

Lung Replacement

By Matias Travieso-Diaz

New beginnings are often disguised as painful endings.

– Lao-Tzu

I

“But the lab is heavily guarded,” objected Ivan as he tapped with his index finger on the diagram showing the installation’s security outposts. “More like a friggin’ prison.”

“Have no fear,” I replied. Ivan was an accomplished killer but was dumb as a rock. “Everyone gets to help with the unloading when a new shipment arrives. We’ll sneak in unnoticed, right through here.” I traced a path from the woods outside the labs to the western entrance. “I know where to look, and we’ll be out before anyone realizes we’ve paid a visit.”

“All the same, it seems very risky to me,” countered Ivan mulishly.

I have little patience and can’t suffer sniveling from underlings. I am short and stocky, but my voice carries a lot of authority. I didn’t get to be head of one of the largest drug cartels in Texas by putting up with the sort of crap Ivan was dispensing.

“Well, you don’t have to do it if you are so scared,” I replied, letting my annoyance show. “For what I’m paying you, I could get five guys who wouldn’t think twice before rushing to help me.”

Ivan was a big man, but he cowered easily. “It is not that I’m scared,” he said. “It’s that I wish there was a safer way of getting this done.”

“That’s the way it is,” I responded sharply. I had a prolonged fit of coughing and paused to catch my breath. “Now, are you in or out?”

“I s’pose I’m in,” sighed Ivan.

II

It was a stupendous coincidence, or a cruel trick of the Fates, that the global famine caused by the extreme environmental degradation had reached a critical stage at the same time the Wilkinson’s pandemic broke out. Wilkinson’s ravages the brains and nervous systems of its victims, leaving the flesh and other organs intact. Therefore, the disease’s victims have become a welcome addition to the food baskets of the world.

Thus “walking zombies”—hordes of starving men, women, and children—have become a major safety concern, and the armies of all countries, large and small, have switched from threatening each other to focusing on curbing the incursions of the hungry mobs into hospitals, mortuaries, and cemeteries where one could find Wilkinson’s freshly dead, those nearly so, and even those already infected but not quite ready to become entrees.

Cannibalism is still outlawed everywhere, but the governments of the more affluent nations have redirected funds from the maintenance of public order to the procurement and off-the-record distribution of bodies at food kitchens where once the now-almost-gone chicken, beef, and fish had been given out.

With public moneys dwindling and sources of supply exhausted, it was a godsend that China began selling its dead citizens to a hungry world. Of course, as demand grew, so increased the prices, and the cost of a freshly harvested Chinese disease victim had more than doubled in the three years after the Guandong outbreak.

Under less compelling circumstances, the Wilkinson’s plague could have had a silver lining, for the availability of fresh corpses would have made more hearts, livers, lungs, and other scarce organs available to the medical community to prolong the lives of their patients. Alas, the care required to preserve those organs in a usable condition made it uneconomical to pursue their collection and distribution except out of specialized facilities. The Opelousas Medical Center, right on the Gulf waterfront a few miles north of Lafayette Island, was one such facility, providing skilled specialists and hard-to-find organs to meet the needs of the affluent sick. This was the place that I’d chosen for our heist.

Why Opelousas? The Center was always a renowned institution, and its waiting list of those seeking a transplant ran into years. But as legally available organs for transplants became scarce, a community of unscrupulous physicians developed around the center. Skilled surgeons had relocated inland, many of them to Opelousas, after the demise by flooding of the five East Coast largest coastal cities (New York, Boston, Miami,

New Orleans, and Houston). These specialists plied their talents to the rich without asking the provenance of the organs involved. As long as there was a match between the organ and the intended recipient and enough money to pay their fees, the doctors would operate, replace organs, and tend to their patients in clandestine facilities. The risks were high, but the fees these doctors charged were astronomical.

I had come from my headquarters in Dallas to Opelousas in search of such rogue practitioners. Back home, a doctor had told me that I had advanced smoking-induced lung disease and might not see Christmas. A second opinion was that I would be lucky to make it to Thanksgiving. Whatever the holiday, the message was clear: if I didn't get a lung transplant in the immediate future, it was curtains.

Money was no object. My drug trafficking operation is quite profitable. I had no moral scruples of any kind, having lost them after the death of my parents in a series of foster homes, in which everything that was prohibited happened all the time. Family—wife, kids, relatives—I have none. The only thing I had, and didn't want to lose, was my life. It had always been my intent to hang on to life as long as possible.

