

CAUGHT IN THE ORGAN DRAFT

by Robert Silverberg

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The United States no longer has a draft. Military conscription was ended under the Richard Nixon administration in 1973. But before that, *millions* of American men experienced compulsory military service. When confronted with the possibility of wartime horror and the very real threat of death, these men could not run. They faced long sentences in military jails that were famous for their harsh conditions. Once their time was over, their legal records would be ruined.

These men could give their bodies and lives to the war machines, or they could throw away their futures. That was their choice.

In our next story, Robert Silverberg paints a reality where young people must once again choose between their bodies and their futures. Their organs are needed by the rich and important, people who've got the power of the law on their side. A conscripted organ donor can live without a lung or a kidney, but a convicted draft dodger might wish he'd never been born.

Here is a tale that pushes the boundaries of ownership and duty and leaves us ready to burn our draft cards and emigrate to another world.

Look there, Kate, down by the promenade. Two splendid seniors, walking side by side near the water's edge. They radiate power, authority, wealth, assurance. He's a judge, a senator, a corporation president, no doubt, and

she's—what?—a professor emeritus of international law, let's say. There they go toward the plaza, moving serenely, smiling, nodding graciously to passersby. How the sunlight gleams in their white hair! I can barely stand the brilliance of that reflected aura: it blinds me, it stings my eyes. What are they, eighty, ninety, a hundred years old? At this distance they seem much younger—they hold themselves upright, their backs are straight, they might pass for being only fifty or sixty. But I can tell. Their confidence, their poise, mark them for what they are. And when they were nearer I could see their withered cheeks, their sunken eyes. No cosmetics can hide that. These two are old enough to be our great-grandparents. They were well past sixty before we were even born, Kate. How superbly their bodies function! But why not? We can guess at their medical histories. She's had at least three hearts, he's working on his fourth set of lungs, they apply for new kidneys every five years, their brittle bones are reinforced with hundreds of skeletal snips from the arms and legs of hapless younger folk, their dimming sensory apparatus is aided by countless nerve-grafts obtained the same way, their ancient arteries are freshly sheathed with sleek teflon. Ambulatory assemblages of secondhand human parts, spliced here and there with synthetic or mechanical organ substitutes, that's all they are. And what am I, then, or you? Nineteen years old and vulnerable. In their eyes I'm nothing but a ready stockpile of healthy organs, waiting to serve their needs. Come here, son. What a fine strapping young man you are! Can you spare a kidney for me? A lung? A choice little segment of intestine? Ten centimeters of your ulnar nerve? I need a few pieces of you, lad. You won't deny a distinguished elder like me what I ask, will you? *Will you?*

Today my draft notice, a small crisp document, very official-looking, came shooting out of the data slot when I punched for my morning mail. I've been expecting it all spring; no surprise, no shock, actually rather an anticlimax now that it's finally here. In six weeks I am to report to Transplant House for my final physical exam—only a formality; they wouldn't have drafted me if I didn't already rate top marks as organ-reservoir potential—and then I go on call. The average call time is about two months. By autumn they'll be carving me up. Eat, drink, and be merry, for soon comes the surgeon to my door.

A straggly band of senior citizens is picketing the central headquarters of the League for Bodily Sanctity. It's a counterdemonstration, an anti-anti-transplant protest, the worst kind of political statement, feeding on the ugliest of negative emotions. The demonstrators carry glowing signs that say:

BODILY SANCTITY—OR BODILY SELFISHNESS?

And:

YOU OWE YOUR LEADERS YOUR VERY LIVES

And:

LISTEN TO THE VOICE OF EXPERIENCE

The picketers are low-echelon seniors, barely across the qualifying line, the ones who can't really be sure of getting transplants. No wonder they're edgy about the League. Some of them are in wheelchairs and some are encased right up to the eyebrows in portable life-support systems. They croak and shout bitter invective and shake their fists. Watching the show from an upper window of the League building, I shiver with fear and dismay. These people don't just want my kidneys or my lungs. They'd take my eyes, my liver, my pancreas, my heart, anything they might happen to need.

I talked it over with my father. He's forty-five years old—too old to have been personally affected by the organ draft, too young to have needed any transplants yet. That puts him in a neutral position, so to speak, except for one minor factor: his transplant status is 5-G. That's quite high on the eligibility list, not the top-priority class but close enough. If he fell ill tomorrow and the Transplant Board ruled that his life would be endangered if he didn't get a new heart or lung or kidney, he'd be given one practically immediately. Status like that simply has to influence his objectivity on the whole organ issue. Anyway, I told him I was planning to appeal and maybe even to resist. "Be reasonable," he said, "be rational, don't let your emotions run away with you. Is it worth jeopardizing your whole future over a thing like this? After all, not everybody who's drafted loses vital organs."

