medi-

cine, treated Engebretsen when she received her liver transplant at the age of 2. She was among the few young patients known as "Reagan children" because then-President Ronald Reagan used his radio addresses to generate public interest in organ transplantation.

Engebretsen was born in Miami. Her Norwegian family turned to Norway's king at the time to help receive funding needed to pay for the transplant. Engebretsen was flown from Miami to Pittsburgh for the experimental surgery.

"I am overjoyed for both of them," said Tzakis at a news conference where he was accompanied by both parents and their baby Wednesday at Jackson Memorial Hospital. The couple held their child for the cameras, flashing smiles.

Engebretsen met her husband, Ryan Labbe, on a website for families affected by liver disease, [www.liverfamilies.net](http://www.liverfamilies.net). Labbe suffered from a congenital defect of the bile ducts as an infant, but surgery helped him live a healthy life early on. Seven months after the couple started dating, though, Labbe was diagnosed with liver disease. He received a liver transplant in May 2008. The surgery was performed by Tzakis. Less than a year later, the two liver transplant recipients were married.

Engebretsen and Labbe, both 30, now live in Pembroke Pines.

Engebretsen is in medical school and hopes to get involved in emergency medicine once she graduates in May 2013.

"I want to help other people," she said, adding both are grateful for what others did for them.

"I would like to show our donor families that we're caring for their generosity and really trying to make the most of the gifts we've been given," she said, eyes welling with tears. •

## National Policy Change Reduces Racial Disparity In Kidney Transplants

08/01/2011

A national transplant policy change designed to give African-American patients greater access to donor kidneys has sliced in half the racial disparities that have long characterized the allocation of life-saving organs, new Johns Hopkins research suggests.

Before 2003, the researchers note, an African-American patient who joined the kidney transplant list on the same day as a white patient would have a 37 percent smaller chance than a white counterpart of getting a transplant. In recent years, the researchers say, that percentage has dropped to 19.

The Hopkins researchers attribute the drop to a 2003 decision by the United Network for Organ Sharing (UNOS) to a change in the relative priority given to tissue matching.

"This is probably the biggest step that the transplant community has taken in recent years to reduce disparities in access to kidney transplants for African-Americans and the good news is it worked extremely well," says transplant surgeon Dorry L. Segev, M.D., Ph.D., an associate professor of surgery at the Johns Hopkins University School of Medicine and leader of the study published online in the American Journal of Kidney Diseases. "The bad news is, we still have a ways to go."

From the very beginning of widespread kidney transplants in the United States there has been a racial disparity in who received organs and who died before one became available.

A higher proportion of organ donors are white and a higher proportion of those needing kidneys are African-American. Matches across race are traditionally more difficult, as physicians have

given priority to different types of immunologic compatibility, including whether the organ and the donor share the same Human Leukocyte Antigens (HLA), proteins on the surface of white blood cells and other tissues in the body that can create organ rejection and other complications. African-Americans and whites typically aren't HLA matches, particularly one subtype known as HLA-B.

"HLA matching was prioritized under the premise that it would improve outcomes," Segev says. "But with advancements in immunosuppressants, HLA matching isn't as important as it once was. If you match by HLA, you might get only slightly better outcomes now. A minimal sacrifice in outcomes has meant a big gain in equity."

The study was funded in part by Health Resources and Services Administration.

Other Hopkins researchers involved in the research include Erin C. Hall, M.D.; Allan B. Massie, M.H.S.; Nathan T. James, Sc.M.; Jacqueline M. Garonzik Wang, M.D.; Robert A. Montgomery, M.D., D.Phil.; and Jonathan C. Berger, M.D. •

## Long Island TRIO Volunteer-Tom Bush

By Tom Bush and Howard Pohl

*Twenty five years ago I knew that I'd one day need a kidney transplant because I had Polycystic Kidney Disease (PKD), and eventually I would reach end-stage renal disease (ESRD). The years passed and my blood pressure slowly rose. The number of drugs I needed to take increased and my creatinine level continued to rise well above normal. Soon it was time to start thinking about going on dialysis. Along the way I learned of a support group called TRIO, and at the first meeting I attended I met a large number of people with various transplanted organs. I was amazed that transplants were regarded as routine, and tried to find out more about this option...*

Most of you know Tom Bush the first person who contacted you when you joined LI TRIO. His first contact with most of our members is as the "new member greeter" or "The Welcome Wagon Person". This contact starts with his giving the new person a quick explanation of why and how LI TRIO tries to be of help to those involved with transplantation as either a recipient, a candidate for a transplant, a live donor or donor family or a support person. Next Tom asks for all the relevant information about the new member: Name, Address, Phone number etc.

