The background is a watercolor illustration of a tree with a trunk and branches in shades of blue, red, and yellow. To the right of the tree is a wind chime with several metal tubes. The entire scene is set against a light green and blue wash, with a dark brown border around the edges.

FOREWORD BY
SHAUNA NIEQUIST

*colors of
goodbye*

A memoir of
holding on, letting go,
and reclaiming joy
in the wake of loss

SEPTEMBER VAUDREY

This book is a lifeline of hope when you are drowning in sorrow. In forty years of pastoring, I have never seen a family grieve the loss of a child so thoroughly and transparently or with such faith. I urged September to share her story for those of us who need to find a better way to grieve. You will be marked by her journey—and its ultimate message of joy.

BILL HYBELS

Founder and senior pastor, Willow Creek Community Church

I need to know, deep in the sinews of my soul, that death doesn't have the final word. I try to ignore death—my own—but I am even more committed to hiding from the potential loss of those I desperately love. September Vaudrey and her family suffered a loss most of us can't imagine. She enters it with intense honesty and writes with the lyric power of a poet. She invites us to sing hope in the minor key. I could not read her stunning and beautiful prose without believing even more that death doesn't win. I wish you the courage to read this holy labor and prize the radical hope it will call you to hold.

DAN B. ALLENDER, PhD

Professor of counseling psychology and founding president, The Seattle School of Theology & Psychology

Agonizing and heartrending and poignant as grief, grateful and faithful and tender as new love, these words and this story have in them the power to name what cannot be named and to bring life where it seems life could not be again.

JOHN ORTBERG

Senior pastor, Menlo Church; author of *All the Places to Go*

May 31, 2008, changed everything for everyone who knew and loved Katie Vaudrey. *Colors of Goodbye* brings you into the precious, raw, honest, defining journey of the soul as uninvited, irreversible, and horrific circumstances invade the Vaudrey family—and they begin the trek to rebuild their lives. I see and love Jesus more deeply today because of this story. You will too.

SANTIAGO "JIMMY" MELLADO

President and CEO, Compassion International

I was scared to open this book because I knew that its pages held the story of a mother who was living my worst nightmare: the loss of a child. But once I started reading, I was swept into a captivating, hopeful, and exquisitely written story. I could not put it down. *Colors of Goodbye* is a deeply moving memoir that will inspire you and awaken your heart to the goodness of God, even in the midst of your darkest hour.

JENNIFER DUKES LEE

Author of *Love Idol*



colors of goodbye

A memoir of
holding on, letting go,
and reclaiming joy
in the wake of loss



SEPTEMBER VAUDREY



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Inside back cover photo of Katie painting at Hood wedding by Brian Kammerzelt.

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The names of some individuals and institutions have been changed to honor their privacy.

Conversations have been recreated to the best of the author's memory.

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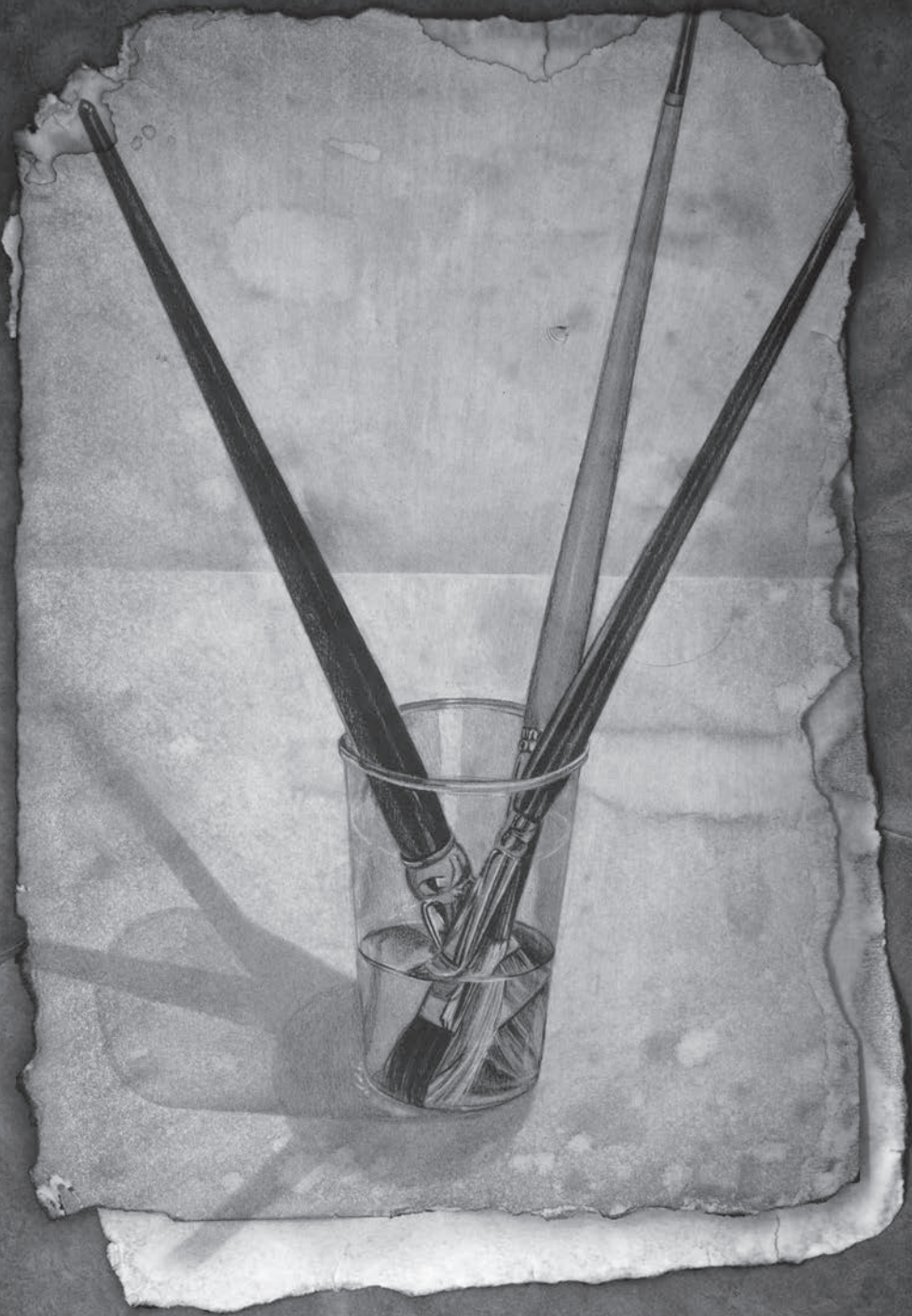
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Foreword

by Shauna Niequist

Bestselling author of Savor and Bread and Wine



THE FIRST TIME LOSS RIPPED THROUGH MY LIFE, it left me deeply disoriented. I felt profoundly alone, like the first person on the planet to experience such grief. That's how it is, isn't it? Grief sends us to outer space, lost and isolated.

And then someone reaches out to us, pulls us close, whispers their own story. And it changes everything.

We live in a culture that doesn't grieve well—we shut down, close our hearts, pretend, pretend, pretend. This book is a vision for another way, a better way, a more whole and wholehearted way of living with a broken heart. The exact circumstances of what has broken your heart do not matter; September's story will call out to you, a much-needed voice in the silence that so often comes with loss.

My friend September is, simply put, one of the best moms I know. And I'm not the only one who thinks so. My friends and I—moms of young kids, babies, rookies—have been watching September and her family for years, taking notes, asking questions.

September and Scott have raised the kind of family you want your family to be—not perfect, but real and warm and smart and funny and totally imperfect in such lovely and endearing ways. Long before that terrible May day, that terrible phone call, that terrible everything, September was a mom we all wanted to be like.

