

It's funny the things you talk about on a drive to meet your destiny.

Michael's call from the transplant coordinator had come at about 9:30 p.m. and we pulled out of our driveway about an hour later on Feb. 13, 2002. It doesn't take a great mathematician to figure out we were driving at something near light speed to make it from our home in Fredericksburg to Baylor University Medical Center in downtown Dallas before 2 a.m.

The last we saw in the rear view mirror of his parents, who were following in their own car, was somewhere around Johnson City.

Things were swinging at such a hurried pace now – quite different from the lousy state of limbo we had lived in for 17 months while on the liver transplant waiting list.

In the blur of emotions that we experienced on that drive, it wasn't fear or dread or even elation that prevailed. Instead, it was an overwhelming sense of peace and love.

Michael made the most of his chance to phone his two older brothers and his best friend – to tell them his news and to openly say he loved them. The seriousness of the surgery had been drilled into our brains and no amount of male ego could stand in the way of him speaking his heart to them while he had the chance.

When the necessary notifications were made, we engaged in a serious and very moving conversation between the two of us.

After that, we were left with plenty of time on the trip to make jokes and talk about things so trivial it is hard to believe even now. Who would think a man on the way to a life-saving operation would be so filled with humor? But, laughter has always helped us through the tough spots. And it didn't fail us then.

By the time we pulled into the parking lot at the Baylor hospital, the calendar had turned and it was now Feb. 14, 2002 – Valentine's Day. I teased Michael that he really knew how to show his sweetheart a good time!

We walked up to the hospital's only door that was accessible late at night and buzzed the security box. The man on the other end asked our name and Michael had barely gotten "Walter" all the way out of his mouth before the double doors swung forcefully open. It was eerie. They were obviously expecting us.

We checked in at the admissions desk and made our way to the 14th floor, which we would learn is reserved almost exclusively for liver and kidney transplant patients. It would become our home on more than one occasion.

Michael's parents, Ed and Joyce, who had trailed behind our rushed pace, arrived just before 4 a.m. They had agonized during the last year-and-a-half, watching their youngest of three sons become frail. They were so supportive then and weren't about to let up now.

In the blink of an eye it was 8:30 a.m. and it was time. But, before the surgical nurses wheeled Michael downstairs to the pre-op holding area, he took off his wedding band and I placed it on the long chain around my neck for safe-keeping. I wanted it close to my heart.

Before I was ushered out at the last moment possible, I leaned over on tip-toes to get closer to Michael and he whispered to me that he had hidden his Valentine's card to me in our suitcase. Walking away from him then was the second-hardest thing I've ever had to do.

While doctors worked their magic to save Michael's life, the family was fortunate to be able to wait in his private hospital room, rather than in a crowded waiting room.

Michael's best friend since grade school, Sam, drove in from nearby Fort Worth with his wife, Shelly, to lend moral support as did his oldest brother, Alan, from San Antonio. The middle brother, Steven, who lives in Seattle, WA, was already on the line making flight arrangements.

For what seemed an eternity, we waited. Just how long does it take to work a miracle anyway?

Most transplants, we had been told, average six hours. I was patient up until that marker, then I began to pace and watch the hallway for any sign of a surgeon.

Finally, a little after 4 p.m. and well past the eight-hour mark, the blue scrubs of surgeon Dr. Robert Goldstein appeared and he delivered the news that the operation had gone well and Michael was in recovery. It was a good thing, too, that they did the operation when they did, he said, because Michael's liver had been in very bad shape and he would have soon become very, very ill.

I only nodded, too thankful then to speak except to say "Thank you". I was overcome with relief and tears because such a huge weight had been lifted.

As we were allowed into ICU to see Michael, we braced ourselves for how he would look hooked to tubes and a machine that would breathe for him. We were told most patients stay on a ventilator for 24 hours after surgery and can be unconscious most of that time.

Surprisingly, Michael was alert enough to squeeze our hands, nod and even smile around that breathing tube. He had it removed within two hours post-op.

In 24 hours, he was in a regular room and his progress after that was nothing short of remarkable.

His cholesterol, which had sky-rocketed before the transplant because of a rare condition, was dropping by several hundred points a day. His liver numbers settled, he relished ice cream and other “real” foods, he made round trips to the nurses’ station routinely and by the fourth day we were expecting him to break the hospital ward’s record by gaining early release.

That was not to be, however, as his young, otherwise healthy immune system began rejecting his new donor liver and attempts to suppress it left him open to attack by infection.

Michael did not respond to the routine seven-day course of steroids that stop rejection in 95 percent of patients. And, so, doctors pulled out another trick from their arsenal in a treatment called “OKT3”.

A heavy-duty, very nasty drug, it is designed to attack and break down the immune system. Shortly after his first dose, the internal onslaught became apparent as Michael began to have non-stop rigors and fever spikes so high they talked of bathing him in ice. It continued that way for days.

During that time of darkness, a timely ray of light came in a big package of homemade “get well” cards from Fredericksburg High School HOSA (Health Occupation Students of America) students. Michael had talked to the class about the importance of organ donation and transplants just days before getting the call and they were clearly excited for him. I “wall-papered” the hospital room with those messages and other well wishes sent by family and friends.

