

LONG ISLAND TRIO NEWSLETTER

The Long Island Chapter of Transplant Recipients International Organization

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February 2013

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LI TRIO Throws A Party

By Richard Prete

Well, there weren't any turkeys, Christmas trees or Menorahs in sight, but the Annual Fall Party came off just splendidly. LI TRIO's Holiday Party was a formal gathering of incredible friends in a festive environment.

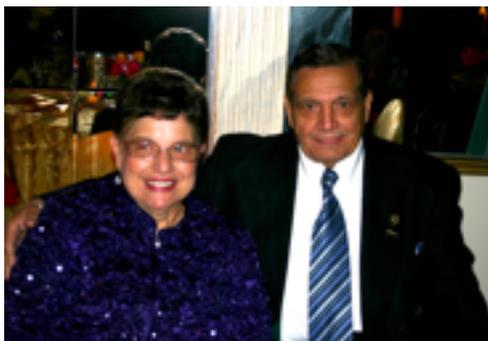
With over 130 people in attendance, the party was fun-filled (and tasty) for all.

The raffle drawings and prizes were a real treat, with all of us carefully scanning our stubs hoping to be a lucky winner. It looked like there were literally hundreds of raffle prizes including (among others) Apple Computer products and wonderful gift certificates to well known restaurants in our region. We had the most successful raffle event to date and there is still a buzz about some of the winning prizes.

The dance floor was full and there were definitely some talented and skilled dancers; some of whom have received or donated The Gift Of Life.

Walking around the room was a treat as we were able to match faces (including spouses and significant others) with

names that we have known for quite some time. As we introduced ourselves around the table, we each gave not only our name, but if you were a recipient, your transplant. Just for the record, my table had three livers and a heart. Great for all of us, and thanks to our donors!



The setting for the party was once again the recently renovated Leonard's of Great Neck, and it was a splendid choice. We were pleased to have the party here for just the second year to date.

Florence, Jerry and Mike Sosna did a wonderful job of not only selecting the venue, but also spent many hours visiting various suppliers and vendors purchasing baskets, beautiful table arrangements and other craft items. They made some tasty selections for the menu inclusive of

appetizers, entrée, ice cream sundaes for desert, TRIO cake.

From the tasteful invitations that received such a great response to the table decorations, you could tell that this event was well thought out and executed.

To have an event as successful as this one was, a lot of planning and behind the scenes effort must be put in – (the invitations and follow up work didn't 'just happen').

With some of the other preparations the Sosna family did get additional help from a reliable group of elves:

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Upcoming Events

General Membership Meeting- March 13, 2013 at 7:30 PM with special guest speaker Lewis W Teperman, M.D.- Vice Chair Department of Surgery; Div Chief Transplant Surgery - NYU Langone Medical Center

Lew Teperman is a vibrant guest speaker and a great friend of our chapter. Please join us on March 13, 2013 at 7:30 PM.

The President's Column

From The Desk Of Mike Sosna

I wish you all a healthy and productive 2013.

Let's take a moment to wish everyone who is dealing with medical challenges our very best in thoughts and prayers at this time.

Our thoughts and prayers are with Frank Feltkamp, Kathy Vliet, Walter Ruzek, and Tom Bush who have been dealing with medical challenges lately. We are thinking about you today.

Our chapter in 2013

LI TRIO's Educational Program

Under the leadership of LI TRIO Volunteer *Jeff Fenn*, our volunteers are speaking in public and private high schools as well as colleges, universities, medical schools and hospitals. Our chapter's volunteers reached over 16,000 students and have a full itinerary ahead for this semester. The LI TRIO Speaker's Bureau is earning high marks indeed.

Holiday Party

This year, *Florence and Jerry* coordinated our special Holiday Party at the beautiful and elegant Leonard's La Dolce Vita of Great Neck. We enjoyed Filet Mignon, a full course sit-down dinner and several other menu choices and had a wonderful time at this formal event held on November 30, 2011.

