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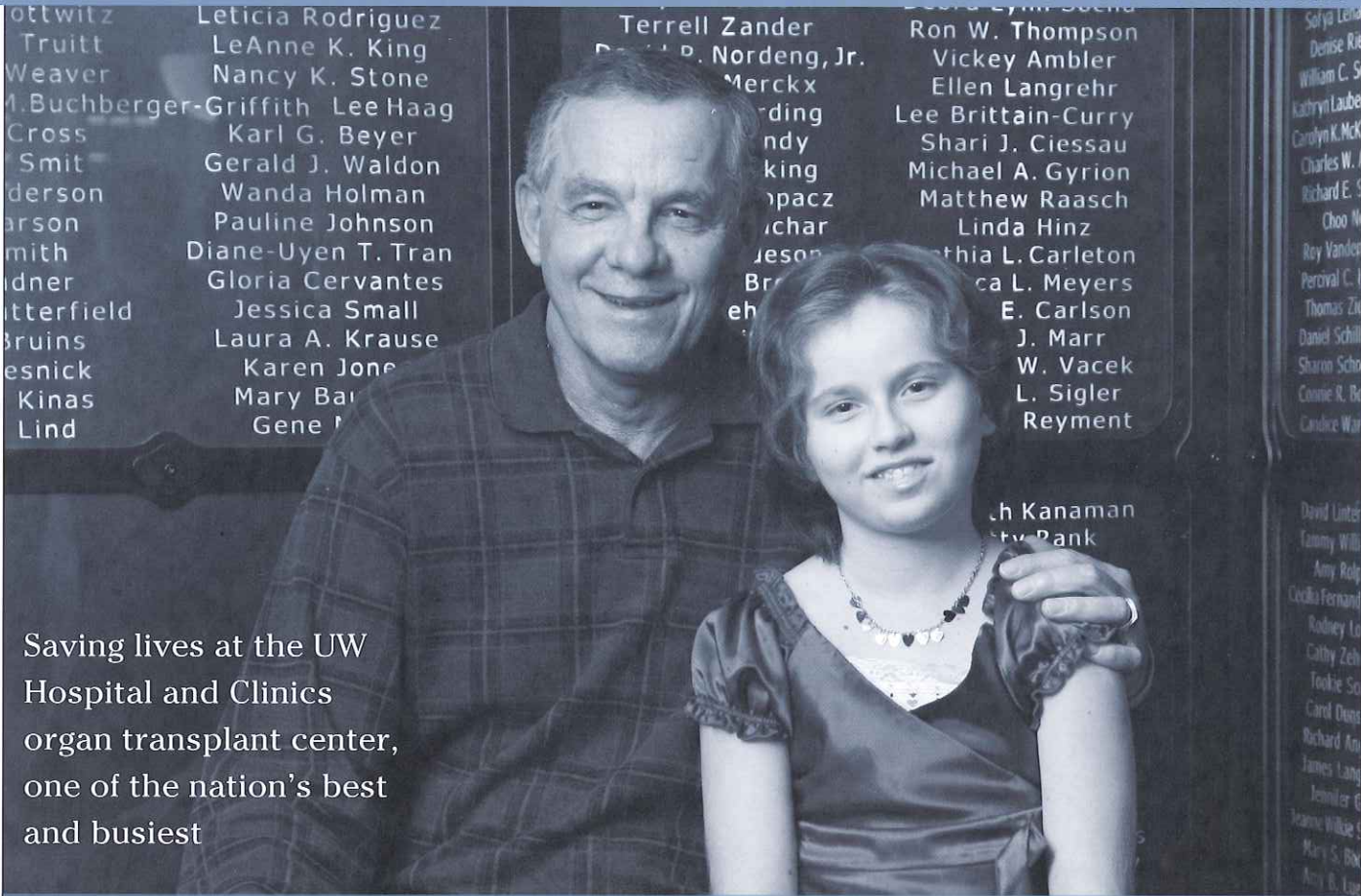
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organ transplant

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Saving lives at the UW Hospital and Clinics organ transplant center, one of the nation's best and busiest

Every Day a Miracle

BY JOAN FISCHER

Lung recipient Ted Gerbig and kidney recipient Helen Jaroch had their surgeries at UW Hospital and Clinics. Here they pose before multicolored glass panels in the transplant center entry paying tribute to living organ donors.

Photo by John Urban

Hear Sollinger Speak

Surgeon Hans Sollinger presents "The Gift of Life," an Academy Evening talk about the promise and challenges of organ transplants, on Tuesday, April 29, 7–8:30 p.m. at the Madison Museum of Contemporary Art lecture hall in Overture, 227 State Street in Madison. Admission is free, seating is first come, first served. More information at www.wisconsinacademy.org.

