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TRANSPLANTED

'LIGHT IN THE DARKNESS'

After months in the hospital, Jesus Ceja Ceja matches with donor



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

Chapter 2: The match

Jesus Ceja Ceja weeps uncontrollably as Houston Methodist Hospital music therapist Elizabeth Laguaita croons a Spanish-language song about miracles.

It's nearing noon on Nov. 4, and Jesus' lung transplant – the only operation that can save his life from a destructive COVID-19 infection – appears imminent. After waiting three weeks for a donor with a healthy, compatible set of lungs, the hospital's transplant team believes it found one.

Sitting up in bed, Jesus dabs his eyes with a blanket and mouths the words of the song, "Way Maker" by Priscilla Bueno, while Laguaita

SUNDAY

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.

TODAY

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 high-fives nurses as he is wheeled off to the operating room by the surgical team at Houston Methodist Hospital.

strums her guitar, singing in soprano. It reminds Jesus of his father, Jose Ceja, a rancher and harmonica player who died of COVID in Mexico months earlier.

Way maker, Miracle worker, Promise keeper, Light in the darkness

Miles away from the hospital, members of Methodist's transplant team prepare to remove the donor lungs, which must survive one final

Match continues on A11

Read all three chapters of this series at houstonchronicle.com/transplanted

Paxton rebuked for 'false' remarks

By Jay Root
STAFF WRITER

Several high-level whistleblowers, who helped spark an FBI investigation of Attorney General Ken Paxton after accusing him of corruption, are now calling out what they say are "false and misleading" statements he's been making about them on the campaign trail.

The group, which includes three former deputy attorneys general, issued a statement Monday highlighting the embattled Republican's unchallenged assertions – in interviews with friendly media outlets – about the whistleblowers' case against him. The broadside comes as Paxton faces the fight of his political life in the March 1 GOP primary.

Eight whistleblowers accused Paxton of bribery and corruption tied to a series of acts and favors he allegedly performed for multi-millionaire Austin investor Nate Paul, just as his real estate empire was

Paxton continues on A10

Leaders in GOP question 2020 vote

By Jasper Scherer
and Benjamin Wermund

STAFF WRITERS

The debate had been underway for less than 10 minutes before the top Republican candidates in a MAGA-friendly Houston congressional district reached a consensus: Each believed the 2020 election was stolen from Donald Trump.

"We've seen across the board, the Democrats have always cheated," said Jonathan Hullihan, a former judge advocate general in the Navy and one of 11 Republicans running in the 8th Congressional District. "Eighty-one million votes for Joe Biden? I just don't believe it."

The two other candidates on-stage – political operative Christian Collins and former Navy SEAL Morgan Luttrell – joined Hullihan in calling for a forensic audit of the

GOP continues on A6

Nurses scarce in rural communities

By Nora Mishanec
STAFF WRITER

In the panicked early months of the pandemic, rural health care workers faced an unknown disease with few tools and scant protective gear. Two years later, the workers themselves are in short supply.

In rural communities, the struggle to recruit and retain

skilled nurses isn't new. But the successive waves of COVID-19 patients have pushed many rural hospitals to the brink: In a nationwide survey late last year, 99 percent said they were experiencing staffing shortages.

"During the first wave, it was about personal protective equipment, but ever since then the overwhelming challenge has been, 'How are we going to find

the nurses, doctors and respiratory therapists to treat all of the patients?" said John Henderson, chief executive of the Texas Organization of Rural and Community Hospitals.

The answer, in part, has been traveling nurses on temporary contracts. At the height of the omicron surge, the Texas Health and Human Services Commis-

Nurses continues on A7



At Bayside Community Hospital in Anahuac, administrators have been trying to hire a respiratory therapist for two years.

Melissa Phillip / Staff photographer

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TRANSPLANTED



Jesus looks out a window in October 2021, the first time since he began physical therapy at Houston Methodist Hospital. “It’s so big out there,” he tells Perla.

MATCH

From page A1

examination before being transported to the hospital and stitched into Jesus’ chest.

