

A REPORTER AT LARGE

THE KINDEST CUT

What sort of person gives a kidney to a stranger?

BY LARISSA MACFARQUHAR



An act that some find deeply admirable strikes others as freakish, inhuman, even repellent. Photograph by Phillip Toledano.

It was the day before Thanksgiving, and Paul Wagner was on his lunch break, reading the paper. He worked as a purchasing manager at Peirce-Phelps, in Philadelphia, a wholesale distributor of heating and air-conditioning products. He was forty years old and lived with his partner, Aaron, in a small apartment. He was pale and slightly built. He smoked and had a smoker's porous skin. His mother had died six months before, in her late fifties, of sarcoidosis. They had not had a good relationship—she'd had a heroin problem while he was growing up, and he attributed his sanity and his values to the school for troubled youths that he'd been placed in as a teen-ager—but her death had nonetheless affected him quite deeply.

Wagner considered himself a “dry person”—curt, moody, sometimes rude. He believed that, to people who didn't know him, he came off as an unsentimental type, possibly even a bit mean, though in fact he was not like that at all. He owned two cats and two elderly cocker spaniels that he had rescued from a shelter. He ran the United Way fundraising campaign at work for three years and organized food drives for local soup kitchens. He regarded these acts not as virtuous but as duties. He believed that if his needs were met and he found himself in possession of a surplus—of money or time or wherewithal—he was obliged to share it. Share it, not give it all away: he liked nice things—he wasn't going to become Amish. But it was very, very important to him that when he met his Maker (he didn't consider himself religious, but he did believe in God) he could say that he gave more than he took.

Before he was hired at Peirce-Phelps, Wagner worked in a bank. He went from a job in a call center to managing a branch in just two years, but he quit, he says, because he believed that the incentive structure in the bank was unethical, rewarding him for steering customers to financial products that weren't in their best interest. As a young man, he worked at a day-care center, but one day he heard an employee senior to him talk nastily about another employee. He took it upon himself to inform the latter about the former, but this intervention made everybody so uncomfortable that he was fired. From this, he concluded that it was sometimes best to

mind his own business and not try to do God's work for him.

Reading the paper, Wagner noticed an article that described a Web site named MatchingDonors.com, where people who needed a kidney transplant could post a message describing themselves and their situation, perhaps appending a photograph. The hope was that a stranger would see the posting and be moved to donate. Wagner typed the name of the Web site into his computer. He clicked on the “search patients” box and typed in “Philadelphia.” The first patient he saw was Gail Tomas. He enlarged her photograph on his screen so that he could examine every detail. She was sitting on stairs in what appeared to be her living room. She was a woman of mixed race in her late sixties. He stared at her, searching for clues to her personality in her hair style and how she wore makeup. He inspected the stairs behind her, trying to see how clean they were. Almost immediately, he felt that she was the one. He knew that his blood and her blood would match and that he would donate a kidney to her. There was no question of backing out: having seen her picture, he felt himself to be already involved. It was like seeing a car crash—if he didn't help, he thought, he would cheapen himself.

He went home and told his partner, “Aaron, there's this lady I read about that's going to die if she doesn't get a new kidney and I've decided to give one to her.” Aaron said no. Wagner told him sorry, but he was going to do it anyway. He told his sister and she said, only half joking, “What if I need a kidney someday?” He thought that that was selfish. He told her that she had a husband and two children and she could look to them, but this lady was going to die now. Talking to his father was more difficult. Some years before, his father's second wife had had kidney disease. Wagner had offered to donate to her, but she and his father had felt that it was against their principles to ask so much of a person, even a son. So they refused his offer, and, waiting for a cadaver kidney, she died. His father got very quiet for a while and then said he wished that he wouldn't go through with it.

But once Wagner had decided to donate he felt as though he had a calling. He was not usually brave about medical procedures, but somehow with this he breezed through all the tests. He was late

for work almost every morning, but he was on time for every one of his hospital appointments. He wasn't anxious about pain or complications. For once in his life, he felt that God's instructions to him were absolutely clear.

Besides all the tests, there were other hurdles to be overcome. The transplant surgeon was puzzled by Wagner. He wasn't sure that he was willing to do the surgery—he was concerned that it might be a violation of his Hippocratic oath to operate on a healthy person who wasn't even related to the recipient. They met and talked for more than an hour, and, near the end of the conversation, Wagner was astonished to see that the surgeon was crying.

Wagner assumed that he and Tomas would not become friends after the surgery. He had given the matter some thought. How could they possibly have a healthy relationship, he reasoned. It would be bad for her to feel beholden to him, and it would be bad for him to have her believing that he was some kind of saint. The whole thing would just be way too freighted and creepy and was better avoided. Tomas, however, had other ideas.

Gail Tomas was a retired opera singer who had performed all over Europe, after being discovered in a master class by Licia Albanese. If Wagner was dry, she was the opposite—vivacious, chatty, candidly emotional. She had been looking for a donor for about a year. None of her family members matched her blood type, and she hadn't wanted to ask friends, so her daughter signed her up on MatchingDonors. At first, there were a few obvious no-no's—a man wrote from India to say that he would get all his testing done locally if they would send him five thousand dollars. Then, she says, there was a woman from Texas who seemed legitimate and eager to help, and they corresponded for months, but it turned out that her son, who was seven feet tall, had outgrown his liver and needed a transplant himself, and, with all that going on, the woman disappeared. “It was like someone had taken you to the altar and then all of a sudden new scenery came down and you say, ‘But I thought I was getting married,’” Tomas says. “I thought, ‘We'll never find another person, because how many people want to do this?’”

Shortly before the surgery, Wagner

and Tomas met for the first time. They were both at the hospital, getting tested. Wagner had described himself as skinny, so Tomas looked around the waiting room, identified the skinniest guy in it, sailed up and introduced herself. For her, the meeting was wonderful: she felt that they'd known each other all their lives. Wagner managed to be friendly, but he was all churned up. He didn't know what to make of this exuberant lady he was giving his kidney to; he couldn't figure out what emotions he should allow himself to experience. His mother had died less than a year before, and now here he was potentially entangling himself with another very sick older woman, and what did that mean? Donating a kidney to find yourself a new mother, what could be more obviously twisted than that? He was also worried that he'd done a bad thing by allowing himself to meet Tomas at all. It made him feel guilty. Did it diminish the value of his deed to accept her gratitude? Wouldn't he be a better person if he hadn't met her and had received no thanks? Had his donation now become just a matter of gratifying his ego? By the time he got home, he felt completely drained.

The surgery itself left him feeling battered and exhausted. Afterward, when he was sitting in his hospital bed, the phone rang. A woman on the other end, who had heard about him on the local news, told him that she hoped his remaining kidney would fail quickly and kill him, because her husband had been next in line to receive a kidney and he, Wagner, had given his to someone else. Wagner asked the hospital to turn his phone off after that, but then someone wrote an article about him in the *Philadelphia Daily News*, wondering whether it was fair for him to pick his recipient, choosing who lived and who died. He couldn't understand it—he had heard about a sick woman who lived near him and he had helped her. How could that make people angry?