WHEN TED GERBIG WAS ROLLED INTO SURGERY TO receive a new lung, he knew there was a chance that he might not survive. But the father of four from Schofield, then only 55 years old, was at a point where if the transplant failed, he was willing to die.

"My lungs had turned to mush," he says. "They just didn't hold air anymore. There was a constant pressure on my chest, and I was always gasping for breath."

Even walking to his mailbox left Gerbig wheezing and needing several rest stops. For more than four years he had been living on a leash—a 75-foot hose with nostril tubes on one end

and a concentrator, a noisy pump that generates oxygen, on the other. The hose allowed him to navigate his tri-level home, and when he went out, he dragged along an oxygen tank. He had had to give up his career as a purchasing agent at Wausau Metals (now Wausau Window and Wall Systems) and was living on long-term disability.

Such severe limits on his mobility and interaction with the world were hard for a man who'd been both athletic and sociable. Gerbig had had problems with his lungs literally since birth—he'd been born with pneumonia and suffered from various lung ailments and infections all his life—but he'd always managed to play softball and baseball, bowl, and golf. As his lungs continued to erode, he'd had to drop those pursuits one by one. "It was depressing," he says.

Eventually Gerbig was diagnosed with bronchiectasis, a chronic pulmonary disease in which airways become misshaped and obstructed. His blood-oxygen level dropped so low that he was declared eligible for a transplant.

By the time he went into surgery, he was ready to leave that life. "I figured either I'll wake up or I won't," he says. "The hard part was leaving my family."

But Gerbig did wake up—and will never forget taking his first deep, painless breath in many years. The relief

provided by his new lung was immediate. It felt like a miracle, he recalls.

A miracle, yes—but it's an everyday story at the University of Wisconsin Hospital and Clinics' organ transplant center, one of the nation's best and busiest. The UW center currently ranks No. 1 nationwide in the number of kidney and kidney-pancreas transplants performed there (it recently marked its 1,000th combined kidney-pancreas transplant, a milestone no other program in the world has reached) and No. 2 among academic centers nationwide in heart transplant outcomes. The center's wait times and outcomes in liver and lung transplants are better than the national average, according to figures released by UNOS, the United Network for Organ Sharing, which oversees the national database of clinical transplant information and computerized organ sharing system. The center is addressing a recent decline in the number of lungs accepted from

donors and already can report improvements. Other transplants performed at UW include intestines, bone marrow, and islet cells (the UW has one of the nation's most advanced programs for transplanting these insulin-producing cells from the pancreas).

The UW Health Organ Procurement Organization (OPO) also receives national honors. It was the only OPO in the nation to be recognized for its performance in every assessed area of activity when it received the Medal of Honor at the U.S. Department of Health and Human Services National Learning Congress in October.

Excellence in procurement is worth noting because it serves as the feeder

Transplant program director Hans Sollinger is one of the country's most sought after kidney and pancreas transplant surgeons. Behind him is a gift from a former patient: a homemade quilt featuring kidney shapes (each with a bead in the middle representing a kidney stone).



Photo by John Urban

organ transplant

SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL FEATURE

for any transplant center: no organs, no transplants. The UW Health OPO, which works with nearly 100 hospitals in Wisconsin and a half-dozen in Michigan and Illinois, has been highly successful in its efforts to educate and encourage the public toward organ donation. The UW Health OPO, the Wisconsin Donor Network (the OPO in southeastern Wisconsin), and a number of state agencies and advocacy groups such as Donate Life Wisconsin can share credit

for nationally distinctive work in public awareness in Wisconsin. Last summer Wisconsin for the first time passed the 50 percent mark in signing on donors, meaning that a majority (about 50.1 percent) of the state's drivers and identification card holders have designated themselves as organ donors.

Another notable statistic: Wisconsin's "conversion rate," that is, the number of times organ transplants occur out of all cases in which transplants are possible,

is 83 percent compared to 63 percent nationally, according to the U.S. Health Resources and Services Administration.

