



SUPPORTING M HEALTH FAIRVIEW LUNG TRANSPLANT PATIENTS & FAMILIES

NEWSLETTER

Fall 2024

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info@breathingnewlife.org

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BREATHING NEW LIFE
6417 PENN AVE S
STE 7 – 1210
MINNEAPOLIS, MN 55423-1196

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Website: [Breathing New Life](https://breathingnewlife.org)



BREATHING NEW LIFE (BNL) is a 501(c)(3) charitable organization comprised entirely of volunteers who are patients or are friends or family members of patients who have had, or are waiting for, lung transplants at the M Health Fairview UMMC.

While the underlying diseases vary, we or our loved ones have each experienced an end-stage prognosis requiring a life-saving lung transplant. Many of the directors on the Breathing New Life Board are lung-transplant recipients and share the desire to give back to the lung-transplant community.

OUR MISSION is to educate and support M Health Fairview lung-transplant patients and their families, and to promote public awareness of transplant-related needs, so we may ease the financial burden of those patients most in need of assistance.

BOARD MEETINGS are held via Zoom on the third Monday of each month at 5:30 p.m., CT. If you are interested in attending a board meeting, send an email to info@breathingnewlife.org and we will send you the Zoom link.

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This newsletter is published on a quarterly basis by Breathing New Life, a 501(c)(3) nonprofit organization. The information contained in this newsletter is not intended to be a replacement or substitute for professional medical advice. Consult your healthcare providers with any questions or concerns you may have about your condition.

How do Doctors Identify Rejection?

When we patients and caregivers first hear the word “rejection,” our immediate response is fear. It’s a scary word that means a patient’s immune system recognizes the transplanted lungs as coming from a different person, thinks the lungs aren’t supposed to be there, and starts to ‘attack’ them. Rejection can still occur even when a patient takes all anti-rejection medicines faithfully; but the good news is, if rejection is detected early, it can often be treated successfully.

The University of Minnesota Medical Center’s (UMMC) lung transplant program has added a few new tests to the doctors’ rejection-detection toolkit in recent years. Pulmonologists are now able to collect more data to aid in monitoring for early signs of rejection. That’s not to say every test will be conducted routinely for every patient. As we often say in support group, “every patient is different.” The timing for ordering tests for any given patient is based on symptoms, other test results, prior history of rejection, and amount of time since transplant.

The following test descriptions are very general and intended only to show differences and what each test measures. For more details, patients are encouraged to have additional conversations with their transplant physician.

Donor-specific HLA Antibody (DSA)

The DSA blood test is used to monitor patients after a lung transplant for the presence and level of antibodies to their donor’s human leukocyte antigens (HLA). HLA are proteins on the surface of cells in the body that help the immune system identify which cells are part of the body and which are not

The body naturally tries to recognize and attack foreign tissue, so some level of antibody production against the transplanted organ (donor HLA) is expected after transplant. If there is a detectable level of – or rise in – antibodies, it may indicate that the immune system has recognized the donor's antigens as foreign and started to mount a response. This would be an early sign of rejection and may require adjustments to immunosuppressive medications. The more HLA antibodies a transplant recipient has, the greater the risk of rejection.

Patients of the UMMC lung transplant program should expect to have this blood test done at least yearly. DSA testing is typically performed in an HLA (aka histocompatibility) laboratory, such as the UMMC lab. A smaller, local lab may perform the blood draw for a DSA test, but will need to use a kit, which a nurse coordinator would have previously provided to the patient. The local lab then mails the kit containing the blood specimen to UMMC’s lab for completion of the test.

Prospera™

The Prospera™ Transplant Assessment is a relatively new blood test developed by Natera, a genetic testing and diagnostics company that specializes in cell-free DNA (cfDNA) testing. CfDNA refers to small fragments of DNA that are released into the bloodstream when cells naturally die, essentially "free-floating" DNA not contained within a cell, and can be detected in blood plasma.