After he got home from the hospital, he started feeling very sad all the time. He admitted to himself that it was difficult to come down off the high of being a hero. Before the surgery, everyone he knew had made a big fuss about him; there had been a lot of hoopla at the hospital, attention from the local media. He had loved telling people that he was donating a kidney to a stranger, just to see their reactions. Now all that was over. Worse, Tomas had

suddenly stopped returning his phone calls. Was she angry with him? he wondered. Looking for advice, he started posting on a Web site, Living Donors Online, and he discovered that many donors had to deal with peculiar emotions after surgery. He read about one case in which a woman had donated to her sister, but the kidney was rejected and her sister died; after that, the rest of the family stopped speaking to her. One spouse donated to the other, then the recipient spouse left the donor, perhaps because the burden of gratitude had left the marriage irredeemably distorted. That had happened quite a few times, it seemed.

Finally, worried, Wagner started calling hospitals, and he found Tomas. She'd been very sick and hadn't wanted to scare him, but now she was better, and she wanted Wagner in her life. Still smarting, he wasn't sure. She invited him to her son's wedding. He declined, several times, until finally she got angry and yelled at him, and that, somehow, for Wagner, made everything all right. If she could yell at him, then he was not always perfect in her eyes and they could have a normal friendship. She wasn't his mother, he knew that; it would be fine. In fact, Tomas did consider herself his mother, more or less. She wanted him at her house on holidays, she hounded him about smoking and taking his blood-pressure medication. But it was fine anyway.

So what do you make of Paul Wagner? Do you find the idea of donating a kidney to a stranger noble? Or freakish? If the latter, is it the extremity of the act that baffles you? Does it seem crazy, giving something that precious to someone for whom you have no feeling, and whom, if you knew him, you might actually dislike?

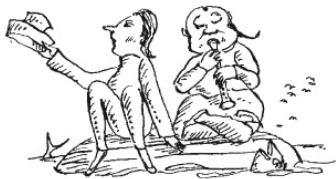
Perhaps it's not quite as crazy as it sounds. Kidneys are now often extracted laparoscopically, which leaves only tiny scars. A donor usually feels normal again in two to four weeks, the remaining kidney growing to compensate. And the risk

of complications is low. If a person gets kidney disease, it affects both kidneys, so as far as that goes a donor is not giving away his spare (though a spare kidney is useful if the other is damaged in a car accident, say, or if a person develops kidney cancer). Still, the carnality of the act, the violation of the body, stops people. Its moral logic seems, to some, inhumanly rational, suicidally so: If we're going to start thinking of bodies as repositories of spare parts for other people, why not donate all our organs and save many lives?

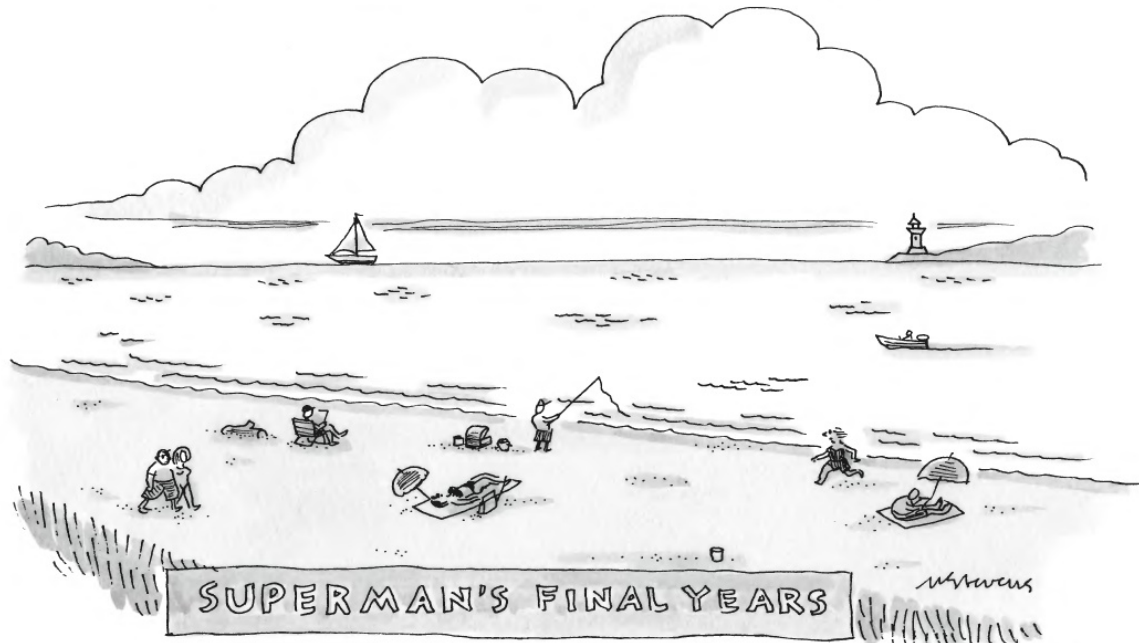
Most people find it uncomplicatedly admirable when a person risks his life to rescue a stranger from fire, or from drowning. What, then, is it about saving a stranger by giving a kidney, a far lesser risk, that people find so odd? Do they feel there is something aggressive about the act, as though the donor were implicitly rebuking them for not doing it, too? (There is no rebuke in saving a stranger from drowning—you weren't there, you couldn't have done it. And you can always imagine that you would have if you had been.) Or perhaps it's that organ donation, unlike rescue, is conceived in cold blood, and cold-blooded altruism seems nearly as sinister as cold-blooded malevolence. Perhaps only the hot-blooded, unthinking sort can now escape altruism's tainted reputation, captured in the suspicious terms for what people are really engaged in when they think they're helping (sublimation, colonialism, group selection, potlatch, socialism, co-dependency—the list goes on).

Giving a kidney to a stranger is more common than you might think. Potential donors register on MatchingDonors.com almost every day—more than seven thousand have signed up so far (though, to be sure, many of them get no further than signing up). Either through MatchingDonors or through a hospital, about six hundred have gone through with the surgery—each for his own reasons.

MatchingDonors.com was thought up five years ago by a forty-year-old entrepreneur from Canton, Massachusetts, named Paul Dooley, who had trained as a dentist and had previously founded a Web site that matched employers with job seekers. Dooley's father had needed a kidney transplant but had been told that he had no chance of reaching the top of the waiting list in



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time. After he died, Dooley wondered whether a matching Web site like the jobs site could have saved him. He asked his doctor what he thought. The doctor, Jeremiah Lowney, thought it was a bizarre idea. Why would anyone donate his kidney to a stranger he found on the Internet? It made no sense. But then he logged onto the National Kidney Foundation Web site and discovered a survey in which nearly a quarter of the respondents said they would be willing to donate a kidney to a stranger. Lowney called Dooley back, and together they started up the site.

Lowney's being a doctor gave the company credibility, but in fact MatchingDonors offered no medical services. It provided a forum for patients and donors to meet; that was all. Once a patient and a donor found one another, it would be up to each to figure out whether the other was telling the truth. Was the patient as sick, or as healthy, as he claimed? Would the donor try to extort money later? Was he as nice as he seemed? It was the Internet—nobody knew. (A couple of years ago, a middle-aged woman from Michi-

gan donated a kidney through MatchingDonors. Two months later, she was arrested for trying to have her husband killed.)