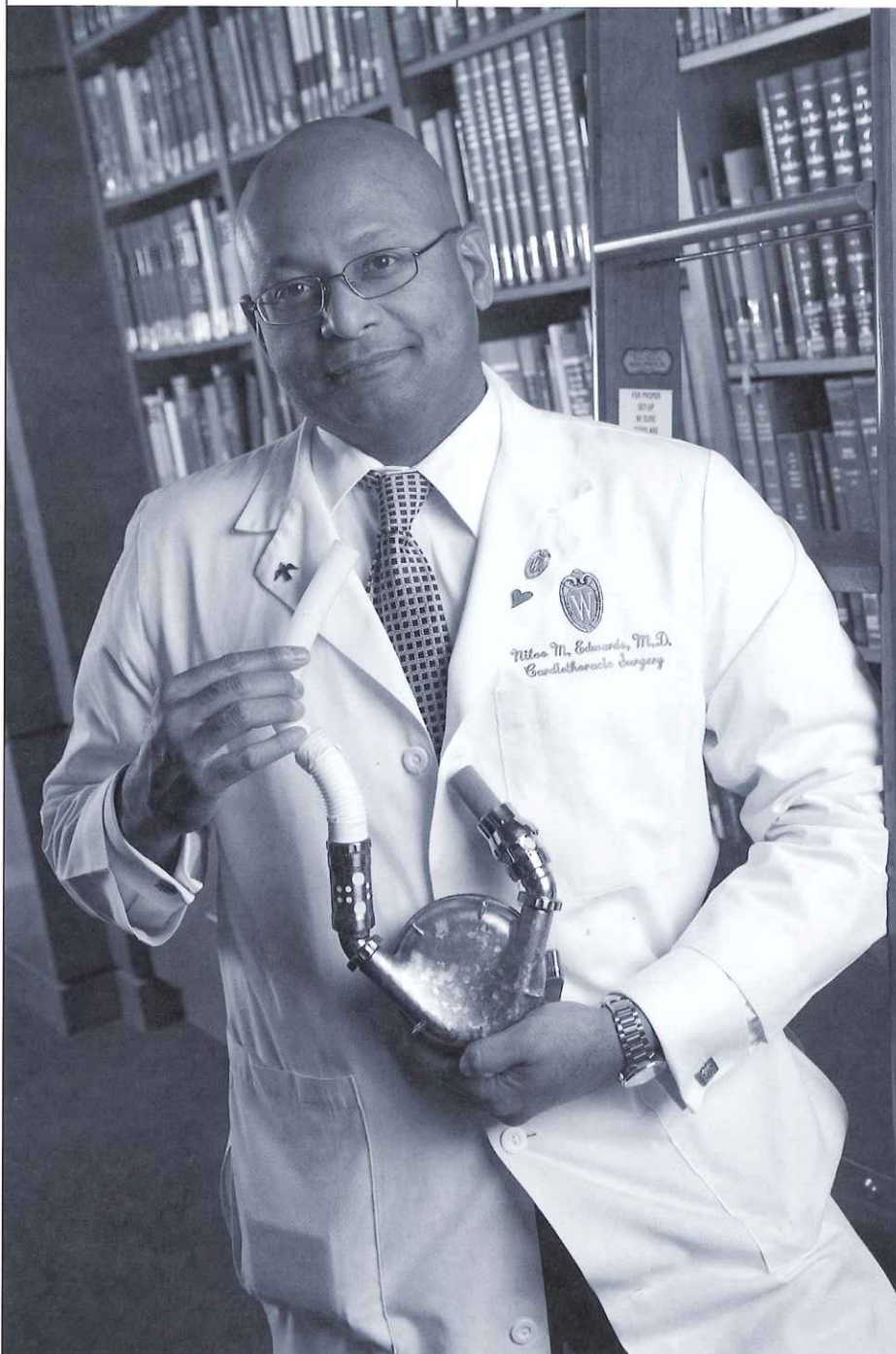
These achievements have been bolstered by legislation. In 2000, Wisconsin became the first state to require at least 30 minutes of instruction about organ donation in driver's education classes ("Kelly's Law"). In 2004, Wisconsin became the first state to have a law ("Cody's Law") to help people offset the costs of organ donation, allowing for an income tax deduction of up to \$10,000 in travel and lodging expenses or lost wages of a person who donates an organ as a living donor.

Such steps take us closer to addressing the biggest problem facing the field: a severe shortage of organs. Political debate focuses on how to address that shortage while continuing to respect the individual's right to determine what happens with his or her own remains and those of loved ones (see policy sidebar, page 18). Nearly 100,000 men, women, and children in the U.S. currently need organ transplants, and another name is added to the waiting list every 12 minutes, according to Donate Life America. Every day an average of 18 people die from a lack of available organs.

And the need is growing. "By 2010, the waiting times for deceased donor organs will likely double, and short of a radical restructuring of the procurement system, this state of affairs will exclude the vast majority of potential recipients from ever receiving a transplant, simply by attrition from death," writes nephrologist Benjamin Hippen ("The Case for Kidney Markets," *The New Atlantis*, fall 2006). Only about one in 20 patients with kidney failure will be able to receive a transplant, and the waiting time will approach nine or 10 years unless a privately arranged living donor can be identified, Hippen says.

