

**SPORTS**

**NOT THE SAME OLD**

The Rockets have faith that youngsters such as Sengun and Green can turn the team around.

PAGE C1



**SPECIAL SECTION**

**2022 RODEO GUIDE**

The Houston Livestock Show and Rodeo is back with new concert acts, carnival rides and snacks, but the important parts remain the same.

SECTION H

**HOUSTON  CHRONICLE**

SUNDAY, FEBRUARY 20, 2022 • HOUSTONCHRONICLE.COM • VOL. 121, NO. 130 • \$4.00 ★★

**TRANSPLANTED**

**CLINGING TO HOPE**

A young father fights a COVID infection so catastrophic he needs a lung transplant



By **Julian Gill** STAFF WRITER  
and **Godofredo A. Vásquez** STAFF PHOTOGRAPHER

**Chapter 1: The diagnosis**

A doctor shouts a greeting to a weary Jesus Ceja Ceja, whose lungs have shriveled into scarred and stagnant red fists of tissue. He sucks in just enough air to squeeze out a response from his hospital bed, in the middle of a spacious yet lonely room in a Houston Methodist Hospital intensive care unit.

“Somebody ... somebody speak Spanish?” he asks, piecing together the little English he knows in his whispery voice.

It is Sept. 17, 2021. Nearly six weeks after 29-year-old Jesus was admitted to Houston Methodist with a catastrophic COVID-19 infection. His muscles, once bulging from long days of hard labor, have withered under heavy sedation. A life-support machine pulls blood from his 5-foot-7-inch body and pushes it back through the tubes that crown his head and snake deep inside his heart.

His 28-year-old wife, Perla Munguia Ceja, enters the room

**TODAY**

**Chapter 1: The diagnosis**  
‘We had so many plans’

With his wife’s support, Jesus Ceja Ceja works to become listed for a lung transplant and piece together his life.

**MONDAY**

**Chapter 2: The match**

‘What’s meant for me will be there for me’  
Jesus needs to find a donor match quickly.  
But how long can he wait?

**TUESDAY**

**Chapter 3: Recovery**

‘A new man’  
Jesus grapples with a new challenge:  
rebuilding his identity.

**Jesus Ceja Ceja needs at least six medical workers accompanying him during physical therapy at Houston Methodist Hospital in October 2021.**

to visit the man she met eight years ago in Cotija de la Paz in the Mexican state of Michoacán, where they grew up on ranches on opposite sides of the small city.

Jesus has long been the head of their family – the strong, solid worker who frequently travels from Cotija to Baytown for temporary jobs insulating pipes at chemical plants and oil refineries throughout the Gulf Coast region. The family often visits the U.S., where they one day hope to live permanently, but still considers Cotija home.

Two months ago, Jesus, a lawful permanent resident in the U.S., left Cotija for a job at a Louisiana natural gas plant while Perla and the kids stayed behind in Mexico. Now it’s up to Perla, a U.S. citizen who speaks limited English, to ask

*Diagnosis continues on A11*

Read all three chapters of this series at [houstonchronicle.com/transplanted](https://houstonchronicle.com/transplanted)

**Big jump in deaths suggests undercount of '21 freeze toll**

By **Zach Despart**  
STAFF WRITER

Texas experienced a spike in deaths the week of the February 2021 winter storm unlike any other in the past six decades, another data point that suggests fatalities attributable to the disaster are far higher than the state’s official

count. The Texas Department of State Health Services in December said the storm killed 246 people, from various causes, including hypothermia, carbon monoxide and medical emergencies caused by the loss of electricity. A Houston Chronicle analysis of weekly deaths in Texas since

1964, however, found more than 1,000 deaths during the third week of February in 2021, that could not be explained by historical patterns or COVID-19. “It’s clear something is going on there,” said Dr. Bob Anderson, chief of mortality for the Centers for Disease Control and