The first patient to list himself publicly on the site was Bob Hickey, a psychologist in his mid-fifties who'd learned he had kidney cancer. At first, he'd done what his doctor told him to do: he went on dialysis, signed up on the official waiting list for a cadaver kidney in his region, and hoped that he would reach the top of the list before he died. His chances of doing so were middling. Since he lived in Colorado, he would likely get a kidney sooner than in most parts of the country—at that point, in 2000, the median waiting time where he lived was around two and a half years, less than half what it was in New York, for instance. But his transplant center told him that he should expect to wait about four years. You couldn't survive on dialysis forever, and many people did die waiting for a kidney—an average of nearly nine a day. The national list was about fifty thousand names long.

Dialysis can be a kind of death-in-

life. The treatment itself is gruesome, sometimes painful—you are attached to a machine for several hours at a time, usually three or four times a week, while the machine siphons off all your blood, cleans it of toxins, and injects it back into your body. Often the process leaves you too exhausted to work, or do much of anything besides recover. After four and a half years of dialysis, Hickey, still waiting on the list, decided that he'd had enough. He would rather die. He told his wife, and she accepted his decision. He told a religious friend—a little nervously, thinking he might try to dissuade him—and the religious friend said, just give it one more month.

Less than a month later, Hickey saw an article in the *Denver Post* about a new company that was starting up, MatchingDonors.com. He phoned, and Dooley told him that for a patient the service cost two hundred and ninety-five dollars a month, five hundred and ninety-five dollars for life. Hickey told him he was a carpetbagger and a rip-off and hung up. After another week of dialysis, he called back and signed

on. Within a month, he had dozens of offers. About fifteen per cent of them were from people looking for money or a green card, but the rest seemed legitimate. He had no idea how to sort through them, and Dooley had no idea, either—he hadn't anticipated that an excess of donors would be a problem. Hickey asked his transplant center, Presbyterian/St. Luke's Medical Center, in Denver, for advice, and was told that since he was such a big man, six feet five, he should try to find someone around his own size; that eliminated all the women. Then he eliminated all the men over fifty-five, put the rest of the names in a hat, and picked out Rob Smitty.

Rob Smitty was thirty-two years old, from Chattanooga, Tennessee. He was in a bad place in his life. He had dropped out of high school and done some time for possession of LSD. He was divorced and was behind on his child-support payments. He worked as a door-to-door salesman for a meat company. One day, he was playing spades on the Internet when a pop-up ad asked him to register as an organ donor. He googled "organ donation" and discovered that all sorts

of people were trying to find kidneys online, some of whom were willing to pay. Being paid to donate a kidney sounded good to him—one person wanted to pay him a quarter of a million dollars. Then he found out that selling a kidney was illegal, and he figured that with his luck he would definitely get caught, but by then he was hooked on the cause and he decided to donate for nothing. It seemed to him that he hadn't done all that much with his life so far, and this was something worthwhile that he could accomplish and feel better about himself. Smitty wanted to pick his recipient, so he spent months online, searching. He was touched by one posting he read on a Web site about a fifteen-year-old kidney patient named Joshua, so he called the number. The woman on the phone told him it was too late—Joshua had died. "Well, I felt like I'd just taken a huge crap and stepped back into it," Smitty says. Then he came across MatchingDonors.com.

When Hickey talked to Smitty on the phone and decided he was for real, he was so excited that he jumped in his car and drove a hundred miles from Vail, where

he lived, to the transplant center in Denver to deliver the good news. He said he had dozens of donors and could get everyone on the waiting list matched up immediately. The transplant people didn't react as he'd expected them to, however—they told him to be careful, he didn't know what he was getting into, making deals with strangers on the Internet. But they accepted Smitty as a donor.

On October 18, 2004, Hickey and Smitty were lying on gurneys with I.V.s in their arms, waiting for surgery to begin, when their surgeon strode angrily up to Hickey, waving a newspaper. He had just discovered, he claimed, that Hickey had found his donor through a Web site, and, since that obviously meant that Hickey was paying him, the surgery was off. "He got in my face and said, 'If you think I'm going to do a transplant on you, you've got another think coming,'" Hickey says. "I said, 'I don't know who the hell you are to treat me like this, but if this transplant isn't done today there will be more lawsuits flying around than you can contemplate.'" There were reporters and TV trucks out front, and Hickey wondered aloud to his wife as they left whether someone had found Elvis Presley alive in the hospital—he didn't realize they were there for him. His intention to file suit made the local news, the hospital's ethics committee quickly held a meeting, Hickey and Smitty promised that no illegal payments had been made, and the surgeon performed the transplant two days later.

Ever since, Hickey has made kidneys his life's work. People whose transplant centers won't deal with donors they met through the Internet call him and he steers them to surgeons who will. He raises money to compensate donors for expenses and lost wages (that sort of compensation is legal). He is fighting the kidney establishment on several fronts. He suspects, for instance, that UNOS—the United Network for Organ Sharing, the nonprofit company to which the government contracts out the management of the cadaver-organ waiting list—intimidates transplant centers into rejecting Internet donors, and, indeed, UNOS takes the position that MatchingDonors.com "exploits vulnerable populations and undermines public trust in the equitable allocation of organs." Hickey believes that it was UNOS's posi-



"You should never engage in unsupervised introspection."

tion that caused his surgeon to cancel the transplant. (Citing patient confidentiality, the surgeon declined to comment. A spokesman for UNOS denied that it engaged in intimidation, in Hickey's case or in any others.) Smitty considers himself lucky that he happened on a recipient he can be proud of. "What if I gave this guy a kidney and he's an alcoholic?" Smitty says. "I never asked. He could have gotten drunk some night and killed a family and I would have felt terrible. I wondered, Am I supposed to save him? What will happen when he goes back into society? You're messing with the future here—someone who was going to die, all of a sudden they live."

Eight days after the surgery, Smitty was jailed for nonpayment of child support. "I thought maybe the judge would cut me some slack—I donated a kidney, I can't be that bad—but it didn't happen that way," he says. Soon afterward, he was able to pay, because a man read about his case in the newspaper and decided to help him out, but he feels that he has never exonerated himself in the public mind. Before his surgery, he wanted the media to cover it, thinking it would do good to publicize the need for kidneys, but some of the articles written about him were skeptical or downright hostile. An Associated Press reporter wrote a particularly nasty piece quoting Smitty's ten-year-old daughter saying that she didn't think he was much of a hero, because he owed money to her mother. The article also implied that Smitty gave his kidney in order to make money to pay off child support, though this didn't make sense, because the person who gave him money had never heard of Smitty until afterward.

Smitty went on a TV program called "Lie Detector" and took a polygraph test in which he claimed that he hadn't been paid for his kidney, but he failed. He is still bitter about this. He suspects that the test was manipulated. "The media wanted to crucify me," he says. "A lot of people want to hate on me for doing what I did because they couldn't do it." Later, he hired a former head of the F.B.I.'s polygraph unit to administer a second test, which he passed, but nobody wanted to report on that. Still, he hasn't regretted his donation for a moment. "It's the brightest thing in my life, that I've ever done," he says. "Just to

know that some people are living better lives out there because of me—little old me."

