



NEWSLETTER

Long Island Chapter of Transplant Recipients International Organization

P.O. Box 81 Garden City, NY 11530 516-942-4940

Website: www.litrio.org E-Mail: mike@sosproductions.com

Winter 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.

Join us at our next LI TRIO Meeting: February 9, 2011 7:30 PM-Special Program.

Long Island TRIO's February meeting will be held on Wednesday evening, 9 February, 2011.

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

Our January meeting was canceled due to one of the many snow storms that blew into our region. We had excellent conditions for our LI TRIO Holiday Party Event, however, and a great time was had by all who attended.

We also had an incredible meeting with attendance by both new members and dear friends on November 10th.

At the November 10th meeting, we had the opportunity to meet with Frank M. Winter, Partnership Manager, Centers for Medicare and Medicaid Services. He offered the group an abundance of information about the Medicare Part A, Part B, Part C, Part D coverage, and the new healthcare law that changed a great deal of Medicare specifics. If you were unable to attend this informative session, you can find information about this topic by calling 1-800-MEDICARE, visiting our

organization's website at www.litrio.org and/or logging onto medicare.gov.

Medicare is health insurance for the following:

People 65 or older

People under 65 with certain disabilities

People of any age with End-Stage Renal Disease (ESRD) (kidney failure requiring dialysis or a kidney transplant).

During this meeting we were informed about Medicare Part A; if you meet the eligibility requirements there is no fee to you. As indicated above, eligibility for Medicare Part A includes: age, disability, and end stage renal failure.

Medicare Part B can be purchased to cover medical equipment, prescriptions, and supplemental aids. There is a monthly premium.

Medicare Part C:

A Medicare Advantage Plan (like an HMO or PPO) is another Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare.

If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) (Continued on Page 3)

TRIO Takes A Stand

Transplant Recipients International Organization, Inc.

TRIO 2100 M St., NW, #170-353

Washington, DC 20037-1233

FOR IMMEDIATE RELEASE

Washington, DC., December 17, 2010 - Representing transplant recipients, candidates, donors and their families, the Transplant Recipients International Organization, Inc. (TRIO) has issued a statement of concern about the Arizona state legislature's drastic changes to the Arizona Medicaid program seeing these changes as a life and death issue to approximately one hundred Arizona residents currently waiting for a transplant for which they were already approved.

Transplant Recipients International Organization

Public Policy Chairman:

Michael Sosna

mike@sosproductions.com

The state of Arizona has begun rationing some of the healthcare it says it cannot afford to give its poorest residents. Beginning on Oct. 1, Arizona's Medicaid program, the Arizona Health Care Cost Containment System, (AHCCCS) stopped covering several types of organ transplants,

(Continued on Page 2)

TRIO Takes A Stand-*(Continued from previous page)*

including heart transplants for non-ischemic cardiomyopathy, lung transplants, pancreas only transplants, pancreas transplants after kidney transplants, (some) bone marrow transplants and liver transplants for candidates with a diagnosis of Hepatitis C..

The reductions made by the Arizona state government were approved by the federal government, according to an Aug. 11 letter from Gloria Nagle, associate regional administrator for the Division of Medicaid & Children's Health Operations.

While our organization stays out of party politics in general and partisan bickering in particular, TRIO states that it is unfair for any state to renege on transplant candidates who have been waiting for a transplant and have done everything they have been asked to do in order to prepare for their lifesaving surgery. While we acknowledge that states have budgets to consider, only Arizona (and no other state) has withdrawn healthcare coverage for patients waiting for and approved for transplantation.

TRIO states that Arizona should not try to crunch their numbers and/or balance their budget at the expense of people who are very ill and have already been approved for transplantation; surgery that will save their lives. Decisions like these that are made only by consideration of outdated statistics, numbers and budget clearly result in denial of care and are unfair to those patients who have already done so much to qualify for the Gift Of Life that is already so scarce and precious.

TRIO supports SB1001, the Arizona Senate bill that restores transplant coverage and ends these irresponsible and inconsiderate actions, denial of service and cuts by the state of Arizona that some would clearly call death panels.

TRIO also supports the letter and statement submitted jointly by leaders of the two societies representing organ trans-

plant providers throughout the United States, the American Society of Transplant Surgeons (ASTS) and the American Society of Transplantation (AST), along with the non-profit organization that manages the nation's organ transplant system, the United Network for Organ Sharing (UNOS).

