

“The Interdependent Web of Heroes”©

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First of all, let me say what a joy it is to be able to introduce myself today as a new member of UUCOD. I especially want to thank Kevin Brandt and the Worship Committee for their kind invitation. Today, I want to tell you about my unique ministry as a health care chaplain and crisis counselor for the last ten years in the organ donation field, and tell you about some heroes that I have met along the way. We are also going to take a little journey through the fields of science, medical ethics and humanities, world religions, and maybe even a little pop psychology. If this sermon were a little longer you could get college credit for it. But the truth is, the quiet struggle of those who wait for organ transplants and the not-so-quiet public debate about how best to provide those organs continues, and makes this subject worthy of our close consideration as a religious community.

I was ordained to the ministry in 1993, after almost 20 years as an EMT-Paramedic and EMS Educator. I made that career change after having worked as a volunteer at make-shift hospice houses in the early days of AIDS. I became a minister specifically to be a chaplain as I felt strongly called to be of help to people in crisis. After I completed the requirements for ordination and a year-long internship-residency at one of San Diego’s Trauma Centers, I was hired as the Director of Spiritual Care at Sharp Grossmont Hospital in San Diego’s East County, a position that I held for just over 10

years. It was a great experience and one of the highlights of my career, but after 10 years of being on-call 24/7 for traumas and other tragic events, in addition to the full-time day job of being a chaplain, I decided I needed a little sabbatical.

Most ministers I know go off on retreat or write a book, but I decided to sink my entire net worth into a dream of owning a coffeehouse/bookstore. The store was actually fun and did a little better than break-even, but in my heart of hearts I knew it was just a vacation from the ministry, and soon the call to return got louder and I sold the store. I did this without a real plan of what to do next mind you, thinking maybe I could pick up a little per-diem work as a chaplain here and there. One day as I was feeling particularly sorry for myself and my poor decision-making, the phone rang. It was the Executive Director of Lifesharing Community Organ and Tissue Donation, an organization that I had done a lot of projects with when I was at Sharp Grossmont.

Lifesharing is affiliated with UCSD, and is the federally-designated organ procurement organization, or OPO, for San Diego and Imperial counties. The Director asked me if I would be interested in developing a chaplain position within their family services department, which at the time had all of one employee. We met, and decided on a part-time schedule, which turned full-time about two weeks after the job started. I ended up staying in that position for another ten years, retiring a year ago this month, and of course making my way here to the desert where I now help out the chaplain programs at Desert Regional and Eisenhower Medical Centers.

My primary role as an Organ Donation Chaplain was to respond to any hospital in our service area, any time of the day or night, and talk to families who have suffered a

terrible tragedy about making their loved one an organ donor, as well as provide them with crisis counseling along with spiritual and emotional support. I also did lots of public speaking, some staff development for the employees, education for health care professionals, some writing and research, and other various projects. But everything came to a halt when the pager went off, and a hospital somewhere in our service area told us that they had a patient who was a potential donor.

I would like you to imagine for a moment the sight of a large football stadium, perhaps during the Super Bowl, completely filled to capacity. For many stadiums that could be around one hundred thousand people. Now think of that stadium as the waiting room for people who need an organ transplant in the United States. As of this morning, there are 116,120 people currently on the waiting list for a heart, lung, liver, or kidney transplant. Nearly 23,000 of those people live in the State of California. Only about 8000 people become organ donors across the U.S. in any given year along with 6000 living persons who donate a kidney; and today, and tomorrow, and the next day, about 20 people, men and women, girls and boys, even some infants, will die while they are waiting for a transplant. In one of our best years ever, we only had about 100 donors in the San Diego area. So you see the gap between those people who need a transplant, and the number of available organs, is huge. It seemed we had our work cut out for us.