The skeptical view of altruistic donors that Hickey and Smitty's surgeon seemed to take is not unusual. Doctors tend to be deeply suspicious of them. Especially in the early days of kidney transplants, in the late sixties and early seventies, many doctors saw altruistic donation through the lens of psychoanalysis, and, viewed thus, it looked troubling indeed. What was "altruism," after all? A motive so much in conflict with primary instinct had to represent some kind of pathology. Was it masochism? Unresolved guilt? Altruistic donors, some doctors felt, were "not to be trusted," "screwballs." "These people must be abnormal—to do such a thing," one transplant surgeon said. Donating an organ to a stranger was not just not admirable, doctors felt—it was perverse, it offended the conscience. It was against human nature.

In 1967, a long-term study of living, unrelated kidney donors was initiated, with the aim of helping transplant centers form policies on these confounding individuals. The study subjected the donors to free-associative interviews, dream analyses, and Rorschach and thematic-apperception tests. Published in 1971, it found evidence, in the donors, of primitive masochism, reaction formation against early sadism, homosexual conflict, pregnancy symbolism, and penis envy. But it argued that, in this, the donors were no different from the rest of mankind, and that, after the operation, each donor reported a deep feeling of increased self-esteem—a feeling "that he had done something wholesome and natural with no indication of regret." ("Only good thing I ever did," one donor, who, according to the study, suffered from inadequate personality, said. "I'm better for it.") There were no reports of post-operative depression or physical ailments.

This study, however, didn't change anything. Forty years ago, even donors who were family members were regarded warily. Beginning in the late sixties, two academics, Renée Fox and Judith Swazey, spent years observing transplant centers, and found that surgeons and psychiatrists went to heroic lengths to draw out the conflicts and ambivalence that lay hidden beneath donors' supposed willingness to

undergo surgery. If the potential donor's motivation appeared inadequately healthy, they turned him down. Billy Watson (a pseudonym), a ten-year-old boy, needed a kidney transplant in order to live, and his mother wanted to donate. But was Mrs. Watson's motivation acceptable or pathological? the doctors wondered. Mrs. Watson had nine other children—was she showing an unhealthy favoritism toward Billy by wanting to keep him alive, since the surgery would leave her temporarily unable to care properly for the others? And was this a normal family, psychologically? How stable was the Watson marriage? (After two months of debate, the doctors reluctantly decided to permit Mrs. Watson to donate.)

One man wanted to donate a kidney to his brother, but his wife opposed the idea; the renologist suspected that the man was motivated to donate in part in order to break away from his domineering spouse, and rejected the man as a donor. Another case involved Susan Thompson (also a pseudonym), a twenty-six-year-old unmarried woman. Her mother said that she wanted to save her daughter, but the transplant team noticed that, while undergoing testing, Mrs. Thompson developed gastrointestinal problems and heart palpitations. The team decided that, on an unconscious level, she didn't really want to give up her kidney, so they told her she was "not a good tissue match" and turned her down.

Doctors began to realize that to transplant an organ was to stir up the muck of familial emotions, with consequences that could not be predicted. Donation tended to bind the donor and the recipient together, sometimes with love, sometimes with guilt, or gratitude, or a feeling of physical union due to the presence of the organ of one in the other's body. The strength of these new bonds could weaken other bonds and leave families strained and distorted. If a person donated to a sibling, for instance, might he not become too close to that sibling, at the expense of his relationship with his spouse? One transplant physician believed that, after a sister donated to her brother, the sister "felt absolute control over her brother, as if she had castrated him." After the surgery, instead of going home to his wife and children, he moved into his sister's house to recover. Another man was so overcome by a feeling of obligation toward

his donor sister that he couldn't stand to look at her. A son refused a kidney from his mother because, he told his surgeon, "she's devoured enough of me already." The force of gratitude could be dreadful with the gift of an organ, when no thanks seemed adequate and reciprocation was impossible. There was, Fox and Swazey observed, following the French anthropologist Marcel Mauss, something tyrannical about a gift. "Why does the benefactor love the recipient more than the recipient loves the benefactor?" the bioethicist Leon Kass mused on the subject of transplants, alluding to a passage in Aristotle's *Nicomachean Ethics*. "Because the benefactor lives in the recipient, the way in which the poet lives in the poem."

Even in the case of cadaver donors, emotions shadowed the transplant. In fact, the burden of gratitude could be even weightier when the donor was dead, particularly if, as was often the case, the donor was young, and the death was sudden and terrible. Donor families, appreciating the magnitude of their gift, sometimes felt that the recipient had become part of their family, someone they could love and also lay claim to. One father of a dead son said to the father of the girl who had received his boy's heart, "We've always wanted a little girl, so now we're going to have her and share her with you." Many people felt that, in some quasi-animistic way, the dead beloved survived in the body of the recipient. ("My blood has adopted a child/who shuffles through my chest/carrying a doll," reads a 1970 poem, "Organ Transplant," about an adult who has received the heart of a dead girl.) People cared deeply about what happened to the remains of their dead, even when those remains consisted only of ashes; how much more potent this caring became when the remnants consisted, instead, of a pulsing kidney, or a still beating heart.

All these strong, atavistic emotions made transplant teams uncomfortable, and, over time, protocols were developed to keep transplants anonymous and families apart. A regime of emotional hygiene was put in place. Perhaps in the future, it was thought, when transplants became more ordinary, these precautions would no longer be necessary. Perhaps this attachment to the organs of the dead would come to seem as strange as the belief that a person's hair cuttings or fingernail clippings could be used to place a curse on

him. Perhaps the thought of an organ living by itself, separate from its owner, would no longer seem uncanny, gothic, something out of Poe. And perhaps this change would also ease the reluctance that so many families felt toward donating the organs of a relative.

Transplants have indeed become more commonplace, and attitudes toward donation of cadaver organs have changed somewhat, but these changes are mourned by those who feel that they signal an encroaching spiritual callousness. To the ethicist Gilbert Meilaender, for instance, the reluctance that many feel toward donating organs, even after death, is not selfishness or superstition but a sign that our sense of the body as something whole, something human, something sacred, has not yet withered. A society in which everyone in cheerful rationality signed his donor card without a qualm would be, to Meilaender, a horror. The giving of an organ, by the living or the dead, should not be purged of anguish. For him, the tyranny of gratitude is not a perversion of love but the prototype of love: the bond between parents and children.

Melissa Stephens is twenty-four. On her MySpace profile she describes herself like this: "I LOVE CAKE, ask anyone. my favorite cake is funfetti with funfetti frosting. . . . i can draw paint and sculpt. i smile a lot. i like the scent clean linen from yankee candle. . . . i love my friends and i'd do anything for them. my biggest flaw is being too nice to people who are mean to me or that i dont even like. . . . valentine's day is probably my favorite 'holiday' because everything is pink and red. . . . i love ralph lauren. i dont think there is anything more to me."

Stephens works in the administrative offices of a school for children with learning disabilities on Long Island. Previously, she thought she wanted to be a lawyer, but she quit an entry-level job in a law firm because she was shocked by the ethics of the lawyers—the office affairs, the contemptuous way they treated their clients. She grew up in upstate New York and was reared as a strict Catholic. She first heard about kidney donation in seventh grade: a parent told her health class how his child had been saved by a transplant, and the story had stuck in her head ever since—the thought that you could save someone's life.