Successful events come from effective and successful planning and we enjoy learning how to be even more effective every year. It takes many hard working dedicated volunteers to accomplish something like this and we are forever grateful to our volunteers and how they continue to strive for excellence.

LI TRIO Singers

Long Island TRIO hit a home run for Organ Donation Awareness on August 6, 2012 at the 2012 Atlantic League Champion Ducks game where the singers performed our nation's National Anthem.

This event helped bring more attention to the cause we all work toward; the need for organ donation in order to save lives.

Monthly Meetings- Discussion and Support

Each one of our LI TRIO General membership Meetings have a special program regarding Transplantation and related topics of interested to our membership.

All of our meetings also have coffee and homemade cookies baked by our friend; LI TRIO volunteer *Beth Chapman*. We are pleased with the excellent attendance and interesting discourse. Thanks to Iris Edelson for her volunteer work with publicity.

Donor Rose Garden Ceremony

Our annual re-dedication of our "Donor Rose Garden" in Eisenhower Park on Long Island was a very moving event and we will be once again be hosting the event in September 2013.

At this event we honor and thank Donors and Donor Families as we re-dedicate our Long Island TRIO Donor Rose Garden to Donors and Donor Families in a ceremony at our deeded Rose Garden located in Eisenhower Park.

Our chapter's volunteers personally and exclusively maintain the Donor Rose Garden that we built in order to honor the Donors and Donor Families. Special thanks to *Dave Rodgers*, Chairperson, Rose Garden Committee.

Help With Prescriptions and Insurance

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. We have published a great deal of details on our chapter's website. To obtain a list of these companies and what they require, please visit www.helpingpatients.org, call (202) 835-3400 and visit www.litrio.org. You can also write to Pharmaceutical Manufacturers Association 1100 15th Street, NW, Washington, D.C. 20005.

We also have an abundance of insurance information, tips and alternatives posted on our chapter's website.

Legislative Initiatives:

My Legislative Initiatives committee has posted information to help you contact Congress in order to help Kidney Transplant Recipients access immunosuppressive drugs

Bill Numbers: S. 1454 and H.R. 2969

Kidney transplant recipients who are eligible for Medicare due to irreversible kidney failure, but who are not Medicare-aged or Medicare-disabled, lose their Medicare three years after the transplant.

This legislation would continue access to Medicare indefinitely, but would only cover anti-rejection medications. All other Medicare would end after three years for kidney recipients, as under current law. Medicare covers life-saving dialysis for most Americans, regardless of their age, with no time limit.

However, if they are under age 65 or are not Medicare-disabled (i.e. not receiving Social Security Disability Income), their Medicare eligibility ends 36 months after the transplant.

I have created and currently maintain our chapter's website www.litrio.org and have published links for you to contact current Co-Sponsors of this legislation, so you can thank them. If your member of Congress is not already a co-sponsor, please request their support.

My Committee's specific Legislative Initiatives at the New York State level:

We offer our congratulations to all of the Long Island TRIO volunteers and friends who have fought so hard to advocate for New Yorkers and to save lives.. After our chapter supervised the submission of more than 2600 letters to New York State Senators, Assembly Members and the Governor's Office, I'm pleased to announce that Gov. Andrew Cuomo finally signed "Lauren's Law."

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(Continued from page 1) Special thanks to Long Island TRIO members Don Schwartz, Iris Edelson, Susan, Alice and Martin Dillon and the Harrington family who all pitched in to secure an abundance of incredible raffle prizes.



Behind the scene several others worked to make this event successful, and so we also give thanks to Nadia Prete, Ed Burki, Barbara Goldman and Ruth and Howie Pohl.

We also offer a heartfelt thank you to Helen Irving, NYODN, our friends at Echo Pharmacy, NewYork-Presbyterian/ Columbia University Medical Center and NewYork-Presbyterian/ Weill Cornell Medical Center for the wonderful support.

