





The

Millennium

By Susan A. Reeves, R.N.

Flight

Years from now, when my children, and their children, ask me where I was and what I was doing as the new millennium dawned, I'll tell them the story of that memorable night—of my “millennium flight.”

The story begins at 6:45 p.m. on December 31, 1999. My husband, David, and I were sitting in our family room, negotiating a curfew with Dave, our 17-year-old son. He, of course, thought he should be able to stay out with friends until the wee morning hours; we, naturally, felt strongly otherwise. Our hometown was hosting a midnight fireworks display to usher in the new millennium, and Dave planned to attend the festivities with his friends. We eventually agreed on a 2:00 a.m. curfew, and out he went.

The house was then relatively quiet. Our other son, Daniel, who had turned three years old that very day, was watching a Disney video in the other room. David was channel-surfing through the holiday bowl games. As for me, I was enjoying the warmth from the woodstove while reflecting on the

It was New Year's Eve of 1999. Some donated organs were desperately needed for a transplant patient in Boston. But traffic would be clogging all the roads into the city, and all other possible medical helicopters were spoken for. It was a tough dilemma that faced a DHMC administrator on that momentous night . . .

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successful holiday party that we had hosted the prior evening. David and I had invited 40 of our closest friends and colleagues to a millennium celebration at our home. Truth be told, I was exhausted and was engaging in about the only activity that I felt capable of.

Just as David and I were joking that it was about time to set the clocks ahead to midnight, wish each other a happy new year, and go to bed early, the phone rang. David answered and made the sour face that told me it was Dartmouth-Hitchcock calling for me. He handed me the phone and said, "It's Robin from DHART."

DHART—pronounced "dart"—is the acronym for the Dartmouth-Hitchcock Air Response Team, DHMC's air medical transport program. One of five departments in the DHMC Emergency Services division, DHART is one of my operational responsibilities as a DHMC administrator.

I picked up the receiver and Robin, the on-duty communications specialist, started off by saying, "Everything is fine." I smiled to myself, because the DHART staff knew they could call me anytime, for any reason, but that I always needed to know immediately whether or not the crew was safe or the aircraft had experienced an accident—a constant worry in the air-ambulance business. So I had asked any DHART personnel who had occasion to call me during off-hours at home to first reassure me that all was well. Clearly, Robin had remembered my request.

"What's up?" I asked her. Robin replied that she had gotten an "odd request" that she didn't know how to handle, and she needed a decision from me. Apparently, Community Hospital (I'm not using the hospital's real name, to protect patient confidentiality), about 60 miles south of DHMC, had called DHART and asked if our helicopter could be on stand-by later that night "to fly some organs to Boston." Community Hospital had an organ donor at their facility whose organs were due to be removed within the next several hours for waiting recipients in Boston.

This was a new one for me. I asked Robin, "Have we done this before?" She said, "I think so, but I don't remember the circumstances." Robin went on to explain that the request had come from a coordinator at the New England Organ Bank, and they needed an answer right away.

Robin's dilemma was obvious. A transport of this nature would take DHART out of its service area for a significant amount of time—depriving northern New England of the region's only air medical transport capability. Knowing it was New Year's Eve of the millennium, most emergency services—

including all of DHMC's—were braced for potential Y2K disasters as well as incidents involving more than the usual number of partying revelers.

I asked Robin if she had any more details about Community Hospital's request—for instance, did they have an exact transport time? She replied that there was no exact time because people in Boston were still working to make the necessary arrangements there. Things were complicated because it was a multi-organ recovery, with multiple transplant recipients anticipated. Robin said it might be best for me to call the New England Organ Bank coordinator directly. I told her I would do that and would call her back shortly.

I dialed the Organ Bank and learned that the donor at Community Hospital was an 18-year-old who had been involved in a motor vehicle crash a few days earlier. The young woman had sustained massive head trauma and had been pronounced brain dead earlier in the day. Her parents wanted their daughter's organs to be removed for donation. The Organ Bank believed they had a suitable recipient for both the heart and the lungs, and they were working to get the recipients ready for transplant in two different Boston hospitals.

I asked the coordinator to review the alternatives that she had already explored. We then discussed the unique logistical hurdles that presented themselves this particular evening. The millennium celebrations in Boston had already created significant congestion on the major roadways into and out of the city, making ambulance transport of the organs impossible. Unlike kidneys, which can be out of a body for several hours, hearts and lungs can be maintained for only a very brief time before organ damage occurs, jeopardizing a successful transplant outcome.