In his room, Jesus does not think about the transplant ending his life early, or the lifelong cocktail of medications he will be forced to take after the surgery. He just wants to leave the hospital and be with his family, even if that means he can no longer support them as a migrant worker who frequently traveled from their home in Cotija de la Paz to the United States for well-paying, physically taxing jobs.

His wife, Perla Munguia Ceja, sits at his bedside, stroking his forearm. A muted Telemundo reports the “coldest day so far this year,” a cloudy 55 degrees. They are emotional, but faith and patience calm their nerves.

“What’s meant for me will be there for me,” Jesus tells Perla, not for the first time.

Six floors below them, in a quiet surgical lounge, Dr. Erik Eddie Suarez, the hospital’s 47-year-old surgical program director of heart and lung transplantation, tries to relax before Jesus’ surgery, slowly eating a yogurt and thumbing through the news on his phone.

The five-plus-hour procedure won’t be easy: The blood vessels that feed the lungs carry all of the body’s blood, and the slightest tear or misplaced incision can lead to catastrophic bleeding.

Suarez likens a typical transplant to separating noodles in a bowl of spaghetti without tearing them. Critically ill COVID patients such as Jesus look different – like someone poured concrete into that bowl and let it set.

The virus can cause such se-



Jesus prepares for a walking therapy session in November. What began with 50 feet down one hallway has turned into laps around the ICU while connected to his life-support machine.

vere scarring that the lungs, blood vessels and arteries fuse together inside the chest cavity – increasing the chances of severe bleeding. It will be Suarez’s job to carefully separate the blood vessels and arteries to cut the diseased organ from the body.

It’s 1:15 p.m. when Suarez receives a text from a member of the retrieval team: “We need to talk.”

There’s a problem with the lungs.

‘I can’t do this’
Three weeks earlier

“What’s meant for me will be there for me.”

Jesus Ceja Ceja, to his wife as they wait for a lung donor match

Jesus’ daily physical therapy sessions are becoming too easy for him. Last month, in September, walking 50 feet down one hallway was a huge accomplishment. Now, in mid-October, he walks multiple laps around the ICU while connected to his life-support machine, pulling along

the posse of medical workers who support him.

After meeting the requirements to earn a spot on the national organ waiting list, he works to build strength for his next hurdle: matching with a donor.

The process is a logistical feat that hinges on mathematical calculations and surgical intuition. All adult lung transplant candidates who make the list are assigned a Lung Allocation Score – a grade between 0 and 100 that determines their rank based on the urgency of the operation and the chances of post-surgery success.

The higher the score, the higher the position on the list.

Jesus’ score of 90.3 puts him in the top 1 percent of roughly 1,000 active candidates nationally, giving him priority for the next available donor who meets his compatibility requirements, which include matching blood and tissue type.

The match generates automatically. After a donor is declared brain dead, the regional organ procurement organization inputs their medical information into the national database, where an algorithm compares that information with the candidate’s requirements. If Jesus registers a match, Methodist’s transplant team will be instantly notified and have a chance to further examine the donor lungs.

And Jesus needs a match quickly, due to his reliance on ECMO, an aggressive life-support machine that oxygenates the blood in the body. He learns about this complication the hard way on Oct. 14, when he registers a fever and a deep weariness chains him to his bed, as if all the strength he rebuilt dur-

ing physical therapy had evaporated. He can’t walk and loses his days in sleep. Through lab tests, doctors confirm another blood infection – this one worse than the one he suffered in early September.

He becomes too sick for a transplant, and he is inactivated from the waitlist he worked so hard to reach. Doubt stalks a demoralized Jesus and Perla, who wonder: How much longer will this fight continue?

He’s been hospitalized on life support for two months now, not including the 11 days he spent on a ventilator in a Baytown ICU. He was lucky to find a bed at Houston Methodist Hospital in late July, when the delta variant launched a punishing surge of infections that peaked on Sept. 8 with 25,200 new daily cases across Texas.

