

Patti Dean's Transplant

HER story is OUR story



Every story we ever tell begins with
an organ donor.



Without the organ donor,
there is no story, no hope, no transplant.
But when there is an organ donor,
life springs from death, sorrow turns to hope
and a terrible loss becomes a gift.



The story of United Network for Organ Sharing

The story of America's organ sharing system is not a simple one. It is enormously complex, involving medical skill, human effort, scientific understanding and technological innovation. It's a story of pain and suffering, sadness and loss, generosity and compassion, and finally, healing.

We've been telling this story for 25 years now, and it gets no easier, no simpler. Within and beyond our role as operator of the U.S. Department of Health and Human Services' Organ Procurement and Transplantation Network (OPTN) contract, our work continues expanding and growing more complex.

So, today we let Patti Dean tell you her story. In the pages that follow, you will go on Patti's journey through the complexities of organ donation and transplantation, and we will show you how the UNOS community is there for donors and donor families, candidates and recipients, and donation and transplant professionals — every step of the way.

Patti is a donor sister and the recipient of both a living and then a deceased donor liver. She has been a volunteer in the transplant field and is now a professional, educating others about the organ donor shortage. In the pages that follow, she'll talk about each of those experiences, and we will describe what UNOS, our members and our individual volunteers, are doing day in and day out to save lives like hers. Her story is our story.

A handwritten signature in black ink, appearing to read "J. Wynn".

James J. Wynn, M.D.
President
United Network for Organ Sharing

A handwritten signature in black ink, appearing to read "Walter K. Graham".

Walter K. Graham
Executive Director
United Network for Organ Sharing

A Family's Decision

UNOS WORKS WITH THE RECOVERY COMMUNITY FROM THE VERY BEGINNING

58 organ procurement organizations (OPOs) across the U.S.

- approach families about the option of donation
- evaluate the medical suitability of potential donors
- coordinate the recovery, preservation and transportation of organs
- educate their communities about the critical need for organ donation.

UNOS' professional resources support procurement professionals and their allies in organ recovery:

- Critical Pathway for the Organ Donor (guidance on adult, pediatric and donation after cardiac death donors)
- Understanding Brain Death (an information card in English and Spanish)
- Organ Donation Guide for Faith Leaders and Healthcare Professionals
- The Injured Brain (assists ICU staff in explaining brain death to families)
- Donation after Cardiac Death: A Reference Guide

2009 Committee Activity

Members of the organ procurement community participate on the UNOS Board of Directors and on many UNOS committees.

- The OPO Committee continued to revise the organ transplant labeling system to ensure greater patient safety.
- The OPO and the Membership and Professional Standards Committee worked together to develop OPO Performance Metrics using donor data to compare actual vs. expected organs transplanted per donor.

"It truly is a miracle that organ donation ever happens at all. From the moment the rescue squad is dispatched, something can always go wrong to derail this very complicated process. Many things influence the family's choice, from the circumstances of their loved one's death, to family dynamics and faith, to the way they are treated by the EMTs and the hospital."

—Tommy Willcockson, B.A., M.Div.
Donor Family Advocate, LifeNet Health

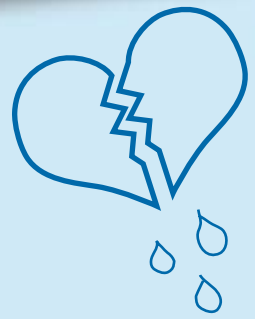
In **2009** OPOs made **21,845** organ transplants possible by recovering organs from **8,022** deceased donors.



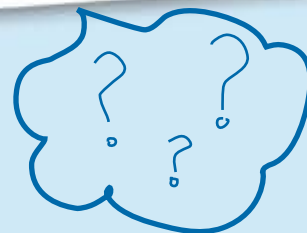
My name is Patti Dean and my liver used to belong to somebody else. I'm a grateful recipient and this is my story. I received my new liver in 2006 but my initial connection to transplant began in 2001, when my brother, Rocky, drove his car into a telephone pole and became an organ donor.

We donated Rocky's organs. Ultimately it was an easy decision because my big brawny ex-Marine of a brother had a heart of gold, and I believe he would have wanted it that way. But my family had never talked about donation, and Rocky wasn't registered as a donor—so on the worst night of our lives we had to sit in a hospital conference room and discuss what we should do. No one ever wants to go through that.