Master of the VAD: Niloo Edwards, chair of cardiothoracic surgery, is an expert in working with the ventricular assist device. It may look ungainly, but the VAD is a lifesaver to people awaiting heart transplant.

Photo by C and N Photography



THE CENTER RISES

Organ transplantation is nothing if not a team effort—an intricate, time-pressured choreography often involving grief-stricken families, far-flung emergency and organ procurement teams, transport of organs by land and air, and hospital and surgery staffs in distant locations. Likewise, the rise of the UW transplant center to its current status has been a team effort, the fruit of decades of pioneering work in research, refinement of surgery techniques, and the training and development of surgery, procurement, and other staff at all levels.

But a few key figures stand out. Chief among them is Folkert O. Belzer, who led the world in discovering, during the 1960s and '70s, innovations to keep organs viable. In 1971, he was able to transport a kidney from San Francisco to Holland, the first transcontinental, trans-Atlantic sharing of an organ. In 1987, he and James Southard, a UW biochemist, developed the “UW solution,” a fluid that (when used with a pump) can keep donated organs viable up to 72 hours. The extra time allows for better matching of organs and recipients, thus reducing rejection rates. Its discovery also greatly reduced the cost of transplants by allowing organs to be transported on commercial rather than chartered flights. The UW solution revolutionized the field of transplantation and for many years was the most widely used.

Another driving force is Hans Sollinger, one of the nation's most sought-after kidney and pancreas transplant surgeons. Sollinger joined the UW in 1976, leaving his native Germany for an opportunity to do postdoctoral work in the lab of eminent immunologist Fritz Bach.

But soon after arriving Sollinger felt the call of the operating room and decided to add surgery to his research

“She’s my lifeline”: That’s what lung recipient Ted Gerbig calls Mary Francois, R.N., cardiopulmonary transplant coordinator. Francois works with Gerbig and dozens of other transplant patients from the time of referral to the center through years of post-transplant care.

The rise of the UW transplant center has been a team effort, the fruit of decades of pioneering work in research, surgery techniques, and the training and development of staff at every level.

repertoire. He did his residency under Belzer and during the 1980s and '90s logged in some historic findings of his own. Sollinger established the UW pancreas transplant program in 1982 and the following year developed the “Wisconsin technique,” a surgical procedure that allowed the survival rate of kidney-pancreas recipients to more than double worldwide. Another key achievement: development of the immunosuppressive drug mycophenolate mofetil (CellCept), which was approved by the FDA in 1995 and today benefits more than 300,000 patients.

When Belzer passed away in 1995, Sollinger succeeded him as director of the transplant program. He also serves as medical director of the UW Health OPO.

Sollinger’s research is still going strong—and, ironically, his focus is on a procedure that could greatly reduce the need for transplant surgery. For the past dozen years he has been trying to get liver cells to produce insulin through genetic manipulation. Research done

on animals has proved promising, and he hopes to soon move ahead to clinical trials with humans. If he succeeds, this would be a breakthrough in curing diabetes, a disease that affects more than 20 million people in the U.S. each year. “This is the dream of my career,” says Sollinger.

Over in the heart and lung area, the UW acquired the head of the nation’s biggest heart transplant program when Niloo Edwards came from Columbia University in 2003 to become chair of cardiothoracic surgery and the surgical director of cardiac transplant. Edwards is one of the country’s most proficient surgeons in working with the ventricular assist device, also known as a VAD.

The VAD, a battery-powered pump, is implanted into the abdomen and connected to the left ventricle of the heart, helping weak hearts continue to pump blood through the body. It serves patients as a bridge to receiving a transplant, enabling patients to survive the wait, or as a life-prolonging alternative

Continues on page 20



Photo by John Urban

Upping the Organs—But How?

Appealing to altruism is not enough, as our nationwide shortage of donated organs shows. The challenge is how to increase organ availability while avoiding measures that could take advantage of our most vulnerable citizens.

BY JOAN FISCHER

STATE REP. STEVE WIECKERT (R-Appleton) has much to be proud of—but he's not resting on his laurels.

"We've got to keep going," says the man who sponsored "Cody's Law," the 2004 bill that became the first in the nation to help people offset the costs of organ donation. It allows for an income tax deduction of up to \$10,000 in travel and lodging expenses or lost wages of a person who donates an organ as a living donor. More than a dozen states have since followed suit with similar legislation.

To Wieckert, Cody's Law provides a solid base from which to explore further incentives, such as providing citizens with a tax credit rather than a deduction. "I would like to see a tax credit equal to the amount of the expenses so that there would be no out-of-pocket expenses for an individual to donate," says Wieckert, who is now researching that option. "We can comply with all state and federal laws that exist right now in organ donation and still be able to do this."