The blood infection has taken hold at the tail end of that wave, as life outside the hospital settles into normalcy. For Perla, it spoils the illusion that Jesus battled through the worst. Her prayers are not enough to hold back her tears, which escape every evening during the hour-long drive from the hospital to Jesus’ trailer in Baytown.

Jesus turns to his mother, Evangelina, who is now helping Perla support him.

“I can’t do this,” Jesus tells her. “I’m so tired.”

The message disturbs a matriarch still grieving for her husband, as the virus that took her spouse now appears to be claiming her youngest child.

Jesus’ siblings worry, too. His oldest brother, Gabriel, has not seen him in person since Jesus first entered the Baytown ICU. But on Oct. 16, Gabriel takes time off from his job at a natural gas plant, where the brothers worked together until Jesus’ COVID diagnosis, to visit Jesus.

Gabriel sits by Jesus’ bed in silence, watching him slumber under layers of blankets, warily eyeing his brother’s whitish-yellow face. After a few minutes, his eyes flutter open.

If Gabriel had seen his brother days earlier, Jesus would have cracked a smile and asked how work was going. Maybe Jesus would have repeated the same thing he always told “Gabo” during their calls: I’m going to fight, every day, always.

But on this day, Jesus can barely speak.

“Don’t worry,” Gabriel whispers. “Just go back to sleep.”

Gabriel’s usually optimistic personality wilts. When he drives back to his Baytown home, he feels he may have seen his little brother for the last time.

A match

There is no exact science that determines how long a person can be connected to ECMO, but COVID is testing the limits at hospitals nationwide.

In early 2020, surgical and critical care specialists at Methodist considered removing CO-

Match continues on A12



Physical therapist Rajashree Mondkar, left, and physical therapy tech Chelsea Wang help Jesus get up from his bed during a walking session in September.

TRANSPLANTED



Jesus plays the harmonica during a musical therapy session with Liz Laguaita, far right. Playing the harmonica can help strengthen the muscles used for breathing.

MATCH

From page A11

VID patients from the machine after two to three weeks if they did not improve. Before the pandemic, most people either recovered or died within that time frame, so doctors thought it was futile to keep someone plugged in longer. A small number of transplant candidates needed the machine to make it to surgery, but with such little research available on the new virus, lung transplants were considered too risky for COVID patients.

Then, late in that spring, early evidence from COVID hot spots such as New York, Paris and Italy forced hospitals to reconsider the possibilities. Some critically ill patients began recovering after extended ECMO courses, as the machine gave the lungs an opportunity to heal and rehabilitate.

For people such as Jesus, with irreversible damage, transplants emerged as a viable option in June 2020 and provided yet another reason to prolong ECMO. Now, nearly all of the 17 COVID patients who received lung transplants before Jesus at Houston Methodist Hospital did so after long ECMO courses. And they all risked facing the kind of severe infection that fractured Jesus' will to live.

But Jesus does not quit easily. Sitting on his bedside tray is a small paper booklet made by his 7-year-old daughter, Victoria, containing family photos, reminding him of the love awaiting him outside the hospital.

After a week of steady antibiotics, the bacteria clears from his blood, and he is reactivated on the waitlist.

Multiple donors match with Jesus over the next several days,



Perla talks with Jesus on Nov. 19 after the couple were informed he would be undergoing the transplant surgery that night at Houston Methodist Hospital.

but something is always off: size, bloodwork or tissue. The transplant team consistently declines the offers, none of which is serious enough to notify Jesus and Perla.

Until the night of Nov. 3, when a donor with a seemingly perfect set of lungs matches with Jesus. Suarez, the surgeon on duty at the time, accepts the organs, despite one concern: a dark shadow on the X-ray image at the bottom of the right lung.

Suarez thinks it might be a quick fix. A compressed lung, maybe. Dr. Dewei Ren, the transplant surgeon on the retrieval team, will need to investigate further.

"I can't do this. I'm so tired."

Jesus Ceja Ceja, on battling a blood infection

Dry run

Transplant coordinators Ed Rodriguez Zubiaur and Manuel Rodriguez jump into action at the hospital, hastily typing consent forms, documenting the donor's information and ordering nurses to discontinue certain medications for Jesus before surgery the next day.