Shortly after I was hired at Lifesharing, we hosted an educational conference for San Diego area nurses about organ donation. Right before lunch, we saw a video about a Los Angeles County firefighter who had Hepatitis and needed a liver transplant. The video chronicled his difficult journey, and the number of times he nearly died as well as

the number of times he was called to come to the hospital because they had found a liver for him, only to discover that it wasn't a match. At the end of the video, he was a broken and very sick man, and he had essentially given up. He said goodbye to his wife and young daughter, and was preparing himself to die.

On that somewhat sad note, we dismissed the group to lunch. During the salad course, a speaker came to the podium. She mentioned the man in the video, and then asked the crowd, "Would you like to meet him?" Of course the crowd said yes, and in jogged a strapping, healthy Los Angeles County firefighter with a beaming smile on his face. To a standing ovation, Brian Hindsley took the microphone and like a preacher at a revival, told his story of finally getting a liver and becoming the first firefighter in the nation to return to work after getting a liver transplant. He was a little tired since he had driven down from L.A. after a long work shift, but he lit a fire within all of us who attended the conference, thanking us for all we do in health care to make organ donation possible.

As I was watching Brian's grand entrance unfold, I couldn't help thinking about our sixth Unitarian Universalist principle, *respect for the interdependent web of all existence of which we are a part*. I know that when this principle was adopted, it was meant to call our attention to our relationship with the natural world around us. But as Brian told his story he repeatedly called us "his heroes", and I realized just how many people it takes to make an organ transplant successful. To the organ recipients, we truly are heroes, because we have given them a second chance to live a normal life. That interdependent web includes the families of donors who, even in their grief, agree to

donation; it includes people like me and my former colleagues who make that gift possible; it includes nurses and doctors who care for the donor, surgeons and technicians who perform the transplant, the huge medical teams that care for the recipients, even pilots who fly the organs from one region to another. Sometimes, these heroes even give their lives for this work, as did a transplant team from Wisconsin whose jet crashed as they were rushing organs to a waiting patient last year. So many people all trained and ready to play an important part of an amazing, life-giving dance. It truly defines the word “miracle”.

As you can probably imagine, the field of organ donation and transplantation is a minefield of logistical challenges, ethical dilemmas, scientific exploration and discovery, even miscommunication and myths. As science goes the field is not very old. Although kidneys had been transplanted earlier, the first heart transplant was in December of 1967, just 50 years ago. At about the same time as that transplant, the modern definitions of brain death were just being developed. These definitions became important as medical science was able to keep people alive longer and longer on machines, and we needed to expand the moral and legal definitions of when a person was actually dead. Today, we accept two definitions of when someone is dead in the western world. Those are when your heart stops beating, or when your whole brain ceases to function. This is not a subjective judgment, as many people think. There are clear clinical signs when a brain has stopped functioning and clear radiological tests such as a cerebral brain flow study that demonstrate when a brain has died. This is not a coma, or a persistent vegetative state. This is brain death.

As it turns out, this new definition of death was also a boost to the field of organ transplantation, because if a person is legally brain dead they can have organs procured without a lengthy interruption of their heartbeat, which allows for oxygen-sensitive organs like the heart and lungs to be procured for transplant. Some medical historians would argue that the definition of brain death was actually nothing more than a social construct, to make more people eligible to be organ donors. While there is some evidence that these historians are correct, it remains that when a person is completely brain dead they cannot function on any level and will never, ever recover. Medical science had to define when a person had died, or we might have a world filled with facilities like the ones in the 1979 movie “Coma” that maintain the bodies of the brain dead. With the exception of just a few religious faiths like Hassidic Judaism or Shinto in Japan that do not recognize death apart from the cessation of heartbeat, Death by Neurological Criteria has become a worldwide standard.

From an ethical perspective, organ transplantation has three general areas of concern. The first, as I just spoke of, is deciding when human beings are dead. The second is deciding when it is ethical to procure organs, and the third is deciding how to allocate organs once they are procured. While our clinical practice is fairly well developed in these areas, the debate about them is far from settled, be it in Politics, Religion, Law or popular culture. Let me give you just a few interesting examples, in the form of questions.

