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SHARING THE *gift*

A NEWSLETTER OF GIFT OF LIFE TRANSPLANT HOUSE VOLUME 5 | NO 1 | WINTER 2005

Another Gift of Life for Ed Pompeian *Margaret Gowan Mester, Communications Consultant*

AFTER NEARLY 30 YEARS, THE KIDNEY HELEN POMPEIAN DONATED TO HER SON, EDWARD, GIFT OF LIFE'S FOUNDER, BEGAN TO FAIL IN 2003. UNDERSTANDABLY FOR ED, A SUCCESSFUL ROCHESTER REALTOR, HUSBAND, AND FATHER OF FOUR, THIS WAS RATHER DISAPPOINTING.

We're happy to report, though, that Ed now is recovering successfully after a second life-saving kidney transplant, this one donated by his second child, son Aaron, a 20-year-old college student. The surgeries were performed December 28, 2004, without complication; Dr. Mikel Prieto was Ed's surgeon. As this newsletter is in production, Aaron is back at school, and Ed is working his way back to his usual busy life.

As early as two years before the second transplant, Ed began to notice problems. He and his wife Jayne, a former nurse at Rochester Methodist Hospital, and Ed's transplant nephrologist, Dr. Thomas Schwab, watched the slow but steady decline and waited for the best opportunity to transplant again. Aaron's holiday break from school offered good timing.

The reason for Ed's kidney failure is unknown. Dr. Schwab says this kind of organ failure isn't unusual. "Some patients with initially successful kidney transplants slowly lose function over many months and years. This cause of kidney transplant dysfunction is an area of increasing interest and a focus of intense research. Hopefully the major causes will be better understood and then be prevented in the future."

Retransplantation is the treatment of choice for kidney failure even after a kidney transplant fails, says Dr. Schwab, also a volunteer for Gift of Life.

Much has happened in the field of transplants since Ed's first transplant in 1973. New surgical techniques, better hospital care, better anti-rejection treatments, and better treatment of infections all make the process much less complex than 32 years ago, according to Dr. Schwab. "Ed is doing well and has an excellent prognosis for normal long-term transplant function," he adds.

Ed has expressed interest in participating in a study Mayo Clinic is conducting. Images of the second transplanted kidney will be taken over a period of time, and its size will be re-measured. Information gathered from the study may smooth the road for transplant patients in the future.

Says Ed, "I don't worry too much because I know I'm in well cared for by my doctors, God, and my family."



Aaron and Ed Pompeian prior to their transplant surgeries
(Photo courtesy of Post-Bulletin)



Ed Pompeian and his mother, Helen, his first kidney donor in 1974.

Common Myths of Organ Donation

— Information courtesy
United Network for Organ Sharing

Despite continuing efforts at public education, misconceptions and inaccuracies about organ donation persist. It's a tragedy if even one person decides against donation because they don't know the truth. Following is a list of common myths along with the facts.

MYTH: *If emergency room doctors know a person wants to be an organ donor, they won't work as hard to save him or her.*

FACT: For any sick or injured person admitted to the hospital, the number one priority is saving his or her life. Organ donation can only be considered after brain death has been declared by a physician. Many states have adopted legislation allowing individuals to legally designate their wish to be a donor should brain death occur, although in many states Organ Procurement Organizations also require consent from the donor's family.

MYTH: *When waiting for a transplant, financial or celebrity status is as important as medical status.*

FACT: What really counts is the severity of the candidate's illness, time spent waiting, blood type, and other important medical information.

MYTH: *Some religions prohibit organ donation.*

FACT: All major organized religions approve of organ and tissue donation and consider it an act of charity.

MYTH: *Some people are too old to be donors.*

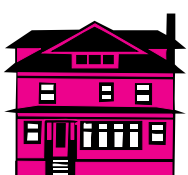
FACT: People of all ages and medical histories should consider themselves potential donors. The potential donor's medical condition at the time of death will determine what organs and tissue can be donated.

MYTH: *Only hearts, livers, and kidneys can be transplanted.*

FACT: Needed organs include the heart, kidneys, pancreas, lungs, liver, and intestines. Tissue that can be donated include the eyes, skin, bone, heart valves, and tendons.