I think Rocky's experience and my transplant are the reasons why I work for an organ procurement agency today. I don't convince people to be organ donors—that's their personal decision. What I do insist is that they make a decision. And it's critical that they talk to their families about it. As adults we make all sorts of grown-up decisions every day. Organ donation should be just one more.



Rocky, my big brawny ex-Marine of a brother, had a heart of gold...



You Need A Transplant

THE BEGINNING OF A TRANSPLANT CANDIDATE'S JOURNEY

During **2009** an average of **138** patients joined the waiting list every day.

Clinical teams at 250 transplant centers across the United States work hard every day to help people like Patti get an organ transplant. To register candidates onto the national organ transplant waiting list, transplant coordinators must enter extensive patient data into UNetSM, a centralized computer network developed and maintained by UNOS. UNet's software allows the procurement coordinators to match the medical characteristics of candidates waiting for an organ against those of the donor to find a perfect match.

Online patient resources like *transplantliving.org* and its Spanish-language equivalent at *trasplantesyvida.org*, provide up-to-date information for patients and their families. This information is equally valuable for transplant professionals to use as an educational resource.

- 186,138 people visited these sites 257,384 times in 2009.
- Each visit averaged 12+ minutes.

As the organization that manages the federal contract for organ procurement and transplantation, UNOS also coordinates the content for the OPTN Web site.



"Transplant coordinators are very strong patient advocates. We are helping the patient at every stage of the process, as they cope with end stage illness beforehand, through to when they are adjusting to life after transplant. Meanwhile, we are also coordinating their clinical care with all the disciplines in the hospital that are involved. It's rewarding to play such a critical part in their transplant experience."

— **April Ashworth, RN, BSN**
Senior Liver Transplant Coordinator
Living Donor Coordinator
Liver Transplant Program at
VCU Medical Center

My "Go-To" Girl



Patti with her transplant social worker Sheila Bullock at VCU Medical Center.

What a sweetie!

On the night we discussed Rocky's donation, I knew in the back of my mind that one day I too would need an organ from a donor. I was born with pectus excavatum or funnel chest, which meant my rib cage wasn't structurally sound, and I needed two major surgeries by the time I was 9. With one of those surgeries came a blood transfusion and with that transfusion came hepatitis C. It took almost 30 years, but eventually the hep C did a number on my liver. Then one day my doctor told me I needed a liver transplant. Those are words that no one wants to hear.

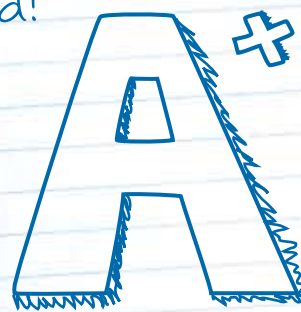
In my early 30s I started getting sick.

A whole team of folks were there to walk me through it.



Getting listed for a transplant is a significant process and a whole team of folks were there to walk me through it. As a transplant candidate you teeter on a fine line. You have to be sick enough to get listed, but not so sick that you can't withstand the surgery. But getting on the list goes beyond your medical need. Your medical team wants to know if you are stable enough to live as a transplant patient—if you are responsible enough to care for this gift. I had to take a battery of psychological tests, have my answers to a 50-page questionnaire analyzed, and sit through a 4-hour psychiatric evaluation.

I passed!



R. Todd Stravitz, M.D. a hepatologist at the Liver Transplant Program at VCU Medical Center, initiated Patti's transplant evaluation process.



“When patients and families phone UNOS’ patient services line, they are often overwhelmed by the stressors of transplant, whether it’s waiting for, or living with a transplant. They need both a compassionate and an informed ear. The UNOS patient services staff focus on listening to the needs of patients and families, on providing information and encouragement, and empowering them to be advocates for themselves and for others. At the other end of the spectrum, members of the Patient Affairs Committee help develop relevant patient educational materials and consider the perspective of patients and families as they review transplant policy proposals.”

—Freda M. Wilkins, M.S.W.

Senior Patient Services Coordinator at UNOS and liaison to the Patient Affairs Committee

Patient Resources

- Customized transplant information kits
- Partnering With Your Transplant Team: The Patient’s Guide to Transplantation (English & Spanish)
- What Every Patient Needs to Know (English & Spanish)
- What Every Kid Needs to Know
- Organ-specific policy overviews
- Multiple Listing brochure



Members of the Transplant Administrators Committee organized and held the 2009 UNOS Transplant Management Forum, a valuable educational and networking conference for transplant managers and administrators across the country. Despite a challenging economic climate and professional development budget cuts, 341 transplant professionals attended the 2009 forum in Seattle.