Who gets to decide who should get a particular organ, and in what order? Should the 56 year old recovering alcoholic get a liver before the 18 year old cheerleader who

was born with liver dysfunction? That question gets decided objectively based on need and match. If a person shoots another person in the head, and the victim becomes brain dead but not cardiac dead, can the fact that the victim was made an organ donor be used as a reasonable homicide defense? Many lawyers have tried, arguing that the act of life support withdraw to become a donor is what killed the victim, not the gun shot. All of those attempts have failed. Should a Hassidic Jewish family be allowed to keep their loved one on a ventilator long after they have been declared brain dead, at government expense, as long as they like because of their religious beliefs? In the states of New York and New Jersey, the answer is yes. Should powerful political forces, like the Right to Life Movement, have standing in court to challenge the care decisions of families, as was attempted in the famous Teri Schiavo case several years ago? In her case, in court, the answer was no. That has not always been the answer, and completely depends on what part of the nation you are in. If your same-sex registered domestic partner or spouse wants to honor your wishes to be an organ donor but your biological family says no, who should get to decide? That was one of the many reasons why the fight for same-sex marriage was so important. What if you want to be a donor and it says so on your driver's license, but when I go to talk to your family they say no? That's a tough one. We want to honor your wish, but we know how much the cause of organ donation would be harmed if your family runs off and tells Fox News or 60 Minutes how we took your organs without their permission, as has happened in Pittsburgh and elsewhere.

Then there are the many myths that still linger about organ donation. Some people think that if you have a donor dot on your driver's license, a hospital will not try as hard

to save your life so that you can be an organ donor. That is both silly, and not true. Some people think that organs will be sold for profit, or will only be given to rich white people. That would be a federal felony, and is also not true. Some people think their religion prohibits organ donation. That is almost always not true.

Organ donation and transplantation is a pretty complicated affair. I haven't even talked about the biological process of brain death and how it makes such patients very difficult to medically manage, or even what a challenge it can be to find recipients for certain kinds of donors that carry increased risk. What I can tell you is that I have never in my life worked with a smarter, more compassionate, and more dedicated group of people who were able to come to work every day ready to meet each and every one of these challenges, with just one goal in mind; to save someone's life. When we did our jobs right, a single donor could save the lives of up to 8 people, and improve the lives of up to 50 more through tissue and cornea donation. I liked to tell my co-workers, when they were feeling low, that the job they did was the moral equivalent of running into a burning building and rescuing 8 people. I was honored beyond words to work with these fine professionals.

I began this sermon by promising to tell some stories, and highlight some heroes. Sometimes, the heroes are not who you expect them to be. I remember the case of a young marine, who was just back from his second tour of duty in Iraq. While he had survived the war, he couldn't survive the truck that hit him while he was riding his bicycle in the San Diego back country. His wife was difficult to find because she too was on a bicycling trip, but in Mexico. She was finally located and rushed to the hospital,

from the border, by the CHP. I arrived with a Nurse Coordinator about 5 minutes before she did, and right about the time she hit the door, her husband's heart stopped. She loudly insisted that the hospital staff try to resuscitate him, but they said there was little hope. And then, this little woman who happened to be a health care worker said "no, you don't get it. I want him resuscitated so he can be an organ donor. It's what he would want."

That Marine went on to donate his heart, lungs, kidneys, and liver in the greatest act of bravery of his young life. For years his wife stayed in touch, and said thanks to us so many more times than we could say thank you to her. I know that the act of making her husband an organ donor helped her to heal. It helps many families to heal, in sometimes amazing ways. On two different occasions, I have sat across from a grieving mother about to bury a son not for the first time, but for the second or third time because of gang violence. I can't make sense of a tragedy like that, but these mothers did, by making their sons an organ donor in each instance. I can't even imagine the kind of courage it takes to do that.