Early last year, her grandmother died of pancreatic cancer, and she decided to do something in her memory. Even though her grandmother and she had never had a real conversation—her grandmother emigrated from South Korea late in life and never learned English—she felt inspired by her, morally and spiritually. Her grandmother had little money, but she took in travellers, including some who had escaped from North Korea, and fed them. Stephens wanted to do something that would be a fitting tribute to a person like that—something that would set an example, that would inspire other good deeds. Not just going on a sponsored walk—something big, something that people would remember.

Looking around online, she found MatchingDonors.com and searched for patients with her blood type who lived in New York. The first person didn't respond to her e-mail, so she wrote to the second, a fifty-six-year-old rock musician named Kris Randall who lived in Manhattan. Randall called her back the same day. She remembers exactly where she was when she first spoke to him: she was driving home from shopping and he called her on her cell. In the weeks following, as she was getting tested, he called her every day, and they talked for hours. He told her all about his life, his girlfriend, his friends, and how much it would mean to him to have a chance to live. He told her he felt that he was drowning and his friends had thrown him life preservers but she was the only one swimming out to save him. He told her about his musical career, and she formed the impression that he had lots of famous friends, and that after she donated a kidney to him she would be famous, too.

At the time Stephens e-mailed him, Randall had been told that he had about six weeks to live. He had started labelling his guitars with Post-it notes on which he'd written the names of the friends he wanted to inherit them after he was gone. He'd had to stop working at his day job, as an audio engineer, because he could no longer lift the equipment. Since he'd been sick, he'd gone greenish around the eyes and had lost a lot of weight. He'd chosen not to go on dialysis—he'd seen how his relatives had suffered on it, and he had a phobia of needles—and instead was treating himself with alternative remedies, chiefly a substance called IP6, made



"Apparently, fifty is the new unemployed."

from rice bran. He cut out dairy. He slept nineteen times in a hyperbaric oxygen chamber.

Before Stephens came along, he had asked his friends to spread the word that he needed a donor, and, in the course of five years, sixteen people had come forward, but none had worked out. One wanted to sell him a kidney for a car. One offered but then discovered in testing that her kidneys were almost as bad as his. One was H.I.V.-positive, obese, and had tried to kill himself three months earlier; Randall rejected him on the ground that he was likely to fail the psychological exam. But Randall knew that he had to keep sounding positive, because in his world nobody wanted to talk to a sick guy: people loved a winner, and if he couldn't work and make money he was dead to them.

Stephens started to tell people about her plans to donate—her roommate, co-workers—and almost all of them had the same reaction: they wanted to know what the hell was wrong with her. Older women at work told her they would never permit their child to do such a thing. Her nurse at the blood-donation center (Stephens gives blood regularly) said she thought it was the craziest thing she'd ever heard. Even a person who had a relative waiting for a kidney transplant said that

she would never let a child of her own donate. Stephens found these reactions disturbing. She understood that donating a kidney was not for everyone; some people couldn't handle the pain, or the loss of control—that she knew. But she found it harder to understand why people would think *she* was nuts. It seemed to her that she was simply helping someone in need, in the same way that she'd stop to help if someone had an accident on the road.

At a certain point, it occurred to her that the people who thought she was nuts might not, in fact, stop to help if they saw an accident on the road. But this was one of the reasons she had decided to give a kidney in the first place: to set an example for people like that. She believed that most people were selfish and materialistic, but that if they were reminded that others also had needs and wants, as important as their own, then maybe they would be a little less so. The petty selfishness of daily life drove her crazy and she wanted to fix it. She hated the way that, in the checkout line at Target, a person with a whole cartful of stuff would not let a person with only one or two things go ahead of him. She hated that, when she was driving and let a pedestrian cross the road, the driver behind her would honk in frustration. She always

tried to do nice things for others. At work, she would often buy coffee for her co-workers without being asked, though mostly this just bewildered people.

Her parents didn't think she was nuts—they were proud of her. Stephens wrote on her blog, "i have always felt loved, cared for, secure, content, inspired and grateful for the family i was given . . . and i want to give back some of the love i've received (i almost want to cry writing this, haha)." Then she made her pitch. "where does backstabbing and climbing over each other to get to the top get us? it leaves us with angry and hurt people and only a few happy, greedy ones," she wrote. "i am helping in an extreme manner, but YOU can do things to help too. . . . volunteer. donate. give. love. and receive love back."

Just before the surgery, Stephens met Randall for the first time. He came up to her in the donation-center waiting room and nudged her. Stephens, caught by surprise, was paralyzed. "When I have a crush on somebody or—not to say I have a crush on him—but when I'm intimidated by somebody, I have a very hard time making eye contact," she says. "I could not look him in the eyes to save my life. It was just very—I don't know. It wasn't what I thought it was going to be at all. It was just uncomfortable." Randall also found the situation odd, though not unpleasant. "It's like meeting a mail-order bride," he says. "You're happy about it, but it's still unusual."

After the surgery, Stephens stayed in bed for days. Her mother took care of her. She was in pain, she was exhausted, but the worst part was that she never heard from Randall. She was devastated. She had given him so much, she was going through this pain for him, and he couldn't even say thank you? Her friends' sympathy just made her feel worse. "So many people said, 'It's like he got what he wanted and then left,'" she says sadly. She did a little research on him and found out that he was not as famous as she'd thought. "It made me look like an idiot, because I was telling people . . . he played for Led Zeppelin and Mick Jagger, and wrote songs for them, and he was, like, 'You're gonna be so famous,'" she says. "That's not what I wanted at all, but he really hooked me and then after he got my kidney—I don't know."

For weeks she stewed, angry and miserable. Finally, she blogged about how hurt she felt, and he called—he'd read

what she'd written. He'd been in pain, he explained, and his sleeping had been out of whack, so he hadn't been able to phone. She thought that was a pretty weak excuse. He thanked her and said he was grateful, but he didn't, she felt, *really* thank her. More silence followed. She called several times and he didn't call back and finally she told herself that she was washing her hands of him. Sometime later, he sent her some photographs. "I get this e-mail from him that's like, 'Just got back from St. Maarten!'" she says. "So I was like, that asshole went to St. Maarten—the pictures are of him hanging on the beach, holding a drink, sunbathing—and he couldn't even pick up the phone to be like, 'I'm doing well, thank you? Now I wish I had kept my donation anonymous, because, fine, he gets the kidney, he goes to St. Maarten, has a good time, and I don't ever have to know about it. I guess it's like if somebody's cheating on you do you want to know or do you not want to know? It's the same feeling.'"

Right after the surgery, Randall felt as if every nerve in his body were screaming—he couldn't wear clothes, he was so uncomfortable. And he was taking lots of Vicodin, which made him feel like nothing. He didn't want to play music, he felt nothing for his girlfriend or his family. "I just wanted to be alone," he says. "It's like a dog goes into a closet to heal." Gradually, he started to feel better, and began to talk on the phone again. "A lot of my friends ask me, 'What's it feel like having a piece of a girl in you? Not just a stranger, but a *girl*.' I say, 'You know what? Every morning I wake up and I say, 'Hi Melissa, how are ya?' It's like having my best friend right near me. As far as I'm concerned, it's still hers. I just like to say, 'How you doin'? Everything good? You want something to drink?' A twenty-two-year-old girl, oh, I feel like the luckiest bastard in the world, I'll be honest with you.'"