The coordinator and I discussed using Boston Med Flight, a Boston-based air medical transport program. The coordinator said that Med Flight had already been contacted but was unable to commit due to the high volume of transports they were already undertaking. I then suggested a fixed-wing flight from Manchester Airport in southern New Hampshire to Logan International Airport in Boston. Again, the ground trip from Logan into the city was predicted to be too long, given traffic conditions. And we also discussed the dilemma confronting me—the fact that the decision to commit DHART to the organ transport could potentially deprive a needy patient of a vital service, one that was all too likely to be required on New Year's Eve.

I was momentarily stumped. Unable to think of any other options, but not yet willing to give up, I

told the Organ Bank coordinator that I would consider the problem and get back to her shortly.

It was now after 7:00 p.m. I called back the DHART Communications Center and asked to speak to the on-duty medical crew. They sympathized with the Organ Bank officials but agreed with me that we should not commit our helicopter and crew to an indefinite stand-by to fly organs to Boston. That was that.

After I finished talking with the crew, I hung up the phone and again stared into the flickering flames of the woodstove. I couldn't help but reflect on our own experience with the July 1995 death of our 18-year-old son, Matthew. Matthew had died after an eight-month struggle with a very aggressive cancer. At one point during his treatment, we had pursued bone marrow transplant options. I remember thinking at the time, "Where would a donor come from to save our son's life?" Matthew never went into remission—the point at which a transplant would have been possible—so we never did have to deal with the organ-recipient "waiting game" that so many people face.

Later, when it was clear that Matt would not survive the illness that had ravaged his body, he appealed to his doctors to allow him to be an organ donor. Matt then had to endure the awful truth that not a single one of his 18-year-old organs could be considered for transplant because of the nature of his cancer. I clearly remember the pain and disappointment in his eyes when he learned that cancer not only would rob him of his life but also would preclude his selfless gesture of organ donation.

My thoughts then shifted to the parents of the 18-year-old girl lying dead in a Community Hospital ICU bed, her vital organs now maintained only by machines. Despite their excruciating grief, they had made the ultimate gift of their daughter's organs. I could not imagine having them learn that because it was New Year's Eve of the millennium, and the entire world was engaged in celebration, transport of their daughter's organs to Boston, barely 60 miles away, was logistically impossible. Nor could I conceive of the emotion at the recipients' end, upon learning that a suitable heart and lungs were available, but no one could accomplish the transport since it happened to fall on this auspicious—or inauspicious—date in history.

Feeling compelled to act by now, I called back the DHART Communications Center and asked Robin to page DHART's lead pilot, Donald "Chip" Wood. Chip was well connected in the helicopter world and knew the majority of helicopter operators in the region. I would ask him to help me locate *someone* willing to donate his or her time and

aircraft to this worthy cause. I placed another call to the New England Organ Bank to let them know that I hadn't yet exhausted every option—to "hang in there with me for a while longer." By now, it was approximately 7:25 p.m. I was very conscious of the ticking of the clock.

Chip called me back within minutes of receiving his page. I explained the situation and gave him all of the information that I had about the Community Hospital request. He then hit me with a new hurdle. Due to safety concerns, single-engine aircraft were not permitted to land on Boston rooftop helipads. Aviation rules prescribed that only twin-engine helicopters could do rooftop landings at Boston hospitals. However, most of Chip's helicopter pals had access only to single-engine helicopters.

We were both really quiet for a minute, on our respective ends of the phone. Then, at practically the same moment, we introduced the same idea: "What if we used the Agusta?" The Agusta A109 CMAX was the DHART program's back-up helicopter—a twin-engine helicopter typically used when DHART's primary aircraft is undergoing maintenance. The Agusta spent most of its time sitting idle in the DHART hangar.

It's important to explain here that DHART is a "one-helicopter program," meaning that unless we put the second aircraft in service for a specific reason (such as when we're under contract to serve the summer NASCAR races in the region) only one helicopter is authorized to be in service. Even if the program receives two simultaneous calls for air transport, the calls are triaged so that only one mission is flown at a time.

I asked Chip, "Who do you suppose might be unhappy if we put DHART's second ship in service to do this transport?" I thought about things from my end and decided that DHMC would be fully supportive of using the second helicopter for this purpose. Though it was unclear whether the flight would be fully reimbursed, if at all, I was confident that a decision to do this organ transport would be viewed as highly "mission congruent" for DHMC and that the organization's senior leadership would support my decision.