I have found that for many of the families I worked with, it is an act of faith to make their loved one an organ donor. I have to say that I am both impressed and proud of the theological depth that many religious traditions have given to the field of organ donation and transplantation. Since the sixties, many religious traditions have wrestled deeply with issues like defining death and their notions of desecrating a corpse, to the biblical notions of stewardship of resources and the injunction to love one another as yourself. I have seen entire sermons about organ donation written around Luke 12:48, ***"from everyone to whom much has been given, much will be required"***. We are blessed,

and so should share our blessings with others. Jewish and Christian writings are filled with the themes of helping others, loving others, and stepping outside of oneself in the service of others. I think of the comforting poetry of Ecclesiastes, ***“for everything there is a season, and a time for every matter under heaven.”*** I think of the compassion of the parable of the Good Samaritan in the Gospel of Luke, a stranger, even an enemy, saving the life of his neighbor. At the end of his story, Jesus asks the lawyer, ***“Which of these three do you think was a neighbor to the man who fell into the hands of robbers?”***

The expert in the law replied, “The one who had mercy on him.”

Jesus told him, “Go and do likewise.” And finally I think of the call to justice and stewardship in the Book of Isaiah, ***“if you offer your food to the hungry, and satisfy the needs of the afflicted, then your light shall rise in the darkness.”***

Even those who study the writings of other world religions agree that there are generally no prohibitions about organ donation. Where resistance exists, it usually is related to a cultural practice or is a generational issue, with older members of the family supporting more traditional beliefs and practices. As I mentioned earlier, it can also be related to definitions of death, or ancient fears about what happens to the body after death. This is true for some Buddhists, some Muslims, and some Native Americans. But again, even in these religions, there are no broad prohibitions against donation, and indeed members of all of these groups have been organ donors.

Unitarian Universalists are not bound by any one set of doctrinal beliefs, yet we continually seek new ways of describing the heart of our faith, that center towards which we are all being drawn. UU’s have been at the forefront of dramatic efforts to preserve

life and enhance the quality of life for all people, and such efforts are an enduring part of our values and traditions. During the Civil War, a number of Universalists, including Red Cross founder Clara Barton, went to work caring for the wounded. Unitarians like Samuel Howe, a crusader on behalf of blind persons, and Dorothea Dix, who launched major reforms in the care of people with mental illness, lived out their belief that all people are capable of indefinite improvements and deserve the best treatment available.

As a theme for this sermon I could just as easily have focused on the first of our Unitarian Universalist principles, that calls us to ***“affirm and promote the inherent worth and dignity of every person.”*** By becoming an organ and tissue donor, we each have an opportunity to extend or improve the life of another, perhaps a number of others, beyond the span of our lifetime. Because of our reverence for life, many Unitarian Universalists probably believe in organ and tissue donation, but discussing this issue with our immediate families may be lost somewhere on a very long list of good things to do. Well today, I mean to make that a little easier for you.

There are three good ways to make your wishes known quickly and easily. The first is to visit a website when you get home, donatelifecalifornia.org, and click on the link to register as a donor. There are some 6 million people already registered in the State of California’s Donor Registry, and you can add your name with a few simple clicks. You can also add your name to the registry when you renew your Driver’s License. The third way is perhaps the most important, and that is to tell someone close to you what your wishes are. That simple act could help save lives, as we have seen so many times. Just tell someone what you want.

A few years ago a man named Morgan, a popular high school basketball coach, needed a liver to survive. His life was saved by Rochelle McCoy, a 33-year-old mother of two who died suddenly of a brain aneurysm. The family of this young, health woman might never have known of Rochelle's wishes if it had not been for a casual conversation one evening after her husband, Ray, renewed his driver's license. He had decided to become a donor and later mentioned it to his wife when her parents happened to be with them. Rochelle said she would become a donor the next time she renewed her license, but she never got the chance. Fortunately, her family remembered that conversation, and her gift of life saved Morgan and saved or helped six other people. Ray and Rochelle's two children have met Morgan and one other recipient already, and Ray wants them to meet the other five as well. He says its proof of how wonderful their mother was to give up something of herself to benefit other people. A part of her is still alive, and they know that.