In 2009, UNOS’ patient services staff fulfilled **13,031** requests for information or resources through the toll-free patient line at **888-894-6361**.

A Husband's Choice

LIVING DONATION: AN ALTERNATIVE TO WAITING

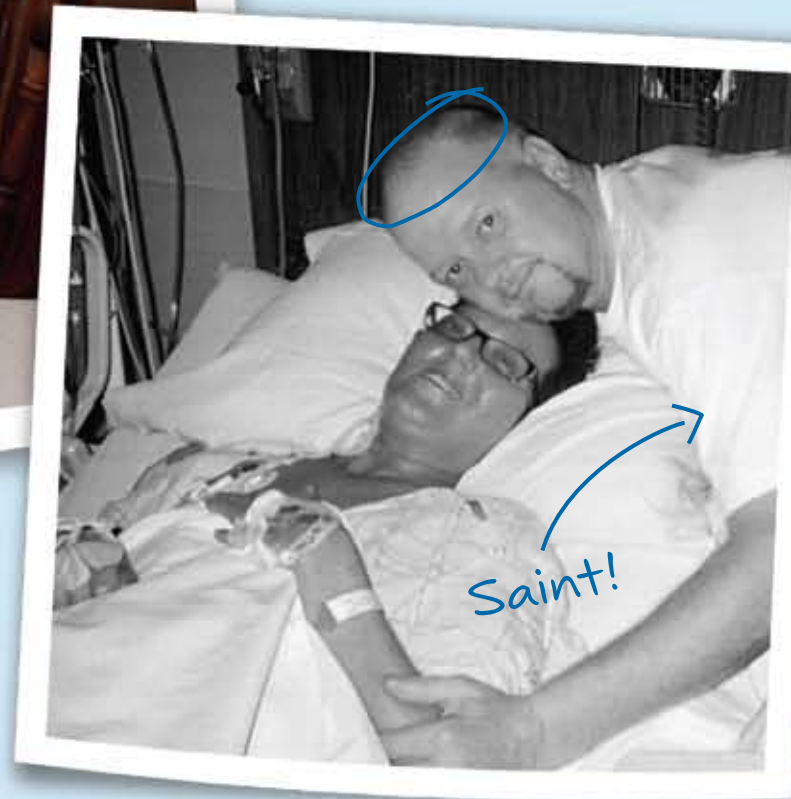


Don't leave home without 'em!

Then, after I waited on the list for nearly a year, my husband Michael chose to donate part of his liver to me. We came to this decision after some serious soul searching and multiple discussions with our teen-aged daughters. Turns out he wasn't just the perfect husband for me—he was also the perfect donor. He is type O, which means he can donate to any blood type, and his physical size was compatible with mine. He even passed his psychiatric evaluation with flying colors. His results came back stamped "saint," but I already knew that.

Michael and I entered MCV Hospitals for our simultaneous operations on July 31. I didn't leave the hospital until 51 days later.

I will never forget his gift and I will never take it for granted.



Patti's husband Michael, at her bedside only days after being a living donor for her.

Whether to become a living donor is a major decision. To help potential donors understand the associated risks, UNOS and the Living Donor Committee offered the following resources for the first time last year:

- Living Donation—Information You Need to Know (available in English and Spanish)
- Expansion of the living donation section on the Transplant Living Web site.



The Living Donor Committee also developed the following recommendations for transplant centers (in English and Spanish), which living donor programs can choose to adopt:

- Guidance to develop medical evaluation protocols for living kidney donors
- Guidance to medically evaluate potential living liver donors.

In 2009, UNOS sent each living donation transplant program data on the status of their living donor follow-up compared to the national median. UNOS then hosted a Webinar that offered tips on how to improve living donor follow up and highlighted practices of centers with excellent follow-up procedures.

The Membership and Professional Standards Committee developed criteria for living donor programs across the United States and approved 239 kidney programs and 67 liver programs to perform living donor transplants.

In June 2009, living donation policies, previously mixed in with deceased donation policies, were relocated into a new separate policy section.

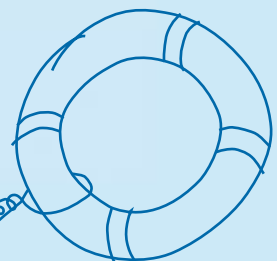
A Summer Spent Waiting

THE WAIT FOR AN ORGAN IS A FIGHT TO STAY ALIVE

105,567 candidates were waiting to receive an organ transplant at the end of **2009**.