Background and quotes:

The Kaiser Commission of Medicaid and Uninsured was the association that brought up the fact that decisions like these made based on budget are unfair. Jennifer Carusetta, chief legislative liaison for AHCCCS, said Arizona Medicaid patients were notified on Aug. 27 of the impending changes, prompted by a 30 percent increase in enrollment during the recession and a federal requirement that the program maintain its eligibility requirements despite receiving fewer federal matching dollars. Ms. Carusetta, the legislative liaison for Arizona's Medicaid agency, stated that the transplant cuts would save a mere \$800,000 in the current fiscal year, and only \$1.4 million for a full year out of the \$1 billion deficit (in the program) that Arizona is facing.

The state is facing a \$1 billion deficit in the program come July 2011, Carusetta said. Although Arizona's fiscal year began July 1, the state opted not to implement the cuts until Oct. 1, when it estimated they'd affect about 100 people on transplant lists. However, Carusetta said the state anticipated that only a fraction of them were likely to feel direct effects of the policy change. "We believe that only about 15 percent of those individuals would be able to get a match and secure an organ."

Dr. Michael Shapiro, chief of organ transplantation at Hackensack University Medical Center in New Jersey, balked at the way Arizona chose to reduce its record deficit:

"They're cutting in the wrong place."

"We can't afford to pay for everything for everyone," acknowledged Shapiro, a

member of the ethics panel for the United Network for Organ Sharing, a private, nonprofit organization under contract with the federal government to manage the nation's organ transplant system. "Sick people need medical care and it's all of our responsibility to help them get that care. Doctors can't do it themselves."

"Various reports have quoted individuals in the Arizona state government as describing transplants as "optional." We strongly disagree with that characterization for medical procedures that determine the life or death of our fellow Arizonans. You hold in your hands the lives of these men and women of Arizona."

-Gabrielle Giffords and Ral M. Grijalva-Members of Congress

"This may be a harbinger of what will evolve in this Obama national healthcare system where the expense of the health system will only be able to be contained by limitation of access," said Dr. David C. Cronin, director of liver transplantation at the Medical College of Wisconsin. "So everybody may be covered, but all services may not be available."

Of Arizona's decision to pull the plug on an insured patient's transplant, he said, "I don't see how that's fair on any level. You shouldn't try to balance your budget on the backs of the most desperate patients."

About Transplant Recipients International Organization

Website: www.trioweb.org

TRIO's Mission:

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

Support

We provide support to transplant candidates, recipients and their families, donors and donor families to help alleviate the stresses and problems associated with the process.

Advocacy

We make the concerns and needs that affect the welfare of transplant candidates, recipients, and donor families known to federal, state and local government bodies. We also effectively communicate the views of transplant candidates, recipients and their families, donors and donor families to the general public.

Education

We provide current information (with respect to developments in organ and tissue donation, transplantation, medications, social issues, and finances) to transplant candidates, recipients, donors, and their families. We inform transplant candidates, recipients and their families, donors and donor families about initiatives and protocols in the field of transplantation.

Awareness

We promote organ and tissue donation as an important social responsibility. We develop and support mechanisms to improve the availability of organs and tissues on an equitable basis to meet the needs of transplant candidates.

News: After protests, Arizona Governor Moves to Restore Organ-Transplant Funding

TRIO and other organizations and individuals issued statements to the governor and legislative representatives in Arizona. Now, it looks like there might be some changes.

By Christopher Palmeri - Jan 19, 2011

Arizona Governor Jan Brewer proposed a way to fund vital organ transplants, three months after the state became the only one in the U.S. to stop paying for them to cut Medicaid spending.

Brewer, 66, said she wants to set up a \$151 million uncompensated-care pool to

pay health-care providers for “life-saving” procedures, according to a summary of her budget proposal.

Medicare Discussion at Meeting

(Continued from Page 1)

coverage. Medicare Advantage Plans may offer extra coverage, such as partial coverage of the following services generally not covered by Medicare: Vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D). With a Medicare Advantage Plan, Medicare pays a fixed amount for your care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care). These rules can change each year. Mr Winter also explained to us that any company can give us advanced notice that they are opting out and will not continue to offer a Medicare Advantage Plan the following year. Please note that If the plan decides to stop participating in Medicare, you’ll have to join another Medicare health plan or return to Original Medicare.