Florence would like to thank Iris Edelson for her incredible efforts that helped contribute to the success of the event. Florence and Iris would like to thank all the vendors that contributed to the wonderful raffle event and you; all of our friends in attendance at the LI TRIO Party that helped make the raffle event the most successful raffle we've ever had.

I'd like to close this article with a few heartfelt words from Mike Sosna: "To those who attended the Holiday Party, I hope you had a great time at the event and what a pleasure it was to be able to celebrate together with our good friends and colleagues. "

At the party, Mike took a moment to reflect on and think of our friends facing medical challenges and wished them all the best in improved health and then we had a champagne toast to good health, Merry Christmas, Happy Chanukah and Happy Holidays.

Mike's toast included the following quote from G. Donald Gale:

"A pessimist, they say, sees a glass of water as being half empty; an optimist sees the same glass as half full. But a giving person sees a glass of water and starts looking for someone who might be thirsty." -G. Donald Gale



Five Danger Signs Not to Ignore – Your Kidneys or Heart Could be in Trouble



Diseases such as diabetes, high blood pressure and hardening of the arteries (arteriosclerosis) cause damage to both the heart and kidneys.

So if you have heart disease, then it is likely that you have kidney disease and vice-versa.

Many people don't experience severe symptoms until their kidney or heart disease is quite advanced, but there are some warning signs.

Please do not ignore them:

Puffy eyes.

If your eyes are consistently swollen, especially in the morning, take note. This has been linked with kidney and heart disease. Because puffy eyes are linked with many other conditions, often kidney disease and heart disease are overlooked.

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High blood pressure or hypertension.

High blood pressure is a leading cause of heart attacks, strokes and chronic kidney disease. Controlling high blood pressure by losing excess weight, exercising, not smoking, cutting back on salt intake and taking high blood pressure medications reduces the risk of these complications. Even borderline high blood pressure, or pre-hypertension, should be taken seriously, as it can inflict kidney damage.

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Swelling around your extremities.

The kidneys filter wastes from the blood and remove excess water from the body via urine. When the kidneys aren't doing their job, this fluid can stay in the system instead of being excreted. Swelling around the hands, feet, and ankles may be associated with kidney or heart failure and shouldn't be dismissed.

Protein or blood in the urine.

Urinalysis or urine testing is used to look for abnormalities such as an excess amount of protein, blood, pus, bacteria or sugar. A urine test can help to detect a variety of kidney and urinary tract disorders, including chronic kidney disease, diabetes, bladder infections and kidney stones. A trace of one type of protein, albumin in urine (albuminuria) is an early sign of chronic kidney disease. Persistent amounts of albumin and other proteins in the urine (proteinuria) indicate kidney damage. The presence of albumin is also a risk factor for cardiovascular events and death.

High cholesterol.

Cholesterol is a fat-like substance found in your blood. Too much cholesterol can build up in your blood vessels, narrowing vessels and leading to a blockage. When a blockage occurs in your heart vessels, it is called coronary heart disease and can cause a heart attack. In people with chronic kidney disease (CKD), heart disease is very common. It is suggested that people with CKD have cholesterol labs drawn at least yearly. Your doctor may want to do them more frequently if something has changed with your health. Anyone can develop chronic kidney disease at any age. However, some people are more likely than others to develop kidney disease due to their age, racial and ethnic background, and/or family history of heart disease, kidney disease, diabetes or high blood pressure. For more information about kidney disease and heard-

disease, visit the A-Z Guide published at www.litrio.org

Source: National Kidney Foundation

Clark Beck celebrates 40th year with transplanted kidney

He was originally told new kidney might only last months



Clark Beck didn't set out to be a pioneer – just a student.