The Prospera test assesses the risk of rejection by measuring the amount of donor-derived cfDNA in a post-transplant patient's blood. The test then calculates the percentage of donor-derived cfDNA in the patient's blood, which can indicate the risk of rejection. A Prospera result above **1.0%** means that the transplanted organ may be shedding more DNA than normal, which could indicate an increased risk of rejection.

Natera conducts the testing and can help with blood draws at a certified lab, in the patient's home, or at a patient service center. Once the test is complete, Natera provides the results to the patient’s ordering physician.

ImmuKnow®

The Eurofins Viracor ImmuKnow® assay is a blood test that assesses the function of a lung transplant patient’s immune cells by measuring the amount of adenosine triphosphate (ATP) produced and released from CD4 T-cells following stimulation. ATP is released in response to cellular stress or damage, such as pathogen invasion, trauma, or oxidants. When released from cells, ATP acts as a potent inflammatory signal that alerts the immune system. The amount of

ATP present in stimulated blood specimens can essentially indicate how actively the patient's immune system is responding.

The ImmuKnow assay results are reported as a numerical value and categorized into three levels:

Low immune response: ATP level \leq 225 ng/mL.

Moderate immune response: ATP level 226-524 ng/mL.

Strong immune response: ATP level \geq 525 ng/mL.

A low ImmuKnow result (less than 225 ng/mL) could indicate an overly weakened immune system, potentially making a patient more susceptible to infections. Conversely, a high ImmuKnow result (greater than 525 ng/mL) could suggest a patient's immune system is too active and might be attacking the transplanted organ, leading to rejection.

Interestingly, this test is **qualitative**, despite the numeric result, because it doesn't **quantify** the level of immunosuppression. Instead, the assay measures the concentration of ATP, which can indicate the degree of immune function, but it's not a quantitative measurement.

Furthermore, some studies have found that a single ImmuKnow assay measurement is not sufficient to predict the risk of infection or acute rejection in transplant recipients; therefore, the results should be used in conjunction with other clinical indicators, such as the patient's medical history and clinical presentation.

Of course, this article would not be complete without mentioning the two methods that have been utilized for decades to monitor lung transplant patients for rejection: the bronchoscopy and pulmonary function tests (PFTs).

Bronchoscopy

During a bronchoscopy, a pulmonologist uses a small camera attached to a thin tube called a bronchoscope to examine the inside the lung's airways. The doctor will also use special tools at the tip of the bronchoscope to collect small samples of lung tissue (i.e., a biopsy) to be tested by a lab for signs of rejection or an infection.

The lung transplant program performs bronchoscopies (with biopsy) – as this method remains the gold standard for definitively diagnosing lung rejection – on all newly transplanted patients for at least the first year. However, bronchoscopies are invasive and not without risk. Generally, if a patient does not experience rejection within the first year, bronchoscopies are no longer performed unless warranted.

Pulmonary Function Tests (PFTs)

PFTs is a collective term for spirometry, lung volume, and lung diffusion capacity tests, all of which require the patient to breathe into a spirometer, to measure how well a patient's lungs are working. Once testing is completed, the spirometer calculates and generates a report indicating the patient's lung volume, capacity, rate of flow, etc. This report also provides a ratio of the patient's actual results compared to predicted normal values, expressed as a percentage (%Pred).

PFT reports provide many metrics and percentages that may be used to assess a patient's lung health, but doctors primarily focus on the Forced Expiratory Volume (FEV1) and the Forced Vital Capacity (FVC).

FEV1 is a measurement of how much air a person can exhale **in the first second** after a deep breath.

FVC is the **maximum** amount of air a person can exhale after a deep breath.

Many factors contribute to a patient's PFT performance, so a slight decline in PFT results does not - by itself – indicate rejection is occurring. Rather, the doctor will consider the decline in conjunction with the patient's symptoms (if any), chest x-rays, and other test results to determine whether additional testing is needed. Traditionally a change of 10% or more in FEV1 or FVC from baseline is considered significant and could signal rejection.