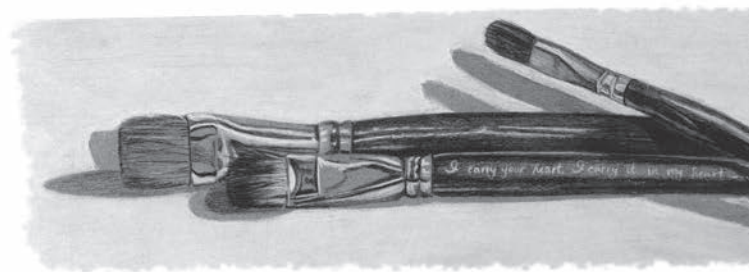
And then in the midst of all the terrible, right there in the middle of it, September was still a mom we wanted to be like: She was devastated and yet faithful, howling and yet praying in alternating moments. If we'd been watching her before, we were watching all the more closely now as she walked through what is commonly known as every parent's worst nightmare: losing a child.

What we saw in those days and months was such honesty and bravery. Some people run away from grief. September didn't. Some people transform into grief itself. September didn't. We watched her raise five beautiful, funny kids, and then we watched her bury one extraordinary daughter, and the way she did that blew our minds.

Because, frankly, sometimes I don't think it can be done. Sometimes I think when pain like that slices through your life, you just fold. You drink first thing in the morning, maybe, or you numb yourself a million different ways. You escape into the past or a fantasy life or . . . I don't even know what the other options are. But September presented us with a new one: You live. You live fully and with a broken heart, and some days are a mess and some are better, and you just keep living. I can't describe to you how astonishing it was to watch her do this.

And now, several years later, we're still watching September. She continues to teach us, giving us a vision for the moms we can be. This is a story about one amazing daughter, but it's also a story about an extraordinary mother, a very special family, and a legacy of love and laughter and honesty and resilience that has affected thousands of people throughout the years.

This book is a love letter, but it's also a map: *Here is a way through.* Not around the grief, not hiding from the pain, but right on through the center of the journey—loss, heartbreak, joy, new life, memories, mistakes, celebrations—all of it. This book is a map for many of us who have been lost in the wilderness of grief of one kind or another. This beautiful book is a hand reaching into the darkness, a voice whispering, *I know the way home.*





part one

vermillion

[ver-'mil-yuhn] / a brilliant, scarlet red

The shocking, retina-searing red

forces its way into our eyes.

We cannot bear to look—

but we cannot look away.

*All we have to decide is what to do
with the time that is given us.*

GANDALF, *THE FELLOWSHIP OF THE RING*,
BY J. R. R. TOLKIEN

I want to leave ripples in the lives I leave behind.

KATIE VAUDREY, 15



2:50 P.M., SATURDAY, MAY 31, 2008

Katie races down the stairs and into the kitchen, where I am cutting brownies into squares.

“Mom! Where are my keys?” she asks, pulling on her black flats as she scans the room. “It’s ten to three! I’m gonna be late!”

Even flustered, our nineteen-year-old daughter looks electric, her brown eyes sparkling with excitement about her first day as a summer waitress at Bandito Barney’s, a sports bar fifteen minutes from our home in the northwest suburbs of Chicago. Setting the brownie pan aside, I turn and help her scour countertops and tables piled high with desserts for the party we’ve been hosting since nine this morning—an end-of-year celebration for our church’s drama team. Katie’s sixteen-year-old brother, Sam, and fourteen-year-old sister, September (Tember for short), are members of the team. My friend Deanna, the team’s director, continues to fill platters as I join Katie in her search.

“I can’t believe I’m late!” Katie says, rifling through the key basket next to the fridge. “I’ve just been hanging out here all day long, waiting to go to work, but then at the last minute I got distracted and forgot to leave! *Where are my keys?*”

Katie rarely screws up like this. She’s the creative type, to be sure—she’s a painter majoring in studio art with a respectable portfolio already

under her belt. But Katie’s artsy personality has a heavy dollop of responsibility mixed in, which usually keeps lapses like this at bay. All morning, she helped me direct party details in the kitchen, which has been overflowing with the laughter and bustle of dozens of thespians, young and old.

Cohosting this event with Katie—our middle child, a month home from her freshman year at Azusa Pacific University—has filled me up. Once things quieted after lunch, she retreated to her bedroom to check Facebook and write messages to friends as she waited to leave for work. She lost track of time, and now she’s going to be late.

I search through her purse—no keys—and then sling its strap over her shoulder. Katie checks her pants pockets for the keys, and then she rummages again through the key basket, digging deeper this time.

“Aha!” She raises her keys triumphantly from the basket. “Victory! Right where they belong! Okay, I’m off!”

She flashes an impish grin and rushes for the back door, past her dad who has come into the kitchen to see what the commotion is about. As she hurries by, Katie takes his hand, lifts it over her head, and does a quick pirouette.

“Bye, Daddy!” she calls.

“Bye, Bug,” Scott replies, using her childhood nickname, Katiebug—Bug, for short. I follow to see her off.

I am struck by how especially terrific Katie looks today. *What a beauty, inside and out.* She’s sporting a crisp, white blouse; jean capris; and a blue plaid men’s tie she picked up at a thrift store, knotted loosely around her neck. She has her own hippie-esque sense of fashion and consistently looks adorable, whether in sweats or a skirt. But today, for some reason, I take note. Hair, makeup, the men’s necktie—everything works.

“Thanks for all your help with the party, Katie. Have a great first day. You’ll be fantastic!”

“Thanks, Mom! Bye!” she says, closing the door behind her. As I walk back toward the kitchen, I hear the door pop open again. “Aagh!” Katie says, her voice sharp, her eyes flashing. “Someone’s car is blocking me in!” My daughter’s world is either hot or cold—rarely in-between.

“All right already, Katie,” I say. “Settle down.”

“That’s my car,” Deanna says, looking out the back door at where Katie’s Taurus is parked. “I’ll move it!” She grabs her purse and hurries outside.

“Katie, don’t take out your frustrations on others,” I say. “It’s no one’s fault but your own that you’re running late.”

“I’m just so *irritated!*”

“No excuse for rudeness.”

“*Fine.*”

Deanna reenters the kitchen. “All set!” she says, grinning and bowing melodramatically. “Your path is clear!”

“Thanks, Deanna!” Katie says, sunny once again. “Thanks so much!”

I walk my daughter to her car—a ’94 gold Ford Taurus she bought from a family friend. She climbs in, starts the engine, backs down the driveway, and pulls onto the street. I wave goodbye, but she is focused on the road ahead and doesn’t notice. I stand there watching as she drives away. I wave again in case she looks in her rearview mirror, which she does not. Her Taurus pulls around the bend and out of sight.

It’s almost three o’clock. With a fifteen-minute drive to her new job, she will indeed be late. I know she feels bad for losing track of the time—and on her first day, to boot. *But they’ll forgive her.* Katie’s genuine joy and playfulness have a way of winning people over, even new bosses who have every right to be angry.

Before I head back inside, I take a pass through the backyard. Deanna and her assistant, Brooke, have gathered everyone in a semi-circle for their closing ceremony. They are presenting trophies—not for Best Actor and such, but for important character traits and effort. How rich to have this community of people in my kids’ lives. It’s been a picture-perfect day.



Five minutes later, Katie calls from her cell phone.

“Mom! I need to tell my boss I’m going to be late. Can you find Bandito Barney’s phone number? It’s on my desk.”

“Sure, no problem.” I run upstairs to her room, find the number, and read it aloud to her.

“Thanks, Mom. You’re a lifesaver! I still can’t believe I’m going to be late on my very first day!” She moans but then laughs. In her world, making low-cost mistakes is good story fodder—an opportunity to poke fun at herself later, once the crisis is averted.

“Don’t speed, baby,” I say. “They’ll know you’ll be late.”

“I won’t. Love you, Mama!”

“I love you, too.”

The party ends, and I spend the next hour saying goodbye to the team. Only a few of Sam and Tember’s friends remain.