And wending its way through the Legislature is a bill Wieckert introduced as a rewrite to the state's 20-year-old anatomical gift law. The legislation now being proposed by both the Assembly and the Senate (Assembly Bill 570, Senate Bill 310) would bring state law up to speed with the many changes and advancements in transplantation and procurement procedures that have taken place over the past two decades, as reflected in the Revised Uniform Anatomical Gift Act of 2006 promulgated by the National Conference of Commissioners on Uniform State Laws. Wieckert hopes the bill will be passed into law as early as this spring.

ORGANS FOR SALE?

While such measures are significant, the unmet demand for organs—nationwide, nearly 100,000 people await organs and 18 of them die each day, according to Donate Life America—is moving some people to call for more dramatic action.

Among the most vocal is surgeon Arthur Matas, director of the renal transplant program at the University of Minnesota and immediate past president of the American Society of Transplant Surgeons.

It's time to start paying people for kidneys in a highly regulated, transparent procedure, Matas says.

"Such a system could be established using the infrastructure already in place for evaluating deceased donors and allocating their organs," wrote Matas in a policy analysis for the Cato Institute last year. "In a regulated system of compensation, the potential donor would be evaluated and, if approved, one of his or her kidneys would be allocated by a predefined algorithm

(similar to how deceased donor kidneys are allocated). In such a system, everyone on the list would have the opportunity to be transplanted. The donor and recipient would not meet; no brokers would be involved."

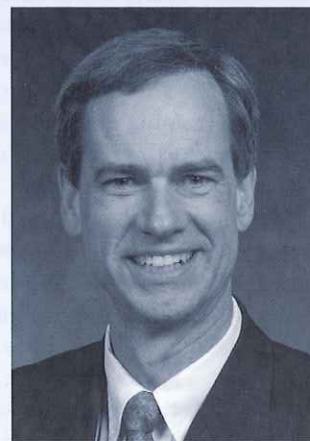
And yes, there would be pay, Matas proposes: "Compensation could include term life insurance (to cover the risk of the donation surgery), long-term health insurance, payment for travel expenses and time off work, college tuition, a tax deduction, or a fixed payment."

That proposal might sound reasonable—but parts of it are against the law. The National Organ Transplant Act of 1984 prohibits the sale of organs (such measures as Cody's Law only defray or cover donor expenses; in effect, they only keep donors from losing money in order to donate). Those who call for sales point to people dying on waiting lists—and wonder why the sale of organs is forbidden, but not the sale of human sperm, eggs, or blood.

The question of organ sales raises a number of critical medical and ethical concerns, says UW-Madison medical ethicist Alta Charo. "Organ selling increases the risk that individuals will obscure their medical histories and risk factors, with the result that the entire organ supply becomes tainted by suspicion," notes Charo. "It may also have the effect of decreasing willingness to donate among today's altruistic donors, some (or many) of whom donate out of the sense that this gift is priceless. Putting a price on the transaction may, perversely, make it seem less valuable rather than more valuable."

Wieckert says he has not yet reached a decision about organ sale. He sees the benefits but also is concerned about possible exploitation of the poor. "You don't want to have people who are down on their luck or have low incomes who are being offered several thousand dollars for a kidney," he says. In such cases, the need for money may trump any informed decision-making or considerations for one's health, Wieckert fears.

Such concerns are shared by Francis Delmonico, a transplant surgeon at Massachusetts General Hospital who frequently speaks out against organ sales on the national scene.



State Rep. Steve Wieckert scored a national first with Cody's Law.

Delmonico points to tragic stories involving organ sales in developing countries, including Iran, Pakistan, and the Philippines. "There are plenty of data now reported about the poor who have sold their kidney, and I can assure you that what has happened is that they remain destitute, they remain poor and they remain with one less kidney," Delmonico said last year in an interview with ABC News.

And then there was the horrific news out of Gurgaon, India, earlier this year, which revealed that some 500 Indians had had their kidneys removed by a team of doctors running an illegal transplant operation. According to police, the doctors were selling the organs to "rich Indians and foreigners," the *New York Times* reported.

Instead of sales we should focus on developing more alternatives, says Charo. These include giving priority to patients who, previously and while healthy, had signed up to donate organs in case of death (as provided for in a program called LifeSharers); providing funds for funeral costs and associated family costs for attending a funeral whenever a cadaver organ is retrieved; and creating a non-financial form of recognition (such as awards, testimonials, and state or federal legislative tributes) to those who donate, whether while alive or after death.

DONATION PRESUMED?