Chip said he needed to check out a few things on his end. He called back moments later to say that his employer, Metro Aviation (DHART's air-operator, a company based in Shreveport, La.), had told him to do whatever was necessary to support my decision and the flight. In addition, the on-call helicopter mechanic had confirmed that the Agusta was "mission ready." Further, Chip offered to make the flight himself, and—without a moment's



Chip offered to make the flight himself, and—without a moment's hesitation, now feeling completely invested in the situation—I told him I'd go along, too.



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Just a little after 7:30 p.m., I called back the New England Organ Bank to let them know that the transport by DHART was a “go.” The coordinator said a surgeon from Boston was standing by at Community Hospital to perform the organ recovery, and it was anticipated that the organs would be ready to leave Community for Boston around 1:30 a.m. We were asked to have the aircraft on standby at Community Hospital no later than 1:15. I called Chip back to give him the details. He suggested that we meet at the DHART hangar at 12:30 a.m. to pre-flight the aircraft and check the weather. I said I’d see him there.

By now, David had overheard enough of the conversation to realize that we would not be ringing in the new millennium together. I filled him in on some of the details and, after putting our three-year-old to bed, tried, unsuccessfully, to take a nap.

At 11:30 p.m., I got out of bed, kissed my sleeping husband and child, and left for DHMC. As I drove off our hill in Woodstock, Vt., the town’s fireworks display began. I passed a second display in Quechee and another in Hartford. My car clock told me that the new millennium had begun.

When I arrived at DHMC, I stopped briefly in the Emergency Department (ED) to wish the staff a happy new year. I was relieved that none of the much-anticipated chaos related to Y2K had affected DHMC. Everything was running smoothly, and the ED was only moderately busy.

I then entered the hangar to find that Chip had already pre-flighted the aircraft and was ready to go. He recommended that we get under way, since his preference was to be early rather than to run “behind the curve.” The DHART staff in the hangar had just finished a small New Year’s Eve celebration, complete with a pie supplied by the on-duty pilot’s wife. I chatted with them briefly and was surprised to learn that the night had, so far, been calm for the air medical team. But they were afraid the quiet wouldn’t last, once New Year’s Eve parties began to break up.

Chip reminded me that he was ready to go. I grabbed a helmet and began to lace up my boots. One of the crew members suggested that I put on some extra socks, “because the Agusta can get pretty chilly.” I heeded the advice and found not only another pair of socks but also a warmer jacket.

We climbed into the cockpit and strapped ourselves in. As Chip lifted the helicopter off from the DHMC helipad, I got my first glimpse of the Upper Valley at night from the front seat of a helicopter.

Although I had flown several missions with the crew before, all had been during the day and none were to Boston. This was a clear night and lots of stars were visible. It was breathtakingly beautiful.

Our approximate flying time to Community Hospital was 18 minutes, so we landed about 30 minutes ahead of our appointed time of 1:15 a.m. While Chip went through the aircraft’s shut-down procedures, I could see that the Community Hospital ED was having a busy night. As Chip and I made our way through the department, I felt like I was with a celebrity of sorts. All of the staff seemed to know Chip and greeted him warmly. I recalled having had the same feeling when I’d ridden along on previous missions, and again I appreciated the fact that DHART crew members play a significant role as DHMC “ambassadors.”

The Community staff all obviously knew why we were there—I could see it in their eyes and hear it in their voices as they said, “Thanks for coming out tonight.” I then followed Chip to the operating room (OR) suite, where we were greeted by one of the OR nurses. I was struck by the ease with which Chip navigated his way through the hospital’s maze of corridors. I had no clue as to where I was in the building.

The nurse led us into the OR staff lounge and said we should make ourselves comfortable, as they hadn’t yet begun the organ recovery procedure because of delays at the Boston hospitals. I helped myself to a cup of coffee, while Chip located a phone and dialed in to check the weather—a procedure he would repeat several times during our wait.

At 1:45 a.m., another nurse stopped by the lounge where we were patiently waiting for word that the surgeon and his precious cargo were ready to fly to Boston. This nurse, very congenial and talkative, provided us with some more information about the transplant process, including the tragic details of how this young woman had become an organ donor.

She first told us about the car accident that had occurred a couple of days before. The donor, a passenger in the car, was with two other young women. The car they were in had reportedly come to a stop. The young woman had just unbelted herself when the driver apparently mistakenly hit the gas instead of the brake, and the car careened into a nearby tree. The now-unrestrained passenger sustained unsurvivable head trauma. Neither of the car’s other occupants was seriously hurt. “Unbelievable, huh?” said the nurse. Chip and I could only nod our heads in agreement.