My husband, Scott—the introvert—has been working from the sanctuary of our bedroom all day, reading, thinking, and avoiding the crowd. Formerly an attending emergency medicine physician in our hometown of Spokane, Washington, he left medicine six years ago to attend seminary. Now he is a pastor at Willow Creek Community Church, a large nondenominational church just outside Chicago. Days off are his chance to savor another good book and see if it sparks any new ideas he can employ at work or in his own life. And today is his kind of day—sunny, blue skies, warm breeze, and three of our kids at home. Sensing the coast is clear, he reappears in the kitchen.

“Need any help?” he asks, pouring himself a Diet Coke over ice.

“Nope, I think we’ve got it,” I say. “But thanks.” Book and soda in hand, he heads to our screened back porch, the Bug Room—no connection to Katie’s nickname, but named, rather ironically, for being a refuge from Midwest mosquitoes.



Deanna and Brooke are helping to clean up in the kitchen. Sam is moving chairs, and Tember stands at the kitchen counter, cutting up lemons to make some fresh lemonade as she chats with one of her girlfriends. The phone rings again, and I pick up. “Hello?”

“Mrs. Vaudrey?”

“Yes.”

“This is Nancy, the nurse administrator at Kane County Hospital. Your daughter has been brought in to the emergency department, and I need you to come down right away.”

Her polite directness catches me off guard. I try to untangle her words. Daughter? Which daughter? I have three. Tember is here at the counter. Our oldest daughter, Bethany, twenty-one, and her brother Matt, twenty-three, are away at college in California. *Is she talking about Katie? Kane County Hospital? That's not far. It must be Katie. Yes, Katie.*

From my years as the wife of an emergency department physician, I know exactly what it means when an ER nurse calls the family and tells them only “come down right away.” It means she has news that should not be shared over the phone. My mouth goes dry. It’s against procedure for a nurse to give answers over the phone to the rapid-fire questions now surging into my mind. *What happened? Is Katie badly hurt? Is she conscious? Is she . . . alive?*

I try to collect my thoughts. The bustle in the kitchen ceases, and all eyes turn to me. I glance at the clock—4:10 p.m. I spoke to Katie on her cell around three. Whatever has happened, it has taken more than an hour to get her to the hospital and notify her family. Not a good sign.

“Mrs. Vaudrey? Will you come?”

“Oh. Yes. Okay, we’ll be right down.”

“Thank you, Mrs. Vaudrey.”

“Wait—Nancy?”

“Yes?”

“Was it a car accident?”

She hesitates. “Yes.”

“We’re on our way.” I hang up the phone.

My body goes numb. I become small, and my skin turns cold. My tongue is thick and tingly, as if I’d stood up too fast and might pass out.

At that moment, at some core level, I know.

2

OCTOBER 1993

The autumn sun and azure sky couldn’t mask the crisp bite in the air. In the garden, a few late raspberries clung to withering brambles. Out in the pasture, the brittle alfalfa stubble meant shoes were once again a necessity. Barefoot season was over. Autumn had come.

Big sister Bethany, six, and her school friend Mary had spent the afternoon exploring the fields that surround our house. They now wandered toward the large, deserted doghouse next to the garage—the perfect spot for a secret fort.

Little sister Katie played nearby, far enough away to honor her big sister’s playtime with a friend but near enough to eavesdrop on their “big girl” conversations. She was wearing—as always—a dress with matching ribbons on her pigtails. Her love of girlish fashion outweighed her certainty that fresh scratches on her unprotected legs would sting in the bathtub later that night.

Scott was reading on the back deck and I was rinsing dishes at the kitchen sink when Bethany’s shrill, panicky cries pierced the afternoon calm. I dropped my sponge and bolted toward her screams. Scott was one step ahead of me. By the time we crossed the lawn and rounded the garage, the three girls were racing toward us.

“What’s the matter? What happened?” I asked, pulling Bethany close and searching for cuts or bruises.

“Bees! I got attacked by bees!” she said. Angry red welts were already rising on her tear-streaked face and trembling hands. Scott scooped her into his arms, and we hurried to the house where he could inspect her more closely. Beestings in large quantity on a young child were no small matter. Once inside, I pulled the Benadryl from the bathroom cupboard and checked on newborn Tember, swaddled and asleep on the sofa, oblivious.

In the calm of the kitchen—with Mary, Katie, eight-year-old Matt, and little brother Sam looking on—Bethany recounted her ordeal.

“We were playing in the doghouse, and all of a sudden these bees just started attacking me! They went under my shirt and in my hair!” Bethany turned and looked squarely at her little sister. “But Katie killed them all!” she said proudly.

All eyes turned to Katie, her hair ribbons still daintily in place, her dress unmussed. She smiled and looked down.

“Mary just stood there,” Bethany said, a hint of betrayal in her voice. Poor Mary grinned awkwardly. “But Katie came running and just started

swatting the bees. They were flying everywhere! But she kept swatting my head and my shirt until she killed all the bees!”

Upon inspection, Scott counted half a dozen welts on Bethany, and he pulled seven dead yellow jackets out of her hair—and even more from under her shirt.

But Katie hadn’t been stung—not even once.

In the moment of crisis, Bethany had screamed in pain. Mary had frozen. But Katie had charged in, systematically defending her sister by swatting and killing more than a dozen yellow jackets with her bare hands.

Katie was four years old.

3

4:12 P.M., SATURDAY, MAY 31

I steady myself against the counter by the kitchen phone. I blink, straighten my back, and turn to face the kids. Sam and Tember stare, motionless. Deanna and I lock eyes.

“What’s the matter?” Tember asks, setting down a lemon and her knife. Sam and Tember step closer.

I don’t want to believe what my gut is telling me. And without more information about Katie’s condition, I don’t want to overreact and freak out the kids. Perhaps Katie is fine and Nurse Administrator Nancy is an idiot at protocol. So I choose my words carefully.

“Katie’s been in a car accident,” I say, “and the hospital would like us to come down right away.” I pray Deanna will interpret the unspoken meaning behind these words.

She gets it. “You go. I’ll take care of things here. Go!”

Sam’s face turns white. Tember’s eyes catch mine and fill with tears. Afraid my face will betray my attempts at nonchalance, I avert my gaze.

“C’mon, kids,” Deanna says. “Let’s gather up and pray for Katie.” She and Brooke begin circling everyone together.

I walk past them toward the French doors that separate our family room from the Bug Room. Through the glass, I see Scott rocking in his favorite chair, reading, enjoying the beautiful day, at peace. I grasp

the cool brass door handle, but pause. We are in two different worlds separated by these doors. I twist the handle, crashing into his world so I can drag him into mine.

Scott looks up, dark eyes blinking and brow furrowed as he reins in his thoughts from his book and turns to me.

“Kane County Hospital just called,” I say. “Katie’s been brought in. Car accident. They want us to come down right away.” Without moving his eyes from mine, Scott sets down his book. I keep my voice steady. Perhaps I am overreacting. I don’t want to sway the jury with what I’m about to say next: “The nurse gave me no details. Just ‘Come down.’”

The color drains from his face.

For a brief second, we look at each other in silence, aware that with one phone call, our lives may have changed forever. How many times as an ER physician had Scott asked a nurse to make such a phone call to another person’s family as he worked to save their loved one? Now he is on the receiving end of such a message. He, too, interprets the nurse’s glaring omission of details as an ominous sign. She offered no “She’s stable,” no “Her injuries are not life threatening”—not even a “She’s being taken to surgery.” Just “You need to come down right away.”

Scott closes his eyes, motionless, and then I see a slight flinch in his jaw. *He understands.*

He stands to his feet, steps past me, and pushes through the French doors.

Tember meets him. “Can Sam and I come?” she asks, pleading in her voice.

“No.” He heads to our bedroom for his shoes.

Okay, then. I’d be inclined to bring the kids with us and keep everyone together, whatever this afternoon might hold. But a hospital ER is Scott’s world. He knows better than I do what we may be facing.