MYTH: *Having "organ donor" noted on the driver's license or an organ donation card is all a person has to do to become a donor.*

FACT: While a signed donor card and a driver's license with an "organ donor" designation are legal documents, organ and tissue donation is usually discussed with family members prior to the donation. To ensure that your family understands your wishes, it is vital you tell them about your decision to donate life.



President's letter

Dear Friends of Gift of Life,

Greetings from Minnesota! As you might imagine, Sister Jane has been busy sanding icy walks and plowing mounds of snow. Yes, it's a real Minnesota winter.

Another holiday season has passed, and we want to acknowledge the generous support shown by many. Be they gifts of service or financial support, each was an expression of kindness and thankfulness from one of our generous friends. Thank you for supporting us as we move forward with our mission of hospitality.



This past year, our 20th, was busy indeed. We provided nearly 31,800 room nights and had 705 room check-ins. That is the highest number of room nights we've ever provided. We look ahead now to the need for certain House improvements to be made. A new roof over the original Judd House is necessary, as well as insulating the roof of the north wing to conserve energy. In addition, the northwest portion of the parking lot soon will hold a small storage building, giving us a "home" for outside furniture and our exterior maintenance equipment. One can never have enough storage.

Soon enough, warmer weather will be here. April is national Donate Life Month. This is a perfect time for us to actively promote organ donation and to reflect on the generosity of those who support organ donation. Then you'll want to make plans for Mayo Clinic's annual transplant picnic, on July 9th, and our golf tournament, on July 11th. That tournament is our primary annual fundraiser, so we hope to see many of you return this summer to visit.

We hope this finds you well. Thank you, again, for your expressions of kindness and goodwill sent to our staff, volunteers, and guests.

Sincerely,
Ron Kreinbring, President
Gift of Life Board of Directors

HONORING OUR BENEFACTORS

As Ron Kreinbring, our Board of Directors' president, referenced in his letter at left, we were blessed again with many financial and in-kind gifts in 2004. If you've been to Gift of Life since 2001, you may have seen that we show our appreciation for those kindnesses by displaying a few words of honor on our elegant presentation wall in the House's reception area. Many people asked this holiday season about the display, so we wanted to tell you about the levels of donations.

The benefactors' wall currently includes the following donation categories:

Edward P. Pompeian Founder Gifts	\$100,000 – 250,000.00+
Sustaining Gifts	\$50,000 – 99,999
Legacy Gifts	\$25,000 – 49,999
Vision Gifts	\$10,000 – 24,999
Leadership Gifts	\$5,000 – 9,999
Tribute Gifts	\$2,500 – 4,999

Life reaches out
to touch life.

"Life reaches out to touch life," said Sister Margeen Hoffmann, O.S.F., executive director of Gift of Life. "Each of us has it within our power to be healers. By donating to the House, these benefactors are helping us fulfill our mission every day. We are so grateful to all who help us!"

If you are interested in learning more about making donations to our home and/or about how to include Gift of Life in your planned giving, please contact Sister Margeen Hoffmann at 507-288-7470.

Gift of Life, Inc., is a 501(c)(3) not-for-profit organization. Donations are tax deductible according to the law. Gift shop purchases and lodging are not tax deductible. Our federal tax identification is EIN # 41-1495845.

"The List"



The United Network for Organ Sharing (UNOS) developed an online database system, called UNetSM, for the collection, storage, analysis, and publication of all Organ Procurement for Transplantation Network (OPTN) data pertaining to the patient waiting list, organ matching, and transplants.

Launched on October 25, 1999, this system contains data regarding every organ donation and transplant event occurring in the U.S. since 1986. UNet is a fail-safe, 24/7, secure, Internet-based transplant information database. It enables the nation's organ transplant institutions to:

- register patients for transplants,
- match donated organs to waiting patients, and
- manage the time-sensitive, life-critical data of all patients, before and after their transplants.

UNet is being used right now by all of the nation's organ transplant programs, organ procurement organizations, and histocompatibility (tissue typing) laboratories working cooperatively to efficiently share a limited number of donated organs among thousands of patients.

Reports published by the Organ Procurement for Transplantation Network (www.optn.org).