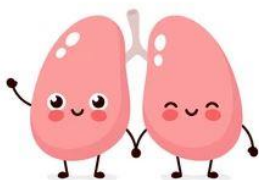
PFTs are ordered for every lung transplant patient prior to each clinic visit because the reports are such an important means of measuring lung health.

SUPPORT GROUP INFORMATION

M Health Fairview UMMC lung transplant social workers moderate weekly patient & caregiver support groups and monthly caregivers-only support groups. These support groups are currently being held via Zoom.

Weekly Patient/Caregiver Support Group	Monthly Caregivers-only Support Group				
<p>The Lung Transplant Support Group meets virtually (via Zoom) once a week on Mondays from 11:00 am – Noon CT.</p> <p>If you would like information about how to join the zoom meeting, please contact:</p> <p>Marget Schmidke, LICSW Marget.Schmidtke@fairview.org or 612-273-5796</p> <p>Liz Herman, LICSW Liz.Herman@fairview.org or 612-273-4579</p> <p>Weekly Lung Transplant Support Group is open to all patients who are being evaluated for, have been listed for, or have received a lung transplant at M Health Fairview UMMC. Caregivers of these same patients are also welcome to attend.</p> <p>The Lung Transplant Support Group offers the opportunity for patients and caregivers to learn about transplantation firsthand from others who have been on this journey. It is a safe and confidential forum to ask questions, share experiences and feelings related to transplant. People in the group who have shared experiences often develop close bonds with one another.</p> <p>Occasionally, guests are invited to attend the Lung Transplant Support Group to speak on topics of interest to transplant patients and caregivers. When BNL becomes aware guest speakers will be in attendance, we will convey the details on this page, and in separate email communications.</p>	<p>Caregivers-only Support Group meets virtually (via Zoom) on the first Monday of every month from 6:00pm - 7:00pm CT.</p> <p>If you would like information about how to join the zoom meeting, please contact:</p> <p>Marget Schmidke, LICSW Marget.Schmidtke@fairview.org or 612-273-5796</p> <p>Liz Herman, LICSW Liz.Herman@fairview.org or 612-273-4579</p> <p>Monthly Caregivers-only Support Group is offered on the first Monday of each Month and is specifically for Caregivers ONLY. This is a safe place for caregivers to share feelings, ask questions, and support one another while caring for loved ones who are waiting for, or have had, transplants.</p> <tr> <th colspan="2" data-bbox="808 1045 1531 1113">Informal Caregivers-only Support Group</th> </tr> <tr> <td colspan="2" data-bbox="808 1113 1531 1566"> <p>In addition, informal Caregivers-only Support Group meetings will be held at 6:00 pm CT on the third Monday of each month.</p> <ul style="list-style-type: none"> December 16, 2024 January 20, 2025 <p>The informal Caregiver meetings are not moderated by the UMN social workers but can still be accessed using the same Zoom link and dial-in information as the regular, monthly Caregiver’s group on the first Monday of the month.</p> </td> </tr>	Informal Caregivers-only Support Group		<p>In addition, informal Caregivers-only Support Group meetings will be held at 6:00 pm CT on the third Monday of each month.</p> <ul style="list-style-type: none"> December 16, 2024 January 20, 2025 <p>The informal Caregiver meetings are not moderated by the UMN social workers but can still be accessed using the same Zoom link and dial-in information as the regular, monthly Caregiver’s group on the first Monday of the month.</p>	
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M Health Fairview University of Minnesota Lung Transplant Program Statistics*



- 57 Lung Transplants have been performed so far in 2024. (for comparison, 41 were completed in all of 2023.)
- 7 patients are on the waiting list for a lung transplant.

*Data is as of November 14, 2024.