“You guys stay put,” I say, trying to sound upbeat as I grab my purse. “We’ll call you as soon as we know more.”

“We’ll take care of everything here,” Deanna reassures me.

Scott returns to the kitchen, grabs his keys from the basket, picks up his cell phone, and feels his back pocket for his wallet. Sam and Tember stare, silent.

“Go,” says Deanna.

I kiss the top of Tember’s silky head and squeeze Sam’s arm. Then Scott and I walk out the door. Seconds later, we are en route to the hospital—a thirty-minute drive.

Out of earshot of the kids, I want to hear it straight from Scott. Am I overreacting? Have I misinterpreted Nancy’s silence?

“What does it mean, that the ER nurse didn’t tell us anything?” I ask. “That’s not good, right? Do you think she just forgot to tell us how Katie is doing? Could she be all right?”

Scott is rocking forward and back in the driver’s seat, one hand on the wheel, one hand rubbing his forehead. “No, honey. It’s not good. Not good.”

“Should we have brought Sam and Tember?”

“When we get to the ER, we’ll need to focus on Katie. If this turns out badly, I don’t want Sam and Tember sitting off to the side somewhere by themselves. At least at home they’ll have Deanna and Brooke.”

“Should I call the big kids?” Bethany and our oldest son, Matt, and his wife, Andrea—the “big kids”—live in Southern California, where they attend college and grad school, respectively.

“Let’s wait until we get to the hospital and know more,” he says, continuing to rock.

“Agreed. They will feel helpless being so far away.” And I am hoping against logic to have good news for them once we see Katie. “Dear God, please-please-please help Katie be okay,” I pray aloud. Our family is rooted in the Christian faith, strengthened over the years by finding God more than trustworthy to see us through some of our darker days. So my reflex response in crisis is to pray. “Please, God. Please.”

I am helpless in the passenger’s seat as the miles tick by. All I can think to do is to get other people praying. I scroll through my cell phone and begin calling our friends. “Katie’s been in an accident. Please pray—and spread the word,” I say again and again to our friends. I leave voice messages with those who don’t pick up. I call my best friend, Sandy, in Spokane, but it goes straight to voice mail. When I hear the familiar sound of her voice on the recording, I get choked up and leave her a semifrantic message.

WE FIND THE HOSPITAL, park on the street, and enter through the ambulance bay. A nurse sees us and approaches.

“I’m Nancy, the nurse administrator,” she says.

“We’re Katie Vaudrey’s parents. Is she alive?” I blurt out.

She pauses before responding. “She is alive. But she is unconscious.”

“What happened?”

“Evidently her car swerved into oncoming traffic, and another driver struck her on the passenger side. Let me bring you to her.”

“Was anyone else hurt—in the other car?” I ask.

“No. The other driver walked away with only a few scratches on his cheek from his air bags.”

“Thank goodness.”

Nancy leads us into the trauma room and pulls back the curtain. There lies Katie, laid out on a gurney with tubes up her nose and down her throat. Gone are her plaid men’s necktie, white dress shirt, and capris. She is draped in nothing but a white sheet. Monitor wires and IV lines link her body to a host of blinking, beeping machines. A stiff neck brace holds her head in place. Yet in spite of the violent car crash, there’s not a scratch on her. Not a cut, bump, or bruise. Auburn-brown tendrils of hair form a halo around her face against the white hospital pillow. In the midst of this medical mayhem, Katie looks peaceful. Beautiful, even.

But as I look at her, my hand covers my mouth to stop words that are blazingly clear to my spirit from tumbling out: *She’s not in there. She’s gone.*

In just one glance, I know. What I sensed over the phone is affirmed. The Katie spirit that filled—overflowed—this tiny frame is glaringly absent.

A flash of panic fires through my brain, and miniscule, infrared sparks of light swirl before my eyes, obstructing my vision. I grasp the bed rail.

But logic and a mother’s hope override the horrid reality trying to declare itself as fact to my soul. *She’ll be okay. We can fix this.*

“Hey, Bug,” Scott whispers, a catch in his throat. He strokes her hair, but then father turns doctor, and he looks to the monitors.

I lift her hand, warm but heavy. Two things about Katie's appearance reveal the depth of her injury, even to my medically untrained eye: The tip of her tongue will not quite stay inside her mouth. A breathing tube is holding her teeth slightly ajar—and her tongue lolls forward, past her teeth and onto her lower lip. It looks dry and uncomfortable. I gently push her tongue back behind her teeth, but it just gravitates forward again, coming to rest again on her lower lip. It's unnatural.

And her eyes won't stay closed. She is unconscious, but her eyelids rest only about halfway down. I gently run a finger down each lid, forcing them shut. But they slowly rise, returning again to about half-mast. The vacant gaze of her eyes is a shocking contrast to the bursting-with-life girl who dashed out of my kitchen less than two hours ago.

The ER doc, a kindly looking man with white hair, enters. Seeing us, he takes a moment to busy himself with the chart in his hands. The fluorescent lights overhead reflect in the tiny beads of sweat gathering above his upper lip.

"I'm Dr. Rogers, the attending physician," he says without looking up. "I am so sorry about your daughter's accident." We nod impatiently.

"Katherine's in a coma. She had no pulse at the scene," he says. "It took the paramedics twenty minutes to get her extricated from the car, and they revived her in the ambulance. She has a fractured skull. Her neck is broken, but it doesn't appear to be displaced. The real problem is the bleeding in her brain. She just got back from CT, where we scanned her head and neck." The doctor then begins to explain Katie's condition using simplistic layman's terms.

In any medical situation with our family, Scott is always discreet about his own past medical career. He prefers to let the doctor be the doctor when it comes to his wife or kids. But today, layman's terms will not suffice. The stakes are too high for discreet. He wants the full medical picture, physician to physician. "I'm a retired emergency medicine physician," he says. "I was an attending physician in a trauma center for twelve years. Can I see her scans?"

"Oh! Certainly," Dr. Rogers says. He leads the way to a small, dimly lit room where CT images can be viewed on a large computer screen. He pulls up Katie's CT, and Scott's face goes pale.

“Oh, Bug,” he groans, rocking on his toes.

“Katherine has a significant bleed,” Dr. Rogers says quietly. “Her ventricles are completely filled with blood. Her c-spine images show a fracture at C1 and a basilar skull fracture.”

“Interpret,” I whisper to Scott.

“It’s bad,” he says, pointing to the expansive spread of white on the film. “All this is blood. This is one of the worst CTs I’ve ever seen.” I know he’s seen thousands of CTs in his life. I want to throw up.

“Her pupils are unresponsive,” Dr. Rogers adds gently.

Scott and I return to Katie in the trauma room. Nurses whisk around, speaking in urgent, hushed tones. Scott reads through her chart, one eye on the monitors. I stroke Katie’s hand, her face, and I shove aside my earlier sense that she is gone.

“Katie,” I whisper in her ear. “Come on, girl. You’re a scrapper. Fight! Fight. Fight.” *She can get through this. We just need to solve the medical issues. We need to figure out the bleed.*

“Tember and Sam need to get here—and fast,” Scott says.

Please, please, God, keep her alive until they get here. “I’ll call Brooke.” I slide open my phone, but in this brick hospital building, I have no reception. I head back outside to get a signal.



As I step onto the ambulance bay, the early summer warmth envelops me, melting away the air-conditioning-induced goose bumps on my arms. As I try with trembling hands to dial Brooke’s number, a slow-motion hush washes over me and stops me in my tracks. I raise my eyes.

Ancient oaks line the hospital street. Above, a thin white cloud hovers against a cerulean-blue sky. The almost-summer scent of freshly mowed lawn hangs moist in the air, and fairylike tufts of down from nearby cottonwoods drift by. A deep sense of peace floods through me, and my trembling hands drop to my side. This moment feels holy. Tears begin to run down my cheeks as I lift my face to God.