Waiting list candidates

All*	87,592
Kidney	60,897
Pancreas	1,678
Kidney/Pancreas	2,422
Liver	17,250
Intestine	184
Heart	3,228
Lung	3,843
Heart/Lung	172

* All candidates will be less than the sum due to candidates waiting for multiple organs.

* Data is accurate as of 12:48 p.m. (ET), February 21, 2005.

Transplants performed January – November 2004

Total	24,812
Deceased Donor	18,410
Living Donor	6,402

Based on OPTN data as of 02/18/2005

Donors recovered January – November 2004

Total	12,948
Deceased Donor	6,549
Living Donor	6,399

Based on OPTN data as of 02/18/2005

* The Web site, www.optn.org, is designed, developed, and maintained by the United Network for Organ Sharing (UNOS) under contract with the U.S. Department of Health and Human Services (HHS) and the Health Resources and Services Administration (HRSA).

donate life

wish list *winter wonderland wishes*

- Wrapped candy, especially chocolates
- Salt for slippery walks
- Paper towels
- Liquid dish soap
- Window cleaner
- Plates, napkins, cups for all usual holidays
- Decaffeinated coffee (not regular)
- Creamer and sugar
- Pop can tabs (recycling proceeds supply kitchen needs)
- Anti-bacterial liquid hand soap/refills
- Groceries, spices, and baking supplies

An Anniversary Like No Other!

Margaret Gowan Mester, *Communications Consultant*

December is always a busy month for people, and this past year was no different. But it was more special than ever before because Gift of Life was celebrating the 20th anniversary of its first official house guest.

Founder Edward Pompeian and his mother, Helen, hosted many patients and caregivers in their own home before Gift of Life existed. According to Ed, on December 18, 1984, we hosted our first guest in an eight-guestroom house at 624 West Center Street in Rochester. The charge was \$7 per night. We've come a long way since that first guest. Last year, in this 48-guestroom house, we had more than 700 room check-ins. That's cause to celebrate!

Gift of Life invited more than 200 friends, including many physicians and staff of Mayo Clinic, for an hors d'oeuvres and

dessert reception after work on Friday, December 3rd. Stories, smiles, and hugs were shared, and scrumptious food was eaten thanks to House volunteer Pam Cofield, our special events coordinator. At the end of the evening, everyone went home with a custom-designed bookmark to commemorate the event.

Executive Director Sister Margeen Hoffmann, O.S.F., often has joked that we'd like to be out of business someday thanks to advancements in medicine that make transplantations unnecessary. Until that happens, we're pleased to be here to provide this service for hundreds of people every year. Here's to 20 more years of being "a home that helps and heals."



Those who arrive early...have time to go back for seconds!

(Lower, left to right): Board Members Sr. Mary Elliot Crowley and Joyce Overman Dube; Honorary Lifetime Board Member Sylvester Sterioff, M.D., and his wife, Yvonne; Mayo Transplant Coordinator Deb Tarara and her husband Steve



In 2004, we displayed eight Christmas trees in the House. It took two days to decorate our entire home, including one day with eight people working on it!

The Numbers Tell It All

- In 2004, we provided 31,784 nights of lodging for our guests. That's up five percent from 2003's 29,502 guest nights.
- We had a total of 593 nights when one or more rooms were out of service due to remodeling.
- We made 1,003 referrals to hotels.

Muchas Gracias!

Whether you ordered online or enjoyed the festive holiday atmosphere of our home, thank you to those who participated in our annual holiday fundraiser "Gift Boutique." The first weekend of December we always host a cozy open house for our friends. This year we enjoyed seeing all the new gifts Mary Kay offers, and had PartyLite candles for sale, too. The House has never looked or smelled better! If you don't live near or in Rochester, just give us a call at 507-288-7470 or e-mail us at office@gift-of-life.org if you want to be sure to hear about this event this winter. Online and telephone orders are accepted by both consultants who volunteer their time for this occasion. A percentage of the proceeds is donated to the House.

Did You Know?