Another avenue to explore is "presumed use," Charo says. Under presumed use, the assumption would be that all medically acceptable cadavers are available for transplant donation unless stated otherwise, rather than the current system in which we assume that bodies are not available for use unless permission is granted.

"In cases of strong personal or family sentiment, strong enough to manifest a refusal, we as a society will be tolerant and avoid using the organ," says Charo. "But the norm ought to be that, after death, when our bodies are of no use to us personally, they are the moral property of all humankind, to be used fairly and compassionately to relieve the suffering of others."

Charo favors "presumed use" over the more common term "presumed consent" because she finds "consent" in this context disingenuous. "There really is no consent here, only the notion that our bodies are our moral property during our lifetimes but a form of communal property after death," notes Charo.

British Prime Minister Gordon Brown recently announced his support for presumed consent, citing its success in increasing organ donations in Spain, and has called for a national discussion about its implementation.

But presumed consent has detractors who question whether it can be implemented in a truly informed and equitable manner. It is too easy to forget to say no, or not even know you were supposed to say no, they say—making it a silent, under-the-radar practice that passes off unawareness as "consent" and would take advantage of people who are not well versed in our legal or health care systems.

Recent experience with presumed consent would seem to bear out such concerns. The practice ran into trouble in



UW ethicist Alta Charo: Our bodies become the moral property of all humankind.



Payment could be part of the solution, says law professor Michele Goodwin.

some states where laws permitting it were passed in the 1980s and 1990s, according to Michele Goodwin, a UW-Madison alumna who is a professor of law and medicine at the University of Minnesota, a visiting professor of law at the University of Chicago, and the author of *Black Markets: The Supply and Demand of Body Parts* (Cambridge University Press, 2006).

A number of states passed laws allowing the harvesting of specific parts—most often corneas and heart valves—in cases in which cadavers fell under mandatory autopsy law, which applies only to cases involving homicide or other questionable deaths. That intersection with the criminal justice system meant that people from the more hard-pressed socioeconomic groups, often from ethnic minorities, were at risk of being more frequently subjected to organ harvest, notes Goodwin.

Not surprisingly, there are documented cases of corruption. California, for example, repealed its presumed consent law after it was revealed that the Los Angeles coroner's office under that law was drawing from a donor pool that was more than 80 percent black and Latino, with the donor families having no idea about the harvesting, Goodwin says. Moreover, a private eye and tissue bank was discovered to be selling those parts to organ transplant institutions at a large profit.

Those who favor presumed consent argue that a uniformly implemented "opt-out" protocol and other safeguards could be devised; just because we have made mistakes with presumed consent does not negate its potential value.

But Goodwin, for one, fears that the large amounts of money to be made from organs and tissues make the practice ripe for corruption. Instead she favors further developing incentives such as those now being implemented in Wisconsin and a handful of other states and exploring ways to allow for compensation, even payment, for organs in a regulated, transparent manner.

One thing is certain—with waiting lists continuing to grow, the pressure is on to come up with a better system. ☼

organ transplant

SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL FEATURE • SPECIAL

Organ donation offers a rare, almost unmatched opportunity to turn one's own crushing loss into another person's—usually a stranger's—salvation.

Continued from page 17

to patients who are not eligible for a transplant. The UW has ranked No. 1 nationwide for several years running for outcomes with VAD patients, notes Edwards.

Edwards considers the advancement of such devices, which reached new levels of efficiency and sophistication in the '90s and early '00s, to be the most exciting area in his field today.

"The reality is that we are limited in terms of transplant by the number of organs that are available," says Edwards. "The advantage with these devices is that, while they may not be as elegant or as easy to live with as a transplant, they are available off the shelf. And that's something that is particularly exciting because, as the field continues to advance, hopefully it will completely replace transplant."

When it comes to transplants what's been most exciting, Edwards finds, are the steadily increasing success rates. "You look at where we were in the 1960s and early 1970s, and your chances of surviving a heart transplant were about 30 percent for one year. Cyclosporin came along and it jumped up into the 70s [in percentiles]. Every year, small improvements and refinements have been made such that now your chances of surviving a year are 90-plus percent."

His observation underscores the timeline of transplantation as a whole. This miracle field is younger than the average baby boomer. The first successful kidney transplant was performed in 1954, the first successful pancreas transplant in 1966, and the first successful heart and liver transplants in 1967 (lung transplants did not come until the 1980s). We can only marvel at how far we've come so quickly.

FROM RECIPIENT TO ADVOCATE

Ted Gerbig would be the first to say that receiving an organ transplant not only saves your life, it changes you forever. Few other acts offer such evidence of human compassion and goodness. It is a rare, almost unmatched opportunity to turn one's own crushing loss into another person's, usually a stranger's, salvation.

