

Myth v. Fact: Organ Donation & Transplantation

MYTH: If emergency room doctors know I am a donor, they won't try to save my life.

FACT: If you are sick or injured and admitted to the hospital, the number one priority is to save your life. The doctors who work to save your life are not the same doctors involved with organ donation. It is only after every attempt has been made to save your life that donation will be discussed.

MYTH: Your financial or celebrity status is as important as your medical status.

FACT: The organ allocation and distribution system is blind to wealth or social status. The length of time it takes to receive a transplant is influenced by a variety of factors including location, severity of illness, physical characteristics (blood type, weight, genetic typing, and size) and length of time on the waiting list. Factors such as ethnicity, gender, age, income or celebrity status are never considered.

MYTH: They might take my organs before I am really dead.

FACT: Organ donation is only accepted following the declaration of death by a doctor not involved in transplantation. In order to donate organs, a patient must be declared dead. Using specific medical criteria, a physician can confirm brain death.

MYTH: It is in my will that I want to be a donor, so I don't have to tell my family about my wishes.

FACT: Have a discussion with your family so they're aware of your wishes, and you should electronically register as an organ donor. You can sign up as an organ donor at www.unos.org, at your local DMV, or Donate Life America (DLA). You may register at your local DMV (state registration) or at DLA (national registration).

Information provided by United Network for Organ Sharing (UNOS). Additional information available at UNOS.org

Public Programs Fall 2022

September 22, 7:00pm

Organ Transplantation & Donation Today
Ginter Park Library
1200 Westbrook Avenue

September 29, 7:00pm

Transplantation, Medical Ethics,
and the Pursuit of Equity
Main Library
101 E. Franklin Street

October 6, 7:00pm

Organ Transplantation & Donation Today
Broad Rock Library
4820 Old Warwick Road

October 12, 6:00pm

Chip Jones Keynote Address
Virginia Commonwealth University
Singleton Center
922 Park Avenue

GET IN TOUCH

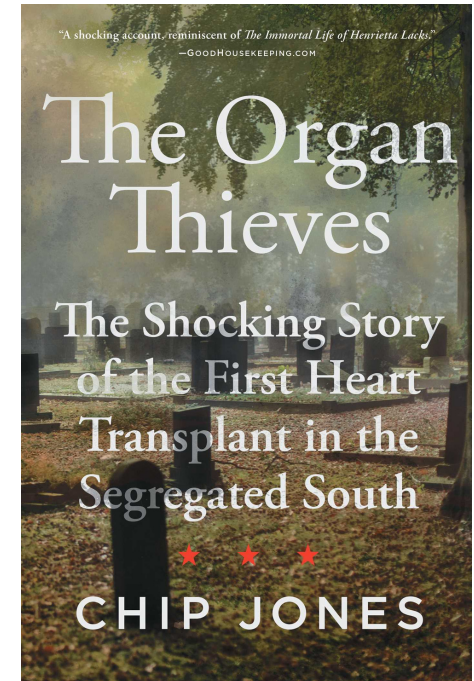
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Virginia Commonwealth University (VCU)

Common Book 2022



VCU University College

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Whose Stories? Whose Voices?

by Professor Stephanie Rizzi
(VCU Department of Focused Inquiry)

I must admit that when I learned that *The Organ Thieves* would be the VCU Common Book selection for Fall 2022, my feelings were mixed. On the one hand, it is important that stories like these are unearthed and discussed, on the other, to those of us with lived experience, having our historical trauma splayed out before audiences who can never know what being Black in America is truly like, can be a kind of trauma all on its own.

I am a third generation Richmonder. My grandparents moved to Church Hill in 1958 during the height of white flight. Both of my parents were life-long Church Hill residents. I was born at MCV just a year after the Tucker transplant, and my grandmother attended the nursing school at St. Phillips, the segregated Black hospital where many of Drs. Hume and Lower's "experiments" were conducted. I grew up in a community of people who were extremely skeptical of the American medical system and saw MCV as a place where Black people would enter and often never return. My grandmother spent time perfecting all sorts of tinctures and potions meant to cure our ailments, and any Black person will tell you that mercurochrome was thought to cure virtually everything. So suspicious of institutional medical care was my grandmother that she pulled her own teeth when they began to bother her.

The lack of trust that Black people have of the healthcare system is legitimized by real life horrors: the Tuskegee experiment, the Indiana radiation experiments, J. Marion Sims and his horrific gynecology research are all prominent examples of such horrors. My people seem to carry in their DNA deep memories of ancestral cruelty borne by white people with scalpels. What happened to Bruce Tucker is just one of many stories that get passed on to younger generations. Often the details are lost, but the message is always clear—we cannot trust the white medical system. The fear and mistrust continue today with good reason. Black Americans represent only about 5 percent of the nation's EMTs, Black women are three times more likely to die from a pregnancy related cause than white women, and there is evidence that fully half of white medical trainees

believe such myths as Black people have thicker skin or less sensitive nerve endings than white people. It is difficult to express just how restricting and powerless it feels to live in a country where finding basic healthcare can literally feel like walking through a minefield.

It is because of this lived experience that I must express some concern over the fact that those who have the power and privilege to write about and profit from the telling of our stories do not have to navigate the condition of living in a country where their bodies are considered less worthy of care. As a journalist who once worked for *The Richmond Times-Dispatch*, the very publication that celebrated the heart transplant, Mr. Jones comes from a place of privilege. He has taken it upon himself to tell the story that Bruce Tucker's own family doesn't want to share. That gives me pause.

Do I believe these stories need be told? Of course I do, but I also dream of a day when the people who live them get to use their own authentic voices to communicate their experiences, when the poor, the oppressed and the marginalized have the support and opportunity to benefit from the telling of their stories, when their voices aren't translated through the lens of privilege. As a Black professor, I must admit to being exhausted by teaching my people's trauma second hand.

As my colleague, Professor Troy Martin, Department of Focused Inquiry, stated: "When studying ethnographic work about marginalized people, teachers and students are encouraged to examine critically the production of knowledge (Who gets to speak for whom? What are the limitations?). We must also be careful not to assume that we can understand a diverse people or a complex issue just because we've examined one piece of research. Ongoing discussion and conversation on how we're internalizing and interpreting these stories may mitigate against 'consuming the Other' or reducing lived experience into spectacle."

As we embark upon the journey of reading and analyzing *The Organ Thieves*, let us not forget the humanity of Bruce Tucker and his family or the cultural conditions that enabled what happened to them and that continue to trouble our nation's healthcare system. Let us also remember that for readers of this book, many of whom will be learning of this for the first time, having their ancestral trauma on display for dissection and study may prove deeply troubling.

Whether they wish to speak or not, listen to them.

Discussion Questions

1. Was this the first time you learned about Bruce Tucker? If not, what did you know before reading the book?
2. How did you think organ donation and transplantation worked before you read *The Organ Thieves*? What do you know about how it works now?
3. What do you make of the Tucker Family's decision not to revisit this story publicly?
4. Have you had experiences where some aspect of your identity or presentation affected your medical care or lack of care?
5. Did you have knowledge of MCV's record and reputation among Black Richmonders? How did you come to that knowledge?
6. What does the history of MCV and the people who worked there reveal about how racial hierarchies were established and maintained in Richmond?
7. Do you have any personal (or friends/family) experience with organ donation or transplantation that you are willing to share about?
8. How does *who* is telling us history and *how* they are telling it effect our understanding of history?

Free copies of *The Organ Thieves* are available upon request. Contact Ben Himmelfarb, RPL 804-646-2559 or benjamin.himmelfarb@rva.gov



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