I searched around Opelousas until I found a cardiothoracic surgeon who was willing to perform a complex double lung transplant on me, assuming there was a suitable donor. But as the doctor explained, he and the patient had to be willing to accept major risks: the patient, of death from the surgery or from organ rejection, and he, of losing his license and doing time. So there had to be serious money involved. I had gladly agreed to provide it.

Now came the hard part, finding a suitable pair of lungs. Here, the Center might provide the answer. Vessels arrived almost daily to the Opelousas harbor, bringing recent Wilkinson's fatalities in refrigerated containers. I could get, if I was lucky, an already-preserved pair of lungs at the center. Failing that, I would have to obtain a fresh body and have the doctor do the lung removal. The doctor agreed to undertake the second course of action only if necessary, at a significantly higher fee because it involved a higher degree of criminal liability.

Through my underground contacts, I met and was able to bribe a venal orderly at the Center, who provided me with a map of the facilities and information on where the organs were stored. He also tutored me on how to decipher the markings on the containers that specified the age, sex, blood type, and harvesting date of the organs. I paid him a ton of money but made a mental note to get rid of him once the transplant operation was done.

III

The arrival schedules of vessels bringing bodies were closely guarded secrets and were irregular because they depended on the vagaries of the spread of the Wilkinson's plague. The epidemic had already spread to the Congos and was beginning to show up in Angola; it was expected to reach South Africa within days. It was not the first time, nor would it be the last, that bands of people driven senseless by hunger or in desperate need of an organ transplant would risk arrest in an attempt to secure arriving corpses to harvest their bodies.

Ivan and I spent two boring days camping in the woods outside the Center, watching for signs of new activity. Finally, on the late afternoon of the third day, there was a stir at the Center, as trucks were readied and dispatched, personnel assembled, steel warehouse doors lifted, and orderlies and nurses in the distinctive teal uniform of the institution buzzed from one corner of the site to another. Near sunset, closed trucks rumbled on toward the warehouse, and a cordon of men with automatic weapons gathered around the doors to protect the entrance from interlopers.

I squeezed Ivan's shoulder to signify it was time to move, and as the last rays of the sun illuminated the entrance, he jimmied the lock with practiced ease and pushed the door open. Inside it was dark, and confused noises reverberated on the walls coming from distant locations in the building. Ivan extracted from his jacket an LED lamp and turned it on, casting a feeble light on the walls and floor of the corridor. We traveled the corridor until it dead-ended in an intersecting corridor.

"To the left," I whispered.

Several turns later, we entered an amphitheater whose walls were covered with floor-to-ceiling refrigerators. In the middle of the room, there were four identical beds, currently empty but clearly used as dissection tables. Around the tables, there were stainless steel working stations complete with sinks and a series of glass-fronted storage units that held equipment and supplies. There was a pervasive odor of disinfectant.

I walked up to the refrigeration units. The surgeon had explained that prior to being removed from a donor, lungs are flushed free of blood with a preservation solution that contains electrolytes and nutrients. The lungs, in partially inflated state, are then placed in a temperature-controlled polyurethane container, refrigerated, and

transported to the organ depository. What we needed was to find where lungs were stored and locate a set of lungs that were as fresh as possible, were of the same blood type as mine, and hopefully (for this could not be determined in the field, preoperation) were not too large for my chest cavity—but since I'm a barrel-chested man, I expected that shouldn't be a problem.

After frantically looking at the refrigeration units containing harvested lungs, I came upon a container with the desired label. Those lungs had come from the greater Kinshasa area of the Democratic Republic of the Congo and belonged to a thirty-year-old male who had succumbed to Wilkinson's disease. His organs had come three days ago in the last vessel arriving at Opelousas and had been brought to the Center for transplants. His blood type—oh joy—was A+, same as mine.

"We are in business," I exclaimed. "Let's get out of here."

I extracted the container from the refrigeration unit, and we headed out of the amphitheater.

Midway down the first corridor however, there sounded a peremptory voice.

"Stop! What are you doing here?"