Tom's next task is to ask the person about his or her transplant situation. He may also ask about their financial situation, and many more aspects of their life. A one to two-hour conversation may follow, ending with Tom making a to do list for himself with regard to the new member. Both will then usually commit to following up with each other at a later date.

*After finding that the waiting list for a transplant was more than three years, my wife Anne suggested that she would donate a kidney to me. Our blood type matched. We had a negative cross match, which is good, and a three-out-of-six antigen match, which is very good. On February 15, 2000 my son Paul and his wife Jen drove us to the Hackensack University Medical Center. At 9:00 AM. Anne went to the operating room to have a laparoscopic nephrectomy (kidney removal). At 2:00 PM I was told they were ready for me to go to surgery.*

*At about 7:00 in the evening I became aware of noise and lights, and realized I was in the recovery room! Then I remembered that I'd just had a kidney transplant! "How is Anne?" I asked, and I was told that she was okay. By 9:00 that evening Anne and I were in our separate hospital rooms.*

Tom Bush continues: Today I read a number of related articles in Newsday that reminded me about some of the aspects of my contact with LI TRIO members.

Some of these aspects are: (Continued)

- Medicare, Medicaid, Personal insurance, Insurance from employment
- Social Security, Social Security Disability Insurance
- Long Term Planning Insurance, Health Care Proxies, Wills, Living Wills
- Income Taxes and inheritance taxes.

Although I never give medical or legal advice, I do make suggestions as to how and where to find information about these subjects. Even a young person needs to know where to get answers to these questions. Each situation must be taken on an individual basis.

Some interesting questions that have come up in my work are:

- Can I donate to my ex-husband in Italy?
- Should we get married to get me on my wife's insurance?
- Do I need a living will, a durable power of attorney, a Health Care Proxy?.
- How do I get on the transplant list, where can I learn about home dialysis, do I need to move to a different state to get on the short list in that state?
- Can I go back to work after being on disability?
- What about durable medical equipment?

*My new kidney worked fine for about four years. Then my numbers started to go up. A biopsy determined that I was in chronic rejection. In June 2005, they removed my transplanted kidney, and I spent the next four weeks in the hospital. I registered on the transplant list and got the call on January 14, 2007 that a perfect-match kidney was available. By that evening, I had a new kidney...*

I find my volunteer work very interesting, challenging and rewarding.

*The next seven days were rough. The kidney took thirty hours to arrive, and because of this it took seven days to begin working. I was quite ill. Finally I started to feel better, and by the twelfth day I was home.*

*It is four and a half years out now and I am feeling quite well. I will always be grateful to the family of my donor for making the decision to donate "the greatest gift."* •

## Upcoming Events

LI TRIO Meeting: September 14, 2011  
7:30 PM-Special Program.

LI TRIO Donor Rose Garden Rededication Ceremony-Saturday, September 17, 2011 at 12 Noon.

Save The Date! Our Holiday Party is being held on Sunday afternoon, December 4, 2011.

NKF Presents: What You Need To Know About Kidney Transplantation' Workshop!

November 3, 2011: Dr. Shapiro of Hackensack University Medical Center, Chief of Organ Transplant will speak Thursday, November 3rd at Englewood Hospital in Englewood, NJ from 6-8 pm. A light dinner will be served. If you would like to attend please RSVP or call (212) 889-2210 ext. 326.

NKF-10th Annual New York City Kidney Walk

Date: Sunday, October 16, 2011

Location: South Street Seaport, NYC

Check In Begins: 9:30am

Walk Starts at: 10:30am

Contact: Lindsay Gilman: 212.889.2210 ext 203 or [lindsayg@kidney.org](mailto:lindsayg@kidney.org)

Walk to Fight Kidney Disease

I think you will find that The Kidney Walk is a fun, inspiring event that calls attention to the prevention of kidney disease and the need for organ donation.