Another cheerful point came with the arrival of his brother, Steven, from Seattle. He was there to help, along with his parents, in any way possible. They made food runs and washed clothes at the nearby patient housing complex. Their help made it possible for me to never leave Michael’s side.

Finally, together, we left the hospital after about three weeks and stayed at the apartment. Daily, we would make the taxing trip across the street to the hospital for his OKT3 treatments and blood tests.

On the 10th day of OKT3, a biopsy of Michael’s liver doled out disappointment as it showed continued rejection and doctors decided to double the dosage – giving way to another spell of severe reactions.

A couple of days later, I called back home to give one of my regular updates and learned of the death of fellow Fredericksburg resident John Meyer. He and Michael had the unique bond of being on the waiting list at the same time and John had received his transplant call to San Antonio the same week. A community blood drive had even been held in both their names at Fredericksburg Elementary School.

Hearing the news of John’s death was both sad and frightening to us because it served as a very real reminder of the delicate balance we teeter between life and death.

After Michael’s 14th dose of OKT3, a third biopsy finally showed the rejection was cleared and we could finally breathe again.

It was spring break week and we so badly wanted to spend time with our son, Austin. He had been to the hospital to see us briefly the week after transplant, but the rest of the time had remained at our home with my mother, Dora Treiber, giving him the best of care, managing his diabetes and making sure his school days and schedule were as routine as possible.

But, as bad luck would have it, Austin came down with the flu and we couldn’t chance the contact with him because of Michael’s lowered immunity and increased susceptibility.

By the time we made our very first trip home, it was a month and a half after the transplant. And, it was a less-than-24-hour visit. On March 28 – Austin’s sixth birthday – we arrived at our house in the early morning hours and woke him up because we were so excited to finally be there.

The next day, we would return to Dallas for nearly two more months of regular clinic visits, mandatory seminars and daily blood work.

It was during that time that an abnormal test result would lead to the discovery of yet another problem. Doctors found that Michael had a ligament clamping down on a major artery connected to the liver. The danger lay in the fact that the impeded blood flow might lead to eventual malnutrition of the new liver, they explained.

A surgery to replace the bad artery with a donor artery was set for April 4, but it was delayed when Michael developed several different infections.

As he worked to overcome them, I took a crash-course in nursing so that I could administer his antibiotic IVs. The next few weeks would be a constant vigil against rejection and infection with doctors daily adjusting medications based on labs, sonograms and other tests.

By the end of May, another test showed that the blood flow in that artery had inexplicably improved and doctors tried to better it still with stretching through angioplasty. Those attempts failed, but no immediate plans were made again for corrective surgery.

We were sent home and Michael spent the summer making up lost time with Austin, sorting through waves of medical bills and insurance claims and finding ways to rehabilitate, such as puttering in the garage and working out at the Hill Country Memorial Wellness Center.

Life was finally getting back to normal and we welcomed it as if we were coming up for air after having been held too long under water.

Our routine settled, but our awareness did not. We knew we were forever changed. We had been given the gift of an underused perspective – the ability to realize the really important things and to shrug off the petty.

Never far from our thoughts was the feeling of how fortunate we had been to survive together and how grateful we were for the gift from a family we didn't even know.

When September rolled around, we felt it only fitting to observe the organ donor's birth date. We had known nothing, except what we were told – that the donor had been a 55-year-old Hispanic male born on Sept. 20, 1946.

Less than two weeks after that, Michael opened an envelope from Baylor. Accustomed to receiving a handful of doctors' statements daily, he thought nothing of it.

Then, like a jolt it struck him that what was inside was not a bill but a handwritten, heartfelt letter from the widow of his donor.

We had always been told by the transplant coordinators that we could contact the donor family – anonymously through the transplant office – a year after the transplant and that if both sides agreed, names and addresses could be shared.

We certainly never expected to receive a letter from the donor family *first*.

As it turned out, widow Maria Morales knew a lot about transplants. She herself had received a kidney 10 years before and she recognized the importance of sharing her husband Alfonso's identity with us. The exchange of letters and photographs that followed taught us much of the man who had graciously given the gift of life and there was a certain level of comfort to be found in that.

Likewise, her family found some satisfaction in knowing how dedicated Michael was to living a healthy, productive life.

As time wore on, his commitment to getting back in shape was evident. He even returned to his favorite activity – water skiing. The moment he was gliding up on top of his slalom ski the first time post transplant was a huge milestone.

As he neared the end of his 80-plus day "Fit For Life" weight-lifting and workout program, he was looking extremely fit and feeling a sense of normalcy that had been lacking for some time.

He had even started his own computer consulting business and things were going great.

That sense of well-being was soon shattered, though. Nearly nine months after transplant, one of his blood lab results started to set off alarms. It was a brutal reminder that we were still living life by the numbers.

Another trip to Dallas for "testing" was planned.

We had no clue that what lay in store was the second – and much more difficult to take – of a one-two punch.

*Next week, the third piece in this four-part series will focus on Michael's long stretch of surgeries, his desperate need for a second liver transplant and his final chance at life.*