But after Purdue University told the young black man that “your people cannot be engineers” he continued on. With transcript in hand, he tried the University of Cincinnati the very next day

“The dean looked at my transcript and told me, ‘You’re going to catch hell from both sides of the desk,’” Beck said. “There was only one other black student in the engineering school at the time.”

The Harrison Twp. man was ready for the challenge and enrolled in the university's College of Engineering and Applied Science in 1951. He earned a bachelor's de-

gree in engineering and later a master's degree in aerospace engineering.

His challenges weren't limited to getting an education as he started to develop serious health problems in the early 1970s.

“I had a rough time when I was in school, I didn't have enough money to eat well or take care of myself,” he said. “I got sick and the strep throat settled in my kidneys. I didn't know at the time the damage it did.”

Beck, who was working as an engineer at Wright-Patterson Air Force Base and teaching at Central State University, continued dialysis and waited for a kidney to become available. He almost missed his chance, however, on a late fall afternoon almost a year after he discovered he needed a transplant.

Beck went out early on a Saturday morning with his surveying class and missed the phone call alerting him that a kidney had been recovered from a deceased donor that morning. He didn't get the message until Saturday night.

“The doctor told me that the kidney had a 50 percent chance of lasting six months,” he said.

Beck's doctor might have underestimated a bit. The 83-year-old will celebrate the 40th anniversary of his transplant on Oct. 29. It is a significant milestone as Beck is considered to be among the longest living survivors in the world with a functioning kidney, according to the United Network for Organ Sharing.

But with Beck, it's about more than quantity, it's quality of life that matters.

“Any chance he has to make a difference, he takes it,” said Cathi Arends of Life Connection Ohio.

“Whether it's mentoring a young person or giving someone who needs a transplant hope, he is there for them. One of the things he frequently says is that he wanted to make the most of his second chance and he has done just that.”

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Medicare Information- New for 2013- *submitted by Mike Sosna*

*Medicare coverage of prescription drugs in 2013

As of January 1, 2013, benzodiazepines and barbiturates, medications that used to be excluded from Medicare coverage, are now covered under Medicare prescription drug plans. Benzodiazepines are covered as a treatment for all medically necessary conditions. However, barbiturates are only covered in 2013 to treat epilepsy, certain cancers and chronic mental health conditions. Check to make sure the barbiturate or benzodiazepine you take is covered on your drug plan's formulary (list of covered drugs).

Remember, you can get Medicare prescription drug coverage through a Medicare Advantage plan (Medicare private health plan that provides health and drug coverage) or a stand-alone Part D plan that works with Original Medicare. If you're unsure of whether your medication is covered by your plan, contact your plan directly. There may be different rules and costs for your medication in 2013, depending on the type of drug you take and how your plan covers your medication. Make sure you're fully aware of how you can access your medications by contacting your plan.

Keep in mind that if your Medicare Advantage or Part D plan does not cover your drug, your plan should provide you with a 30-day transition fill at some time during the first 90 days of the year (until March 31st). A transition fill (also known as a transition refill) is a one-time, 30-day supply of a Medicare-covered drug that Medicare prescription drug plans must cover when you have a new drug plan in 2013 or when the plan that you had in 2012 changes its coverage for 2013.

If your plan does not cover your drug, you should also ask your doctor for help in sending a formal exception request to your plan to cover the drug. You can also talk to your doctor about switching to a drug that is covered by your plan. ✓

Medicare Info for those with End-Stage Renal Disease (ESRD)

As published on our website- www.litrio.org

To enroll in Medicare if you have End-Stage Renal Disease (ESRD), go to your local Social Security office. Your doctor and dialysis center will have to send documentation to Social Security verifying that you have ESRD and stating what kind of treatment you need. Call the National Social Security Hotline at 1-800-772-1213 for the office nearest you. If you are unable to enroll yourself due to illness, a family member or other responsible party can enroll for you.