It's an opportunity for transplant recipients, organ donors, family, friends, and groups to come together to support the millions of people with chronic kidney disease. •

## New Members

Michael P Albanese  
Stephen Fisher  
Chris and Cara Glynn  
Karin Lee  
Madyson Vanhyll  
Julienne Obadia  
Amy Hines Kramer  
Daniel Letvak  
Stefani, Joel and Allison Letvak  
Corelius McCormick  
Gale Teney  
Margaret Valsechi

## September Re-Birthdays

Hugh Collins September 13, 1990 Liver  
Alice Dillon September 5, 2007 Kidney  
Neila Farber September 29, 2007 Kidney  
Elise Folk September 25, 2007 Kidney  
Robert Gabe September 15, 1997 Heart  
Kathleen Gerlach Sept 8, 2005 Kidney  
Judith Gluck September 3, 2002 Kidney  
Gary Levy September 12, 2008 Liver  
Vito Losito September 21, 2007 Liver  
Helena McDermott Sept 18, 2008 Kidney  
Arthur Menendez Sept 19, 2002 Kidney  
Kevin O'Brien Sept 3, 2009 Kidney  
Jack S Panes September 17, 2008 Kidney  
Karen Paulick September 8, 1996 Liver  
Richard Randall September 3, 2005 Liver  
Barry Rose September 12, 1995 Kidney  
Dr Murray Weissbach 9/1/2010 Kidney  
Eric Young September 7, 1979 Kidney

## Local Kidney Donation Chain Links Mismatched Pairs To Benefit Many Patients

August 17, 2011 | By Helen H. Shen *philly.com*

When Anne Peniazek decided to donate a kidney at age 65, the Narberth woman had bigger hopes than helping just one person. She and her surgeon James Lim of Lankenau Medical Center wanted to start a movement.

Instead of arranging a typical kidney donation, Lim helped her start an open-ended kidney-donation chain, one of a small number in the United States.

In December, Peniazek's kidney was given to Geoff Bowman of Philadelphia. In turn, Bowman's friend Sharon Haines donated a kidney to Craig Shofed, 46, from Trenton. The chain continued when Shofed's wife then donated a kidney to James Crowder of Pottstown, who had been on dialysis for more than a year.

The chain has so far benefited five local kidney recipients.

Today, more than 89,000 people in the United States are waiting for kidneys from the usual source - deceased donors - and more than 4,000 last year died waiting.

More than 5,000 patients are waiting in the Philadelphia region alone, far more than the 767 individual kidney transplants coordinated last year by the Gift of Life Donor Program, the region's federally designated organ-procurement group.

That is where donation chains can make a difference. Transplants work between people with compatible immune systems. Some patients are harder to match than others and can end up waiting indefinitely.

A chain grows from pairs of people, often spouses or relatives. One needs a kidney. The other is willing to give a kidney, but

is not a match. In the past, that would have been the end of the line.

Now, this donor may be considered as a potential match for the patient of a different mismatched pair.

If an outside kidney can be found for his or her original partner, the first donor "pays it forward" by donating a kidney to another stranded pair. The chain continues as long as each donor is still willing to give. The agreement is voluntary.

"It's not a payment situation," which would be illegal, notes bioethicist Arthur Caplan of the University of Pennsylvania. "It's more like a payment in kind."

This give-and-get dynamic can raise unexpected emotional tensions between recipients and the donors who help them enter the chain.

James Crowder, a barber from Pottstown, needed a kidney, and his wife, Rosemaria, was not a match for him. She signed up as a chain donor so that James Crowder could qualify.

Less than one week before Rosemaria Crowder's scheduled surgery in April, the pair actually separated briefly. Friends and doctors suggested she consider dropping out.

But she never wavered. Having seen her husband benefit, she thought about what her donation would mean for another family.

"I didn't want to go back on my word," Rosemaria Crowder said. "That would have been so selfish of me." The couple reunited on the morning of her surgery.

The mixed feelings of altruism and obligation are reasons that counseling is an important part of the process. Diane James, manager of Gift of Life's living-donation program, said hospital policies have evolved to require living donors to be evaluated by a social worker and assigned an advocate.

The current chain began on Peniazek's surgeon's notepad, but eventually picked up momentum and was taken over by James at Gift of Life. She solicited unmatched pairs from more local transplant centers, which were pooled in a database. Using software from Johns Hopkins University, she pulled out potential biological matches.

Computer-matched pairs then got extensive blood testing. After months of testing, James and Lim, the Lankenau surgeon, assembled a chain of five donor-recipient pairs from across the region.

Many hospitals arrange occasional smaller kidney exchanges on their own. This is one of several registries around the country, each managed under different rules. Many patients are listed on multiple exchange registries, even as they wait for a deceased donor.

Meanwhile, the federally contracted United Network for Organ Sharing is working on a national kidney-exchange registry that would amass unmatched pairs and operate under a single policy.