6,494 died before receiving an organ.

My sis was my life-saver!



UNOS is the definitive source for the most current, accurate data about transplantation in the United States. A secure, Internet-based system created by UNOS contains data about everyone in need of an organ transplant and the more than 480,000 people who have had a transplant since 1988.

As the repository of transplant-related data within the United States, UNOS collects and analyzes national transplant data in order to create and refine organ-sharing policy.

Each year UNOS staff contribute to papers and presentations at the American Transplant Congress, a joint meeting of the American Society of Transplant Surgeons and the American Society of Transplantation. In 2009, two of these papers dealt specifically with waiting list issues:

- Factors that predict dropout from the liver waiting list for HCC cancer candidates
- Heart allocation systems changes.



Patti with Annie Rowe, one of the nurses at VCU Medical Center.

Michael's liver was perfect. But my body had been functioning with a sick liver for so long that it didn't know what to do with a healthy one. My heart had been used to pushing lots and lots of blood through my damaged liver to make up for its shortcomings. Once Michael's healthy liver was inside of me—my heart kept doing the same thing, which caused my blood to back up and clot inside my liver. I remember feeling better only briefly before my doctor told me the liver was failing and I would need to be relisted. I don't regret Michael's decision to donate, nor does he. He wanted to save my life and give me more time with our daughters. No one could ever have predicted what happened. I will never forget his gift, and I will never take it for granted.

I spent that summer in the hospital. A first-rate nursing staff cared for me, and my family took shifts to be by my side. But I don't think I'd be alive today if it weren't for my sister, Becky. She was there before visiting hours began and long after they ended. When I was exhausted and overwhelmed, she made me eat, she made me drink and she made me move. She told me she'd never forgive me if I gave up...and I didn't.

I don't remember much, but I remember my nurses.

Making the Match

UNOS' ROLE BEHIND THE SCENES

In **2009** the Organ Center assisted with the placement of **10,390** organs— an average of more than **28** per day.

How the Placement Process Works

When organs are donated, the OPO accesses UNOS' national transplant computer system, UNetSM, or contacts the UNOS Organ Center. Either the procurement staff or Organ Center staff will enter donor information into UNet and run a donor/recipient match for each organ.

The resulting match list of potential recipients is ranked according to objective medical criteria such as blood type, tissue type, organ size, how sick the patient is, and the distance between the donor and the recipient.

The organ procurement coordinator or organ placement specialist contacts the transplant centers of the highest ranked patients and offers them the organ. The transplant team may view the offer using UNOS' DonorNet[®], a secure, Internet-based system. If one center turns down the organ, the system electronically notifies the next center on the match list, until the organ is placed.

Once a transplant center accepts an organ, transportation arrangements are made and surgery is scheduled.

"I medically manage donors in the ICU before organs are transplanted into recipients. I use DonorNet, UNOS' secure electronic matching application, to enter critical medical data about the donor, share this information simultaneously with multiple transplant centers, and find an appropriate match as efficiently as possible. I am amazed that with every case I have the opportunity to change something so tragic and sad into something so precious and powerful."

— **Anissa Cole, RRT, CPTC**
Transplant Coordinator, LifeNet Health

Everything we do starts with a phone call.

I have no memory of what happened next. I just know that I got weaker and sicker and was barely hanging on. Then, during the early morning hours of September 2, an experienced team at UNOS, LifeNet Health and my hospital put the wheels of a complex and sophisticated system in motion.

It's amazing what they accomplish. What's even more amazing is that nearly every single day, in any random hospital room or OPO across the country, another team is doing the same exact thing for someone else just like me.