UNOS' Beginnings

The United Network for Organ Sharing (UNOS) originated in 1977 as an initiative of the South-Eastern Organ Procurement Foundation (SEOPF). SEOPF was the first organization to develop a computerized system to use medical information to match organ donors with transplant candidates. SEOPF began the Kidney Center in 1982, with staff working around the clock to regionally place available organs. This operation evolved into the UNOS Organ Center. UNOS was formally incorporated as an independent, non-profit organization in 1984 to meet the growing demand for transplants nationwide.

National Organ Transplant Act

Also in 1984, Congress passed the National Organ Transplant Act, which prohibited the sale of human organs and called for a national Organ Procurement and Transplantation Network (OPTN) to facilitate organ recovery and placement. The act assigned the task of developing equitable organ distribution policies to the OPTN.

UNOS and the OPTN

UNOS was first awarded the national OPTN contract in 1986 by the U.S. Department of Health and Human Services. It continues as the only organization ever to operate the OPTN. In this capacity, UNOS has served as the forum by which the entire U.S. transplant community and the public continually improve the nation's transplant system.

For more information about UNOS, go to www.unos.org.

STAFF PROFILES:

SISTER MARY RICKER AND FRED GROSE

As you can imagine, operating a facility as large as Gift of Life's 48,000 square feet is no small feat. But for our maintenance and housekeeping staff, it's "fun," according to Sister Mary Carol Ricker, O.S.F., our housekeeper of eight years.

Sister Mary, a native Minnesotan, came to Rochester in 1993 in her early '30s when she entered the Order of Saint Francis. Prior to that, she'd worked for 14 years in the Twin Cities as a nursing assistant and medication aide. Her move also gave her an opportunity to pursue an interest in law enforcement. She spent three years as a reservist for the Rochester Police Department, trained to help during large city events. During that time, she also began her novitiate years with the Order of Saint Francis and volunteered at Gift of Life. Soon enough, she was hired as a housekeeper. Though her order sent her to Winona for a year to work, she was pleased to return to Gift of Life in late 2001. Sister Mary says she most enjoys working at Gift of Life because she likes the people she works with and, she adds, "I like my toilets!" On that note...

Fred Grose is a long-time House employee, too. A native of New York, he's known Sister Jane for nearly 28 years, since he worked for her in Stella Niagara, New York. Prior to his career in maintenance, he'd done stints as a bank teller and lab technician, and spent time in the Army. Fred is devoted to caring for his mother, so in 1998, after 21 years at Stella Niagara, they decided to move closer to family in California. But a year later, a quick call to Sister Jane about his resumé ended with a job offer at Gift of Life. Fred and his mother, Sue, call Preston, Minnesota, home now.

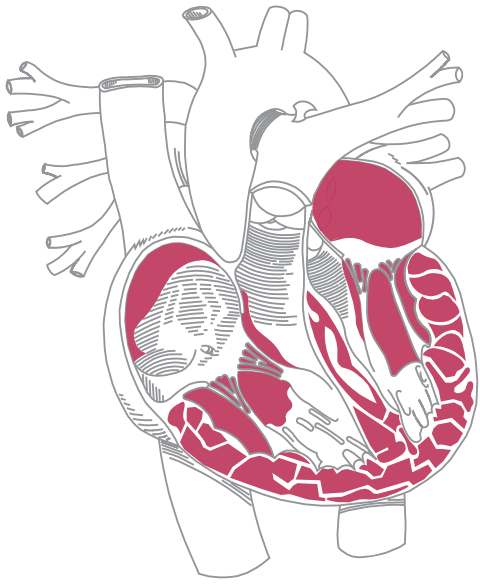
Aside from the fun they have with our guests, Fred and Sister Mary agree that one of the reasons they like being in our home is working for Sister Jane Frances Gregoire, O.S.F., our facility manager. "She expects work to be done right," said Fred. "I like working for someone with drive and high expectations." And our guests like being around Fred and Sister Mary, too. Rather, Fred would say, our guests like being around him when he isn't talking to the vacuum!



Sr. Jane Frances Gregoire, Fred Grose (and friend) and Sr. Mary Ricker take an unusual break from work.