I am good, I sense Him say. This tragedy doesn't change My character. It doesn't change who I am. I am good.

How ludicrous His words sound. Really? He’s good? How could a

mother with any sort of emotional capacity affirm this sappy “God is good” message, given our situation?

But something in His words rings true. I want them to be true. This tender encounter with God is undeniable, as real to me as the pavement beneath my feet in this ambulance bay. He is wrapping His strong arms around me in this world where pain has the brutal and current—but not final—say. *I am good* . . .

Will I find His words to be true, no matter how this mess turns out?



With steadier fingers, I dial Brooke’s cell number, and she picks up.

“Brooke, it doesn’t look good. Please, please get the kids here as soon as you can. Are you guys still at the house?”

“Deanna’s running her son home. I’m just leaving the house with Sam and Tember.”

“How are they doing?”

“Yes, they are both right here with me.” She’s not free to speak. I don’t ask to talk with them—I would only affirm their worst fears. And I don’t want to assure them Katie is still alive when she may be dead by the time they arrive. Let them live in fretful ignorance a few moments more.

With a miracle seeming to be Katie’s only hope, we need people praying. A thought occurs to me: It is now after 5:00 on a Saturday night, and thousands of people are pouring into our church for the 5:30 service. They could pray!

“Wait—Brooke? Is Davy still with you?” I ask. The kids’ friend Davy was at the house earlier when the phone call came. Davy’s father would be at church, and he could get word to our pastor, Bill Hybels, who could ask people to pray.

“No, Davy already went home.”

“Call him. Have him call Jimmy and tell Bill—and Willow—to pray!”

“We’re on it,” Brooke says. “And we’ll be there as soon as we can.”

I make one more phone call before going back inside: I call my parents in Seattle. My mom answers. Through tears, I try to explain what has happened to Katie. She can barely make out my words. But she hears two phrases clear as day—phrases no doctor has yet spoken to me, and

words I will later have no recollection of saying: “no hope for quality of life” and “brain-dead.” This is what I tell my mother.

5

5:15 P.M., SATURDAY, MAY 31

I step back into the trauma room, where it’s clear that Katie is not doing well. Nurses and techs buzz around her, speaking only what is necessary, intently focused on their individual tasks. Scott and I stand out of the way, watching. The ER doc, however, just stands there, flipping through Katie’s chart. Nurses ask him for orders, but he simply rubs his forehead, silent. One nurse casts a knowing glance at another. It hits me—and with panic—that perhaps this doctor doesn’t see many traumas as severe as Katie’s.

At about 5:20 p.m., a monitor alarm sounds. Katie’s pulse on the screen shows a flattened squiggle.

“What’s happening?” I ask.

“V-fib,” Scott says. “The worst. Katie’s heart isn’t pumping blood.”

An ER tech springs into action. She jumps up onto Katie’s gurney, her knees straddling my girl’s petite body. She begins forceful chest compressions to restart Katie’s heart. With each aggressive, two-armed compression, Katie’s chest sinks, her rib cage expands to each side, and her tan, naked belly bulges out. I envision her organs being shoved around inside like bumper cars.

“She’s going to break Katie’s ribs!” I whisper to Scott.

“Maybe,” he says. “But she’s doing good CPR.”

The compressions continue, but the faint squiggle on the monitor is unchanged. The ER doc at last begins giving orders. A nurse fills a syringe with what I assume is epinephrine, a heart stimulant, and injects it into one of Katie’s IV lines. Nothing.

“Shock her, 150 joules,” the doctor says.

The ER tech hops down from the gurney and preps the paddles with lubricant.

“Clear!” she shouts, pressing the cold paddles to Katie’s warm skin.

A jolt of electricity surges through my daughter, causing her entire

body to jump. Our eyes look to the monitor. No change. The tech shocks her twice more. Nothing. The nurse injects another bolus of epinephrine into Katie's IV line. Nothing. Again and again, they repeat this pattern as we watch, helpless.

Long minutes tick by, and Katie's beautiful little body endures more CPR, more jolts of electricity, more physical abuse than I think anyone could possibly survive. Scott stands next to the doctor, riveted to the monitors, attuned to each order being given. I shrink in silence, flat against the back wall, my fists drawn to my mouth. *Don't freak out. Don't pass out. Don't distract. Stay out of the way.* I should not be here, seeing this, and I'm afraid they will ask me to leave. But no one seems to notice me, and I cannot move. I don't want to move. I cannot leave my girl.

As the life support efforts fail to bring back Katie's pulse, I watch Dr. Rogers. Whenever he issues an order, he glances toward Scott. Scott either nods his head or offers a quiet correction, which the doctor then repeats to his staff.

When a young person codes (loses her pulse), an ER team will fight long and hard to get that pulse back. A healthy young body wants to live, fights to live, and the attending physician will be very slow to give up on resuscitation efforts—to “call the code.” Our presence—and the fact that Scott is a fellow physician—adds pressure to this doctor, no doubt.

The minutes drag on as this team continues their lifesaving violence against my daughter. The tech doing CPR begins to look spent, her hair plastered against her forehead, dark rings of sweat appearing under each arm. Yet she continues. I fight the urge to shout, “Stop! *Stop it!* Just leave her alone!” I want to push the tech aside and scoop Katie into my arms. I want to stroke her hair, to rip out all those horrid monitor wires and tubes, to close her eyes, and to push the tip of her tongue gently back into her mouth. Instead I must, must, must allow the medical team to continue. It is her only hope.

“More epinephrine?” a nurse asks the doctor. The doc looks at the clock.

“No. She's maxed.” The nurses exchange glances. The tech keeps pounding on Katie's chest. The monitor's alarm blares, undeterred. We need a miracle.

I look at my watch. It is now 5:42. They have been working to restore Katie's heartbeat for more than twenty minutes, but nothing is working.

Dr. Rogers turns to us. I fear he wants to call the code. As if reading his mind, the tech stops her compressions. All movement in the room ceases. The piercing blare of the alarm drowns out the gentle whoosh of Katie's ventilator. I stare at the monitor—and at my daughter's lifeless body. It is over.

Then suddenly, to our utter surprise, the alarm ceases and the sound of a heartbeat breaks the stillness. All heads turn back to the monitor, which shows the return of a normal rhythm! Katie's heart is beating! The sound of a strong heartbeat sends the staff into full gear once again. Within moments, Katie is stabilized, and the immediate crisis averted.



Friends who gather at the hospital later that night will describe to us how Davy's dad got the word of Katie's accident to our pastor during the worship songs that open the 5:30 service. Bill took the stage moments later and stopped the music.

"This afternoon, Katie Vaudrey—the daughter of one of our staff members, Scott Vaudrey—was in a terrible car accident," he said. "She is in a coma. Let's pray right now for the Vaudreys and the healing of their daughter." Our church family then poured out their prayers for Katie. The clock at the moment of Bill's prayer read 5:42 p.m.—the same moment Katie's heart inexplicably jumped back to life.

Bill's sermon that night—a message about living our lives fully surrendered to God—was titled "Have You Died Yet?"



Now that Katie is stable, Scott tries to assess the full picture of her medical condition.

"Can I see her chest X-ray?" he asks Dr. Rogers.

"Uh, I didn't order one," he replies.

A shadow crosses Scott's face. I watch as hints of disbelief and restrained anger cloud his eyes. Dr. Rogers looks away, his cheeks reddening.

“It’d probably be good to check for a pneumothorax or a widened mediastinum,” Scott says quietly. “Let’s order the chest film.”

Dr. Rogers nods. “Good idea,” he says and finds a nurse to call for the portable X-ray machine.

Scott and I wait in the hallway while they shoot and develop Katie’s film. “They took her to CT without first getting a chest film,” Scott says, incredulous.

“Is that bad?” I ask.