The bright light of a flashlight nearly blinded me. It was a guard who had come into the corridor from a nearby bend and was pointing a gun threateningly at us. I froze, but Ivan's reaction was instantaneous. He drew a butcher knife from his waistband and, in a single fluid motion, threw it at the guard, hitting him squarely in the chest. The guard tottered and fell to the ground without time to shoot the gun.

"Now we've done it," lamented Ivan, extracting the knife from the guard's bleeding chest and wiping the blade in the victim's uniform. "We better run."

"Wait one second," I reminded him. "This may be to my advantage. Do you think you can drag this man with us until we get back to the car? I can't help you because I need to carry the canister."

"I guess so," replied Ivan. "The guy is smallish. But we must hurry before they come looking for him. Plus he is bleeding like a gored pig."

"Let's roll."

Thanks to the ongoing operations on the other side of the complex, we managed to exit by the same west entrance without detection. We ran, crouched, each carrying or dragging an important weight. We managed to make it to the woods abutting the Center. From there to the pickup truck parked in a ditch at the side of the road was only a short sprint.

I opened the truck's back gate so that Ivan could place the guard in the truck bed. The bleeding had been reduced to a trickle. As he dropped the body on the truck, the apparent corpse shuddered slightly.

"Damn!" cried Ivan hysterically. "He's still alive!"

"Let's get out of here NOW!" I shouted.

We got in the truck and drove—no, flew away as fast as the thing would run.

IV

The doctor was taken aback by our arrival at his door.

Before he could ask any questions, I demanded, "Quick, get a stretcher. We have a dying man in our truck. He could be a potential donor."

"Right," he replied and disappeared inside the office complex.

He returned a short while later pushing a surgical stretcher. "You are lucky there is nobody else here tonight," he observed.

I shrugged. "I also brought a pair of lungs that appear to meet the specs," I said, pointing to the canister. "Where do we go from here?"

"First, let's put that canister under refrigeration right away." The doctor seized the canister and disappeared again. Upon returning, he told us, "Now let's see what we got." He took the guard's arm and felt for a pulse. "He's dead."

After another trip inside, he returned with a collection syringe and, without a word, bent over the cadaver, found a suitable vein in the right arm, and drew a measure of blood.

He then explained, "We need to check the blood type. Excuse me, this will take a while."

He disappeared again.

When he returned, his face registered disappointment. "You wasted your efforts. We can't use his lungs. He is B+. His blood is incompatible with yours."

"What do we do now?" I asked.

The doctor shrugged. “Back to plan A. We prepare you for surgery and hope the harvested lungs work.”

“When can you operate?”

“Sometime tomorrow. I need to do some preparations, plus I’ll need to have all my staff here to assist with the procedure, which is complicated. Now you need some rest. Come with me to the preoperation area.”

I turned to Ivan. “Please get rid of this trash,” I ordered, signaling to the corpse on the stretcher. “And come back here tomorrow morning for instructions.”

V

As I spiraled down into anesthetic unconsciousness, troubling thoughts jumbled into my mind. The donor was from a third world country, with customs and preferences different from those of civilized people like me. Would the grafting of his lungs into my body debase me? Would I become dumb, lazy, sex-starved... I conjured all the deficiencies that could exist in a foreigner and agonized whether they would take over and impair my excellent personality. I finally passed into a dream in which I was eating food with my fingers and chewing on strange raw roots and meats. The disgust woke me up, only to fall again into an unquiet slumber.

VI

An eternity later, I awoke. Not all at once, but in fits and starts, each accompanied by sharp chest pain. I had tubes and gadgets everywhere: an IV tube in my right arm, a catheter in the neck delivering fluids and medicines, a tube in the throat leading to the windpipe and connected to a ventilator to help him breathe, a urinary catheter, a chest drainage tube to drain fluid and blood around the lungs, and other unseen things I felt all over my body.

Nurses came in every hour to perform a variety of tasks—turn me from side to side, clean my mouth with antiseptics, check the dressing over the incision site to detect bleeding. As I was hooked to a ventilator, I could not speak and could only shake his head “yes” or “no” in response to the nurse’s questions. I was groggy, in pain, and more uncomfortable than I had ever been... but *alive!*

The doctor came once or twice a day after the surgery to check on my progress. He reassured me that the operation had gone well, the transplanted lungs were healthy, and there were no signs of rejection. I would be released in a week or two but would always need doctor supervision and home therapy. I nodded as if I agreed.