When your Medicare begins depends on your treatment plan:

-If you have been getting dialysis as an outpatient, Medicare eligibility starts on the first day of the fourth month you get renal dialysis. For example, if you begin receiving dialysis on May 10, your Medicare eligibility will start on August 1.

-If you need dialysis and start a self-dialysis training program, Medicare begins the first day of the first month of the program. You must start the training program before your third month of dialysis. Your doctor must also state that he or she expects that you can complete the training program and will continue self-dialysis after the program ends.

-If you receive a kidney transplant, Medicare begins with the month you are admitted to a Medicare-approved hospital for the transplant or for health care services that you need before getting the kidney transplant.

You must receive the transplant that same month or within the two following months. If the transplant is delayed, Medicare coverage begins two months before the month of your transplant.

This information and all of the important links are all live on our chapter's website at www.litrio.org. ✓

(Clark Beck- Continued from Page 4)

Beck founded the Wright STEPP program at Wright State University in 1987. The Science, Technology, and Engineering Preparatory Program was designed to enhance the development and education of youth underrepresented in the fields of engineering, math, and science.

Beyond the classroom, Beck had a 31-year career at Wright-Patterson and was the first black president of the Dayton Engineers Club.

"He is our voice in the community and we are so glad to have him working with us," Arends said.

And Beck is happy to have the opportunity – just like he was when he was given the opportunity by the University of Cincinnati more than six decades ago.

"I was definitely a pioneer in many ways and I'm proud of that," he said.

✓

Tom Bush assists members with insurance and resource questions. Tom suggests that you might find the following resources helpful:

Medicare: 1-800-MEDICARE

Centers for Medicare & Medicaid Services Regional Office 1-212-616-2222

Coordination of Benefits 1-800-999-118 X2 + X6 or "0"

For help with Choosing a Medigap Policy:
State Health Insurance Assistance Program (SHIP)

New York 1-800-701-0501

New Jersey 1-800-792-8820

State Insurance Department:

New York 1-800-342-3736

New Jersey 1-800-446-7467

Social Security: 1-800-772-1213

VA 1-800-827-1000

New York State EPIC 1-800-332-3742

New York Health Plus: Enrollment 1-800-300-8181 / 718-630-0126

Long Island TRIO Hot Line- Jerry Sosna- 516-620-5900 ✓

Implantable Artificial Kidney Could Help Tens of Thousands: An Interview with Shuvo Roy, PhD

With nearly 100,000 patients awaiting a kidney transplant and fewer than one-fifth likely to undergo the procedure each year, a promising hybrid device that works from the inside to provide renal functions beyond dialysis 24 hours a day, seven days a week, has the potential to change a lot of lives, not to mention substantially lower Medicare costs.

Shuvo Roy, PhD, associate professor in the Department of Bioengineering and Therapeutic Sciences at the University of California–San Francisco School of Pharmacy and technical director of The Kidney Project offers the latest update on his group's work.

How did you begin to develop the artificial kidney?

Dr. Roy: In the early 2000's, we proved that the science worked. We took off-the-shelf, bulky, large, technology that we hooked up in a circuit to mimic how our kidneys work, and my colleague at the University of Michigan, Dr. David Humes, applied this to about 60 intensive care unit (ICU) patients who were suffering from acute renal failure. About half of them survived beyond six months—longer than they would have lasted on dialysis.

That clinical trial gave us a lot of confidence that this concept of a filter plus a bioreactor actually does provide a therapeutic benefit. But then the question became, "How do we take this concept from the large-scale technologies of the ICU and apply it to people who go to the dialysis center three times a week?"

And what was the answer?

Dr. Roy: The medical director on our team, William Fissell, MD, who is a nephrologist (with an engineering degree from Massachusetts Institute of Technology) said we'd have to shrink the technology

into something smaller that could be implanted; that could allow patients the freedom of mobility and the ability to eat and drink normally; and that could operate continuously, 24/7, to provide the benefit of toxin removal as well as the biological functions of the kidney that dialysis does not provide, such as help regulate blood pressure, help produce vitamins, and help with the acid levels of the blood.