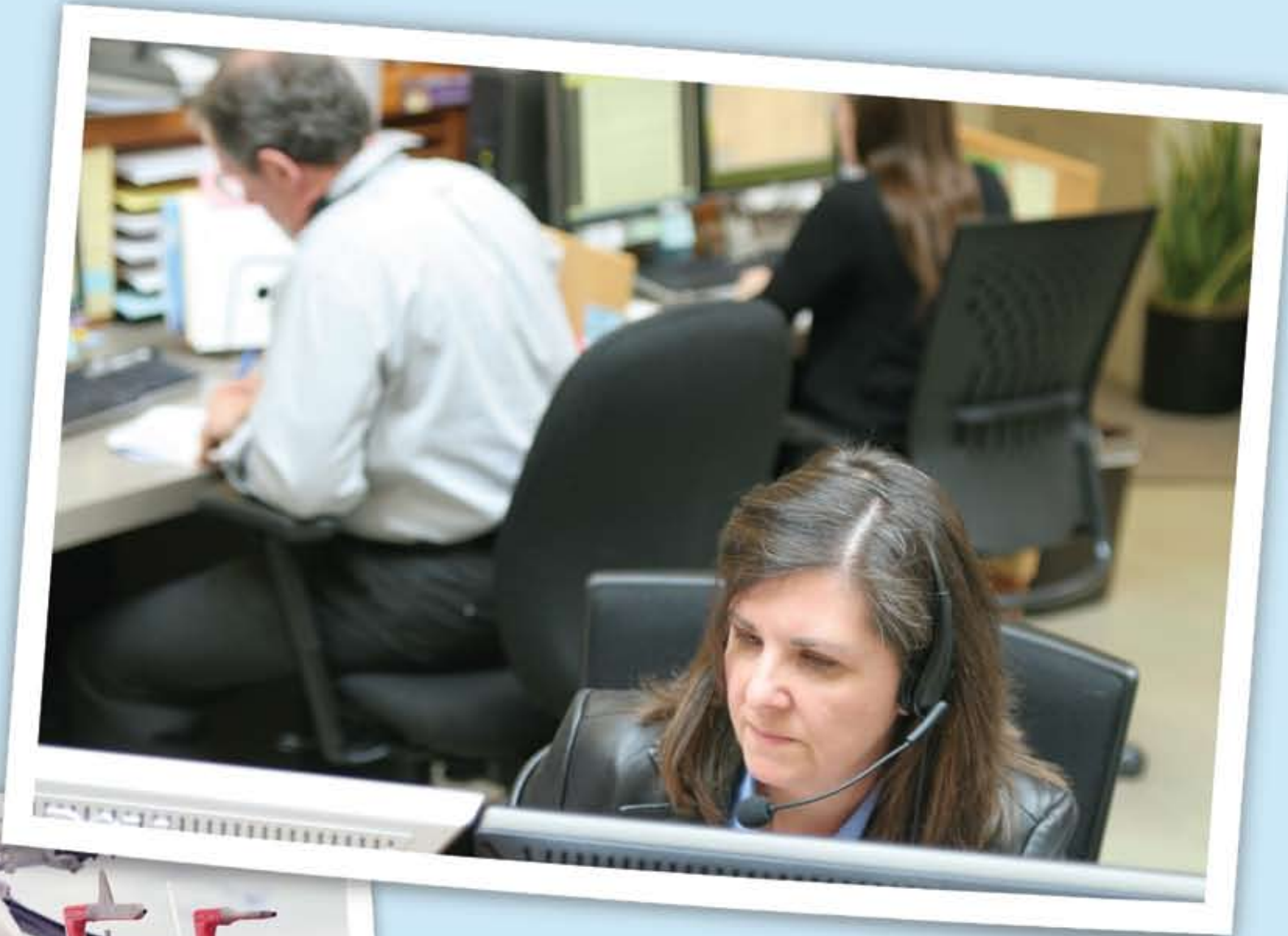


2009 Committee Activity

Several UNOS committees created or improved policies that made the organ-matching system and transportation process more safe and efficient.

- **The Pediatric Committee** revised policy to give the sickest pediatric candidates better access to hearts. The revision combines previously separate zoning categories for the most urgent pediatric candidates and also requires OPOs to offer all pediatric donor hearts to pediatric candidates before adult candidates in the same status categories and geographic zones. This policy modification was implemented in May 2009.
- **The Histocompatibility Committee** created policy that will help highly sensitized candidates who otherwise may have to wait a very long time for a compatible transplant. (A candidate may become sensitized by pregnancy, transfusions, a previous transplants or other means.) A more precise definition of sensitization (CPRA) became policy in 2009. It requires all labs to identify and prioritize these candidates in a more responsible and accurate way.

In **2009** the Organ Center helped arrange transportation for **2,383** organs.

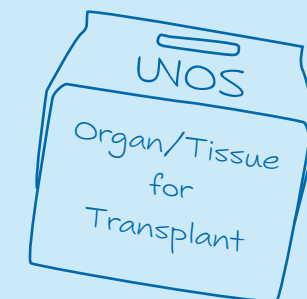


The Organ Center received **27,732** phone calls in **2009** – more than **76** every day.

Organ Center staff possess a total **105** years of transplant experience.