“Standard of care in blunt trauma would be to get a chest film as soon as possible after you pull a patient off the ambulance,” Scott explains. “An X-ray will show if there’s a collapsed lung or torn aorta. You get the film before sending patients to CT because, if they have a tear, there is a risk they could bleed out—and should go straight to surgery first. Plus the film might show other reasons for a patient’s decompensation. A pneumothorax could explain her heart arrhythmia, and a chest tube could resolve that. Katie has been here for almost two hours, and still no film.”

The X-rays come back and Scott studies them in a light box on the wall. He looks relieved. “Normal.”



The nurse takes Scott and me to a room down the hall, where the hospital has been sending friends who have arrived as news of Katie’s accident spreads. Scott updates them with as much information as we know. I go outside to wait in the ambulance bay for Brooke and the kids to arrive.

At last, I see them coming up the sidewalk. Sam and Tember are red eyed and ashen faced—and I am no better. I wrap them in my arms and take them inside, where Scott meets us in the lobby and hugs the kids. The nurse shows Brooke to the crisis room. We head to the trauma room and to Katie.

When your children are little, you reflexively shield their eyes from a graphic scene on TV and distract their attention when you drive past a dead cat on the side of the road. I realize Sam and Tember’s first sight of their sister will be burned into their memories for a lifetime. How I wish I could spare them. How grateful I am that Katie is not all bloody

or banged up. It helps a little. But the vacant gaze in her eyes is shocking to behold. And the wires and tubes don't help. Thankfully my kids are "medical kids." They've been in the ER dozens of times to visit their dad at work, so at least the general setting is not foreign to them. But this is a scene like no other. Scott stops us and preps them before we go in.

"Katie is in bad shape," he says. "She has a broken neck and a skull fracture." Large tears begin to pool in the kids' eyes. He pauses to let this reality sink in before continuing.

"The skull fracture has caused some bleeding in her brain, and that's her biggest problem right now. She's unconscious. She's in a coma." The kids listen intently.

"Can she hear us?" Tember asks, her voice a tiny wisp of air.

Scott looks tenderly at his youngest daughter. "No one fully knows how the brain works for people in a coma," he says. "But we will take you in to see her, and you should go ahead and talk to her as if she can hear you."

We enter the trauma room, and Scott pushes back the curtain. Sam and Tember rush toward their sister. Sam, tall and lanky, reaches over the wires and drapes his arms around Katie in a cumbersome hug. Silent sobs wrack his lean body. Tember hangs near the end of the bed, her eyes large at the sight of all the wires. Reflexively, she picks up Katie's foot and strokes it.

"Her foot is warm," she tells me. I feel it, and she is right. I think of all the times Katie playfully shoved one of her bare feet—always cold and clammy—under Tember's shirt to torture her and make her laugh. The difference now is striking. Tears roll down Tember's cheeks and drip from her chin onto the white sheet covering her sister. She whispers to Katie, "I love you! Don't die! Don't die."

A new physician enters the room. He exudes a quiet confidence, which gives me hope. Dr. Rogers trails behind.

"Dr. and Mrs. Vaudrey, I'm Katherine's neurosurgeon, Dr. Yun. I am so sorry about your daughter's accident," he says, shaking our hands firmly. "The bleed in Katherine's brain is substantial, as you know. The break at C1 and the cranial fracture would cause some intracranial bleeding—though the pattern on the CT looks more like an aneurysm. Regardless, our first priority is to try to relieve the increased intracranial

pressure that the bleed is causing. We need to measure that pressure, and to do so we need to drill a hole into her skull and insert an intracranial pressure monitor.”

Dr. Rogers holds out a clipboard and a pen. “We need your permission for the procedure,” he says. “The incision will be made just above her right temple, and it will mean shaving some of Katherine’s hair.”

Her hair? No mention of drilling a hole into my daughter’s skull—just a warning about her hair. “I assure you, we’re not concerned about her hair,” I say. Scott and I sign the consent forms, giving our permission for them to insert the pressure monitor—and, oh, shave off a bit of her hair.

The nurse motions us from the room so they can begin the procedure. Tember and I move toward the door. Sam, however, doesn’t budge. He remains bent over his sister, arms extended, hands cupping her shoulders, his own shoulders shaking with quiet sobs. We all wait a moment for him to compose himself and let go. But he shows no sign of moving. Scott rests a hand on his shoulder.

“Come on, buddy. Let’s go to the waiting room so they can get started.” Nothing.

“Hey, Sam,” he quietly persists. “It’s time to go.” But Sam is lost in his own world of heartbreak, oblivious to Scott’s words. In this moment, he seems incapable of moving.

“Sam, we need to go so the doctors can begin their work,” he says. “Come on, son.” Scott touches Sam’s arm, but he flinches like a wounded animal and draws himself closer to his sister. Scott puts his arms around Sam’s shoulders and tenderly but firmly pulls him away. Sam’s arms strain toward Katie’s motionless body. He tries to stand upright, but his knees give way, and Scott catches him. With a fatherly arm around Sam’s shoulders—half supporting, half carrying his son—Scott leads us from the room.

6

AUGUST 2006

Katie would begin her senior year of high school—and Sam his freshman year—in less than a week. Sam was fourteen and all limbs, like a Great Dane puppy. I love this age of boy—where voices squeak, random

facial hairs sprout from chins, and jeans are outgrown before they're broken in. He had grown six inches in the past school year, and nothing in his closet fit.

It's a tradition in our house to make a big deal out of back-to-school shopping. In a family of seven, this is one time when each child can be guaranteed a one-on-one shopping date and dinner out with a parent. Scott and I savor this chance to dote on each individual child. But one night at dinner, Katie announced she'd be the one taking Sam back-to-school shopping this year, and I could see nothing but win in this plan. Let's face it: What freshman boy wouldn't rather be outfitted by his stylish senior sister than by his mom or dad?

The appointed afternoon arrived, and as Sam waited in the kitchen for Katie to find her purse, his face tried to read "no big deal"—but I could tell by how fast he was talking that he was excited about spending these hours with his sister. It didn't hurt that he was pretty much guaranteed to be dressed in way cooler clothes when he walked through the doors of Fremd High School on his first day as a freshman. Katie found her purse, and I handed her my debit card. Off they drove in her Taurus.

Four hours, one fresh haircut, and a dinner at Panera Bread later, the Taurus pulled back into the driveway. Sam and Katie burst into the kitchen full of stories and laughter, with bags of Sam's new clothes in hand.

"Sam was a good sport, Mom," Katie announced. "He's gonna be the coolest thing on campus." She made him model at least one outfit for us.

The damage to my debit card was respectable but not overboard. Sam had never cared much about clothes before, so a little splurge this year felt right. And the investment between sister and brother? Priceless.



Fremd is a large high school—close to three thousand students—and Sam started the new year with confidence. Throughout fall semester, whenever Katie spotted him in the crowded hallway, she would holler out to him, "Sam! Hey, Sam! Sam Vaudrey! Everybody, that's my brother Sam! He's the coolest! I love you, Sam!" She embarrassed him, to be sure, but she knew down deep he was feeling loved, was proud of her

attentions—and was probably gaining cool points from his freshman friends who all admired his sister, the hot senior.

But one day Sam decided to flip the script. He spotted Katie down the hall.

“Katie! Hey, Katie! Everybody, Katie Vaudrey is my sister! She’s so cool!” he shouted. “I love you, Katie!”

Katie blinked, caught off guard. “I love you more, Sam!” she shouted back.

“No, I love *you* more,” he countered. And back and forth they went until Katie finally cried uncle. This time she was the one with reddened cheeks. He caught up to her, picked her up with those lanky, strong arms, and swung her around in a huge bear hug. She’d been bested at her own game.

For the rest of the year, the “love you more” game was on. Both looked for prime embarrassment opportunities to proclaim their brotherly or sisterly love. Their playfulness, affection, and mutual respect—both at school and at home—reflected the closeness they shared as sibs and as friends.