Memorials

Julie Renee Satterlie: 12/10/1962 – 8/4/2024

Julie Satterlie, age 61, of Evansville, MN, passed away on August 4, 2024. In the Fall of 2014, Julie was diagnosed with an autoimmune disorder that attacked her lungs. She received a double lung transplant on March 1, 2018, at M Health Fairview UMMC. She called this her “New Birthday.” She was blessed with 6 ½ miracle years.

Julie encountered numerous bumps in the road during her post-transplant years, including pneumonia, several visits to the hospital for various things, being placed on dialysis because of medication, and knee replacement surgery. But Julie did not want to dwell on the things she’d been through; rather, she found joy in all the things she’d been able to do . . . taking trips with her husband, Randy, and welcoming two grandsons and a son-in-law into their family. She also enjoyed quilting, scrapbooking, reading, cooking, baking, using her planning and organizational skills to help others, and especially spending time with her grandkids.

As Julie Thiry says of her friend, Julie Satterlie, *“She was a determined and courageous woman who loved her family. She appreciated every day. She ended every CaringBridge post with “Life is Good! God is Great! Be a Donor!”*

In her last days, Julie requested no flowers; instead, donations to honor her memory could be made to BNL. The board feels privileged and grateful to Julie for choosing our organization to receive the outpouring of generosity from her friends, family, and community.



Deborah Ann Vreeman: 8/10/1960 – 8/28/2024

Deb Vreeman, age 64, of Rochester, MN, passed away August 28, 2024. Deb’s double-lung transplant, which was performed in March 2019, was due to hypersensitivity pneumonitis and pulmonary fibrosis.



Deb struggled with recurring cytomegalovirus (CMV), and developed resistance to most treatments. The only antiviral to which she was not resistant caused vision problems, resulting in Deb having surgery on both eyes. She was accepted into a research study for a promising new virus-specific T-cell therapy at Cincinnati Children’s Hospital. She and her husband, Scott, frequently drove the 650 miles to Ohio for the infusions, which Deb said made her body smell like creamed corn afterwards. Deb never complained about these hardships, and was grateful for the study that, at least initially, seemed to ward off the CMV.

Deb raised her hand to volunteer for the BNL Treasurer role in 2022 and never took her hand down. In addition to handling the Treasurer duties, she joined every BNL committee during her two years on the board, fulfilled all the BNL T-shirt orders, and even led the 2024 golf tournament-planning committee. In other volunteer work, Deb made and sold greeting cards and donated all the proceeds to her church; knitted baby hats for Mayo’s NICU; and prior to her declining health, volunteered her time at the Mayo Clinic information desk and Olmsted County Court Watch.

Deb enjoyed spending time with her grandchildren, whom she adored immensely, baking & cooking, using her embroidery machine, and learning new crafts. Summers brought rides with Scott in their Chevy Camaro convertible, motorcycling, and an annual family vacation with their family to a cabin in Chetek, WI.

The remainder of the BNL board sincerely appreciates the many memorial donations made by Deb’s friends and family who knew how important BNL’s mission was to her, but her death has left a huge hole in our hearts.

Anniversary

Patient Name	Transplant Date	Years Post Transplant	Type
Hal Wenaas	October 7, 2001	23	Double
Judy Cannon	October 9, 2005	19	Single
Tammi Holets	October 24, 2020	4	Double
Gail Baumgart	October 28, 2000	24	Double
Lisa Stackhouse	October 29, 2015	9	Double
Lynn Wagner	November 7, 2017	7	Double
Albert "Pete" Davis, Jr.	November 9, 2019	5	Double
Grante Rappe	November 13, 2019	5	Double
Debra Mertens	November 16, 2017	7	Double
Chris Mann	November 28, 2018	6	Double
Denise Stoen	December 9, 2014	10	Single
Jim Haigh	December 16, 2010	14	Single
Lori Kimm	December 19, 2016	8	Double
Jamie Hammer	December 21, 2010	14	Double
Bryan Hayden	December 23, 2020	4	Double
Chris Behringer	December 29, 2022	2	Single
Susan Mason-Lommen	December 30, 2019	5	Double

HELP US CELEBRATE YOUR ANNIVERSARY TOO!