Please also note that In addition to your Part B premium, you would also pay one monthly (or yearly, if you prefer) premium for the services included.

In all types of Medicare Advantage Plans, you’re always covered for emergency and urgent care. Medicare Advantage Plans must cover all of the services that Original Medicare covers except hospice care. Original Medicare covers

hospice care even if you’re in a Medicare Advantage Plan.

Between January 1–February 14, 2011, if you’re in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. If you switch to Original Medicare during this period, you will have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your coverage will begin the first day of the month after the plan gets your enrollment form.

During this period, you can’t do the following:

Switch from Original Medicare to a Medicare Advantage Plan.

Switch from one Medicare Advantage Plan to another.

Switch from one Medicare Prescription Drug Plan to another.

Join, switch, or drop a Medicare Medical Savings Account Plan.

Medicare Part D: Medicare prescription drug coverage is insurance that covers both brand-name and generic prescription drugs at participating pharmacies in your area. Medicare prescription drug coverage provides protection for people who have very high drug costs or from unexpected prescription drug bills in the future.

There are two ways to obtain Medicare prescription drug coverage. You can join a Medicare prescription drug plan or you can join a Medicare Advantage Plan or other Medicare Health Plan that offers drug coverage.

During the initial coverage phase, you pay a copayment or coinsurance, and your Part D drug plan pays its share for each covered *(Continued on next page)*

drug until your combined amount (including your deductible) reaches \$2840.

Once you and your Part D drug plan have spent \$2,840 for covered drugs, you will be in the donut hole. Previously, you had to pay the full cost of your prescription drugs while in the donut hole. However, in 2011, you get a 50% discount on covered brand-name prescription medications. The donut hole continues until your total out-of-pocket cost reaches \$4,550. This annual out-of-pocket spending amount includes your yearly deductible (if applicable), copayment, and coinsurance amounts.

When you spend more than \$4,550 out-of-pocket, the coverage gap ends and your drug plan pays most of the costs of your covered drugs for the remainder of the year. You will then be responsible for a small copayment. This is known as catastrophic coverage.

The donut hole, or coverage gap, is one of the most controversial parts of the Medicare Part D prescription drug benefit and of concern to many people who have joined a Part D drug plan.

Although all prescription drug plans must explain the coverage gap in their literature and advertising, the donut hole comes as a shock to many enrollees when they go abruptly from making copayments for their drugs to paying 100% of the cost.

There is extra help for people with limited income and resources. If you qualify for extra help, Medicare will pay for almost all of your prescription drug costs. You can apply or get more information about the extra help by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778) or visiting www.socialsecurity.gov on the web.

A Medigap policy is health insurance sold

by private insurance companies to fill the “gaps” in Original Medicare Plan coverage. Medigap policies help pay some of the health care costs that the Original Medicare Plan doesn’t cover. If you are in the Original Medicare Plan and have a Medigap policy, then Medicare and your Medigap policy will pay both their shares of covered health care costs.

Insurance companies can only sell you a “Standardized” Medigap policy. These Medigap policies must all have specific benefits so you can compare them easily.

You may be able to choose from up to 11 different standardized Medigap policies. Medigap policies must follow Federal and State laws. These laws protect you. A Medigap policy must be clearly identified on the cover as “Medicare Supplement Insurance.” Each plan, has a different set of basic and extra benefits.

It’s important to compare Medigap policies because costs can vary. The benefits in any Medigap Plan are the same for any insurance company. However, each insurance company decides which Medigap policies it wants to sell.

Generally, when you buy a Medigap policy you must have Medicare Part A and Part B. You will have to pay the monthly Medicare Part B premium. You will have to pay an additional premium to the Medigap insurance company.

Medigap policies are no longer sold with prescription drug coverage, (you can still purchase it) but if you have drug coverage under a current Medigap policy, you can keep it. But you may want to join a Medicare drug plan instead, because most Medigap drug coverage isn’t creditable.

If you join a Medicare drug plan, your Medigap insurance company must remove the prescription drug coverage un-

der your Medigap policy and adjust your premiums. Call your Medigap insurance company for more information.