"Show me the statistics," I said. "Show me."

He didn't know the statistics. It was his impression that only about a quarter or a fifth of the draftees actually got an organ call. That tells you how closely the older generation keeps in touch with the situation—and my father's an educated man, articulate, well-informed. Nobody over the age of thirty-five that I talked to could show me any statistics. So I showed them. Out of a League brochure, it's true, but based on certified National Institute of Health reports. Nobody escapes. They always clip you, once you qualify. The need for young organs inexorably expands to match the pool of available organpower. In the long run they'll get us all and chop us to bits. That's probably what they want, anyway. To rid themselves of the younger members of the species, always so troublesome, by cannibalizing us for spare parts, and recycling us, lung by lung, pancreas by pancreas, through their own deteriorating bodies.

Fig. 4. On March 23, 1964, this dog's own liver was removed and replaced with the liver of a nonrelated mongrel donor. The animal was treated with azathioprine for 4 months and all therapy then stopped. He remains in perfect health 6-2/3 years after transplantation.

The war goes on. This is, I think, its fourteenth year. Of course they're beyond the business of killing now. They haven't had any field engagements since '93 or so, certainly none since the organ-draft legislation went into effect. The old ones can't afford to waste precious young bodies on the battlefield. So robots wage

our territorial struggles for us, butting heads with a great metallic clank, laying land mines and twitching their sensors at the enemy's mines, digging tunnels beneath his screens, et cetera, et cetera. Plus, of course, the quasi-military activity—economic sanctions, third-power blockades, propaganda telecasts beamed as overrides from merciless orbital satellites, and stuff like that. It's a subtler war than the kind they used to wage: nobody dies. Still, it drains national resources. Taxes are going up again this year, the fifth or sixth year in a row, and they've just slapped a special Peace Surcharge on all metal-containing goods, on account of the copper shortage. There once was a time when we could hope that our crazy old leaders would die off or at least retire for reasons of health, stumbling away to their country villas with ulcers or shingles or scabies or scruples and allowing new young peacemakers to take office. But now they just go on and on, immortal and insane, our senators, our cabinet members, our generals, our planners. And their war goes on and on, too, their absurd, incomprehensible, diabolical, self-gratifying war.

I know people my age or a little older who have taken asylum in Belgium or Sweden or Paraguay or one of the other countries where Bodily Sanctity laws have been passed. There are about twenty such countries, half of them the most progressive nations in the world and half of them the most reactionary. But what's the sense of running away? I don't want to live in exile. I'll stay here and fight.

Naturally they don't ask a draftee to give up his heart or his liver or some other organ essential to life, say his medulla oblongata. We haven't yet reached that stage of political enlightenment at which the government feels capable of legislating fatal conscription. Kidneys and lungs, the paired organs, the dispensable organs, are the chief targets so far. But if you study the history of conscription over the ages you see that it can always be projected on a curve rising from rational necessity to absolute lunacy. Give them a fingertip, they'll take an arm. Give them an inch of bowel, they'll take your guts. In another fifty years they'll be drafting hearts and stomachs and maybe even brains, mark my words; let them get the technology of brain transplants together and nobody's skull will be safe. It'll be human sacrifice all over again. The only difference between us and the Aztecs is one of method: we have anesthesia, we have antisepsis and asepsis, we use scalpels instead of obsidian blades to cut out the hearts of our victims.

MEANS OF OVERCOMING THE HOMOGRAFT REACTION

The pathway that has led from the demonstration of the immunological nature of the homograft reaction and its universality to the development of relatively effective but by no means completely satisfactory means of overcoming it for therapeutic purposes is an interesting one that can only be touched upon very briefly. The year 1950 ushered in a new era in transplantation immunobiology in which the discovery of various means of weakening or abrogating a host's response to a homograft—such as sublethal whole body X-irradiation, or treatment with certain adrenal cortico-

steroid hormones, notably cortisone—began to influence the direction of the mainstream of research and engender confidence that a workable clinical solution might not be too far off. By the end of the decade, powerful immuno-suppressive drugs, such as 6-mercaptopurine, had been shown to be capable of holding in abeyance the reactivity of dogs to renal homografts, and soon afterward this principle was successfully extended to man.