Organ Donation after Cardiac Death

Margaret Gowan Mester,
Communications Consultant



IN 2002, THE LAST YEAR FOR WHICH STATISTICS ARE AVAILABLE, there were more than 2.4 million deaths in the United States, according to the Centers for Disease Control & Prevention's National Center for Disease Statistics. Only a fraction of any given year's decedents is likely to be eligible for organ donation. Others aren't brain dead or have complicating factors that interfere with donation.

BRAIN DEAD IS A LEGAL PHRASE referring to the total, irreversible failure of the brain to function, even though the body's activities may be maintained for some period of time using a ventilator. (This is not to be confused with a coma, a state in which the brain may have some activity.) In the past 30-plus years, every state in the country has added brain death to the legal definition of death as "the irreversible end of breathing and heartbeat." This change has allowed more transplantations than ever before because the alternative — waiting to harvest organs until after a person dies naturally — frequently results in organs too old or damaged for successful transplantation. With brain death, a ventilator can maintain life so organs can be taken before breathing and heartbeat have stopped. The organs are usually in better condition when harvested in this manner. Thanks to this, organ transplantation is now commonplace. But it still doesn't meet the demand.

IN THE MID-1990s, PHYSICIANS AND ETHICISTS began to look toward patients who are not brain dead, but who are considered "hopeless." That is, they are dependent on a ventilator and have severely diminished brainwave activity. When available, families and the patient's living will/advance directive are consulted before the decision is made to remove the ventilator. Cardiac death usually occurs soon after that. Physicians must wait two to five minutes after cardiac death to allow brain death to occur. With family approval, organs are then harvested for donation.

FOR APPROXIMATELY NINE YEARS, "non-heart-beating donations" (NHBD) have been done very quietly at some medical centers across the country.

IT IS INTENDED THAT THE DECISION TO WITHDRAW LIFE-SUPPORTING VENTILATION will be made by the patient's own physician and family, separate from medical staff who would consider the patient for organ donation. This separation of duties is meant to eliminate the ethical question about removing life support *in order to donate organs*.

IN APRIL 1997, ONE OF THE FIRST PUBLIC PRESENTATIONS ABOUT THIS MEDICAL PRACTICE aired on CBS Television, and it wasn't flattering. The report questioned whether hospitals and physicians would "go too far" to obtain much-needed organs, and it described a situation in which a patient was removed from ventilation only to have the medical examiner later announce that she may have survived her brain injury. This report and resulting uproar in the industry prompted the Institute of Medicine (IOM), the research arm of the National Academy of Sciences, to deliver its own report on NHBD. It declared NHBD to be ethically acceptable, though it called for more research and the setting of national standards for the donations.

TODAY, THIS HOT TOPIC CONTINUES TO BREW AND TO RECEIVE CAREFUL CONSIDERATION by many organ procurement organizations and leading medical centers across the country, including Mayo Clinic.

ACCORDING TO PAUL MUELLER, M.D., chairperson of Mayo's Ethics Council, "Mayo Clinic Rochester does not have a policy regarding NHBD. Currently, organs procured for transplantation at Mayo Clinic Rochester come from living donors or brain-dead donors. However, Mayo ethicists and transplant specialists are actively studying the NHBD issue in order to determine if a NHBD policy that is consistent with the values of Mayo staff and patients can be developed."

THE FIRST SUCCESSFUL KIDNEY TRANSPLANT WAS DONE 50 YEARS AGO. The fact that NHBD has been considered for less than ten years means there's room for growth, for guidelines to be developed, and for national standards to be established. The need to donate organs likely will continue to rise, and medical advancements may make it easier to donate than ever before.

"...Mayo ethicists and transplant specialists are actively studying the NHBD issue in order to determine if a NHBD policy that is consistent with the values of Mayo staff and patients can be developed." *Paul Mueller, M.D., chairperson of Mayo's Ethics Council*

A Hometown Favorite is Honored

For someone who has been on "Good Morning America" and in the New York Times, who has received the Rochester Mayor's medal of honor for community service (1996), and had a day named in her honor (Rochester, 2000), you might not think getting an award in a city of approximately 3,500 would be a "big deal." It was.