Perla arrives at the hospital around 8 p.m. to fill out paper-

work with Jesus. The coordinators explain how the recovery process will work but leave out the donor's identity, which is heavily guarded information during lung transplants. Jesus can learn the person's identity only after the surgery, through a careful process facilitated by the hospital and the donor's organ procurement organization, if Jesus and the donor's family want to know.

Paperwork complete, Perla drives home for a good night's rest. When she returns the next morning, Laguaita's music slows time for the couple, as they lean into each other, finding strength in held hands and the little contact Jesus can offer.

Downstairs, Zubiaur uses his phone like an appendage, delivering constant updates from the retrieval team to Suarez, the top decision maker.

"The team just arrived at the hospital."

"The donor is in the OR."

"Ren is preparing to make his incision."

At the donor hospital, Ren touches the bottom of the right lung where the shadow appears on the X-ray and feels a hard, rubbery texture, like a tire, where he should feel a light and spongy surface.

Pneumonia.

The transplant coordinator on the retrieval team informs a disappointed Suarez and Zubiaur. With a patient as sick as Jesus, Suarez has no choice but to reject the lungs.

Last-minute problems halt the transplant process in roughly 15 percent of matches. When candidates are notified of a match, but ultimately never receive the lungs, it's known as a "dry run." It's a relatively routine part of Suarez's job, yet he can't help but feel deflated for Jesus, who may not have time

for another opportunity.

He delivers the news to the couple in Spanish: With these lungs, he explains, Jesus would likely die. He urges them not to give up hope.

Jesus and Perla's eyes meet without a hint of sadness. They trust the doctor. If they made it this far, they can wait for the right set of lungs.

Adrenaline

So they wait.

For 15 days.

Then finally, the call comes. It's 1 a.m. on Nov. 19 when Perla's phone flashes in the dark night, ringing with news from Jesus: He matched with another donor.

Propelled by adrenaline, Perla can't fall back asleep and instead packs for a long day in the hospital. They pass the hours calmly, silently watching TV in Jesus' room, not knowing about the chaos unfolding on the opposite end of the ICU, where a man lay dying, his oxygen levels dropping fast.

Suarez and another transplant surgeon, Dr. Ray Chihara, rush to connect the patient to ECMO. In unison, the surgeons quickly navigate guide wires, then ECMO tubes, into each of the man's femoral veins in the upper thigh.

A phone rings on a counter 5 feet away.

"Is that me?" Suarez asks the room buzzing with hurried nurses and ECMO operators.

"No, that's my phone," Chihara replies.

Suarez is awaiting a call from the retrieval team with information about the lungs Jesus matched with hours earlier.

After 15 minutes, the patient is connected, and Suarez leaves the room, ripping off his gown and bloody gloves, to take a call from the retrieval surgeon, Dr. Philip Chou.

"No pneumonia?" Suarez asks. "Nice and soft?"

"The lungs are good," Chou says.

"OK, we'll get going then," Suarez says, upbeat.

Twenty-one hours after the 1 a.m. phone call, at 10:05 p.m., Perla cradles Jesus' face and whispers her final "I love you" before the staff whisks him into an elevator for surgery.

The transplant

Jesus lies anesthetized with his arms pointing toward the ceiling, wrapped and bent at the elbows, as Suarez makes his first incision.

The surgeon slides his scalpel from armpit to armpit, tracing the line he drew with a black marker, curving underneath each of Jesus' pectorals and between his ribs. He trades his scalpel for an electric pen, which he uses to cut and cauterize the thicker layers of fat, muscle and bone that conceal Jesus' organs. The pungent smell of burning flesh overwhelms the room, as Jesus' chest creeps open like the hood of a car.

Match continues on A13



Jesus rides down an elevator with the surgical team to the Operating Room at Houston Methodist Hospital. Doctors found a healthy pair of lungs for Jesus and are preparing for the surgery.

TRANSPLANTED



Dr. Erik Suarez, left, and assistant thoracic surgeon Ray Chihara, right, suture the airway and pulmonary arteries of a right donor lung to Jesus' chest.