Is my resistance to the draft based on an ingrained abstract distaste for tyranny in all forms or rather on the mere desire to keep my body intact? Could it be both, maybe? Do I need an idealistic rationalization at all? Don't I have an inalienable right to go through my life wearing my own native-born kidneys?

The law was put through by an administration of old men. You can be sure that all laws affecting the welfare of the young are the work of doddering moribund ancients afflicted with angina pectoris, atherosclerosis, prolapses of the infundibulum, fulminating ventricles, and dilated viaducts. The problem was this: not enough healthy young people were dying of highway accidents, successful suicide attempts, diving-board miscalculations, electrocutions, and football injuries; therefore there was a shortage of transplantable organs. An effort to restore the death penalty for the sake of creating a steady supply of state-controlled cadavers lost out in the courts. Volunteer programs of organ donation weren't working out too well, since most of the volunteers were criminals who signed up in order to gain early release from prison: a lung reduced your sentence by five years, a kidney got you three years off, and so on. The exodus of convicts from the jails under this clause wasn't so popular among suburban voters. Meanwhile there was an urgent and mounting need for organs; a lot of important seniors might in fact die if something didn't get done fast. So a coalition of senators from all four parties rammed the organ-draft measure through the upper chambers in the face of a filibuster threat from a few youth-oriented members. It had a much easier time in the House of Representatives, since nobody in the House ever pays much attention to the text of a bill up for a vote, and word had been circulated on this one that if it passed, everybody over sixty-five who had any political pull at all could count on living twenty or thirty extra years, which to a Representative means a crack at ten to fifteen extra terms of office. Naturally there have been court challenges, but what's the use? The average age of the eleven Justices of the Supreme Court is seventy-eight. They're human and mortal. They need our flesh. If they throw out the organ draft now, they're signing their own death warrants.

For a year and a half I was the chairman of the anti-draft campaign on our campus. We were the sixth or seventh local chapter of the League for Bodily Sanctity to be organized in this country, and we were real activists. Mainly we would march up and down in front of the draft board offices carrying signs proclaiming things like:

KIDNEY POWER

And:

A MAN'S BODY IS HIS CASTLE

And:

THE POWER TO CONSCRIPT ORGANS
IS THE POWER TO DESTROY LIVES

We never went in for the rough stuff, though, like bombing organ-transplant centers or hijacking refrigeration trucks. Peaceful agitation, that was our motto. When a couple of our members tried to swing us to a more violent policy, I delivered an extemporaneous two-hour speech arguing for moderation. Naturally I was drafted the moment I became eligible.

"I can understand your hostility to the draft," my college advisor said. "It's certainly normal to feel queasy about surrendering important organs of your body. But you ought to consider the countervailing advantages. Once you've given an organ, you get a 6-A classification, Preferred Recipient, and you remain forever on the 6-A roster. Surely you realize that this means that if you ever need a transplant yourself, you'll automatically be eligible for one, even if your other personal and professional qualifications don't lift you to the optimum level. Suppose your career plans don't work out and you become a manual laborer, for instance. Ordinarily you wouldn't rate even a first look if you developed heart disease, but your Preferred Recipient status would save you. You'd get a new lease on life, my boy."

I pointed out the fallacy inherent in this. Which is that as the number of draftees increases, it will come to encompass a majority or even a totality of the population, and eventually everybody will have 6-A Preferred Recipient status by virtue of having donated, and the term Preferred Recipient will cease to have any meaning. A shortage of transplantable organs would eventually develop as each past donor stakes his claim to a transplant when his health fails, and in time they'd have to arrange the Preferred Recipients by order of personal and professional achievement anyway, for the sake of arriving at some kind of priorities within the 6-A class, and we'd be right back where we are now.

Fig. 7. The course of a patient who received antilymphocyte globulin (ALG) before and for the first 4 months after renal homotransplantation. The donor was an older brother. There was no early rejection. Prednisone therapy was started 40 days postoperatively. Note the insidious onset of late rejection after cessation of globulin therapy. This was treated by a moderate increase in the maintenance doses of steroids. This delayed complication occurred in only 2 of the first 20 recipients of intrafamilial homografts who were treated with ALG. It has been seen with about the same low frequency in subsequent cases. (By permission of Surg. Gynec. Obstet. 126 (1968): p. 1023.)