Sister Margeen Hoffmann, O.S.F., executive director of Gift of Life Transplant House, was honored in early February by her home-town school, Saint Mary's Catholic High School, in Sleepy Eye, Minnesota, in their first-ever Alumni Hall of Fame event. Sister Margeen's award for "distinguished service" was presented by her brother, Leon Hoffmann, also a St. Mary's graduate. Leon and many other family members, including Sister Margeen's mother, Rose Mary Kral, continue to live in or near Sleepy Eye, where Leon manages the family cattle farm. Each of Sister's six younger siblings went to St. Mary's, as did many relatives.



The evening began with a mass and dinner, followed by the awards program, including two athletic awards, two coaches' awards, and one other distinguished service award. In her acceptance speech, Sister Margeen credited her school, the Sleepy Eye community, and her family for instilling in her a desire to be of service to others.

"I had many occasions to watch my parents help others in our community — whenever asked, it seemed," said Sister. "And the community supported us when tragedies arose. My family's values and the strong religious atmosphere of St. Mary's helped me learn that being of service to others is integral to being a Christian. I've never once thought of leaving my order or of no longer being of service to others."

Sister Margeen has received many awards throughout her life, but she admits this is one of the most treasured she's received because it's from her high school. With her family ties to the city, she says she's never really left town, despite moving away. She adds, "In a close-knit community, being honored 51 years after graduating is like coming home to a warm welcome again."

Guest Perspectives on Non-heart-beating Organ Donations

by Margaret Gowan Mester, Communications Consultant

Persons affected by transplantation belong to a rather niche group. Of the total number of people annually who are touched by medical crisis, relatively few face the need for an organ or tissue transplantation. Despite that low percentage, hundreds of people die each year because needed transplantations aren't made in time. The effort to convince more people to become organ donors has accelerated in recent years. It's also prompted physicians across the country to consider alternate options for organ donation. (See page 4 for article about non-heart-beating organ donation.)

Non-heart-beating organ donation (NHBD) describes the harvesting of organs after the heart has died first. Heart attacks and other causes of cardiac failure are some of the leading causes of death in the United States. For decades though, the more infrequent condition of brain death has been the only prompt for consideration of organ donation. Why not use cardiac death as a trigger? After the heart has died, the surgical team must wait at least two to five minutes for the brain to die before harvesting organs and/or any viable tissues. The heart is rendered useless in this scenario. The question debated is whether the other organs disintegrate too much in those two to five minutes to be useful. Though there are no national standards in place, this type of harvesting has been done quietly in select few medical centers across the country for approximately ten years. Physicians and ethicists have been arguing all the while about whether these organs — deprived of oxygen-rich blood for minutes — are "good enough" to use.

We recently spoke to four patients and three of their caregivers living at Gift of Life and asked their opinions about this subject. Each person was given some background information on the subject.



Joe and Tina Martini



Sandy Verbeck



Matthew Baxter
and Meagan Yeargan



Pat and John Browne

JOE AND TINA MARTINI

Joe, who received a liver in 1994 after a diagnosis of primary sclerosing cholangitis, and Tina came back to Mayo Clinic this winter from their home in Ohio. Years of medications had damaged Joe's kidney, and his disease had damaged the second liver, too. Remarkably, just a couple of weeks after learning he'd need two new organs, the call came.

As Joe recovered from his second and third organ transplants, he and Tina shared comments and concerns about NHBD. Their initial reaction was mutual: they disagree with pursuing this type of donation. For Joe, the concern is whether "John Doe" will reconsider agreeing to organ donation as a whole out of fear that others would consent to harvesting his organs after any type of life-threatening diagnosis. This would be a concern in particular if John Doe couldn't participate in the decision making. "What if he'd recover from that injury or have some good years left even with a life-threatening condition?" Joe asked. Also of concern is whether the diagnosis of a life-threatening condition would prompt too many people to give up on life and opt for a speedier death in order to donate their organs. Said Tina, "There are too many more-ethical/moral questions with NHBD versus brain-death donations. I know medicine has to advance, but at what cost? What price will individuals, families, and our society in general pay for this advancement?" Both Joe and Tina believe greater national efforts should be made to promote organ donation, both after brain death and by living donors.