“Every day in the Organ Center is different. At any given time we can be making organ offers on three to five different donors, arranging for a kidney to make the last flight out of Honolulu to New York, correcting labs for a waiting patient, or verifying a blood type for a new donor. How do we do those things? We make electronic offers through DonorNet®, use Internet sites for transportation, call coordinators at bedside to verify donor chart information and rely on our co-workers and managers for support and knowledge. Everything we do starts with a phone call — someone asking for help. It doesn’t take long to develop a relationship with the person on the other end of the line. Often we never get to meet face to face, but we share a bond. Trying to make a difference in people’s lives gives me satisfaction.”

— Elizabeth “Britt” Thompson
Organ Placement Specialist II, UNOS Organ Center



Honoring the Gift

MAINTAINING A SAFE, EQUITABLE SYSTEM

UNOS' Department of Evaluation and Quality (DEQ) reviews every single deceased donor organ allocation that results in a transplant to make sure that policies are being followed correctly, and to monitor safety and equitable treatment of patients.

- In 2009, DEQ reviewed 21,853 organ allocations through desk reviews and on-site visits.
- DEQ also coordinated the country's regional review boards, whose 333 volunteer doctors peer-reviewed nearly 9,000 urgent-status patient registrations on the heart and liver waiting lists.

In **2009**, the nation's **250** transplant centers performed **28,465** organ transplants.



Robert A. Fisher, M.D., FACS (Patti's surgeon) Director of the Liver Transplant Program at VCU Medical Center

I held on until my doctor woke me on a September morning to tell me I had a brand new liver and was going to be okay. I didn't know it at the time, but my donor's name was Michael—another Michael. This Michael died and donated his organs, and I am the recipient. I'm not a religious person—I don't go to church. But I have this daily prayer that says 'Dear God, please help me to deserve this gift.'

I know full well that there are a lot of people on the list and that this organ could have gone to any one of them. So I have a responsibility to take care of this organ. I owe it to my donor's family and to my family.

Dr. Fisher is my hero. The legacy he will leave behind is unparalleled.



"In many ways, we are 'guardians of the public trust' by making sure that transplant policies are understood and followed. I assist members as they advocate for their patients. It is community service on an amazing level and it's a great feeling at the end of the day to be a part of something so incredible."

— Aaron R. McKoy
Supervisor, Review Board Coordination
UNOS Department of Evaluation and Quality

I now live as a transplant recipient, which means I take two different anti-rejection medicines and as many as 19 pills a day. I watch what I eat. I work hard to lead a healthy life. I struggle with side effects like weight gain, and my Sunday ritual now includes filling up my pill box. ▸

Thanks to an organ donor
Sam has a Gram!



My two handsome men. ↗



“On my desk at UNOS sits a framed photograph of my family. I don’t keep this picture just because they’re cute (they are) but also to remind me that every name in the OPTN database—every candidate, donor and recipient name—is family to someone. When I perform my daily tasks, I think of these recipients, their families and all of the people connected to each “name” in the database.

—Catherine Monstello
SAS Programmer, UNOS Research Department

Busy Year for Disease Transmission Advisory Committee (DTAC)

- *American Journal of Transplantation* published the Disease Transmission Advisory Committee’s report on potential donor-derived transmission events.
- With support from the **Liver and Intestinal Organ Transplantation** and **Thoracic Organ Transplantation committees**, DTAC issued recommendations for preventing transmission of the H1N1 influenza virus from donors to transplant recipients. The guidance provides questions that organ procurement organizations should ask when evaluating potential organ donors.

In 2009, UNOS research staff contributed many papers and presentations related to transplant outcomes including:

- Cytomegalavirus Mismatch—Impact on Outcomes
- Pediatric Donation After Cardiac Death transplants
- Donor factors that predict primary non-function in liver transplants.

Getting Better All the Time

GIVING BACK YIELDS VITAL REWARDS FOR MANY



Patti visiting with transplant recipient Florinda Candles and her husband Rigoberto at the Transplant Program at VCU Medical Center.

I wanted to return to work, but I couldn't stomach the idea of going back to bookkeeping, which is what I had been doing before I got sick. I needed to help people. My search led me to LifeNet Health, Richmond's local OPO. I began as a volunteer. I didn't care that I was stuffing packets because I was stuffing packets that procurement coordinators took on their recovery cases. But eventually they needed my help with community education—and that's when I really kicked into gear.

I went into driver's ed classes and talked to high school kids about organ donation. I spoke to civic groups. I talked to elementary students. It was my dream job. I just kept showing up until they eventually put me on the payroll, and I've been a full-time employee ever since.