So I went down to Transplant House today, right on schedule, to take my physical. A couple of my friends thought I was making a tactical mistake by reporting at all; if you're going to resist, they said, resist at every point along the line. Make them drag you in for the physical. In purely idealistic (and ideological) terms I suppose they're right. But there's no need yet for me to start kicking up a fuss. Wait till they actually say, We need your kidney, young man. Then I can resist, if resistance is the course I ultimately choose. (Why am I wavering? Am I afraid of the damage to my career plans that resisting might do? Am I not entirely convinced of the injustice of the entire organ-draft system? I don't know. I'm not even sure that I *am* wavering. Reporting for your physical isn't really a sellout to the system.) I went, anyway. They tapped this and X-rayed that and peered into the other thing. Yawn, please. Bend over, please. Cough, please. Hold out your left arm, please. They marched me in front of a battery of diagnostat machines and I stood there hoping for the red light to flash—*tilt*, get out of here!—but I was, as expected, in perfect physical shape, and I qualified for call. Afterward I met Kate and we walked in the park and held hands and watched the glories of the sunset and discussed what I'll do, when and if the call comes. *If?* Wishful thinking, boy!

If your number is called, you become exempt from military service, and they credit you with a special \$750 tax deduction every year. Big deal.

Another thing they're very proud of is the program of voluntary donation of unpaired organs. This has nothing to do with the draft, which—thus far, at least—requisitions only paired organs, organs that can be spared without loss of life. For the last twelve years it's been possible to walk into any hospital in the United States and sign a simple release form allowing the surgeons to slice you up. Eyes, lungs, heart, intestines, pancreas, liver, anything, you give it all to them. This process used to be known as suicide in a simpler era, and it was socially disapproved of, especially in times of labor shortages. Now we have a labor surplus, because even though our population growth has been fairly slow since the middle of the century, the growth of labor-eliminating mechanical devices and processes has been quite rapid, even exponential. Therefore, to volunteer for this kind of total donation is considered a deed of the highest social utility, removing as it does a healthy young body from the overcrowded labor force and at the same time providing some elder statesman with the assurance that the supply of vital organs will not unduly diminish. Of course you have to be crazy to volunteer, but there's never been any shortage of lunatics in our society.

If you're not drafted by the age of twenty-one, through some lucky fluke, you're safe. And a few of us do slip through the net, I'm told. So far there are more of us in the total draft pool than there are patients in need of transplants. But the ratios are changing rapidly. The draft legislation is still relatively new. Before long they'll have drained the pool of eligible draftees, and then what? Birth rates

nowadays are low; the supply of potential draftees is finite. But death rates are even lower; the demand for organs is essentially infinite. I can give you only one of my kidneys, if I am to survive; but you, as you live on and on, may require more than one kidney transplant. Some recipients may need five or six sets of kidneys or lungs before they finally get beyond hope of repair at age one-seventy or so. As those who've given organs come to requisition organs later on in life, the pressure on the under-twenty-one group will get even greater. Those in need of transplants will come to outnumber those who can donate organs, and everybody in the pool will get clipped. And then? Well, they could lower the draft age to seventeen or sixteen or even fourteen. But even that's only a short-term solution. Sooner or later, there won't be enough spare organs to go around.

Will I stay? Will I flee? Will I go to court? Time's running out. My call is sure to come up in another few weeks. I feel a tickling sensation in my back, now and then, as though somebody's quietly sawing at my kidneys.

Cannibalism. At Chou-kou-tien, Dragon Bone Hill, twenty-five miles southwest of Peking, paleontologists excavating a cave early in the twentieth century discovered the fossil skulls of Peking Man, *Pithecanthropus pekinensis*. The skulls had been broken away at the base, which led Franz Weidenreich, the director of the Dragon Bone Hill digs, to speculate that Peking Man was a cannibal who had killed his own kind, extracted the brains of his victims through openings in the base of their skulls, cooked and feasted on the cerebral meat—there were hearths and fragments of charcoal at the site—and left the skulls behind in the cave as trophies. To eat your enemy's flesh: to absorb his skills, his strengths, his knowledge, his achievements, his virtues. It took mankind five hundred thousand years to struggle upward from cannibalism. But we never lost the old craving, did we? There's still easy comfort to gain by devouring those who are younger, stronger, more agile than you. We've improved the techniques, is all. And so now they eat us raw, the old ones, they gobble us up, organ by throbbing organ. Is that really an improvement? At least Peking Man cooked his meat.

Our brave new society, where all share equally in the triumphs of medicine, and the deserving senior citizens need not feel that their merits and prestige will be rewarded only by a cold grave—we sing its praises all the time. How pleased everyone is about the organ draft! Except, of course, a few disgruntled draftees.