SANDY VERBECK

For Sandy, a Nevada native, her stay in Rochester is indefinite; she's waiting for a heart. Her decision about NHBD came quickly though: once a person is dead by whatever means, if the potential donor or the family has given consent, organs should be harvested. Sandy's greatest concern is about the increased chance that decisions will have to be made by families unprepared for considering the numerous scenarios in which cardiac death can occur or be hastened. With brain death, she said, the decision seems easier: either there is brain activity or there isn't. "But with NHBD, hastening death in order to donate is feasible, and that's a much more difficult situation to plan for, even in advance directives," she said. "As has always been the case here in the U.S., families need to talk more about this subject, and people need to record on their driver's license or on an organ donor card what their wishes are. This way, fewer families will have to make a decision they might second guess for years."

MATTHEW BAXTER AND MEAGAN YEARGAN

At age 23, Matthew has been told it's time to hope for a heart transplant. His congenital heart defects have rendered his heart unsuitable for any type of surgery other than a transplant. Currently, his physicians are trying to regulate his medications to avoid irregular, fast, or sometimes too-slow heartbeats, each of which has hospitalized Matthew over the years. Meagan, his fiancé, has moved to Rochester with him from their homes in Alaska while they wait for a suitable heart. Although they are in favor of NHBD, this couple is young enough, they said, that they hope to see more guidelines established, making NHBD an easier consideration for individuals and families. Said Meagan, "I'd like to see a universally accepted definition for when brain death has occurred, so you don't have some surgeons waiting three minutes and others waiting five. Every

minute allows more deterioration of the viable organs." She'd also like to know if physicians will be told organs are coming from a NHBD. "Knowing whether it's deteriorated may not make a difference to a status 1A patient, but it could to someone who has the time to wait for a living or initial-brain-death donation," she explained. Both Matthew and Meagan said they'd like to see the U.S. adopt Europe's view of organ donation, which Matthew said is presumed upon death.

JOHN AND PAT BROWNE

Prior to John's diagnosis with cholangiocarcinoma 18 months ago, he said he hadn't given a lot of consideration to organ donation, but he would have been in favor of it if the situation arose. As he now waits for the donation of a liver, he's had reason to give the subject more thought. He's a proponent of NHBD, but he said he might not have been before he learned he needed an organ. John and his wife Pat hail from New Jersey and are staying at the House until John has recovered from a transplant. The couple isn't entirely in favor of NHBD, but they agree it has promise if national standards are developed and followed and if a national organization would monitor the donations to avoid improper harvesting. John was quick to identify what he said is the primary reason NHBD should be pursued carefully: "The need for transplantations will only increase as people who are post-transplant have to take so many meds that damage other organs."

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Upcoming Events

April is national "Donate Life Month." We've provided information in this newsletter for you to use to promote organ donation. Please make a concerted effort to tell your story and help save the lives of some of the 87,000 people waiting today.

April 30th will be the second annual **Angels for a Miracle Transplant Benefit**, to be held beginning at 11 a.m. at Willow Creek Middle School in Rochester. A \$10 donation lets you join the festivities. Money raised will benefit the transplant endowment fund at Mayo Clinic, which helps patients with non-medical expenses associated with their transplantations, such as lodging. The LifeSource Mobile Learning Center on organ donation will be there, as will other displays, pharmacists talking about medicine safety, a motivational speaker, and lots of food and kids' activities. For information about how you can donate or raise money for this Mayo Clinic fund, contact Joel or Violet Nelson, (507) 258-0487.

May 29th, the Gift of Life Runners will be gliding to the finish line again at the **Med-City Relays and Marathon**. As in previous years, runners have the choice of participating in the 26.2-mile marathon, a two-way relay, or a four-way relay — all to further the mission of the House. To join the Gift of Life Runners, contact House Board Member, Timothy Larson, M.D., at 507-266-6953 (W) or 507-288-6221 (H) or larson.timothy@mayo.edu. If you think this sounds like a great idea, but you won't be able to run, we welcome all contributions in support of this program. Please mail your check, payable to Gift of Life, to GOL Runners at the House. Gift of Life is a 501(c)(3) not-for-profit organization. All contributions are tax deductible.

Saturday, July 9, will be **Mayo Clinic's annual transplant picnic**. More information will come from your coordinator. Just imagine yourself eating watermelon in July. That will get you through these last days of chilly weather.