The nurse then shared the fact that the family was a “wonderful” one. They had come to grips ear-

lier in the day with their daughter's terminal status and had made the arrangements for organ donation. "What a way for that family to spend a New Year's Eve!" she said sadly, as she left to go back into the OR. Indeed.

It was now after 2:00 a.m. Chip caught me in a yawn and observed, "This is the hardest part of doing EMS flying—the 'hurry up and wait.' I've gotten to know the inside of most New Hampshire and Vermont hospital waiting rooms in the last six years of flying with DHART. The med crews always stay busy, but we pilots just hang out until we get the signal that everyone's set to go. Then you have to go from zero to a hundred in less than 60 seconds and be 100-percent 'on' to boot! Try that for stress!"

Over the next two hours, different members of the operating room staff came and went, everyone offering tidbits of information about what was happening behind the swinging doors to the OR suite. The problems were apparently continuing in Boston, because a little after 3:00 a.m. we learned that we'd only be transporting the surgeon and a heart. The lung transplant hadn't come together as expected. We also learned that the recipient of the heart would be an 18-year-old girl who had endured many years with multiple congenital heart defects. I wondered how many times an 18-year-old female donor heart goes to an 18-year-old female recipient. Certainly, I mused, this should be a good omen for the recipient.

Chip spent the time flipping through old magazines and hopping up to check with the weather service every half-hour or so. I tried, without much success, to close my eyes and nap. At some point, we walked to the cafeteria for a snack. We chit-chatted about our kids and the holidays, avoiding much discussion of the "mission" we were on.

At 3:30 a.m., we learned that the organ recovery procedure was finally underway, and a little after 4:00 a.m. we were told that the surgeon was nearly done and that we should get the aircraft warmed up. A quick final weather check told us that we were good to go.

It was as if someone had hit our "on" switch. We walked briskly back outside to a very chilly aircraft. Chip circled the helicopter, doing the requisite pre-flight inspection. I was busy getting my helmet on and getting strapped in when I saw the Boston transplant surgeon emerge from the doors of the hospital. He was dressed in hospital scrubs, topped with a winter jacket. In his hand was a cooler that looked just like one you'd take on a summer picnic. But this cooler contained a young woman's heart. I remember thinking it incongruous that such an ordinary-looking object was being used in

such a delicate, highly technical medical procedure.

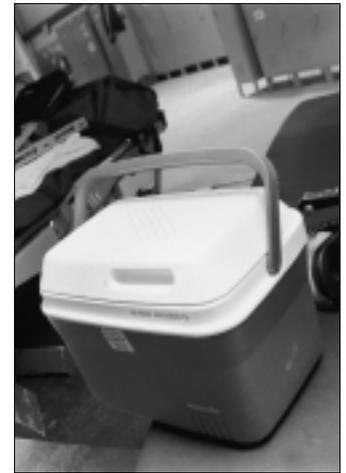
Chip greeted the physician at the nose of the helicopter, helped him inside, and secured the cooler in the medical compartment of the craft. As Chip climbed into his seat, he did a communications check and made sure the physician had flown before and was familiar with helicopter procedures. All the same, Chip described what he was doing, clearly to set his passengers' minds at rest.

We lifted off from the Community Hospital helipad just after 4:15 a.m. As we rose from the ground, I waved to the hospital security officers who were standing out in the cold, making sure the landing and take-off zone was secure and free of obstructions. They waved back and followed with a salute of sorts. We were now finally en route to Brigham and Women's Hospital in Boston, facing an estimated flying time of 22 minutes.

My head buzzed with what seemed like a million questions for the transplant surgeon. What did he know about the recipient? What were the chances for a good outcome immediately following the transplant? What were her long-term prospects? When would they be able to declare the transplant a success? What would a rejection look like clinically? Had the recipient waited a long time for this moment? Did he know the recipient?

But partly so as not to appear too nosy, and partly to give the surgeon a break before the upcoming procedure, I never actually asked any of those questions. Rather, Chip asked early on in the flight what would happen when the heart got to Boston. The surgeon's answer set me off on an entirely different line of thought. He said the recipient's surgery to receive the donated heart had actually begun while we'd been sitting in the Community Hospital OR lounge. One of the reasons the organ recovery procedure was delayed was that the transplant team in Boston had experienced some difficulties in preparing the recipient for the surgery, due to her previous history with cardiac procedures. In fact, the recipient was "already on by-pass," the surgeon said, "waiting for the heart to arrive." I think my own heart skipped a few beats when I heard that. I began to pray for a safe, expeditious, and uneventful landing at the Brigham. I watched the minutes tick off on the helicopter's computer, which calculated the remaining flying time to our destination.