The ticklish question of priorities. Who gets the stockpiled organs? They have an elaborate system by which hierarchies are defined. Supposedly a big computer drew it up, thus assuring absolute godlike impartiality. You earn salvation through good works: accomplishments in career and benevolence in daily life win you points that nudge you up the ladder until you reach one of the high-priority classifications, 4-G or better. No doubt the classification system is impartial and is administered justly. But is it rational? Whose needs does it serve? In 1943, during

World War II, there was a shortage of the newly discovered drug penicillin among the American military forces in North Africa. Two groups of soldiers were most in need of its benefits: those who were suffering from infected battle wounds and those who had contracted venereal disease. A junior medical officer, working from self-evident moral principles, ruled that the wounded heroes were more deserving of treatment than the self-indulgent syphilitics. He was overruled by the medical officer in charge, who observed that the VD cases could be restored to active duty more quickly, if treated; besides, if they remained untreated they served as vectors of further infection. Therefore he gave them the penicillin and left the wounded groaning on their beds of pain. The logic of the battlefield, incontrovertible, unassailable.

The great chain of life. Little creatures in the plankton are eaten by larger ones, and the greater plankton falls prey to little fishes, and little fishes to bigger fishes, and so on up to the tuna and the dolphin and the shark. I eat the flesh of the tuna and I thrive and flourish and grow fat, and store up energy in my vital organs. And am eaten in turn by the shriveled wizened seniors. All life is linked. I see my destiny.

In the early days, rejection of the transplanted organ was the big problem. Such a waste! The body failed to distinguish between a beneficial though alien organ and an intrusive, hostile microorganism. The mechanism known as the immune response was mobilized to drive out the invader. At the point of invasion, enzymes came into play, a brush-fire war designed to rip down and dissolve the foreign substances. White corpuscles poured in via the circulatory system, vigilant phagocytes on the march. Through the lymphatic network came antibodies, high-powered protein missiles. Before any technology of organ grafts could be developed, methods had to be devised to suppress the immune response. Drugs, radiation treatment, metabolic shock—one way or another, the organ-rejection problem was long ago conquered. I can't conquer my draft-rejection problem. Aged and rapacious legislators, I reject you and your legislation.

My call notice came today. They'll need one of my kidneys. The usual request. "You're lucky," somebody said at lunchtime. "They might have wanted a lung."

Kate and I walk into the green glistening hills and stand among the blossoming oleanders and corianders and frangipani and whatever. How good it is to be alive, to breathe this fragrance, to show our bodies to the bright sun! Her skin is tawny and glowing. Her beauty makes me weep. She will not be spared. None of us will be spared. I go first, then she, or is it she ahead of me? Where will they make the incision? Here, on her smooth rounded back? Here, on the flat taut belly? I can see the high priest standing over the altar. At the first blaze of dawn his shadow falls across her. The obsidian knife that is clutched in his upraised

hand has a terrible fiery sparkle. The choir offers up a discordant hymn to the god of blood. The knife descends.

My last chance to escape across the border. I've been up all night, weighing the options. There's no hope of appeal. Running away leaves a bad taste in my mouth. Father, friends, even Kate, all say stay, stay, stay, face the music. The hour of decision. Do I really have a choice? I have no choice. When the time comes, I'll surrender peacefully.

I report to Transplant House for conscriptive donative surgery in three hours.

After all, he said coolly, what's a kidney? I'll still have another one, you know. And if that one malfunctions, I can always get a replacement. I'll have Preferred Recipient status, 6-A, for what that's worth. But I won't settle for my automatic 6-A. I know what's going to happen to the priority system; I'd better protect myself. I'll go into politics. I'll climb. I'll attain upward mobility out of enlightened self-interest, right? Right. I'll become so important that society will owe me a thousand transplants. And one of these years I'll get that kidney back. Three or four kidneys, fifty kidneys, as many as I need. A heart or two. A few lungs. A pancreas, a spleen, a liver. They won't be able to refuse me anything. I'll show them. I'll show them. I'll out-senior the seniors. There's your Bodily Sanctity activist for you, eh? I suppose I'll have to resign from the League. Good-bye, idealism. Good-bye, moral superiority. Good-bye, kidney. Good-bye, good-bye, good-bye.

It's done. I've paid my debt to society. I've given up unto the powers that be my humble pound of flesh. When I leave the hospital in a couple of days, I'll carry a card testifying to my new 6-A status.

Top priority for the rest of my life.
Why, I might live for a thousand years.