The young nieces of Gerbig's donor call him "Uncle Ted" and ask to touch his chest or listen to his breathing. It reminds the children of their deceased Uncle David, and with good reason. David Duranceau, of Green Bay, gave Gerbig a lung. Gerbig has gotten to know the Duranceau family well through this extraordinary bond.

What makes their story even more eventful is that Duranceau had been the recipient of a kidney and pancreas. Duranceau was diagnosed with diabetes at age 11 and was facing kidney failure by the time of his transplant at UW in April 2003. The transplant was successful, but only three months later, in an unrelated incident, Duranceau died of an intracranial hemorrhage—bleeding within the skull caused by a ruptured blood vessel.

For the Duranceau family, the decision was clear. Following David's wishes, they sought to help other people as David had been helped. One of Duranceau's lungs saved Gerbig. The other went to a Michigan man whom Gerbig also befriended and now calls his "lung brother." Even Duranceau's previously transplanted kidney went on to save another life.

Taking Duranceau's lead, Gerbig plans to be a donor himself. "I'm sure I have parts they could use," he says. "My liver's still good, my kidneys are still good, my pancreas is good. I get my

Be a donor

It's easy to document your wish to be a donor. Simply complete the reverse side of your driver's license or state identification card and sign and date it. Discuss your intent to donate with your family as they will be asked for consent at the time of your passing. You may also have a donor designation included on your driver's record (this is helpful but not mandatory). Send an e-mail that includes your full name, driver's license number, current address, and a statement such as "I would like my record to reflect that I would like to be an organ and tissue donor" to: driverrecords.dmv@dot.state.wi.us. For more information, visit the Wisconsin Organ and Tissue Donor Program at <http://dhfs.wisconsin.gov/health/donatelife>.

**GOT
YOUR
DOT?**

blood checked every two months, so they know I have good organs."

Gerbig and his family are emulating the Duranceaus in another important way: they have become fundraising advocates for organ donation. For the past four years, the Duranceau family has held an annual David Duranceau Memorial Golf Outing under the auspices of the David Duranceau Foundation. Proceeds go to the UW Health OPO and the Restoring Hope Transplant House in Middleton, a planned "home away from home" for patients who are in the Madison area for bone marrow or other organ transplants. That event has raised at least \$100,000 since its founding, according to UW Health OPO executive director and transplant surgeon Anthony D'Alessandro.

Inspired by that story, Gerbig and his wife Shelby got together with Janet Lawrence, a Wausau woman who donated a kidney to her mother, and Cheryl Brown, a family friend. They

founded the North Central Wisconsin Donate Life Foundation with the purpose of promoting awareness of organ donation in their region. As a fundraiser, last summer they held the First Annual Race for Life Scavenger Hunt, a zany event in which teams raced around greater Wausau checking off activities that included posing for a photo with a bride, milking a cow, and climbing a tree. This year's event takes place on April 19 as part of National Organ and Tissue Donor Awareness Month.

"The awareness in the Wausau area has grown in leaps and bounds over the last four or five years," says Gerbig. "There are people who actually put in their obits now that they donated their organs. There are editorials about it now. When they see that we're doing a scavenger hunt, we get people calling up who have donated their loved ones' organs or tell us how appreciative they are that we're finally getting the word out in the Wausau area."

Gerbig reflects upon the blessings of his life over the past four and a half years—things his doctors confirm he would not have lived to experience without the transplant. They include walking his daughters down the aisle; the birth of his two grandsons; and, most poignantly, spending time with his own parents during their fatal struggles with cancer. He is grateful he was there to offer them help and comfort. "I owe such a debt of gratitude to so many people," he says.

On a lighter note, during his first game of golf after surgery, he shot the first hole-in-one of his life. Talk about miracles. Gerbig notes with a laugh that this, too, must have been a special gift from Duranceau, who had been a passionate golfer.

What's the one thing Gerbig would most like for people to know about organ donation?

"How simple it is to save somebody's life," he says. ☼

Joan Fischer is editor of Wisconsin People & Ideas.

Understanding Donation

Despite continuing efforts at public education, misconceptions and inaccuracies about organ donation persist. These facts can help anyone better understand organ, eye, and tissue donation:

Fact: Anyone can be a potential donor regardless of age, race, or medical history.

Fact: All major religions in the United States support organ, eye, and tissue donation and see it as the final act of love and generosity toward others.

Fact: If you are sick or injured and admitted to the hospital, the number one priority is to save your life. Organ, eye and tissue donation only can be considered after you are deceased.