MATCH

From page A12

Light beams down onto the exposed chest cavity from overhead lamps and the surgeons' black-rimmed glasses. The surgeons use forceps to tease and dissect bits of soft tissue. At 11:59 p.m., Jesus' lungs come into view, red and scarred, pulsating with the rhythm of his beating heart.

A phone rings. Chou is calling.

Frank Martinez, the transplant coordinator in the operating room, holds the phone up to Suarez's ear, so the surgeon can keep his gloved hands sterile.

"Everything OK?" Suarez asks, concerned.

"We just got the lungs," Chou says. "We're on our way back."

Chou says he ran into a delay in the operating room. Suarez realizes he and Chihara will need to pause the surgery to give them time, once they finish the delicate work of separating Jesus' pulmonary arteries and veins that flow to and from the heart.

Slowly, with delicate cutting and prodding, they identify these critical highways of blood.

The severity of Jesus' inflammation and scarring has made it difficult to pull them apart. The surgeons move calmly to avoid any misstep around a main artery, which would kill Jesus in seconds. He is already bloody – very bloody – but Suarez has seen worse. So far, he and Chihara can control it with steady drainage.

"I feel the airway right there," says Chihara, identifying a key connection they need to sever.

With the arteries and vessels separated, the surgeons save the major cuts for later. They leave Jesus' open body in the OR



Lead surgeon Dr. Erik Suarez handles the pair of healthy donor lungs that will replace Jesus' diseased lungs. They will regain their pinkish color when Suarez attaches them to Jesus' body.

with perfusionists and anesthesiologists and fall back to the now dark surgical lounge to rest their eyes for 20 minutes.

The digital clock on the operating room wall says 1:58 a.m. when Suarez and Chihara cut away Jesus' diseased left lung and place it in a plastic tray, gnarled and dead, as red as the blood draining from Jesus' body.

The song "comethru" by Jeremy Zucker plays as Suarez operates in Jesus' half-empty chest, cauterizing blood vessels to prevent further bleeding.

At 2:05 a.m., Chou finally ar-

"We just got the lungs. We're on our way back."

Dr. Phillip Chou

rives, rolling a blue ice chest along the outer edges of the operating room.

Suarez steps away from Jesus and pulls the donor lungs from an ice-filled plastic bag. Without blood flow, the lungs appear white with portions of pale pink. Suarez probes the loose

tunnels that will supply Jesus' body with oxygen, then places the lungs on Jesus' stomach and separates them.

He replaces the left lung first, meticulously suturing the passageways together, like the airtight pipelines Jesus insulated at Gulf Coast refineries.

With the left lung attached, the blood flow changes the color of the deflated organ to a deep pink and purple. Suarez pinches a loose flap of tissue and asks the anesthesiologist to inflate it through a ventilator. As it grows and tightens with air, the pink overwhelms the purple. Suarez squeezes the lung, pushing air into every corner, until the inflated organ fills the empty space on the left side of Jesus' chest, dwarfing the dead lung on his right.

Suarez releases a long exhale, then turns to Chihara.

"OK," he says. "Switch sides."

Exhausted from the long, restless day, Perla sleeps in Jesus' F-150, parked in a chilly medical center parking garage. Her phone wakes her again. She looks at the screen: It's 5:26 a.m., and the hospital is calling. She immediately picks up.

Suarez greets her and explains in Spanish: Jesus is recovering in the OR after a successful surgery. He'll be in pain when he awakes, the doctor says, and he may need to go back to the operating room. But it's all part of the process.

Perla begins to cry. "When can I see him?" she asks.

"In about an hour."

Perla walks back to the hospital, exhausted, alone and happy. Soon, they can leave this place, hopefully in time to spend Christmas together as a family.

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. 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. Vásquez was

born in El Salvador but grew up in the Bay Area, where he attended San Francisco State University and graduated with a B.A. 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.



Suarez calls Perla to update her on the outcome of the double-lung transplant. The surgery, a success, means Jesus is on the road back to a normal life.