*Freeze continues on A6*

**Russian missile tests signal Ukraine crisis may intensify**

By **Steven Erlanger**  
NEW YORK TIMES

MUNICH – As shelling struck towns in eastern Ukraine Saturday, and civilians boarded buses in a chaotic evacuation, Russia engaged in a dramatic display of military theater, test-firing ballistic and cruise missiles in a re-

minder to the West that a conflict over Ukraine could quickly escalate. In eastern Ukraine, where Russia-backed separatists have asserted, without evidence, that Ukraine was planning a large-scale attack, separatist leaders urged women and children to evacuate and able-bodied men to

prepare to fight. Western leaders derided the notion that Ukraine would launch an attack while surrounded by Russian forces, and Ukrainian officials dismissed the claim as “a cynical Russian lie.” But the ginned-up panic was a disturbing sign of what the United States

*Ukraine continues on A26*

**Index**

Business.....B1 | Directory.....A2 | Lottery.....A2 | Sports.....C1  
Comics.....U1 | Editorials.....A18 | Obituaries...A21 | TV.....G13  
Crossword...G13 | Horoscope...G11 | Real Estate...R1 | Weather.....A28

 @HoustonChron  Houston-Chronicle  @HoustonChron  @HoustonChronicle  
**HoustonChronicle.com:** Visit now for breaking news, constantly updated stories, sports coverage, podcasts and a searchable news archive.



**Ambassadors**  
FOR TEXAS CHILDREN'S HOSPITAL

**We need you.**  
Help us change lives every day.

Visit [TexasChildrens.org/Ambassadors](https://TexasChildrens.org/Ambassadors) to become an Ambassador today.



## TRANSPLANTED



Perla Munguia Ceja worried about what would happen to her family if her husband didn't get a lung transplant. "We might not be able to live without him," she cried.

## DIAGNOSIS

From page A1

questions that will define their young family's future.

She turns to Dr. Ahmad Goodarzi, the lung transplant pulmonologist standing in the corner of the room.

"He has been getting evaluated for a transplant, but they haven't told me yet if he's a good candidate or not – or what is going on," she says.

"He is under evaluation and testing, but we haven't reached a final decision yet," replies Goodarzi, who is having this conversation more and more with young families.

At this point in the pandemic, 210 COVID-19 patients have received a lung transplant in the United States, including 16 at Houston Methodist – the most in Texas and third most in the country. These patients are on average 49 years old, 10 years younger than the average age of all other transplant recipients, and face devastating consequences. The operation carries the lowest survival rate of all solid organ transplants, which include the heart, liver and kidney. About 60 percent of lung transplant recipients survive after five years, according to the Organ Procurement and Transplantation Network, and 33 percent survive after 10 years.

"Is there a chance he recovers without a lung transplant?" Perla asks, hopeful.

"His lungs are so damaged that the chance of recovery would be very low," says Goodarzi, slowing his words. "Every day that passes on this machine, a lot of complications can happen. I hope he recovers, but again ..."

Perla struggles to finish his sentence, "it's not enough to ..."

Goodarzi nods, now confident she knows what he does: Jesus will never again use his lungs. A transplant is his only



Perla flips through a photo book their 7-year-old daughter made for Jesus when he left Mexico to work his latest job in Louisiana during a visit at Houston Methodist Hospital's intensive care unit.

chance for survival. And Jesus does not yet qualify for the national organ waiting list.

Vital sign monitors beep through the silence. Perla turns to her husband, her eyes welling with tears. Her voice quivers. "We had so many plans."

Lung transplants offer critically ill patients such as Jesus a second chance. But they wield an unending psychological toll through the long, complicated process of qualifying for the waiting list, matching with a donor and living a radically different post-surgery life.

Jesus would be lucky to see his 7-year-old daughter, Victoria, and 3-year-old son, Erick, reach his own age. A heightened risk of infection means he could not continue his job as a journeyman pipe insulator. The first year with new lungs would require constant medical attention from Per-

la, a stay-at-home mother who would be left to shoulder a massive financial burden.

And that's if he gets the transplant.

The decision of who makes the national organ waiting list at Methodist rests with a committee of more than a dozen professionals across a number of disciplines, including Goodarzi and the rest of the medical team. Together, they carefully select candidates deemed likely to survive the longest with a new organ, a precious resource consistently in short supply. Most COVID patients who need new lungs either become too sick or die before their evaluation.

Goodarzi can see Jesus needs to be stronger to undergo the operation. But in order to become listed, Jesus also needs insurance coverage and additional people to care for him post-sur-

gery.