Even now, a year later, Stephens finds the subject of Randall painful. "People think you're going to have this amazing connection that nobody else can have," she says. "But it's not like that. It's not like we fell in love. I mean, he tells me he loves me, but I can't even bring the words to my mouth to say it back, because I don't love him. This might sound crazy to other people, but if I were going to help somebody bring groceries to their car this is the same type of thing to me. I'm not going to

love that person for helping them put groceries in their car." Still, she doesn't regret her donation. "It's a huge accomplishment," she says. "It's a big milestone in my life. I'm going to be able to tell this story forever and ever and ever."

Last December, five months after the surgery, she checked the counter on her blog and discovered that it had eighty-five hundred hits. She was thrilled, and decided to make another effort to inspire good. "I plan on volunteering some time at the local food pantry to help those in need this winter, and you should consider doing the same," she wrote. "although you may feel like (and very well may be) suffering somewhat, it is more than likely someone out there is having a harder time. so next time you're at the store and see the volunteer ringing the bell for the salvation army, drop in a dollar or two. . . . don't push and shove to get in front of one person while doing your gift shopping. . . . and thank god every night for the wonderful life you have. . . . happy holidays, melissa."

The waiting list for kidney transplants keeps getting longer, and more and more people die waiting. There are now about five hundred thousand Americans with end-stage renal disease, and about

eighty-seven thousand die from it each year. A person's position on the waiting list is determined by a complex algorithm devised by UNOS that attempts to steer a middle ground between productivity and fairness. Should a kidney be given to the patient who will get the most years of life from it—the youngest, or the least sick? Should children be given priority, as they are now? Or should the list be strictly first-come, first-served, even though that would mean that organs would mostly go to the sickest patients, who might die soon even after a transplant?

The debate over fairness in organ allocation is haunted by kidney history. When the artificial kidney—the ancestor of the dialysis machine—first became able to sustain kidney patients for more than a few weeks, in the early nineteen-sixties, Seattle's Artificial Kidney Center, which owned the equipment, formed a committee to decide which of thousands of dying kidney patients would get to use it and live. The committee, which included a minister, a housewife, a banker, and a labor leader, determined the worthiness of the applicants by considering, among other factors, their church attendance, their marital status, and their net worth. This process, and similar ones at other



Midas Loses His Touch

centers, became, not surprisingly, quite controversial. Some time later, a federal entitlement through Medicare was passed that secured access to dialysis for nearly everyone. The result of this has been that thousands of kidney patients who forty years ago would have died quickly now die slowly while waiting on the list.

There are those who feel that fairness is paramount, and they tend to oppose MatchingDonors because it charges for its services (although it waives the fee for those who can't afford it), and because it permits donors to bypass the UNOS list by picking their recipients. Douglas Hanto, the chief of transplantation at Beth Israel Deaconess Medical Center, in Boston, for instance, feels that the system should work the same way for everybody—that there should be just one line to stand in. He concedes that it's possible that MatchingDonors draws in people who wouldn't otherwise donate—people who need the tug of a human story to sway them—thus making everybody better off, but, as long as its dating-service model favors the photogenic, the eloquent, and the computerized, he is against it. "We are all going to die," he says. "We have to do everything we can for our patients, but within the boundaries of moral principles. As much as we want to save everybody, we just can't."

Many people feel that it is a more elevated moral act to donate anonymously: not to pick a recipient, in other words, but simply to show up at a hospital and offer one's kidney, leaving it to the transplant center to assign it to the next person on the list. Sometimes the recipients in these transactions choose not to meet their donors; sometimes they don't even send a note to say thank you. For a donor to pick a recipient through a service like MatchingDonors can seem, from this perspective, like egotism—playing God by choosing who will live, and encouraging gratefulness by arranging for a relationship with the recipient. But, in a certain literal sense, a nondirected donation is not altruistic in the way that picking a recipient is, because there is no *other* there. There is no human story, just a principle; the only thing visible to the donor is his own shining deed.

In the kidney world, fierce debates take place over the best way to address the shortage of organs. The least controversial is to increase the number of people who

MONJA BLANCA

The wild White Nun, rarest and loveliest
Of all her kind, takes form in the green shade
Deep in the forest. Streams of filtered light
Are tapped, distilled, and lavishly expressed
As petals. Her sweet hunger is displayed
By the labellum, set for bees in flight
To land on. In her well, the viscin gleams:
Mesmeric nectar, sticky stuff of dreams.

This orchid's sexual commerce is confined
To flowers of her own class, and nothing less.
And yet for humans she sends so sublime
A sensual signal that it melts the mind.
The hunters brave a poisoned wilderness
To capture just a few blooms at a time,
And even they, least sensitive of men,
Will stand to look, and sigh, and look again,

Dying of love for what does not love them.
Transported to the world, her wiles inspire
The same frustration in rich connoisseurs
Who pay the price for nourishing the stem
To keep the bloom fresh, as if their desire
To live forever lived again through hers:
But in a day she fades, though every fold
Be duplicated in fine shades of gold.

Only where she was born, and only for
One creature, will she give up everything
Simply because she is adored; and he
Must sacrifice himself. The Minotaur,

register to donate after death. Some suggest that the United States adopt a "presumed consent" protocol for harvesting cadaver organs, as many countries in Europe have done. This would likely produce more kidneys, but, since only a small number of the dead possess organs healthy enough to work in a transplant, it would not solve the problem. Another way is to encourage donation from the living. If the safety of the surgery were better understood, perhaps more patients would ask their family and friends for help. Not everybody does—according to a recent study, fifty-four per cent don't ask anyone at all.

Asking for a kidney is a complicated business. It can be a matter of political sensibility. When the Catholic feminist activist Frances Kissling was told that she needed a kidney, she sent out an e-mail to a wide circle of friends describing her need. She decided that, although reliance

on the generosity of others was new to her, it was not a bad thing—it was, she felt, of a piece with her feminism to turn to her community for help. ("I think of transplantation as something that brings us closer together as human beings," she says. "Sharing bodies is great, just as sex is great.") On the other hand, Sally Satel, a psychiatrist and author at the conservative American Enterprise Institute, didn't want to ask for help—she hated the thought of imposing, and of being beholden. Ideally, Satel would have liked to pay someone for a kidney: payment would, she felt, keep the transaction straightforward and reciprocal, leaving both parties free of entangling emotions. But, since payment was illegal, she turned to MatchingDonors.com, hoping to find a stranger, the next best thing. (As another kidney patient put it, "With family, there would be guilt trips," but from a

Ugly, exhausted, has no gifts to bring
Except his grief. She opens utterly
To show how she can match his tears of pain.
He drinks her in, and she him, like the rain.