7

6:00 P.M., SATURDAY, MAY 31

By the time the four of us leave Katie’s side in the trauma room and follow the nurse out, the crisis room is crowded with friends who have heard the news. Sam’s friends from church surround him. Katie’s girlfriends embrace Tember. Scott and I are shocked at how many people have gathered here for us, all with reddened eyes and praying lips. How grateful I am. For all the bad press Christians get (and, sadly, sometimes deserve), this scene is a beautiful picture of the church at its finest.

We still have not called our two oldest kids, Matt and Bethany, in California to tell them what has happened to Katie. We keep waiting for things to take a turn for the better—or at least for a lull in the crisis—so we can offer them some hope when we break the news. But lulls are not the order of the day. And nothing is heading up and to the right. Before I can initiate a call, my cell phone rings. Matt’s number pops up on my caller ID.

"It's Matt!" I say to Scott. "What should I tell him?"

"Just tell him what we know. And get them here, quick," he says.

I pick up. "Hi, Matt."

"Mom. I just got a text about Katie. What's going on?"

I tell him about the accident and break the news to him about Katie's condition, one piece at a time. "She's in bad shape, son. Her neck is broken, but they tell us it's not displaced."

He is quiet on the other end, trying to soak in what I am telling him.

"Honey, she's in a coma." More silence. He repeats what I've told him to his wife, Andrea, who must be standing nearby. I hear her gasp.

Matt is the sort of person who rises to the occasion in a crisis. Though he's a tenderhearted man and only twenty-three, he's the perfect person to get everyone to Chicago as quickly as possible.

"Matt, I need you and Andrea to find Bethany," I say. "I don't want her to hear this through a text. I'm sorry you found out that way. We were just waiting to call you until we knew a little more."

"It's okay, Mama. And yes, we'll find Bethany. I think she's at work." Bethany is a barista at the Starbucks near campus. "Andrea and I will drive over there right now."

"Can you let Adam know too?" Bethany's boyfriend will be a tremendous comfort to her.

"No problem."

"And can I ask you to take care of getting plane tickets? Get everyone on the next flight out. You need to get here right away." Again, silence.

Andrea, my son's bride of ten months, pipes up in the background. "I got it, Mom. I'll get right on it." Matt married an amazing woman. I breathe easier knowing she's there to support Matt and Bethany and help him get the tickets booked. I give Matt our credit card number.

"I love you, son."

"I love you, Mama."



As a mother, my focus is divided. I do my best to keep one eye on my critically injured daughter and the other on Sam and Tember, who are agonizing in their own world of trauma. Scott is afraid to leave Katie's

bedside in the trauma room. He stands alongside Dr. Rogers, his eyes on the monitors. Sometimes when Dr. Rogers gives an order, I notice Scott lean over and say something privately to the doctor, and then Dr. Rogers changes the order or alters a dosage. This happens multiple times, until I hear Dr. Rogers instruct his staff to simply follow Scott's orders.

I can't believe this is happening. It seems as if, for all intents and purposes, my husband is now functioning as the attending physician, running the trauma of his own daughter.

I will never forget these images of Scott, who has been out of ER medicine for almost six years—and whose own heart is being torn apart with grief—keeping a laserlike intellectual focus on Katie's case, recalling all the correct medical tests, procedures, and even dosages. When we are alone with Katie for a moment, Scott turns to me. "It was for this day God sent me to medical school." My thoughts exactly. No matter how this turns out, both Scott and I will have the reassurance of knowing everything that could save our girl is being done.

Twice more that afternoon, Katie codes. Twice, Scott runs the code, giving the orders to nurses and techs who administer CPR and use electrical paddles to shock our daughter's heart back to a sustainable rhythm. How much more can her little body take?



Nurse Administrator Nancy approaches me in the crisis room. "Mrs. Vaudrey, there is a police officer here who wants to speak with you." I follow her into the hallway, where an officer waits.

"Mrs. Vaudrey, I'm Detective Wilson, the investigating officer of this accident," he says, "and I wanted to bring you Katherine's personal effects from her vehicle." He hands me a clear plastic bag and Katie's large brown leather purse—the one with lots of buckles and zippers that I just slipped over her shoulder this afternoon. She frequently carries oversized purses like this, which dwarf her small frame.

"I need to keep hold of her cell phone and wallet to finish my report," he says. "We are still checking her call records to determine who spoke with her last, that sort of thing."

It hits me: Katie could have been finishing her conversation with me when she crashed. Horror washes through me.

“Do you think Katie was talking on her cell—and that’s what caused the crash?”

“No,” he says. “We found her phone inside her purse. We don’t know what caused her to swerve. But whenever there is an accident like this, we need to complete an investigation. You can pick up the rest of Katherine’s things at the police station later this week.” He turns to leave, then stops. “I hope your daughter will be okay.”

As he walks away, I open Katie’s purse. Her powdered blush and eye shadow compacts are shattered and loose inside. Her wallet, of course, is missing—as is her cell phone. I push aside a hairbrush and a few loose odds and ends—that’s it.

I open the plastic bag the officer handed me. It’s the sort of drawstring bag a hospital gives you for storing your clothes. Katie’s clothes, however, are not in this bag. *They were probably cut from her body upon arrival.* I look down the hall at the trash can just outside the trauma room. Perhaps Katie’s cute Bandito Barney’s outfit is stuffed inside. I can’t look.

This bag holds only a few of Katie’s belongings—her earrings, rings, and a brass-and-silver bangle bracelet. I pull the bracelet out of the bag and slip it on my wrist.

One more thing lies in the bottom of the bag—*her blue plaid men’s necktie.* I pull it out. The knot is still tied, but the neck loop has been cut—a clean slice. *They had to cut the tie off Katie’s broken neck.* I shudder and shove the tie back into the bottom of her purse, cram the plastic drawstring bag on top, pull the purse straps over my shoulder, and return to the crisis room.

8

7:00 P.M., SATURDAY, MAY 31

Dr. Yun and his team successfully insert the intracranial pressure monitor into Katie’s skull. Once the burr hole procedure is over, the nurse invites us back into the trauma room, where the neurosurgeon waits. Katie’s

head is now swathed in a thick turban of cotton. A faint brownish-yellow tinge of iodine taints her forehead where they sterilized her skin before surgery. She looks so small beneath the bulky bandages—more critically injured, more vulnerable.

“Katherine’s pressure is dangerously high, five times what it should be,” Dr. Yun says. “And in addition to the pressure caused by the blood, the brain tissue itself is now swelling.”

A swollen brain cannot be drained of fluid any more than a swollen ankle can. And the skull gives the swollen tissue nowhere to go. But it doesn’t occur to me that we are losing this race.

Dr. Rogers approaches. “I’d like to order an angiogram to make sure there has not been a significant injury to the large blood vessels in Katherine’s chest,” he says. “Maybe that’s what is causing her arrhythmias.” In this type of angiogram, dye is injected into a patient’s aorta, and then a CT reveals where the dye goes, showing the blood flow.

“But those vessels are not the root issue,” Scott counters. “Her heart is likely reacting to the pressure in her brain. That’s fine if you want to squirt her aorta, but while she’s catheterized, let’s do a cerebral angiogram as well—so we may get a sense of the source of her bleed.”

“Oh. Uh, yes, that would make sense,” Dr. Rogers says, adjusting the orders on his clipboard as he walks away.

Scott clenches his jaw.

We leave the trauma room so the procedures can begin.

Dozens of friends, young and old, have heard about Katie and come to the hospital. They now overflow the crisis room and spill into the hallway. I spot Katie’s high school friends from church and her best friend Kati Harkin (yes, Katie’s best friend is also named Kati—sans the *e*). Friends of Sam and Tember are there, and friends of Scott and mine too.

Two people are noticeably absent: Katie’s close friend Whitney, who is away at college, and Katie’s sweet boyfriend, Dan, who is on a remote fishing trip with buddies—out of state and out of cell phone range. He doesn’t yet know about the accident. He will get back to civilization on Wednesday, but we have no way to contact him before then.