As Perla absorbs this new reality, she acknowledges that a lung transplant will steal her husband's later years and fade their dream of growing old together, having two more kids and building a stable life in the United States.

But they refuse to let each other go. They want to piece together what's left of their dream. Their only hope is to make the list.

### The infection

The symptoms hit Jesus gradually at first, then with sudden force.

On a humid Friday night in mid-July, he feels a wave of fatigue wash over him as he and his brother, Gabriel Alejandro Ceja Ceja, sip beers and work on Jesus' F-150. Gabriel, the oldest of eight siblings, had traveled from California to work at the well-paying pipe insulation gig Jesus had wrangled in Cameron, La. Two weeks into the job, they take a break at Jesus' Baytown trailer, just as they learn a co-worker tested positive for COVID.

When Jesus' exhaustion doesn't end by Saturday, the brothers seek out nasal swabs. The results: positive for Jesus and negative for Gabriel.

Gabriel brews his brother tea when Jesus' fatigue gives way to a cough. And the elder brother returns to Louisiana to continue working while Jesus quarantines.

When Gabriel returns to the small, cluttered trailer the following Thursday, Jesus is feverish and short of breath.

"Why didn't you call me?" Gabriel asks, exasperated.

"I didn't want you to have to stop working," Jesus replies. "I don't feel that bad."

Gabriel calls Perla in Mexico and siblings in California. But when he insists on taking Jesus to

the hospital, Jesus bucks.

"No, no, no," Jesus protests. "Just make me another tea, like the one you made me before, and I'm going to be OK."

But Gabriel has lived this nightmare before, and he knows the truth. Their father, 64-year-old Jose Ceja, died of COVID in Cotija five months earlier, at a time when the virus was rapidly infecting friends and neighbors in the small ranching community.

The loss hit Jesus, the youngest of the eight children, especially hard. But despite his lingering grief, he cannot overcome his long-standing fear of hospitals. He is young, he reasons. Healthy and strong. Why risk a hospital?

Like the vast majority of those who suffer the worst consequences of the virus, Jesus is unvaccinated. He is not against the shot; he is just busy. When he arrived from Mexico, where the vaccine was still available only to the elderly, he absorbed himself with work, as he always did.

But COVID is mounting another attack. New cases have doubled in Texas and the Houston area within a week, as Harris County tallies 595 and Texas reports 6,400 the day Gabriel returns.

Back in Cotija, Perla gathers the children for the 19-hour bus ride to Baytown. Jesus deteriorates rapidly after she arrives, and she persuades him to go to a freestanding emergency room. After three days, Jesus is transferred to Houston Methodist Baytown Hospital, where chest X-rays reveal a thick haze of fluid between the layers of thin membrane lining his lungs, resulting in dangerously low oxygen levels – full-blown COVID pneumonia.

Jesus is sedated and connected to a mechanical ventilator that pushes air into his lungs through a tube lodged in his windpipe. Still, he does not improve after several days.

He needs ECMO – a scarce life-support machine seeing unprecedented demand due to the pandemic. It draws oxygen-starved blood from a main artery, removes the carbon dioxide and pumps oxygenated blood back into the body.

Doctors apologize to Perla as they explain: They don't have the resources to operate the machine for Jesus, and the hospitals that usually would, including Houston Methodist in the Texas Medical Center, are at capacity due to a 50 percent increase in COVID patients that week alone.

Jesus' family leans on faith, praying the rosary through two days and nights in Mexico, California and Texas.

A week into Jesus' stay, Dr. Aditya Uppalapati, a critical care specialist, calls Perla.

"There's nothing more we can do if he does not get an ECMO machine," he tells her.

"I have two kids," she cries. "He's the only person who works for this family. We might not be

*Diagnosis continues on A13*



A medical team, including doctors, nurses and an ECMO specialist, discusses the condition of COVID-19 patients battling for their lives at Houston Methodist Hospital's intensive care unit.

**TRANSPLANTED**



Perla gives her husband words of encouragement after he stops to rest in the middle of a walking therapy session to regain his strength at Houston Methodist Hospital's intensive care unit on Sept. 22, 2021. The couple married in 2014 and have two young children, Victoria and Erick.