He sees her, then, at her most beautiful,
And he would say so, could she give him speech:
But he must end his life there, near his prize,
Having been chosen, half man and half bull,
To find the heaven that we never reach
Though seeking it forever. Nothing buys
Or keeps a revelation that was meant
For eyes not ours and once seen is soon spent:

For all our sakes she should be left alone,
Guarded by legends of how men went mad
Merely from tasting her, of monsters who
Died from her kiss. May this forbidden zone
Be drawn for all time. If she ever had
A hope to live, it lies in what we do
To curb the longing she arouses. Let
Her be. We are not ready for her yet,

Because we have a mind to make her ours,
And she belongs to nobody's idea
Of the sublime but hers. But that we know,
Or would, if it were not among her powers
Always across the miles to bring us near
To where she thrives on shadows. By her glow
We measure darkness; by her splendor, all
That is to come, or gone beyond recall.

—Clive James

stranger “there’s no attachments. At that point, it is just a slab of meat.”)

Satel ended up accepting a kidney from an acquaintance who offered, the libertarian writer Virginia Postrel, but she remains dedicated to the cause of legalizing payment for organs. By this, she doesn’t mean establishing an open market in which patients would pay cash to donors directly—even those who favor that approach realize that it would be, for reasons of cultural sensibility, unfeasible. Many people find the idea of paying cash for organs grotesque, although it is legal to pay cash to egg donors and, in some states, surrogate mothers, for their time, effort, and suffering. (The fuzzy line that separates organ-selling from these other practices is that it involves the removal of a body part, whereas the others leave the body more or less as it was, extracting only “tissue,” and so can be thought of as labor

for rent.) Instead, the idea would be to permit the government or insurance companies to compensate donors in some way: probably not in cash—so as not to risk exploiting the desperate—but in some more displaced and future-oriented form such as a health-insurance policy, a 401(k) contribution, or a college fund.

Kimberly Brown-Whale is a United Methodist pastor at a church in Essex, Maryland, a depressed town—pawnshops, storefront churches, bars—just east of Baltimore. She is fifty-three,



bony and pale, with gray hair chopped at the chin and clipped tightly back on either side of her part. Her husband, Richard, is also a pastor, and they have spent about ten years abroad doing missionary work: they were posted twice to the Caribbean, to Anguilla and Grenada, and twice to Africa, first to Mozambique and then to Senegal. They own almost nothing, because when they go overseas the church doesn’t ship anything and they have nowhere to keep their stuff, so each time they give everything they’ve acquired to people they know, or to thrift stores. The Brown-Whales have three children. They adopted their eldest and their youngest, Sarah and Cassie, from foster care as babies—Sarah in Maryland, and Cassie in Grenada. They also have a biological son, Peter. They didn’t plan to have a family that way; that was just how it worked out.

They volunteered as missionaries because they wanted to expand their horizons, but the work was difficult. In Senegal, they were posted to a remote area where there wasn’t much food, and sometimes they were too hungry to sleep. Often, people couldn’t understand what they were doing there, and suspected ulterior motives: people saw that their daughters were not their biological children and suspected that they’d kidnapped young Africans to be their servants. Shortly after they arrived in Mozambique, Richard Brown-Whale was attacked on the street—robbed and choked and left for dead. Then they discovered that Peter had a heart condition. Shortly after that, they were attacked by a mob that was convinced they’d kidnapped their younger daughter and tried to snatch her away. After that, the family went home for a bit, but they decided to return to finish their stint. Kimberly Brown-Whale’s parents begged them not to go back, and even some in the church said that they should stay home, but they felt that going back was the right thing to do. “Life is risky,” she says. “You can get attacked at home just as easily as you can get attacked anywhere else. You can get sick at home as easy as you can get sick anywhere else. We had made a promise and we wanted to keep the promise. We were doing good work and we wanted to see it out.”

Brown-Whale didn’t grow up in a religious home. Her father, an aerospace engineer, always told her she was a Pollyanna, naively believing that people were good and

things would work out for the best, but she liked that about herself. When she was working abroad, she worried that it would harden her heart—that she'd grow used to the misery around her, having continually to turn away from people tugging at her clothes—but she believes she's still the same Pollyanna she always was. If someone does something cruel, she won't dislike him: she'll say that what he did doesn't make sense to her, or that there must be more to the situation than she knows about; or she'll come up with some convoluted explanation that makes the person's behavior look reasonable. She is not a dispassionate judge—when one of her parishioners is hurt she gets very emotional. "I think empathy is a good thing," she says. "Not all of my colleagues would agree. But when someone tells me something and it hurts so much that it makes me cry, I don't think that makes me any less effective as a pastor. I think the more you care the more people are willing to hear what you have to offer. I tell them, 'Because I love you,' and I do."

Last year, she saw an item on the TV news about a local woman who needed a kidney, and she immediately called the hospital, Johns Hopkins, to offer herself as a donor. Testing established that she

was a terrible match for the woman, but the transplant nurse asked her if she'd be willing to donate to someone else, and she said she would. The nurse asked if she needed to know who the recipient was and she said she didn't, she trusted the hospital to pick the person who needed it most. She thought it would be neat if she could meet the person afterward, but, if the person didn't want to, that would be fine, too.

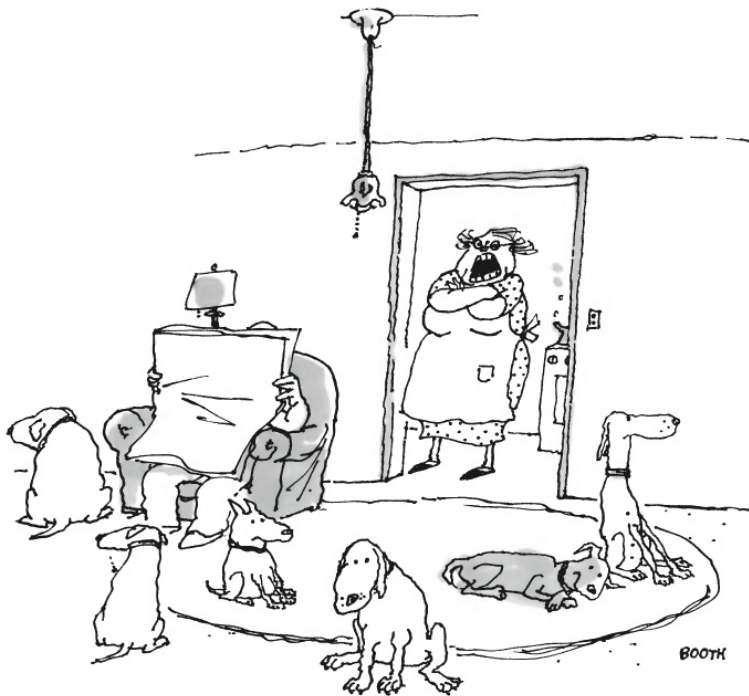
Part of what appealed to her about donating a kidney was the concreteness of it: she knew that she was helping someone, and she knew exactly how. She thought of herself as being in the helping business, but so much of her work was just talk, talk, talk—her Sunday sermons, funerals, visiting parishioners in the hospital—that she often wondered whether anything she did made any difference. It was difficult to help. When she got home, there were always people sitting on her front steps waiting for her, and if she didn't know a person she worried that if she gave him money he'd spend it on drink or drugs, or that he'd become dependent on her. She knew that people sometimes lied to her about what they needed, and that always left her feeling compromised. And

then things would go wrong. Like the time she asked seventy kids in a shelter what they wanted for Christmas, and parishioners spent a lot of money buying them those things, and then the presents were stolen.