Monday, July 11, will be the **21st annual Gift of Life Benefit Golf Tournament** at Rochester Golf and Country Club. Registration information will be mailed in May inside our next regular newsletter.

How to Look "Cool" This Season!

Want to look good and help the House? Your purchase of items from our gift shop covers the cost of the item and includes a small portion as a fundraiser for Gift of Life. And, though these purchases are not tax deductible, they will earn you a warm place in our hearts for your help in supporting our mission.

To order items from the gift shop, just mail your order to the House. (E-mail works well for that, too.) Be sure to include your current address and phone number. The postage amount due will be marked on your package. Please submit payment for the cost of the items plus the postage when you receive your package. Questions? Call or e-mail Sister Jane Frances Gregoire, O.S.F., at 507-288-7470 or sisterjane@gift-of-life.org.

Clothing

Zip-up hooded sweatshirt,	L-3XL: \$30
Golf shirt,	S-M-L-XL: \$20; 2XL & 3XL: \$25
T-shirt, short sleeved,	S-M-L-XL: \$10; 2XL & 3XL: \$15
Denim shirt, button-up w/embroidered logo, Men's	S-M-L-XL: \$25;
Women's	M-L-XL: \$25
T-shirt, long sleeved,	S-M-L-XL: \$12; 2XL & 3XL: \$15
"Sweat" cardigan with embroidered logo, one size:	\$30
Sweatshirt, large logo,	S-M-L-XL: \$20; 2XL & 3XL: \$25
Sweatshirt, small embroidered logo, M-L-XL-2XL-3XL:	\$25
Men's baseball cap:	\$15
Women's baseball cap (with a longer bill):	\$15
Sun hat:	\$20

Gift & Miscellaneous Items

Gift of Life house print, signed, numbered, framed:	\$100
Gift of Life house print, signed, numbered, unframed:	\$35
"Doors of Rochester" poster:	\$20
Gift of Life "Beanie-type" bear, white w/green organ donation ribbon:	\$15
"Angela's Angel" (aka "Chemo Angel"), decorated clothes pin w/no hair:	\$6
"Share Your Life" postage-stamp pin:	\$5
Gift of Life house pin, gold or silver:	\$5
Green Ribbon organ donation/transplant pin:	\$.50
Gift of Life travel mug:	\$10
Handcrafted pen set: (made by Ron Sykora, liver transplant recipient)	\$30

Books

Gifts of Love and Life (the story of our founder's medical journey) by Helen Nazarian Pompeian, his mother and our administrative assistant:	\$14
The Sisters' Story (the story of the Sisters of St. Francis of Rochester) by Sister Ellen Whelan, O.S.F.:	\$15
More Good Things from Gift of Life (our second cookbook):	\$10
Personal Guide to Living with Loss by Elaine Vail:	\$14
Sweet Reprieve by Frank and Ginny Maier:	\$15
It Gets Dark Sometimes by Jeffrey Marx:	\$15
Pinky Swear by Dawn M. Chicilo:	\$16
Stationery	
Note card and envelope w/color picture of the House:	\$1 each; pack of 10 for \$9
Postcard:	\$.25 each

National Sports Icon to Speak at 2005 Golf Tournament

We're pleased to announce **ESPN Broadcaster Pat Summerall**, who received a liver transplant in April 2004 at Mayo Clinic's Jacksonville, Florida site, will be the guest speaker at the 21st annual Gift of Life Benefit Golf Tournament. Summerall played in the national football League for 10 years before becoming a broadcaster and has spent more than 40 years in the announcing booth.

Plan to join us **Monday, July 11**, at Rochester Golf & Country Club for a great day of golfing and time with a nationally recognized sports icon! Details to come in the May newsletter's golf insert and online at www.gift-of-life.org.

GIFT OF LIFE TRANSPLANT HOUSE MISSION STATEMENT

The mission of Gift of Life Transplant House is to provide transplant patients and their caregivers with high quality, affordable accommodations in a supportive, home-like environment.

Gift of Life Transplant House is a proud member of



GIFT OF LIFE TRANSPLANT HOUSE
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Rochester, Minnesota 55902

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