**DIAGNOSIS**

From page A11

able to live without him.”  
 “I’m sorry,” the doctor says, assuring her the medical team will keep trying.  
 Perla calls her parents in Mexico and sobs, alone, at Our Lady of Guadalupe Catholic Church in Baytown. She lights a candle at the altar. The next day, she writes a Facebook post:  
 “Don’t give up my love. Your family, our children and I need you so much and you have thousands of things to do, most of all to see your children grow. They love you with all their hearts and so do I.”

**‘Beautiful eyes’**  
 Jesus was 21, on a break from studying architecture at a public university in Morelia, when he first saw Perla at the cellphone store where she worked.  
 “You have beautiful eyes,” he told her. She blushed.

Jesus traveled from Morelia to her ranch in Cotija every weekend to visit her. As their love blossomed, Jesus considered leaving school to work in the U.S. and start a family. He introduced Perla to his parents, and his father predicted their lifelong union.  
 “Oh boy, you’re stuck now,” Jose told Jesus.

Perla reflects on those days while Jesus dangles over death in Baytown.  
 Two days after she pleaded with the doctor to save her husband, Houston Methodist Hospital’s medical director of critical care, Dr. Faisal Masud, huddles with his colleagues in the Texas Medical Center.

They face a difficult decision. They had selected Jesus and a handful of local patients as candidates for the hospital’s one available ECMO machine. But only the person most likely to survive will receive it.  
 It’s a choice the team confronts every day during the worsening COVID surge. And the knowledge that patients who don’t make the cut will likely die weighs on Masud.

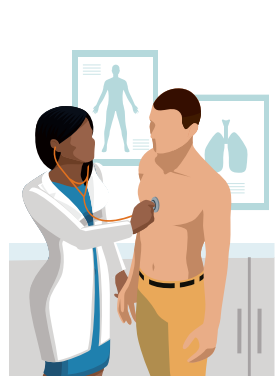
Used in more than 11,300 COVID patients worldwide, ECMO, or extracorporeal membrane oxygenation, is the highest form of life support for patients with irreversible lung damage.  
 But it’s an imperfect fix. Extended use can lead to severe blood infections, and about half of all ECMO patients die in the hospital.  
 Methodist can operate up to 12 ECMOs at once. But the explosion of severe COVID patients, combined with a shortage of trained ECMO operators, forced hospitals nationwide to ration the device.  
 As Masud and his team analyze their best ECMO candidates, Jesus meets three critical criteria: He is young and otherwise healthy with the damage isolat-

**Here’s what it’s like to receive a lung transplant**

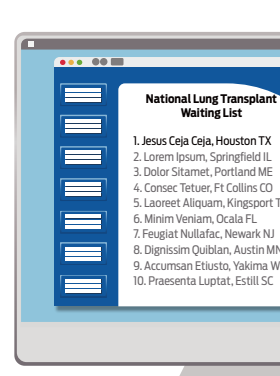
The pandemic has led to a growing number of young people who need a lung transplant to survive. By the end of 2021, 282 COVID patients across the nation received new lungs, including 19 at Houston Methodist Hospital. This population, which often includes mothers and fathers with young children, must endure the long and complex process of becoming eligible for a new organ and recovering after the surgery.



**Referral:** Physicians refer patients with severe lung damage to the hospital’s transplant team. Most often, those patients suffer from chronic respiratory diseases, but a growing number of referrals are for COVID patients who are on life support.



**Evaluation:** It’s not just a physical evaluation. Financial advisers and social workers open a case to determine if patients have insurance and a sufficient number of caregivers who can help the patient recover at home.



**Listing:** Once the patient satisfies the requirements of the evaluation, they are placed on the national lung transplant waiting list, becoming one of roughly 3,000 candidates added to the list each year. Candidates are ranked based on the urgency of the operation and the likelihood of success after the surgery.

The transplant team will only accept a donor who is compatible with the patient’s blood type, tissue type and chest size. The decision also depends on the proximity of the donor hospital and the condition of the lungs.



**Surgery:** Once the donor lungs are accepted, members of the hospital’s transplant team travel to the donor hospital to extract the lungs and bring them back to the hospital. The donor lungs are preserved on ice and remain viable for up to eight hours.  
 The surgery takes four to eight hours, but COVID patients tend to have more severe lung damage that prolongs the operation.