To provide your transplant anniversary date to BNL for the anniversary page in future newsletters, subscribe to the our database by clicking on this [link](#) and completing the form. Once you have subscribed, you will receive an email containing another link, which you must click on to verify you wish to be added to the database.

After completing both above steps, you can look in the green footer of any BNL email communication and click on "update your preferences." You will receive another email with an "Update your preferences" link which takes you to your database profile where you can update your personal information:

- Transplant Date
- Transplant Type (single vs. double)
- Click the box to grant permission to BNL to recognize your transplant anniversary in future publications of our newsletter.

A PATIENT'S PERSPECTIVE – Chuck Mallory

Chuck Mallory, of Green Isle, Minnesota, who suffered from idiopathic pulmonary fibrosis (IPF), waited 8 months on the list before receiving his first call offering lungs in November of 2017. He was feeling sick, however, and had to forgo the offer. Lynn Wagner then received those lungs. Chuck waited another 8 months, until July 22, 2018, before he received the next offer resulting in his bilateral lung transplant. Below are his responses to our questions.



Did anything about the transplant experience surprise you?

I was surprised at how in-depth the evaluation was. They wanted to know everything about my health, to assure them I was a good candidate for transplant and that I would thrive after the surgery.

I was very surprised at finding out I had a 99% blockage in my LAD (left anterior descending) artery in my heart. I had been blaming my shortness of breath on my lung condition.

What have been some of the most challenging times or aspects of your transplant recovery?

About the third day after surgery (they say that day is usually the worst), I was distraught and wondering what I had gotten myself into. My body ached, I was swollen from fluid retention, things didn't make sense, and those blackbirds! Many of us can experience hallucinations after a surgery of this magnitude. My hallucination was blackbirds. I had a sixth-floor room with a view of the Minnesota River. I looked out my window and saw what I thought was a huge flock of blackbirds, but after thinking about it, I realized that blackbirds don't begin to flock up for the flight South until late September. I reported it to my nurse, and soon, I was having a full eye exam right in my room! Turned out to be... you guessed it... hallucinations.

What are some of the most rewarding times or aspects of your transplant recovery?

Shortly after my transplant we had twin grandsons born in early September. Since then, we have added two more granddaughters and another grandchild is on the way (due in Jan), for a total of nine!

Being able to breath well was the best thing ever!

What advice would you give to other patients just starting on this journey?

Stay as strong as possible. Exercise, under the watchful eye of pulmonary rehab and/or your pre-transplant team! You must fight the urge to be sedentary. Even if it just lifting and curling soup cans, putting away groceries or dishes, doing sit-to-stand exercises with a stable chair, going to the grocery store and walking around ... MOVE!

Have you written to your donor's family and, if so, have you heard back?

I first wrote a thank you/sympathy card to my donor family about 3 weeks after my transplant. I didn't hear back. I sent Thanksgiving cards, Christmas cards and other correspondence spelling out my thankfulness for the gift of life. It was probably 8 months or more before I heard back from my donor's mother. I found out that they lived in the Bemidji area, and that my donor's name is Kyle. Kyle was 23 years old when he hit a tree while driving his four-wheeler. He was Life-flighted to North Memorial Hospital where he passed away. He loved to fish, ride dirt bikes and mountain bikes, and many other outdoor activities, very much like me. He had just started a new job as a petroleum engineer. One thing that stood out was his athletic prowess. He was a cross-country skier, and a swimmer at Bemidji High School. He loved to downhill ski. His lungs were HUGE and were a perfect size match for my body (as well as everything else).

Kyle's mother and I corresponded quite a bit, and finally signed the papers for direct contact. I first met Kyle's mother on July 4th weekend of 2020 near Itasca State Park. It was a bitter-sweet healing time for all of us. I met his father and grandmother a year later. We have maintained contact through texting, cards, and in-person meet-ups regularly.