In 2009,
1007
individuals
volunteered on
UNOS' board,
committees,
subcommittees
and workgroups.

Planned giving program established

The Deborah C. Surlas Legacy for Life Society recognizes supporters who include UNOS in their estate plans. The society is named to honor kidney-pancreas recipient, patient advocate and retired registered nurse Debi Surlas, who is including a significant gift to UNOS in her will.

"UNOS helped to make my future possible. It seems only fitting that I help to make UNOS' future possible as well, so that others will have the same hope for a second chance at life as me."

2009 Committee Activity

- In January, more than 200 participants attended the **Kidney Transplantation Committee's** public forum in St. Louis to discuss concepts that could affect how kidneys are allocated.
- In an effort to increase participation in the public comment process, the **Minority Affairs Committee** surveyed dialysis patients to find out how much they knew about kidney transplantation, what they understood about organ allocation policy and whether they participated in the public comment process. Findings are expected to be published in 2010.
- The **Transplant Coordinators** and **Transplant Administrators committees** began a joint study of real-world practices related to listing and managing inactive-status candidates in order to identify training opportunities and refine policies.
- To increase organ availability and utilization of pediatric donor kidneys, the **Organ Availability Committee** began studying how pediatric kidneys, procured and intended for one recipient, could be split to transplant two recipients instead.

I visit the transplant floor whenever I can and talk with the patients.

In 2009, more than **2,000** participants went to **22** regional meetings and **11** forums.

Last year UNOS members accessed our **26** online training modules more than **4,090** times.

2009 — a Big Year for KPD

Kidney Paired Donation (KPD) involves at least two donor/recipient pairs so that the donor of the first pair gives to the recipient of the second, and vice versa. The two pairs exchange kidneys, resulting in two transplants that could not have otherwise taken place. However, researchers estimate that a national KPD program could eventually yield as many as 1,000 to 2,000 additional kidney transplants annually.

The Kidney Transplantation Committee and its **Paired Donation Work Group** selected four organizations representing more than 80 kidney transplant programs to pilot-test a national KPD matching system and refine operational policies and protocols. In development since 2004, the pilot is made possible by thousands of hours of volunteer expertise given by kidney professionals and the living donation community, as well as the support of project partners, charitable gifts and in-kind donations.



A KPD educational brochure is in development by the KPD Communications Work Group and will be available to professionals to help them explain how KPD works.

UNOS Technology: Connected for Life

- 30 percent of UNOS staff are in the Information Technology Department and touch every aspect of UNOS' lifesaving mission.
- IT staff are responsible for operations, programming, security and maintenance of all UNOS systems related to patient registration, waiting list, post-transplant data collection and donor-recipient matching and organ offer applications; as well as UNOS' family of Web sites.
- In 2009, UNOS launched a major overhaul of the waitlist, membership and policy compliance applications and technical infrastructure. The project will take three years.
- Online training modules, developed by the UNOS Professional Development Team, instruct professionals on how to use various components of DonorNet®, WaitlistSM and TIEDI®, all parts of UNetSM, UNOS' secure software network for members.



"The Professional Development Team ensures that UNOS staff and members have the needed training to support their efforts to get the right organ to the right patient in the most expeditious manner. Everything our team does is relevant to UNOS' mission to utilize the precious donor gifts that ultimately benefit patients waiting for transplant. Our team is inspired and humbled daily by the opportunity to make a difference in people's lives."

Gloria (standing) with Leann Harris, a Trainer/Educator on the UNOS Professional Development team.

— **Gloria Taylor, RN, MA, CPTC**
Resource Manager, UNOS Professional Development Team and Staff Ethicist

Saying Thank You

During one of my early speaking engagements I found myself in front of a group of donor families. I was struggling with writing my thank you letter to my donor family, and I asked them what to say. I was so nervous that I would say something wrong and hurt my donor family even more. Every single one of them said the same thing—‘Just write it. Just say thank you. They will want to know that their loved one’s organ made a difference.’

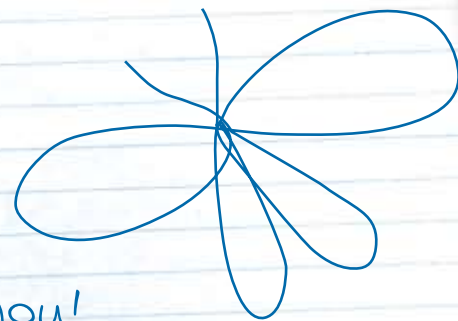
So I wrote the letter, and I said thank you. I wrote that because of their loved one’s gift, I was able to watch my oldest daughter get married. I became a grandmother. I attended the wedding of the sister who helped save my life. I saw my youngest daughter graduate from high school and I took a trip to England with her. I am able to work at a job I love and help promote organ donation awareness every day.