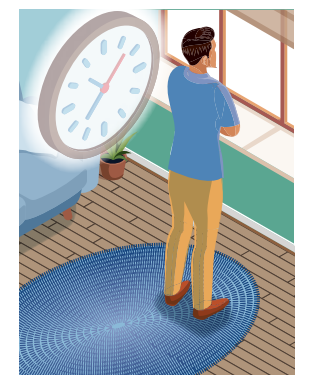


**Rehabilitation:** The patient needs time to acclimate to the new lungs with frequent breathing exercises and physical rehabilitation in the hospital. It usually takes three to four weeks to return home.



**Home care:** During the first year after the surgery, the patient will need to take a cocktail of more than 20 different medications every day to stave off lung rejection. They will continue to undergo testing during regular outpatient visits.

The transplant is not a cure. Only about 60 percent of patients who receive lung transplants survive after five years. That number drops to about 33 percent after 10 years.



Source: Hearst reporting

Shutterstock; Ken Ellis graphic / Staff

ed to the lungs.  
 A nurse calls Perla at 7 a.m. Jesus has been accepted.  
 Perla exhales. It’s a miracle.  
 Medical staff wheel Jesus to a 10th-floor COVID-surge unit, to a room along a hallway with a grim moniker: ECMO alley.  
 Goodarzi is the first to assess Jesus for a possible transplant. The doctor places his stethoscope against Jesus’ chest and hears the sound of total organ failure: nothing but the faint hum of the mechanical ventilator.  
 He checks the rest of his body. No other infections. The rest of his organs perform well. He glances at Jesus’ chart.  
 “Wow,” Goodarzi thinks. “Twenty-nine.”  
 Before the pandemic, the vast majority of Goodarzi’s patients were older people with late-stage lung disease who rarely needed extended life-support. Now, the virus is sending him a rush of otherwise healthy young people with lungs scarred beyond repair, on a last-ditch machine that can cause further

damage.  
 The pattern is a unique feature of the delta surge, now rising with Texas reporting up to 16,900 new daily cases. While the older population largely took advantage of vaccine availability in early 2021, young people are dragging their feet, leaving them more vulnerable to hospitalization.  
 The sickest ones often suffer from prolonged COVID pneumonia, which, if left untreated, can lead to severe scarring that lingers well beyond the COVID infection. In Jesus’ case, the pneumonia became so relentless that it caused permanent and widespread scarring, essentially transforming his lungs into nothing more than shells.  
 Goodarzi darts across the sky bridge over Fannin Street to discuss Jesus’ case with Dr. Howard Huang, medical director of the hospital’s lung transplant program.  
 “It’s going to be a long road for him,” Goodarzi tells Huang in a 26th-floor hallway. “But still, I’d like to evaluate him.”

Huang agrees.  
 The doctors are unsure Jesus and his family have the resources to pay for an operation that could cost up to \$1.2 million, including the hospital and recovery expenses, much of which won’t be covered by insurance. The Kiewit Corporation, which owns the construction company that hired Jesus, has not yet approved his coverage.  
 But the clock is ticking. Jesus is malnourished, causing his body to eat his muscles and fat to stay alive. If he does not improve enough to rehabilitate, they will be forced to consider disconnecting him from ECMO, to offer the machine to someone with better odds.  
**Nightmares**  
 Immobilized on the machine, the strength through which Jesus supported himself and his family – muscles that first budded during long, hard summers harvesting sugarcane on his ranch in Cotija – disappears completely.  
 A week after Goodarzi’s first assessment, Jesus struggles to sit

up in bed. He cannot stand without nurses and physical therapists propping him up. Still supported by a ventilator, he can only nod “yes” and “no” during video calls with Perla, who is not yet allowed to visit in person.  
 During a strength test, in which Huang asks Jesus to squeeze his hand, the doctor notes a feeble grip.  
 At least he is awake and following commands, Huang thinks. That’s enough progress to keep Jesus in the transplant conversation.  
 Huang reminds himself to be patient. In his 16 years in critical care, he’s never dealt with this many young people who need extended ECMO treatment, and it’s forcing him to learn more about the amount of abuse the human body can take.  
 Under the surface, Jesus is breaking down mentally. When he closes his eyes at night, he sees himself at the bottom of a pit filled with dead bodies. Monsters chase him. His medication blurs the boundary between  
**Diagnosis continues on A14**

## TRANSPLANTED



The medical team secured the cannula — which carries oxygenated blood into Jesus' body and pulls deoxygenated from him — before a therapy session in October.