This past August, I was able to meet Kyle's twin brother, Tony, and his sister, Morgan, and their growing families. We made homemade ice cream and had a wonderful visit.

Anything else you would like to add?

Stay strong, eat right, stay in close contact with your team, let people know how you are feeling, use your oxygen, and... TAKE EVERY PHONE CALL!

The MOST important thing for me was to trust in God and put my faith completely in Him.

FROM THE CAREGIVER'S CORNER – Jean Mallory



Jean Mallory is Chuck Mallory's wife and caregiver. Jean deserves kudos for creating the private Facebook group, [Minneapolis MN Lung Transplant Support Group](#) shortly after Chuck's transplant. She thought it would be nice to contact others who were going through what she and Chuck were. She found it helpful for friends to be able to contact and support each other through the Facebook group. Here is Jean's perspective of the Mallorys' transplant journey.

What do you wish you had known going into this?

I didn't realize how tired I would be due to spending so much time at the hospital. I also didn't realize how the drugs he got in the hospital would affect his mind.

What have been some of the most challenging times or aspects of being Chuck's caregiver?

It was difficult to see him on the ventilator, and with all the tubes coming out; I wasn't prepared for that.

Filling the med boxes was overwhelming at first. It was also hard making sure he got out and walked after his transplant because he didn't want to go anywhere.

What have been some of the most rewarding times or aspects of being Chuck's caregiver?

Seeing him hold those 4 new grandbabies that he may not have been able to hold if he had not received his transplant. We could travel to see kids again; we could go places without bringing tanks along.

Other than the lungs and his ability to breathe now, what are some of the biggest changes you have seen in Chuck when comparing pre-transplant life to post-transplant life?

He's in better shape, physically, now than before the transplant. He lost a lot of weight when he was sick and has been able to put some weight back on. He's more enjoyable to be around; high doses of prednisone made him crabby.

What advice would you give to other caregivers just starting on this journey?

- While in the hospital, ask for a refrigerator for the patient's room. They brought us one. I could keep snacks and lunch in it.
- I took lots of notes when people were giving us instructions.
- If the nurse or pharmacist offers to fill the med box for you before you leave the hospital, let them do it.
- Take time for yourself. Chuck's sister came to give me a break about 4 weeks out. I got to go help with the new, twin grandbabies and help with their siblings.
- Make sure people who want to bring you meals after getting out of the hospital know how many people you are feeding so they don't bring the 2 of you huge meals.
- Start a Caring Bridge website if you haven't already. It's helpful to keep people informed.

Anything else you would like to add?

I'm so thankful for the care he got there six years ago. The nurses and doctors were great.

It's great to have the return of my mechanic, spider squasher, dishwasher, fixer upper, driver, and many other things he used to do before his lungs went bad. It's good to have a healthy spouse again.

I'm so thankful that I knew God was with me through the whole process and that He was in control. If you want to know more about our God, just send us a message. We'd love to share His good news.

BREAKFAST FUNDRAISER SUMMARY

Breathing New Life once again wishes to thank – and congratulate – **Hal Wenaas** on hosting his most successful Breakfast Fundraiser on Sunday, April 7, 2024!

A new record-setting total of **\$5,804** was raised to help fellow UMN lung transplant patients meet their transplant related expenses. This year's total surpasses the amount raised in 2023 by \$331.

Hal's team of volunteers, pictured below, served pancakes, French toast, sausage, juice, and coffee to 233 people . . . despite a power outage at the Litchfield Eagles Club!!

Hal explains, "The power was out about 35 minutes, but we continued serving."



But alas, as the saying goes, "all good things must come to an end." Hal and his helpers have decided this past spring's breakfast fundraiser was their last; they are hanging up their flapjack-flipping aprons.