And one day I received a letter back. That’s when I learned that my donor’s name was Michael and that he was 44 years old, just like my husband. He was also the exact same height and weight as my husband. And he was a Redskins fan.

I now have two Michaels in my life, and I like to say that my official name is Patricia Ann Michael Michael Dean. My donor’s wife signed her letter, ‘Maybe one day we can have lunch.’

I look forward to that day.

Just write it.
Just say thank you!



A lifelong Ravens fanatic, Patti is torn on certain game days knowing that her donor was a Redskins fan.



The National Donor Memorial at UNOS headquarters has been called “America’s thank you to donors and their families.” Thousands of visitors tour the garden every year, while even more build personal tributes online at donormemorial.org.

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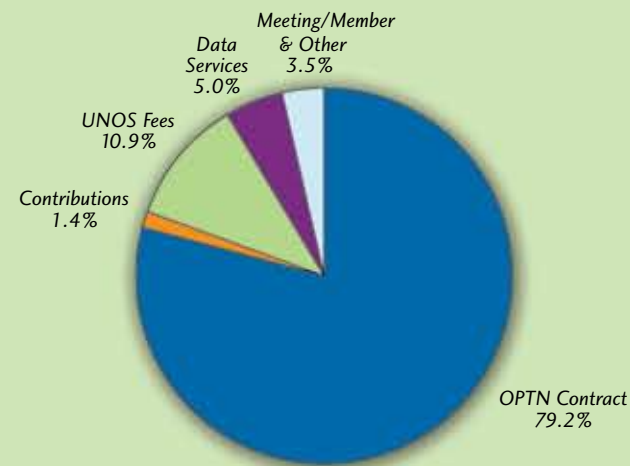
2009 Financial Facts

UNOS' primary mission is to perform the OPTN contract. Total OPTN funding represents 79% of UNOS revenues. The remaining 21% of revenues provide for resources needed to support the mission and the financial health of the organization. The OPTN is a cost-sharing government contract in which the federal government contributed 6.4% of funds.

The OPTN represents 70.8% of expenses for the organization. OPTN-related expenses are those not covered by the OPTN contract, but complement the OPTN and provide services to the transplant community.

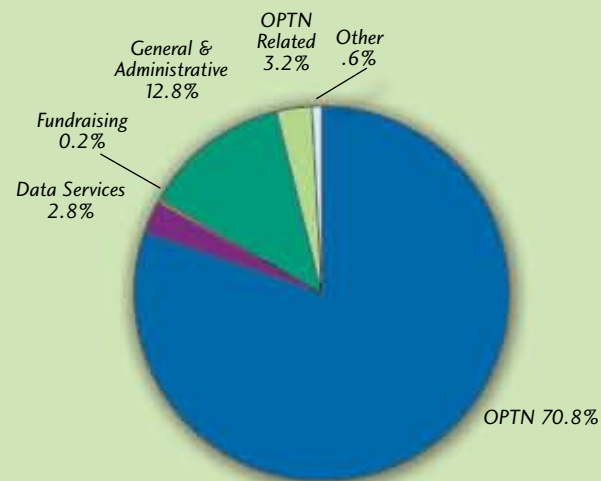
REVENUES

OPTN Registrations	\$26,026,062
OPTN Government Funding	1,785,503
UNOS Fees	3,830,538
Data Services	1,764,118
Meeting Fees	473,160
Contributions	485,071
Member Services	402,664
Other	366,536
Total	\$35,133,652



EXPENSES

OPTN	27,811,565
Data Services	982,600
Fundraising	72,043
General & Administrative	4,434,308
OPTN Related	1,091,521
Other	200,341
Total	34,592,378



Change in Net Assets \$340,933

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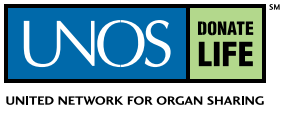
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 are kicking up their heels
 and living life to the fullest and
 just taking the best advantage of the
 gift that they’ve been given.”

—Patti Dean

Donor family member, liver recipient and grateful human being

Principal photography, Allen Jones Photography. Supplementary photography, Joe Sokohl and UNOS Staff.



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