## DIAGNOSIS

From page A13

nightmares and reality.

For Perla, the boundary no longer exists. Sleep eludes her. So do answers. She does not fully understand what is happening to him. She lights a Virgen de Guadalupe candle and prays. Her mind races, and she worries what to tell the children.

"I'm not strong enough for this," she tells herself.

## Slow steps

Three weeks later, nurses and physical therapists scurry around Jesus, adjusting IV lines and wires growing like vines from his gown.

Perla holds his hand, whispering encouragement as he sits in a chair next to his bed, preparing to walk.

"One more day of this is one day closer to getting out," she says, her long black hair draped in a ponytail over her shoulder. Jesus nods and stares at his running shoes.

Jesus and Perla promised never to leave each other at their 2014 wedding in front of more than 400 family members and friends at an ornate Catholic cathedral in Cotija.

So when Jesus tested negative for COVID in early September and transferred to a ninth-floor ICU, where visitors were permitted, she made the hourlong drive to the hospital every day from Baytown.

Jesus' mechanical ventilator has been removed, but a breathing mask covers his mouth. A man of few words even before COVID stole his breath, he communicates mostly with his eyes and subtle head movements. His usually short, tidy hair twists around the ECMO tube, which surgeons had plunged into his heart through his jugular and strapped to his head.

He grips the handlebars of a standing frame — a mechanism that will help him stand and stay balanced. He's done this before. He started walking last week, after a brief bout with a bacterial infection, but made it only 20 feet outside of his room. Today, he has bigger plans.

"How far are we going?" asks the physical therapist, Catherine Stolboushkin.

"As far as I can make it," he mutters into his mask.

"Hey, I'm down," she says. "Let's go."

Perla watches the rolling circus as Jesus gingerly advances on calf muscles as skinny as forearms, surrounded by medical workers, oxygen tanks, the ECMO machine, a chair, his IV bags and vital sign monitors. He barks empty coughs as he arrives at his usual stopping point — and presses on.

"You OK?" Stolboushkin asks. Jesus nods.

"Are you sure?"

Another nod.

Jesus creeps past other rooms — 25 feet, 35 feet, 40 feet —



Jesus plays with a toy car his 3-year-old son, Erick, sent him while he's recuperating. Below the surface, Jesus is breaking down mentally under the weight of his illness.

around the main desk at the end of the hallway before resting about 50 feet from where he began.

"What was that?" Stolboushkin shouts. "Where did that come from? Are you kidding me? Very nice!"

"Muy bien!" Perla cheers, over and over, her eyes watery and crinkled at the edges by a smile. She bumps her forehead against his, then pecks a kiss through her mask.

Later, in Jesus' room, with the medical staff gone and the celebration over, exhaustion sets in. Jesus thinks about Victoria and Erick.

He turns to Perla. "I just want to get out of here."

## Denied

With Perla at his side, Jesus improves dramatically.

He walks in circles around the ninth-floor ICU, blaring Imagine Dragons and norteño music from a small speaker dangling from his rolling IV.

He no longer needs the full support from his ECMO machine.

He sketches Perla and the house he one day wants to build. The color slowly returns to his face.

Jesus' mother, Evangelina, signs on as the additional caregiver needed for him to make the list. By the end of September, the transplant committee is notified that the Kiewit Corporation has approved his health insurance coverage.

For the first time in months, the road seems smooth.

Until Perla receives a phone call from a Kiewit representative. Jesus has not worked for the company long enough to be eligible for insurance, the representative tells her.

"Craft employees," like Jesus, are eligible for medical benefits and short-term disability only on

the first day of the month following 60 days of active employment, according to company policy. Jesus had worked for two weeks before he became sick and did not inform Kiewit his absence was related to the virus, the company said.

Gabriel is angry and confused. He remembers texting his supervisor about Jesus' positive test in July.