The morning of her surgery, Brown-Whale sneaked out of the house at dawn, leaving Cassie and her husband sleeping. They'd wanted to come with her, but they'd had a long drive the day before, so she decided not to wake them. She wasn't nervous. She'd spent the weekend coping with her elderly father, who had been visiting, and, what with constantly worrying about him injuring himself in her house and then chaperoning him on the plane back home, she hadn't given the surgery much thought. Insofar as it had crossed her mind, the idea of accomplishing something while asleep, followed by several days of enforced passivity, had seemed rather attractive.

She lay on her back on the operating table, unconscious and lightly breathing. Her pelvis and legs were hidden under sheets; her face and chest, screened off by another sheet, were visible only to the anesthesiologist; her bare midsection was exposed. Four small incisions were cut in her skin—blood prickling up at the scalpel's edge—and a fifth, lower down, just above her pubis, slightly longer, about three inches. Into this last was threaded a tiny camera on a stem; an image of her viscera—gleaming, bulging, bloody—appeared on a screen above the table, brightly visible in the dark room. A retractor was inserted into a second incision, to push her liver out of the way. Into a third went the scissors, into a fourth the graspers (tweezers). Holding the graspers, the surgeon—Robert Montgomery, chief of transplantation, his handlebar mustache, which extends almost to his clavicle, tied up in an elastic band—tugged gently at the fat under her skin, and at the connective tissue, the taut, thin membrane holding her insides in place, separating off a tiny piece for his scissors to snip. The graspers tugged, the scissors snipped, tug, snip, tug, snip, carefully, slowly, inexorably, cutting a path down through the layers of flesh. Tiny puffs of steam emerged from an incision as the flesh was cauterized.

A piece of membrane was tugged aside and a pulsing red vessel was revealed—the renal artery. Then another, bigger vessel,



"Close-order drill! Everybody fall in!"

dark purple, the inferior vena cava, the largest vein in the body, carrying blood from the lower body back to the heart. Coming off the vena cava at a right angle was the renal vein. Tug, snip, tug, snip. The adrenal gland—small, yellowish, attached to the top of the kidney. The surgeon stapled the adrenal vein and gently separated—tug, snip, tug, snip—the gland, which would stay with her. At last, the kidney itself, pink and turgid. The surgeon paused. The anesthesiologist noticed.

“What’s going on?”

“Unclear right now. There’s some artery here I didn’t anticipate.”

Montgomery left his instruments and turned to inspect the X-ray of Brown-Whale’s kidneys. It was usual to extract a donor’s left kidney, but since he’d discovered in a scan that her left had three arteries going into it instead of the normal one, they’d decided to take out the right instead. So what was this second renal artery he’d just come across? He peered at the X-ray but could see no sign of it. He returned to his instruments. It would not be a problem; it would just make the surgery a little more complicated.

Gently, he separated the ureter from the kidney, then clamped and cut it. With the ureter closed, there came the moment to cut the renal artery, the most delicate part of the surgery.

“Can we turn the music down and everyone shut up, thank you.”

Everyone went quiet and watched the screen. Montgomery stapled the artery closed. He cut the artery, paused—no bleeding, no leaks. Then he did the same to the renal vein. He reached into her with a tube containing a clear plastic bag, then lifted the kidney up in his palm. “Look how small it is!” people murmured. He thrust it into a bowl of fluid. He connected the cut-off artery to an I.V. drip so the fluid flushed through the kidney’s vessels and washed it out. (Filled with blood, it would degenerate.) As the blood left the organ, it turned pale, and the liquid in the bowl grew darker. The kidney flushed, Montgomery wrapped it in liquid inside three plastic bags. He placed it on ice inside a cooler, and a nurse took it away.

Two hours later, the recipient, a middle-aged man from Rhode Island, lay on the operating table, being prepped. The hair on his stomach was shaved off, and loose hairs removed

with sticky tape. His stomach was large.

“He’s a little chubby,” Montgomery said, looking at it. More flesh to get through.

Another surgeon stopped by.

“How’d that right go, Bob?” he asked, about taking out Brown-Whale’s right kidney rather than her left.

“It was awkward. Like dancing with a man.”

The surgeon cut a long incision in the stomach, about seven inches diagonally downward from just below the navel. He would put the new kidney not where kidneys usually were, but lower. (It’s not necessary to remove old kidneys, so a person who’s had a few transplants might have four or five inside.)

“Do we have some music?” Montgomery asked. “I don’t want to hear Nirvana again. Put Dave Matthews on.”

Into the man’s belly went the cauterizer, cutting through the yellow glistening fat, through the thin white fascia, then into the dark-red abdominal muscle. Montgomery held the parted flesh open while another surgeon pressed the cauterizer down into it. A white towel soaked up the blood. The room smelled of burning fat. Once far enough down into the man, they clamped the incision wide open with metal retractors and went to work on the abdominal vessels, cleaning, isolating, clamping.

“What the hell vessel is that?” Montgomery murmured.

“Don’t know,” the other surgeon said.

One of the man’s iliac veins was enormous.

“Whoa, doozy,” Montgomery said. “Can we get the kidney up?”

Montgomery carried the kidney from the cooler in its plastic bag. The bag was filled with bright-red blood; the kidney was bloodless and putty-colored. It looked dead.

Montgomery reached into the man’s cavity, clamped the receiving vein, and cut.

“Everybody remember we haven’t clamped the artery yet,” he said. “O.K., knife.”

Montgomery held the kidney’s renal vein open with two graspers while the other surgeon sewed it to the receiving vein in the body of the man. The kid-

ney’s vein was very thin; it was difficult to sew. Then it was time to clamp and attach the artery; Montgomery sewed the man’s artery to the kidney’s. When he was sure there would be no leaks, he released the clamp, and in one second, two seconds, three seconds, the putty-colored kidney expanded with the man’s blood flowing into it and turned pink.

“Isn’t that beautiful,” Montgomery said happily. He felt it gently with his fingers. “How’s that blood pressure?”

“One-twenty-one over sixty-five.”

“Can we have bladder irrigation, please?”

The man hadn’t peed in ten years. His bladder had shrunk to the size of a walnut. Now he was going to have to pee constantly.

Montgomery held up the end of the ureter coming from the kidney and it squirted out its first little drop of urine.

“Look at that!” he cried.

Kimberly Brown-Whale never heard from the man who got her kidney. Other than his name, she doesn’t know a thing about him. She asked the transplant nurse if he was doing O.K. and was told that he was, but that was it. Her own recovery was uneventful. She refused to use the morphine drip in the hospital (she claimed she kept losing the button, though it was attached to her bed), so the nurses sent her home with Tylenol, which she didn’t use, either. The transplant center gave her a potted plant as a thank-you. She was back at work within a week.

Most people who donate their kidneys to strangers say it’s not for everyone, but Kimberly Brown-Whale disagrees. “I don’t see why not,” she says. “People used to say the same thing about the mission field: ‘I could never do what you do.’ Well, why not? You pack up some stuff and you go. Give it a try. We can do more than we think we can. If you’re sitting around with a good kidney you’re not using, why can’t someone else have it? For a couple of days of discomfort, someone else is going to be freed from dialysis and be able to live a full life. Gosh, I’ve had flus that made me feel worse.” ♦

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An audio interview with Larissa MacFarquhar.