How does the function of the artificial kidney differ from dialysis?

Dr. Roy: The five-year survival rate for dialysis hovers around 35%, but for kidney transplantation, it is well beyond 80%. The reason for that is dialysis simply does not provide the biological functions of a healthy kidney.

Our device mimics the native kidney, with a filter serving as the glomerulus. The filter is followed by a tubule—the bioreactor—which is lined with cells, to provide the full functions of a kidney. In typical dialysis you just do the filtration part; you don't mimic the cell part at all.

Our device will be connected to the blood vessels, as a kidney transplant would be. One very exciting aspect is the membrane technology we have developed for the hemofilter: It's so efficient that it will allow for filtration without the need for an electrical power supply, connections to the outside, or a battery. So just based on the blood pressure, we will be able to get therapy that's sufficient to keep the patient alive 24/7.

What is the status of the artificial kidney now?

Dr. Roy: Over the last 10 years, we have been on a journey to miniaturize the components of our device to the size of a small to-go coffee cup using silicon nanotechnology. We enclosed the cells of the bioreactor in a container with tiny windows that allow for interaction between the body and cells but prevent the body's immune system from getting to these cells.

We showed this to work on the bench, in small animals, in sheep, and in pigs with much success; it is all working in principle. The next step, which is what we are starting now, is to integrate the filter and the bioreactor into a single compact unit and do the animal testing that will let us validate this for subsequent human study.

I think we will be ready to test in humans by 2017, if not before. We are collaborating closely with the FDA as part of the agency's Innovation Pathways 2.0 program to design this research.

Which patients would be eligible to receive the artificial kidney?

Dr. Roy: Today, 95,000 people are on the wait list for kidney transplants, which are still the gold standard for treating end-stage renal disease. In this country we do about 17,000 or 18,000 transplants per year, meaning that more than 75,000 people who require transplants won't get one this year.

So, the best candidates for us are probably people who are already on that list, but are low enough that the likelihood of them getting a transplant is not that great. If they are physically able to withstand the surgery for our device, they would qualify.

Where will the artificial kidney fall in terms of cost?

Dr. Roy: A typical dialysis patient today costs Medicare about \$85,000 annually. Our device will cost {much less than that and we would} lower the \$30 billion Medicare currently spends annually. How do you expect survival rates to compare?

How do you expect survival rates to compare?

Dr. Roy: I do feel confident that our device will provide better survival than dialysis. Would it be as good as transplant? Again, prospectively it's hard to say, but we can hope the survival rates will be closer to those seen with transplants than those seen with dialysis because our device would provide many of the functions of a transplant. -Source: *Renal and Urology*

(From Mike Sosna-Continued from Page 2)

The new law adds the following language to DMV applications for driver licenses non-driver identification cards: "You must fill out the following section: Would you like to be added to the Donate Life Registry? Check box for 'yes' or 'skip this question.'"

I would like to once again thank Lauren Shields and her wonderful mom, Jeanne for their tireless efforts. Thanks to all of you for the thousands of letters, emails and calls placed on behalf of this important cause.

Lauren's Law, will require anyone applying for a driver's license to select whether or not they want to be an organ donor.

Lauren received a life-saving heart transplant in 2009 because of a donor. Lauren, a member of Long Island TRIO aspires to be a cardiologist. She had a virus that attacked her heart. "Two years ago, I was clinging to life, not knowing what the next day would bring, desperately hoping to live another day," she said Tuesday. "I was one of the lucky ones. I received a heart transplant." Lauren and her parents are members of Long Island TRIO and have generously donated their time and efforts as guest speakers at our Donor Rose Garden Event.

On average, 19 people die every day in the United States from illnesses that could have been treated with a donated organ. In addition, tissue donated by one person can positively impact the lives of more than 50 other people. Please note that the new law takes effect in one year.