It’s important to seek advice with respect to when you would need to enroll in Medicare. If you don’t enroll in Part B, when you are first eligible to do so, you’ll have to pay a higher premium when you subsequently enroll. The exception is ESRD. You can subsequently enroll in Medicare Part B without paying a higher premium rate if you enroll in Medicare based on End Stage Renal Disease.

If you are eligible for Medicare because of End Stage Renal Disease (permanent kidney failure), you can enroll in Medicare Part A and Part B by calling or visiting your local Social Security Office or by calling Social Security at 1-800-772-1213. Enrolling in Medicare Part B is your choice. However, you will need both Medicare Part A and Medicare Part B in order for Medicare to cover certain dialysis and kidney transplant services.

Kidney transplant recipients receive Medicare for 36 months following a transplant. Although the government regularly pays \$50,000-\$100,000 or more for kidney transplants, it stops paying for immunosuppression medications (anti-rejection drugs) after only 36 months. This is what you have often read about in this publication as we have been working hard contacting Representatives and Senators in Congress about this situation. Bills have been introduced in Congress since 2000 to lift the 36-month limit and extend coverage of immunosuppressant drugs indefinitely. To date, they have never made it to a vote.

We thank Frank M. Winter for spending the time to explain the details of Medicare and for answering a myriad of questions about our individual needs.

Helena McDermott and Mike Sosna

LI TRIO Member Kathy Vliet's sister gave kidney, new life to Kathy.

Here is their story:

*Source: News-Journal Corporation-
Joe Malley*

DELTONA -- For Kathy Vliet, Thanksgiving was especially significant this year. The prospect of grueling dialysis treatments no longer looms for the 42-year-old who underwent a kidney transplant in July.

Kathy's health continues to improve almost daily, despite diabetes. And for that she can thank her sister, Mary Bukata..

"A long time ago, when Kathy was just starting to have kidney problems, I said, Well, if she needs a kidney, she can have one of mine," said Mary, 43.

It may seem like an offhand remark until Vliet reveals that Bukata also offered to bear a child for her several years ago because of the complications that diabetes can cause during pregnancy.

That commitment is par for the course for the Harrington sisters from Merrick, N.Y.

Today, Mary lives in Deltona with her husband, Tom, and their two daughters. They moved here about five years ago. That's why Mary didn't serve as a surrogate mother for Kathy.

But distance didn't stop her when the time came to help save her sister's life.

The journey began in May, when it was determined that Mary was a good enough match to proceed with further testing.

In addition to providing a detailed medical history, Mary endured an exhaustive

evaluation that included a physical exam, EKG, chest X-ray, CAT scan, renal ultrasound and an alphabet soup of blood tests --SMAC, CBC, RPR.

Doctors declared in early July that "everything was a go" for the transplant. The first available date was July 24. Mary took six months of family medical leave from her job in the purchasing department at Orlando's Florida Hospital.

While Tom stayed in Deltona for his job, Mary and her daughters flew to New York for the surgery that would change her life and Kathy's life forever.

LIMITED OPTIONS

When Kathy was 10, she contracted Type 1 diabetes, making her dependent on insulin. Over the next several years, the disease would slowly ravage her body. In 1980, the diabetes had begun affecting her kidneys. By 1990, her kidney problems got progressively worse.

Then the diabetes triggered heart problems. She was hospitalized five times last year for congestive heart failure. In March, after her doctor told her she was facing renal failure, she took a leave of absence from her job as an X-ray tech at a local hospital.

That's when Kathy and Jim met with specialists who suggested a kidney transplant.

"Diabetes does gradual damage to other internal organs. Kathy's health had been gradually deteriorating in the year leading up to the surgery, and we realized the difficulty treating one specific problem would harm her in another area. For example, she was having trouble with fluid retention, which was putting a strain on her heart and lungs. Treating the water retention, however, would cause further damage to her kidneys."

The doctors asked Kathy about any relatives who might be a suitable kidney donor. Unfortunately, several siblings also were having trouble with diabetes.

"My dad was a good match and in good health," Mary said. "He wanted to do it because he felt he was the best candidate. He was retired, so it wouldn't matter if he didn't work. But because of his age (73), the doctors said his kidneys were fine for him, but not good for my sister. That's when my dad asked me if I was still willing to donate one of my kidneys."