Not long into the flight, the lights of Boston became visible, beckoning us onward. Having never flown to Boston before, I was surprised to hear Chip calling the dispatcher at Boston Med Flight, the Boston-based air medical group, to check in and to ask that they relay our status back to the DHART



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Communications Center. The Med Flight communicator jokingly asked why a lead pilot was working on a holiday. Obviously, Chip was well known in this circle as well. Chip passed along holiday wishes to the Med Flight crew—in particular to one of his pilot friends who was out right then on an EMS flight to Beverly, Mass.

Then came some no-nonsense communications with Logan Airport, followed by a third set of communications, this time with Boston Skyways—the local, in-city, flight-following network. Finally, we were cleared to land at the Brigham.

Chip quickly completed the landing checklist. He then showed me how he activated the helipad landing lights and clicked off the air intake vents on the hospital's rooftop pad to prevent fuel fumes from entering the hospital's air-handling system. Five simple presses on a radio button closed the vents on the helipad, which was now in sight and brightly lit for our arrival.

I have to admit that I was anxious about my first rooftop (not to mention skyscraper rooftop) landing. Chip calmly talked our way down, calling out our status almost constantly. Finally, I felt the familiar jolt of the wheels as they touched down onto the surface of the pad. At the same time, I felt a long, slow exhale; it wasn't till then that I realized I'd been holding my breath during the entire descent. As I had many times in the past, I thought admiringly of the DHART staff and tried to comprehend the fact that they experienced this kind of stress every day. My respect for the crew increased yet again that night.

Chip told the surgeon that we needed to sit tight during the craft's two-minute cool-down period. At last, he applied the rotor brake and the engine fell silent. I chose that moment to make my only comment to the transplant surgeon. "Good luck this morning," I said into my helmet microphone. "Thanks," he answered, "and thanks to you both for doing the flight. With a little luck, the young lady waiting downstairs is about to receive a great new year's present."

With that, Chip opened the gull-wing doors of the aircraft and helped the surgeon and his cooler out of the helicopter. The scrub-clad figure quickly disappeared inside, headed for a waiting elevator that would take him to the operating room and transplant team below. It was 4:40 a.m. Chip quickly climbed back in the cockpit, strapped himself in, and began the take-off procedures all over again.

As he asked Boston Skyways for clearance to take off from the Brigham pad, Chip looked over at me and said, "Let's see if I can give you a little new year's present." He asked Skyways for clearance to

leave Boston along the Charles River—a route typically denied to EMS helicopter traffic. Clearance was immediately granted. Chip thanked the dispatcher and wished him a happy new year.

We flew right along the river, with the Boston nighttime skyline to our immediate right. It was just spectacular. It was still lit up and decorated from the night's celebrations—though now much quieter than it had been, I'm sure. As we reached the harbor, we turned left over the interstate and began our trip north. We checked in once more with the Logan tower and with Boston Med Flight to let them know that we were heading "back to the barn." Soon after, Logan transferred us to the control tower at the Manchester, N.H., airport, where we would stop to refuel.

As we entered a glide path to land at Manchester, Chip pointed out the special landing lights that let pilots know they're on the proper path and altitude for landing. The four large lights are white when the aircraft is "on target," and red if not, and they go out one by one as the aircraft gets closer to touch-down on the runway.

We landed and taxied to the aircraft's refueling stop. Chip and I went inside the hangar—he stopping to check the weather yet again and me heading for the rest room. Though I felt pretty awake, the face staring back at me from the ladies' room mirror showed signs of the all-night stress.

The refueling took much longer than I'd expected. We weren't back in the air until almost 6:00 a.m. I considered calling home to let David know that I was alive and well, but in the end elected not to wake him. I remember worrying, though, that my three-year old would probably awaken soon and be upset that his mommy was not at home.

Our flight back to DHMC was quick and uneventful. Once or twice, Chip pointed out some of the night-flying issues that routinely confront the DHART crew. The night sky in most of northern New England is pitch black, with only a few scattered lights from small towns to provide ground reference points. Once or twice, gathering ground-fog led Chip to consider turning back to Manchester and waiting for the sunrise and improved visibility. However, we were always able to see the lights of distant towns, so we continued our journey home. I filed all of this learning into my already saturated brain. Certainly, my first night-flight had proven very instructive.