Since implementation is often delayed, we'll be fighting the next battle to have this law implemented in a timely fashion.

Additionally, my committee is hard at work helping to establish and preserve rights for New Yorkers to fill prescriptions at any pharmacy (choice of local pharmacy, regional or mail order pharmacy) and the good news is that Bill - A.5502 has been introduced. New Yorkers would have the choice outlined above and most importantly New Yorkers will

have this choice without having to pay more locally.

Some of you know that back in the year 2008, I set up a Facebook group where recipients, interested parties, living donors, donor families and caregivers could join the group and share stories of interest as well as ask and answer questions related to transplantation. Today I'm pleased to report that we have 870 members that joined the group. You are welcome to join and we hope you will do so and participate and/or spend some time reading the articles and discussion here:

www.facebook.com/groups/TRIOgroup

Some articles of interest currently trending on our chapter's website:

Study Of Steroid And CNI Immunosuppression Withdrawal Post-Transplant

Novartis' Certican succeeds in phase III liver transplant trial

Beating the Odds, and Storm Sandy to Get a Transplant

Stony Brook Hospital Docs Perform Life-Saving Kidney Transplant

Kidney Sharing System May Change But Will It Hurt Older Patients?

Heart Transplants for Older Patients

Again, here's wishing you all a healthy and prosperous 2013.

Mike Sosna, President



A Celebration Of Transplant Anniversaries

In the next issue of this publication we will celebrate all the Transplant Anniversaries of our members.

Long Island TRIO sends our best wishes for many more happy and healthy years to come.

Long Island TRIO

February Re-Birthdays

Robert Carroll February 1, 200 Liver
 Carl Caruso February 18, 1998 Kidney
 Keith Dobish February 21, 2001 Kidney
 Mary Graffeo February 23, 2009 Kidney
 Grace LaBarbera February 26, 1991 Liver
 Angelo Stekardis February 8, 2008 Lung
 Larry Swasey February 6, 1988 Heart

January Re-Birthdays

Tom Bush Jan 14, 2007 Kidney
 Shelby Caban Jan 12, 2004 Heart
 Hugh Collins Jan 23, 2008 Kidney
 Joe DeFilippis Jan 14, 2009 Liver
 George Dillon Jan 15, 1997 Liver
 Howard Fields Jan 3, 1995 Kidney
 Neil Gilmartin Jan 6, 2000 Liver
 Dina Grgas Jan 15, 1990 Liver
 Sunilkumar Krishnan Jan 6, 2006 Liver
 Franklin T Lloyd Jan 22, 1995 Kidney
 Kristen Merz Jan 19, 2007 Kidney
 Michael Palazzo Jan 15, 2010 Kidney
 Brian Strauss Jan 9, 2007 Kidney
 Catherine M Tenaglia Jan 13, 2007 Kidney

December Re-Birthdays

Melissa Brennan Dec 21, 1997 Kidney
 Marie Healey Dec 3, 2002 Kidney
 Nicola Iacobellis Dec 26, 2000 Liver
 Jennifer Pickering Dec 27, 2000 Kidney
 Lou Reardon Dec 10, 2007 Heart
 Walter Ruzek Dec 5, 1989 Kidney
 Richard Walk Dec 27, 1996 Kidney

The Newsletter of The Long Island Chapter of Transplant Recipients International Organization is mailed free to all members.

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Please send all articles, member profiles, 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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Richard Prete- Reporter
Howie Pohl-Reporter
Helena McDermott-Reporter

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Transplant Recipients International Organization



Transplant Recipients International Organization
Long Island Chapter
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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 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:

- 117,114 Americans are on the organ transplant waiting list as of July 15, 2011.
- Visit www.litrio.org to read more human interest stories and articles related to transplantation.
- Please take note of our chapter's new phone number for our telephone hotline system: 516.620.5900.