Mary never wavered. "I said yes right away. I told my sister, I want you around so I can bug you."



Mary's husband, Tom, admitted he got more nervous as the time for surgery approached. And Jim shared Tom's worries.

"Of course I was concerned," Jim said, "but I knew Kathy was in the best hands at the hospital we chose for the surgery."

'SIGH OF RELIEF'

On July 24, Dr. Khalid Butt, chief of renal transplantation at Westchester Medical Center in Hawthorne, N.Y., removed Mary's left kidney, the preferred one for donation because it contains more arteries than the right kidney.

Mary's donor surgery was fairly routine, according to Karen Farkas, a registered

nurse who serves as the transplant coordinator at WMC.

"There is very little that goes wrong in a living donor transplant," Farkas said. Still, "the transplant team always breathes a sigh of relief when all is done." Mary's incisions were closed with surgical tape on the outside, and dissolving staples on the inside. In two weeks, everything was healed. The pain she experienced after surgery was because she had been pumped full of air to make it easier to remove her kidney. "But they don't let the air out," she laughed. "They just let it dissipate."

As Mary was being rolled out of the recovery room, Kathy was moving in.

Although her new kidney was working fine, Kathy's surgery was more complicated because of her underlying diabetes and heart disease, Farkas said. She suffered a minor heart attack July 27, and remained hospitalized until Aug. 5. On Aug. 7 she was hospitalized again, but has been recuperating at home since August.

"Everything is going great," Kathy said during a visit to Deltona with Jim earlier this month. "We're looking forward to gradually resuming the activities -- such as skiing -- we enjoyed together before her health problems got really serious," Jim said.

Kathy will have to take anti-rejection drugs for the rest of her life, as well as other medications that cost about \$2,000 a month. But Kathy and Jim's combined health insurance policies covered Mary's surgery, which cost an estimated \$50,000.

"Mary is very special," Kathy said. "I'm grateful to my sister. I just feel so good. It's amazing how it all worked out."

December Re-Birthdays

Tom Boyle Dec 13, 2007 Kidney
Melissa Brennan Dec 21, 1997 Kidney
Steve Buonomo Dec 29, 2008 Liver
Jim Conte Dec 20, 1994 Kidney
Jerry Fechter Dec 28, 2004 Kidney
Ms. Healey Dec 3, 2002 Kidney
Nicola Iacobellis Dec 26, 2000 Liver
Vincent Marcianta Dec 28, 2007 Heart

Jennifer Pickering Dec 27, 2000 Kidney
Lou Reardon Dec 10, 2007 Heart
Walter Ruzek Dec 5, 1989 Kidney
Richard Walk Dec 27, 1996 Kidney

January Re-Birthdays

Joseph F Amsterdam Jan 6, 2005 Liver
Tom Bush Jan 14, 2007 Kidney
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 Grgras 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

February Re-Birthdays

Robert Carroll Feb 1, 2006 Liver
Carl Caruso Feb 18, 1998 Kidney
Keith Dobish Feb 21, 2001 Kidney
Mary Graffeo Feb 23, 2009 Kidney
Frances Hollmann Feb 8, 2007 Liver
Grace LaBarbera Feb 26, 1991 Liver
Krista Lesinski Feb 27, 2007 Liver
Bill Moore Feb 29, 2008 Liver
Angelo Stekardis Feb 8, 2008 Lung
Larry Swasey Feb 6, 1988 Heart

New Members

John Cernek
Krishna (Kris) Iyer
Dr Murray and Margaret Weissbach
Shelby Caban
Susan Joffe
Alan Krieger
Kamran and Gilda Lavian
Donna Bacon
Rocco Carpinelli
Steven Freedman
Sheena Lewis
Maryann Polanco
Roz Siegel
Kyriakos Tsempelis
Carol Woods
Xian Zang

Please mail your 2011 dues payable to Long Island TRIO. Thank you.