Stories like this affirm my faith in the basic human desire to help others, even strangers. They also highlight the human truth of our Unitarian Universalist principle; respect for the interdependent web of all existence of which we are a part. In organ and tissue transplantation, great scientific and technological advances serve to remind us of our essential connectedness to all people, to all life.

Remember that football stadium I described earlier, filled with people? Imagine now an empty stadium, no one in the seats as far as the eye can see. That's the ultimate goal. It is a long way off, but there is an old Jewish proverb that says ***"if you save just one life, it is as if you have saved the entire world."*** So my former colleagues keep

showing up for work and asking people like you to consider your decision to become an organ donor. I was a paramedic for many years before I became a minister, and I know I have done heroic things in my life. It is possible that I did those things because I was younger and dumber than I am now, but still, I know they were heroic. Each of you, regardless of age, has a chance to do something heroic also, simply by making a decision to become a donor.

Earlier I told you about a conference that my organization hosted for nurses a way back when I was first hired in 2005. Near the end of the day, we were all tired, and we could see that most participants were ready for the long day to be over. After our final speaker was finished, a very unassuming woman walked to the podium. Her name was Betsy Sellers and she was a second grade teacher. Years before, she had given birth to a son named Dillon. She told us the story of how her son was born, how beautiful he looked, how much promise he had. And then all of that, she said, was shattered by the news that her son had a congenital heart defect. She had wondered why his skin always seemed cold, and why he never seemed to “pink up” like the other babies did.

Adding to the horrible stress of that time in her life, her husband was an officer in the Marine Corps, stationed overseas, and she had two other young boys at home. As her story unfolded, she told us of how local news stations, and finally Good Morning America, caught wind of her story and the long wait she was having to endure to find a heart for her infant son. Donated hearts like that are extremely rare, and Dillon’s condition was deteriorating rapidly. At least three times, she was called by the hospital and told to have her priest say Last Rites, as Dillon was about to die. Her eyes filled with

tears easily as she remembered this difficult time, and as if to escape having to endure the pain again, she invited us to watch a brief clip of the Good Morning America story which had aired when all this had happened.

After the video clip, which included CBS doing interviews with her husband overseas, Mrs. Sellers wanted to thank all the health care workers present for all they did to help her and her ailing infant son during that terrible time. Not every story has a happy ending, she said, and we were all her heroes for the important work we did. I was struck by her use of the word hero, just like our firefighter during lunch called us heroes. She used it several times, and again I thought of the interdependent web of heroes that makes this important work possible, and I gave thanks that our interdependent web of health care professionals had been there for this temporarily single mother and grade school teacher when she needed us most. It made me feel like this work I do is the most important work I have ever done as a minister, as a paramedic, even as a person.

The last thing that Betsy said before she left the podium was ***“you are all my heroes.....but there is one more hero that I’d like you to meet.”*** And then the side door to the hall opened, and the lights came up, and into the room ran a healthy, happy, little boy. Of course we all immediately knew it was Dillon, and there wasn’t a dry eye in the house. He had received his heart after all, in a successful surgery that could be repeated many more times around this country if we just had more people willing to be heroes, willing to be organ donors.

As we all cheered on little Dillon Sellers, I thought I heard a voice, an internal prayer perhaps. Maybe the voice was coming from that packed football stadium, the

voice of all those on the waiting list. Maybe the voice was whispering to me from a much farther place, the voices of those who lost their battle while they waited for a transplant that never came. Through my own tears, the voice I heard whispered simply, ***“if you save just one life Don, it is as if you have saved the entire world.”***

Loving Spirit, may we know once again that we are not isolated beings but connected, in mystery and miracle, to the universe, to this community and to each other. In your Many Holy Names we pray, Amen.