Fact: When you are on the waiting list for an organ, what really counts is the severity of your illness, time spent waiting, blood type, and other important medical information, not your financial status or celebrity status.

Fact: An open casket funeral is possible for organ, eye, and tissue donors. Through the entire donation process the body is treated with care, respect, and dignity.

Fact: There is no cost to the donor or their family for organ or tissue donation.

Fact: In Wisconsin, to register yourself as a donor all you need to do is complete, sign, and date the reverse side of your driver's license or state identification card and discuss your wishes with your family. Other states may have different requirements.

Information provided by Donate Life America, www.donatelife.net

For More Information

Donate Life America:

www.donatelife.net

Donate Life Wisconsin:

www.donatelifewisconsin.org

Restoring Hope Transplant House:

www.restoringhope.org

United Network for Organ Sharing

(UNOS):

www.unos.org

UW Health Organ

Procurement Organization:

www.uwhcopo.org

Wisconsin Donor Network:

www.wisdonornetwork.org/

Wisconsin Organ and Tissue Donor Program:

<http://dhfs.wisconsin.gov/health/donatelife>

For Ted Gerbig's story

North Central Wisconsin

Donate Life Foundation:

<http://ncwdonatelife.org/contactus.aspx>

For David Duranceau's story

The David Duranceau Foundation:

www.duransodesign.com/foundation/

Everybody Loves Trey

ONE COULD CALL HIM A SECRET WEAPON if only he weren't so public. The UW Health Organ Procurement Organization (OPO) has a real treasure in Trey Schwab, a former Marquette University assistant men's basketball coach who became a lung recipient and now, as a full-time outreach coordinator for the UW Health OPO, is one of the state's most effective advocates for organ donation.

Since 2005, Schwab, 43, has run numerous educational and fundraising activities held around the state each year. They range from teaching the 30-minute organ donation sessions required by state law as part of driver education classes to organizing best practices symposia for healthcare professionals in organ donation to fundraising events held by donor and recipient families. He also has helped numerous other recipients and donor families become effective advocates, including the Duranceaus and the Gerbiggs (see main story).

"He's unassuming and very articulate," notes UW Health OPO executive director and transplant surgeon Anthony D'Alessandro. "He brings with him a passion and credibility by being a recipient. If you weren't convinced about organ donation, after spending a few minutes with Trey you'll know it's the right thing to do."

Schwab's own story could not have been more dramatic. A former scout for the Minnesota Timberwolves, Schwab had just begun coaching for Marquette in 2001 when he began experiencing shortness of breath along with a persistent cough and a drop in energy. Doctors thought he had pneumonia, but antibiotics and steroids didn't help—and one morning in the shower Schwab began coughing up blood. He was diagnosed with idiopathic pulmonary fibrosis (IPF for short), an incurable disease of unknown origin that hinders the lungs from effectively processing oxygen.

The only hope for Schwab's long-term survival was a double lung transplant. Schwab spent two years on a waiting list before a matching donor was found in February 2004. The circumstances were heart-wrenching: a 19-year-old named Stephen Rutherford was killed in an accident while working on a construction job at the Northern Bay Golf Resort in Arkdale, just north of Wisconsin Dells.

The transplant was successful—but Schwab still almost lost his life. Within two weeks of getting his new lungs, he went into cardiac arrest and was kept alive by CPR for 40 minutes—most people survive only 5–10 minutes of CPR—before surgeons could open him up. They found a series of foot-long blood clots blocking blood flow to his heart and lungs.

"No one expected him to survive," says D'Alessandro. "It is amazing that he survived and that he did not have neurological damage."



It's the right thing to do: As an organ recipient, Trey Schwab makes a personally compelling case for organ donation.

Schwab is a grateful man. As someone who was able to get a transplant, he sees himself as one of the lucky ones. Every day he devotes himself to ensuring that more and more people have that same good fortune.

One of Schwab's activities, in particular, brings his story home full circle. His lung donor, Stephen Rutherford, had wanted to become a firefighter to save lives and had declared himself an organ donor. The fact that his organs saved five lives, including Schwab's, was a great comfort to his mother, Kathy, who now partners with Schwab in holding an annual Stephen Rutherford Memorial Golf Tournament at the very resort where Stephen lost his life. The second such tournament, held last June, brought in close to 100 participants that included UW-Green Bay head coach Todd Kowalczyk, Orlando Magic guard Travis Diener, and former DePaul star Drake Diener.

At the Rutherford event and in all his activities, the message Schwab delivers is simple:

"If you have not done so already, please make the decision to become an organ donor and share your decision with your family. Your decision can save lives. I am living proof." ●

by Joan Fischer

More information at www.treyschwab.com