In an instant, the news demolishes the significance of Jesus' physical progress. Without insurance, Jesus cannot remain on the waiting list. Plus, he and Perla need the money desperately.

Perla qualifies for federal assistance to feed herself and the kids, and Jesus' family sends money, but that barely covers the ceaseless stream of bills for rent, car insurance, credit cards and phones.

"What are we going to do?" Perla asks Gabriel during one of their regular phone calls. "He needs this insurance."

## 'It's so big out there'

Money.

The thought that after everything he'd seen Jesus accomplish — peeling himself from bed and inching across the ICU with a tube snaking from his body — could be discounted because of money frustrates Huang.

He knows social or financial factors often hold up the process, but Jesus is among his most physically capable candidates. Doesn't he deserve a shot at the American dream that called him to that Louisiana factory in the first place?

Huang wishes for an easy fix. But there are rules.

Jesus is placed on a hold, meaning he won't be active on the transplant list until the insurance issues are resolved.

Perla spends a day making frantic phone calls to Jesus' company and public insurance pro-

viders. As the transplant committee discusses options, Huang stresses the medical urgency of Jesus' situation. Every minute Jesus is inactive on the list could mean a missed opportunity for the perfect pair of lungs.

After days of purgatorial pleading, Perla receives a call from a Methodist social worker: The hospital will pay for Jesus' hospital bills and the first weeks of his recovery through a federal reimbursement program. The social worker also offers to help Perla find insurance through the Affordable Care Act.

The solution is temporary. Jesus and Perla still face a pile of medical bills down the road. But it's enough to move Jesus to active status on the national transplant waiting list, among 1,000 other active candidates.

Perla shows her happiness around Jesus, but inside, she tries to control her excitement. More challenges lie ahead.

Jesus must match with a donor who is compatible with his blood type, tissue type and chest size. The organs have to be in good condition — and preferably nearby, since lungs can be preserved on ice only for six to eight hours.

The wait could last days, weeks or months. The longer Jesus lingers, the higher his chances are for complications that could delay or derail the process.

During Jesus' walk the following week, he asks to peer out one of the hospital's large windows, his first glimpse outside in more than two months.

With Perla close to him, he stares at the sun-drenched trees and the city beyond.

"It's so big out there," he mumbles.

"Soon, you'll be able to go outside," Perla says. "If you continue how you're going, you'll be there."

## ABOUT THIS SERIES

When the delta wave of COVID-19 hit Houston in the summer of 2021, hospitals were pushed to capacity as a surge of unvaccinated patients required intensive care. By early September, the state of Texas logged more than 25,000 new cases of COVID-19 per day. It was during this swell that Houston Chronicle photographer Godofredo Vásquez and reporter Julian Gill first met Jesus Ceja Ceja, a young, unvaccinated father of two fighting for his life in a 10th-floor hospital room at Houston Methodist Hospital. Over the next several months, Godofredo and Julian visited Jesus at least once a week, logging more than 100 hours' worth of interviews and time spent photographing his journey. This project, *Transplanted*, follows Jesus' journey — from his very first symptoms, to his battle to make the waiting list for a double lung transplant, and all the challenges he faced along the way.

## ABOUT THE TEAM



**Julian Gill** is a medical writer at the Houston Chronicle, where he has worked since 2018. He

previously worked at the Denton Record-Chronicle, where after graduating from the University of North Texas he covered police and county government. His work at the Record-Chronicle earned him a first-place award in the Freedom of Information category at the 2019 Texas Associated Press Managing Editors conference, for his article on the overtime practices used by Denton Police Department to monitor the city's red-light cameras. Follow him on Twitter @JulianGill or email him at Julian.Gill@chron.com.



**Godofredo A. Vásquez** is a staff photographer for the Houston Chronicle. He

was born in El Salvador but grew up in the Bay Area, where he attended San Francisco State University and graduated with a Bachelor of Arts degree in photojournalism. In 2021, he was recognized as Star Photojournalist of the Year by the Texas Associated Press Managing Editors, receiving top honors for his work photographing the inside of a COVID-19 intensive care unit. Follow him on Twitter @godovasquez or email him at Godofredo.Vasquez@chron.com.