We applaud Hal and Mary Jane for their hard work and commitment as they hosted these breakfasts in support of BNL (formerly Hope Chest News) for over two decades.

Put your feet up and take a well-deserved rest, Hal!

p.s. - On a side note, Hal recently turned 70 and received a check for \$70 as a gift. What do you suppose Hal did with that \$70? He turned around and donated it to Breathing New Life!

*"Volunteers do not necessarily have the time;
they have the heart"*

- Elizabeth Andrew

BNL Picnic Lunch Photos!

The first-ever BNL picnic for patients & caregivers – held on September 7th – was full of fun, and fellowship! It was a huge success, based on comments we've received. Here are a few photos from the day.

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More
photos
on the
next
page . . .



The BNL Board of Directors extends a huge “thank you” to the following planning-committee members:

- Lionel Flood (committee chair)
- Eileen & Jim Slagle
- Tammi Holets
- Susan Mason-Lommen

We appreciate the work put into ensuring the picnic was a safe and enjoyable event for the lung transplant patients and caregivers we support. “Kudos” for a job well done!



SEEKING 2025 GOLF TOURNAMENT CO-CHAIRS

Breathing New Life's biggest fundraiser is the Annual Golf Tournament, and we need your help to ensure the 2025 event is a success!

We are looking for two volunteers with good organizational and/or leadership skills to serve as co-chairs of the planning committee. Golf knowledge is a plus, but not required.

If you are interested in this shared role – or know someone who fits the above description – please send an email with your contact information to golf@breathingnewlife.org.

The golf tournament-planning committee will begin meeting, via Zoom, in January 2025 and will meet monthly through the July 26th event.

Thank you,
Breathing New Life Board of Directors

Breathing New Life is always looking for new ideas and suggestions for the quarterly newsletter. We are curious about what topics interest you and what you want to learn/read about.

Please send us an email at info@breathingnewlife.org, or use this [Contact Us](#) link if you:

- have a story idea,
- wish to share an accomplishment, or thoughts on your transplant journey,
- read an interesting transplant-related article
- would like to be featured in the Patient Perspective and/or Caregiver's Corner articles.

Purchase a Breathing New Life T-shirt

<p>Front</p> 	<p>Back</p> 	<p>Gildan SoftStyle® 100% cotton, short-sleeved, shirt with the full-color Breathing New Life logo and tagline on the front and our website address displayed on the back. The BNL initials appear on the sleeve as well.</p> <p>Shirts will be available for purchase at fundraising events (e.g., the Breakfast Fundraiser and the Golf Tournament), or by using the mail-order form below.</p>
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Breathing New Life T-shirt Order Form

Name:					
Shipping Address:					
Phone:			E-mail:		
Size	Order Qty	Shirt Cost	Totals	Payment Methods	
Small		x \$20	\$	<input type="checkbox"/> Credit card (provide card details in the following fields)	
Medium		x \$20	\$	Credit card #:	
Large		x \$20	\$	Exp. Date:	CVV/CVC:
X-Large		x \$20	\$	Billing Zip Code:	
2X		x \$22	\$	<input type="checkbox"/> Check (mail completed form & check to address below)	
3X		x \$22	\$	Shipping Charges	If ordering more than three shirts, please send an email to info@breathingnewlife.org to obtain correct shipping charges before submitting payment.
Total cost of shirts:			\$	\$7 for 1 or 2 shirts	
Add shipping (see chart at right):			\$	\$10 for 3 shirts	
Total amount due:			\$		

- If paying by credit card, provide your credit card information in the appropriate fields, scan the form and submit it via email to info@breathingnewlife.org. You also have the option of mailing the form to the address below.
- If paying by check, you must mail the form and your payment to:

Breathing New Life
 6417 Penn Ave S
 Ste 7 - 1210
 Minneapolis, MN 55423-1196

OTHER WAYS YOU CAN HELP BREATHING NEW LIFE

Donate in Honor or Memory of a Transplant Patient

If you wish to make a donation in honor or memory of a loved one whose life was touched by a lung-transplant, you may make a donation online by visiting the [Give MN Donation page](#) and using a credit card, PayPal, Venmo, or Giving Card.