By now I was cold; my feet felt like blocks of ice. I couldn't tell if it really was that cold inside the aircraft, or if I was simply experiencing that early-morning chill that I remembered from my days of working as a night nurse. Chip saw me rubbing my

legs and tried to coax the Agusta into throwing out a little more heat. He called the DHART Communications Center to let them know our estimated time of arrival. With a hint of a chuckle, the communications specialist asked Chip how his passenger (me) was faring. Chip assured the communicator that I was “hanging in there.”

We landed as dawn was breaking. It was crisp and cold outside. As I stepped out of the cockpit to scoot inside and warm up, the on-duty pilot helped Chip tow the aircraft back into the hangar. I chatted briefly with the crew that was just ending its shift. Amazingly, ironically, they hadn’t received a single call all night.

I made my good-byes to the rest of the staff and just before leaving went in search of Chip. He was completing the required paperwork in the pilots’ quarters. Due maybe to fatigue, or maybe to emotion, I actually found myself without words. All I was capable of was sticking out my hand and saying, “Thanks for coming in tonight.” He grabbed my hand in return, squeezed hard, and replied, “Hey, this is what we do, right?” Our eyes conveyed so much more to each other—but all of it was left unsaid. Such stoic taciturnity is another quality I routinely observe in the DHART staff, and it’s one I occasionally worry about.

I left the hangar, located my car in the parking lot, got in, cranked up the heat, and waited for my frosted windows to clear. It was then that the tears finally came. Tears of fatigue and prolonged stress, of course. But also tears of sadness and injustice for the dead young woman at Community. Tears for her parents, who were probably just waking up to their first morning without their child—if they had slept at all. Of course, tears for my own dead son were mixed in, too. But there were also tears of hope for the young heart recipient in Boston and her anxious family, who would about now be awaiting some news from the transplant surgeon we’d flown to Boston. Wiping my face on my coat sleeve, I began the half-hour drive home to Woodstock and my awakening family.

It was 7:30 a.m. when I arrived home. I kissed everyone hello and told them I’d fill them in on the details after a nap. I then found my warmest pajamas, pulled on some wool socks, and climbed into my flannel sheets. As I willed my hyper-alert, caffeine-filled body to relax, my mind raced with many thoughts: Would I take any flack for electing to place DHART’s second aircraft in service? How would the organ donor’s family make funeral arrangements on a holiday? How did the recipient’s surgery turn out? How tired must the transplant surgeon be, after being on stand-by all night, per-

forming the early-morning recovery procedure at Community, and then also participating in the actual transplant in Boston.

Most of all, I recall my final presleep thought: Why had I decided to go along on the flight that night? The answer, I concluded, lay in Chip’s parting words to me: “This is what we do.”

Epilogue

Several weeks later, I received an unexpected follow-up letter from the New England Organ Bank. I learned that it was part of the Organ Bank’s routine practice to communicate with any agencies participating in a transplant process and provide information about the recipient’s outcome. The letter, which was informative and descriptive, said that the heart recipient had survived the transplant, was now at home with her family, and was doing well. The letter also indicated that there had been additional organs recovered from the donor, and that three different recipients had received her liver and her kidneys. In all, four people had received life-saving gifts from the 18-year-old girl at Community Hospital. The letter brought a welcome sense of closure to the experience.

But, still, I kept revisiting the events of that night in my mind. I started to think that maybe I should set them down on paper, because the experience had been, for me, in many ways a “career-defining moment.” The story seemed to illustrate, in one narrative, responses to questions that I am often asked about my work. Questions such as: Is it patient need, or the financial bottom line, that really drives decision-making at DHMC? Is “meeting the health-care needs of the region” just a slogan, or something that really happens? What is it like to be associated with the DHART program? What does it mean to be an “administrator-on-call”? What does a medical center administrator really do anyway?

My compulsion to commit the story to paper finally proved overwhelming, and I spent some time during a vacation this past November writing it out. But in the process of doing so, I realized that what was driving me was not that this was an unusually spectacular, heroic, or unique story as health-care dramas go. Rather, in addition to answering all of the questions above, I believe that this story typifies the sorts of values, thinking, and actions that guide everyday clinical and administrative decision-making at DHMC.

But “everyday” though the flight might have been in some respects, it still was, without any doubt, a profoundly meaningful way to usher in the new millennium. ■



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