Coordination among centers can be difficult, but more important, the number of living donors is simply not enough. Even rarer are donors like Peniazek who will give to a stranger expecting nothing in return; they accounted for only 204 kidney transplants in the United States last year.

Peniazek hopes that her example will show that kidney donation is safe and easy.

She recovered in a few weeks, and now the retired mental-health worker at Norristown State Hospital says all that has changed is that she avoids pain medications such as ibuprofen (which could stress her remaining kidney). •

**August Re-Birthdays**

Richard DeRocher  
August 24, 1999  
Kidney  
Eileen Dimino  
August 10, 1996  
Kidney  
Cheryl Echevarria  
August 23, 2005  
Kidney  
Iris Edelson  
August 2, 1995  
Liver  
Frank Feltkamp  
August 15, 1999  
Kidney  
Mary Ferris  
August 14, 2001  
Kidney  
Bob Graziani  
August 20, 2010  
Lung  
June R Herman  
August 30, 2005  
Kidney  
Linda Jannace  
August 12, 2009  
Kidney  
James Jewell  
August 13, 1986  
Liver  
Richard Marrone  
August 31, 2010  
Liver  
Godeliva Pagan  
August 22, 1999  
Liver  
Janine Rempe  
August 14, 2008  
Heart  
Chris Russo  
August 13, 1997  
Kidney  
Joan Sabal  
August 31, 2005  
Kidney  
George Tietjen  
August 23, 2001  
Kidney  
Luis Torres-Ayalaway  
August 18, 2008  
Liver

**July Re-Birthdays**

Beth Chapman  
July 11, 2008  
Pancreas/Kidney  
Dr Waled Chowdhury MD  
July 21, 2008  
Kidney  
Anthony Devivo  
July 8, 2007  
Liver  
Anthony DiMaria  
July 19, 2007  
Heart  
Jeffrey Fenn  
July 9, 2004  
Kidney  
Albert Ferro  
July 28, 1998  
Liver  
Karin Grossu  
July 13, 2001  
Pancreas/Kidney  
Michael Keane  
July 18, 2007  
Liver  
Laura Laria  
July 6, 2006  
Kidney  
Brian Leavy  
July 22, 2010  
Kidney  
Jenifer Lentini  
July 6, 1996  
Heart  
Daniel Letvak  
July 18, 2002  
Kidney  
Henry Prins  
July 2, 1992  
Liver  
Ben Silberstein  
July 23, 1994  
Liver  
Michael Sosna  
July 18, 1995  
Kidney  
Margaret Young  
July 28, 1991  
Kidney  
Stanley Zimmerman  
July 20, 2010  
Kidney

**June Re-Birthdays**

Monica Blum  
June 7, 2010  
Kidney  
Jessica C Chipkin  
June 24, 2005  
Liver  
Charles J Frauenberg  
June 5, 1999  
Kidney  
Bob Geisler  
June 28, 2009  
Kidney  
Tom Hackett  
June 13, 2006  
Heart  
Jean A Kelly  
June 16, 2005  
Liver  
Charles Lawlor  
June 12, 2003  
Lung  
Mel Lerner  
June 10, 2008  
Kidney  
Tarius McGuiness  
June 30, 2006  
Kidney  
Mary Lou Murphy  
June 1, 2009  
Kidney  
Robert Patterson  
June 1, 2010  
Kidney  
Ruth Pohl  
June 1, 2003  
Liver  
Sharon Ross  
June 10, 1995  
Kidney/Pancreas  
Anthony Scro  
June 24, 1999  
Liver  
Greg Smith  
June 13, 2002  
Liver  
Steven Wolf  
June 10, 1998  
Kidney

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International Organization is mailed free to all members. Please send any  
letters and any other correspondence to:  
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P.O. Box 81, Garden City, NY 11530

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

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**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.*

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Helena McDermott-Reporter

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School Speakers	Jeff Fenn	516-799-9447
The Ways and Means Committee and Holiday Party Chairpersons	Florence and Jerry Sosna	516-482-2908

**Transplant Recipients International Organization**



Transplant Recipients International Organization  
Long Island Chapter  
PO Box 81  
Garden City, NY 11530

**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 Florence at 516-482-2908. At your request, Florence will customize, address and mail the card to your party in honor of a loved one and/or special occasion or in memory of a loved one.*

**Transplant List Stats:**

- 112,092 Americans are on the organ transplant waiting list as of September 1, 2011.
- 13,969 Transplants were performed from January-June 2011.
- Visit [www.litrio.org](http://www.litrio.org) to read more human interest stories and articles related to Transplantation.