If you prefer to donate by check, you may mail your check, made payable to Breathing New Life, to this address:


Breathing New Life
6417 Penn Ave S
Ste 7 – 1210
Minneapolis, MN 55423-1196

Establish a Facebook Fundraiser

Commemorate a transplant anniversary or birthday by creating your own Facebook fundraiser to request donations for Breathing New Life!

If you already use Facebook, it's an easy way to encourage your friends and family to support our organization without incurring any cost to yourself. Facebook covers all fees for donations made to charitable organizations; therefore, 100% of donations come to our organization via PayPal Giving Fund.

Create a Breathing New Life Facebook fundraiser by following these steps:

- Choose the  Fundraisers option from the menu.
 - The Fundraisers option is usually on the left side of the screen on desktop devices and laptops. It can be tricky to find on some mobile apps, but if you type “fundraisers” in the search box, you should be taken right to it, then click “+Create Fundraiser.”
- Click on the big, blue button labeled, “Select Nonprofit”
- Type “Breathing New Life” into the search box and tap enter or done.
 - You may still have to scroll a bit (but not far) to find it in the list of organizations that pop up.
- Choose Breathing New Life from the list by clicking on it.
 - To ensure you have the correct organization, look for “Health and Human Service • Minneapolis, MN” under our name. Be careful not to choose the church of a similar name.
- Tailor the fundraiser to your preferences by completing the following fields:
 - Amount of money you wish to raise or your goal.
 - The end date of your fundraiser.
 - Add a catchy title.
 - There is a “canned” description” but you can modify it to tell your story or make the appeal more personal.
 - Add a photo, if you wish.
- Click the blue “Create” button.
- Once your Breathing New Life fundraiser has been created, you can share it to your newsfeed or invite specific friends . . . and don't forget to make your own donation.

HELPFUL RESOURCES



**FOR PATIENTS
AND CAREGIVERS**

The Lung Transplant Foundation (LTF) offers a peer-to-peer mentoring program which provides free, confidential & compassionate support for lung transplant patients and their caregivers.

Please be aware, LTF has recently made changes to their website; now all mentorship requests are directed through a single link. Therefore, if you wish to request a mentor **or** become a mentor, click here to begin: [Lung Transplant Foundation Mentorship Program](#).

Once you are on the Mentorship page of the LTF website, select one of the following four options:

- I'm a lung transplant recipient and want to become a mentor
- I am/will be a lung transplant recipient and want to request a mentor
- I'm an experience caregiver and I want to become a mentor
- I'm a caregiver and want to request a mentor

LTF works to match mentors with transplant patients by things they have in common, such as disease, age, and transplant center.

WEBSITE LINKS	FACEBOOK GROUP LINKS
<ul style="list-style-type: none"> • HealthWell Foundation (medication expense assistance) • Wilder Caregiver Support and Resources • LifeSource • Alpha-1 Foundation • COPD Foundation • Cystic Fibrosis Foundation • Cystic Fibrosis Research Institute • Pulmonary Fibrosis Foundation 	<ul style="list-style-type: none"> • Minneapolis MN Lung Transplant Support Group • Lung Transplantation Taking Flight with New Life • CF Lung Transplantees • Alpha-1 Antitrypsin Deficiency Support • COPD Support Group • Cystic Fibrosis Community • Pulmonary Fibrosis Information by Breathe Support • Ultimate Pulmonary Wellness

DONATE MEDICAL EQUIPMENT

[Global Health Ministries](#) located at 7831 Hickory St NE, Fridley, MN 55432 would welcome your gently used medical equipment and supplies that you no longer need. GHM cannot take medications or items with an expiration date that is less than a year out. Call 763-586-9590 if you have supplies or medical equipment you would like to donate.