Get me out of here, I thought, and I’ll take care of myself.

On the third day after the operation, they removed the tube that went down my windpipe and disconnected the ventilator. The relief was immense, and I could talk again, though with difficulty and in a feeble, raspy voice. That day Ivan came in and reported on the status of my criminal enterprises, which was essentially normal. Cocaine and heroin still flowed into Texas, despite the martial law and the border skirmishes. I told Ivan to lease me a furnished apartment in Opelousas so I could make any required visits to the doctor. Ivan informed me that the police were investigating the break-in at the Center and the disappearance of the guard but so far had found no clues.

Finally, on the seventh day after my surgery, Ivan wheeled me out of the doctor’s facility in a wheelchair. I took a deep breath and drank in the clean morning air through my borrowed lungs. This was living! I was very weak but felt ready for a new beginning. I might take a sabbatical and travel the world. Everything was possible, and it was all so sweet. I loved the new lungs and felt no signs of abnormal behavior. Bless the little donor, his aberrations were not contagious.

VII

On the eleventh day, I got a message from the surgeon asking me to come back for testing. The doctor had been surprisingly quiet the last few days, but he had a very busy practice, and our business together was winding down, so there was little need for frequent contact between us. I called Ivan on his cell phone but was routed to voice mail. I left a curt message asking where the hell he was and summoned a taxi.

I was a little surprised when the doctor brought me into his office and closed the door. The first question of his mouth was strange.

“Mr. Malanzoni, have you been reading the papers lately?”

I smiled dismissively. “I’ve been resting a lot, sleeping late, watching comedy shows on TV, drinking vino, having generally a good time. I’m enjoying life and don’t care much for news these days. What, has the war in

the Middle East spread to real countries?”

“How about medical news?”

“What do you mean?”

The doctor grimaced. “There are some troubling stories coming out of Gabon. As you know, the second outbreak of Wilkinson’s disease originated there. The international teams helping out with the epidemic have discovered that the virus that causes the disease has mutated since the original outbreak in China. It appears now that in at least some cases, the virus invades other organs besides the brain. It infects those organs at the same time it attacks the nervous system but remains latent in the organs for a period of time and then attacks the organs and breaks loose into the rest of the body. Since the victim has been dead for several days and the body is decomposing, this would normally be unimportant, but...”

I was no fool.

“But what happens to the organs of the Wilkinson’s victims that are used in transplants?”

“It’s not certain yet, but it appears that those organs could be the source of contagion to the recipients. As of yesterday, all trading in Wilkinson’s corpses from Africa has been halted. Stocks are tumbling, and trading in companies like Amheart and Organs Unlimited has been stopped to curb panic selling. It’s a mess.”

“Well, screw them. How about *me*?”

“Too soon to tell. I want you to check into our facility so we can keep you under observation. Wilkinson’s symptoms appear without warning, and when they do, death follows quickly.”

“But if I’m infected, what can you do for me?”

“Nothing, I’m afraid. Right now, there is no known cure.”

“Then what’s the point?”

“We can at least give you a comfortable death.”

“Never mind comfortable!” I howled. “I’m calling Ivan so he can take me home.”

The doctor looked at me askance. “Hmmm... that’s something else. A couple of days ago, they found the guard. Ivan had dumped the body in a canal, and it resurfaced. Ivan’s DNA markers were all over the corpse, plus others that may be yours or mine or both.”

“Where is he now?”

“Ivan is in custody, under interrogation. Let’s hope he does not give us away.”

“Well, Doctor, that’s your problem. It don’t seem as if they can do squat to me anymore.”

So instead of fleeing to the relative safety of Dallas, I went to my apartment and waited for death to arrive. Each day I felt a little worse but could not tell if the disease was taking over or my nerves were betraying me. I’d never been good at coping with adversity.

I was still waiting and fretting when the police came and carted me away.

I mounted a spirited defense with the best lawyers that money could buy. However, Ivan’s confession was damning: the bastard had copped a plea and had sung like a canary. Plus, what they called the “circumstantial evidence” was overwhelming. I was convicted of the death of the guard and sentenced to death by lethal injection.

Now I sit in my prison cell awaiting execution tomorrow at dawn. So far, the secondhand lungs from the African victim have served me faithfully. I expect that if I have any last-minute bodily failures, they won’t come from them.

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