LI TRIO MEMBERSHIP APPLICATION

Please print

Name _____

Address _____

City _____ State _____ Zip _____

Telephone/Home phone: _____

Cell/work phone: _____

Email address: _____

Description:

- Male Female
 Candidate Organ _____
 Recipient Organ _____
 Health Care Professional
 Family Member
 Interested Individuals and Friends
 Transplant Center
 Date of Transplant _____

Please call me about volunteering :

- Support group meetings
 Donor Awareness Programs
 Transplantation Education
 Social Activities
 Working on a Committee
 Publicity and Communications
 Fund Raising
 Other _____

Annual Membership Dues: \$25.00

I would like to make a donation: \$ _____

Total amount enclosed: \$ _____

The membership fee is inclusive of both TRIO International and Long Island TRIO. Please detach this application and mail it with your check to: LI TRIO P.O. Box 81 Garden City, NY 11530-0081

The 2010 U.S. Transplant Games

Rich De Rocher represented LI TRIO at the Transplant Games and now presents this article.

By Richard De Rocher

The 2010 U.S. Transplant Games were held in Madison, Wisconsin from July 30th to August 4th. This year we had 115 team members; this includes 45 athletes, 6 living donors, 5 donor families, family members and friends. Team Liberty just keeps getting bigger and better. We had 2 children under age 10 and a gentleman over 70 on the team, and they all won gold medals. Overall the team won 58 medals, more than

we had ever won before. The most significant change this year was that living donors were able to compete against each other in 3 track & field events, the 100 meter dash, the long jump and the softball throw. The living donors were thrilled and several of the Team Liberty living donors competed

On Friday we had to be at the convention center for the team picture and registration. After that we went to the Games Expo, which is about 50 transplant related suppliers giving out information and free samples. The booth I liked best is sponsored by one of the drug companies. They would take your picture, give you a copy, and send a copy to your transplant center.

On Saturday we attended The Opening Ceremonies. The athletes entered first. Once we were seated, the living donors and the donor families came in the coliseum. The athletes gave them a 20 minute standing ovation as they walked in. There were announcements, music, the athletes' pledge, and the games flame was lit. One of the most remarkable parts was when a double lung recipient played the Star Spangled Banner on the bagpipes. By the time she finished the entire audience was singing along.

On Sunday the competitions began. I've been playing racquetball with 3 guys from other teams for the last ten years and I look forward to seeing them more than anything else at the games. We all have about the same ability and we have very competitive matches. We started in the 50 to 59 age group and now we are all in the 60 to 69 age bracket. Over the years, three of us have won gold medals. This year the competition was a little tougher as there was no air conditioning on the courts. Although we looked like we just came out of a sauna, all four of us made it into the finals. We

had hard fought matches, but win or lose we always hugging each other when the match was over. The Living Donor Recognition Ceremony was held in the afternoon.

Monday was track & field day. I was still exhausted from the racquetball and I didn't expect to do well. My events were the 100 meter dash and the long jump. I almost got a medal in the long jump, but my foot was a 1/2 inch over the line. The Donor Recognition Ceremony was held in the afternoon. The daughter of a team member sang a song that was written by Claudia Grammatico. Unfortunately her father didn't get to hear her, as he passed away after the 2008 games.

On Tuesday I competed in volleyball. The 24 teams entered were split into 8 groups of 3. If you won your group you moved on to the single elimination bracket. We had players from New York, New Jersey and Long island and we weren't able to get together to practice as a team. So we weren't expecting to do well. Our first match was against one of the teams from Texas, and we won. Our second match was against Team Wisconsin and we won again. Now we were in the single elimination bracket and we had hopes of winning a medal. When we found out that our opponent was Team Southern California our bubble was burst. They won the gold medal in the 3 previous games and they won it again in 2010. The closing ceremony and farewell party were held that evening.

The games allow donor families, living donors, and transplant recipients to get together to celebrate and show how successful transplants can be. It's an event that all recipients should attend at least once. Even if you don't compete, you will be glad that you went and you will remember it for the rest of your life. I started thinking about the 2012 games on the flight home.

The Newsletter of The Long Island Chapter of Transplant Recipients International Organization is mailed free to all members. Please send any letters and any other correspondence to:
 LI TRIO
 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
 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 McDermott-Reporter

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Holiday Party Chairpersons	Florence and Jerry Sosna	516-482-2908

Transplant Recipients International Organization



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 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 her 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:

- 110,189 Americans are on the organ transplant waiting list as of January 31, 2011.
- 23,956 Transplants were performed from January-October 2010.
- Visit www.litrio.org to read more human interest stories and articles related to Transplantation.