The crowd clogs the hallway, making it tricky for the hospital staff

to get by. A nurse moves us to the hospital chapel upstairs, where people can spread out, sit, pray, and talk. A cafeteria worker brings a cart piled high with boxed meals. So thoughtful. I'm too nauseated to eat, but I am grateful the staff thought of this, and I feel like a bad hostess because it's past dinnertime and I never thought to order food.

"Dive in, you guys," I say. "It's way past dinner. You must be hungry." But no one moves.



Matt calls with an update.

"We went to Starbucks and found Bethany," he says. "We took her outside and broke the news to her. Mom, it was awful. She burst into tears and began pacing the sidewalk. We told her boss what was going on and then drove Bethany to her apartment so she can pack. We called Adam, and he's on his way over to be with her. We're home packing. Andrea is online looking for flights. Should we buy Adam a ticket too?"

"Can he get off work? Is he willing to come?"

"Yes."

"Then yes. Buy him a ticket. It will help Bethany to have him here."

"Will do. Next available flight is a red-eye."

"Nothing else? Did you try other airports?"

"Andrea's tried everywhere. Ontario, Long Beach, John Wayne, Burbank—everything is sold out. Should we book the red-eye, or would you rather we take the first flight out in the morning?"

"No. Take the red-eye. I'll pick you up in the morning."

"Got it."

"Thank you so much for handling this, Matt. Tell Andrea thank you. I love you—"

"How's my sister?"

"No change." Silence. I hear him swallow.

"How's Dad?"

"He's now running Katie's trauma. It's a mess, Matt. But you would be so proud of Dad."

"Our dad's a stud."

“Indeed.”

“I love you, Mama.”

“I love you.”



The crowd in the chapel is huddled in clusters, weeping, praying, talking. Our senior pastor, Bill, has asked Chris Hurta, one of our church’s most compassionate, skilled pastors, to come to the hospital and see this thing through with us. Chris’s gentle, solid presence is just what we need. After praying for Katie in the trauma room, he stations himself in the hospital chapel, comforting friends so that Scott and I can remain focused on our own kids.

A little after seven, Chris gathers everyone together in the chapel to pray. Scott is with Katie, so I join our friends and sit down in one of the chapel chairs. I feel a tug at my arm. Tember, my almost-high-school daughter, climbs into my lap and nestles her head against my neck. I wrap my arms around her. I scan the room for Sam and spot him sitting against the wall with Davy, praying. For the next two hours, we lift our requests for Katie, one at a time, aloud to God.

Since the first phone call, it’s been a nonstop adrenaline rush. I now pause and try to collect my thoughts. *Is this happening? Is this real? Surely she will be okay.*

A horrid thought lodges in my mind: *Is this my fault? Is this some sort of karmic payback for the wrongs I’ve done in life?* I have never believed in karma—it is contrary to my understanding of God’s goodness—but in my desperation, I grasp for answers. I meet eyes with my friend Pat, who is sitting across from me. She knows all the worst things about me, my biggest failures.

“Is this me?” I mouth.

“No,” she says, grit in her voice. “You didn’t cause this. Don’t even go there.” Her firm, aggressive response, so contrary to her normally gentle nature, slaps me back. I shove aside this futile line of thinking and close my eyes again.

As others pray, my mind slows and begins to focus on my daughter’s situation: Katie has a broken neck at C1, the worst possible vertebra

you can break—the “Christopher Reeve fracture.” Displaced or not, I’m guessing this will mean some degree of paralysis. Recalling Christopher Reeve’s quality of life after his horse-riding accident—wheelchair bound with a ventilator breathing for him—I try to imagine Katie’s exuberant spirit confined to a paralyzed, helpless body, a metal wheelchair, and a vent.

But these are just physical issues. We can overcome them. What about her mental capacity—her mind? Can she pull out of this coma? Will there be lasting intellectual damage?

I understand more than most the life of someone with a cognitive impairment. My only brother, Greg, who is two years younger than me, has cerebral palsy and an intellectual disability. He lives in a nursing home where he receives twenty-four-hour care. Greg experienced a brain injury at birth, likely from a lack of oxygen. He has never known what it’s like to have a nonimpaired mental capacity. But Katie . . . Katie would know. She’d know the difference.

The urgency I now feel is for my daughter’s mind. Though she is most recognized for her ability with a paintbrush, Katie’s intellect is equally remarkable. I think of her academic success, her love of learning and growing, her meaningful, truthful, challenging conversations.

Images come to mind—television clips I have seen of devoted parents making daily treks to a nursing home where their paralyzed, comatose daughter lies atrophied in a hospital bed. She is unresponsive as they tenderly wash her, feed her, talk to her. I often wondered where such parents find that kind of selfless devotion.

But now I get it. It is not the withered, vacant frame on that hospital bed they are tending to. *It is the daughter they remember*—the girl who, before the accident or illness, filled their home with laughter, wrapped her loving arms around their necks, and danced pirouettes as she headed for work, the girl whose grin lifted their spirits, whose potential was limitless, who gave her love to them freely and with great abandon. This is the girl they now bathe and dress and read aloud to, whose hair they comb, whose contractured hand they stroke.

Sign me up! I pray silently. *If this is Katie’s only shot at life, then let me*

be that parent! Give me the privilege of loving one of my children with that kind of devotion, Lord. Just spare Katie's life!

But how could I wish such an existence upon my daughter? The image of a withered, comatose Katie sickens me. She who embraces life with such gusto, who finds spiritual expression in capturing beauty in all its imperfect forms through her art, who loves Jesus deeply and is secure about her eternity with Him—spending the rest of her life curled up and unresponsive in bed? Never to paint, never to laugh, never to give a hug, or write, or sing? How can I pray for God to ensnare her in such an earthly existence? Why not release her to eternity?

Yet the mother heart in me is too selfish to pray for her release. I cannot let her go.

Instead I pray, plead, beg God, “Spare her life!”

As tears and snot run down my face and I rock my youngest daughter in my arms, I pray aloud: “Father, spare Katie's life, but please, please, please, above all else”—with clarity and urgency, I beg—“please, Father, make her mind whole.”

9

MARCH 1994

“Mommy, how do I become a Christian?” Katie, five, asked out of the blue one morning as I was driving her to preschool. Katie had shown an interest in God from a tender age. As a toddler and preschooler, she loved church, loved singing songs about Jesus, and loved “reading” her *Beginner's Bible* with its colorful cartoon illustrations depicting the stories of Noah, Moses, David, and—her favorites—the stories of Jesus.

How do I explain complex theological concepts in words a five-year-old can grasp? Even trickier, how do I do so in a way that won't manipulate this five-year-old's baseline desire to please her mom? But the spark in Katie's eye and intensity of her gaze told me this was more than a casual question to her. She wanted answers.

I pulled into the church parking lot, turned off the minivan, and took a deep breath. Turning to look in her eyes, I said, “Becoming a

Christian means asking Jesus to forgive you for any wrong things you have done.”

She furrowed her brow, thinking.

“Have you ever done anything wrong?” I asked, not heavily but hopefully, with an undergirding of safety.

Katie looked at me with serious brown eyes and a slight tilt of the head, as if preparing me to be shocked.

“Oh, yes, Mama,” she said gravely, nodding her head and looking down. “Sometimes I disobey. And sometimes . . . I am mean to Bethany and Matt.”

I reached for her hand.

“I’ve done wrong things, too, Katie,” I told her. “We all have. None of us is perfect. We have all done wrong things that deserve consequences. But Jesus is perfect. He’s never done anything wrong, so when He died on the cross, He paid the price to remove the consequences for you and me—for our wrongdoings. And He gladly forgives us for those wrong things when we ask. Becoming a Christian means saying yes to Jesus—not only as your Forgiver but also as the Leader of your life.”

“But how do I *do* that?” she asked—hoping, I suppose, for step-by-step instructions.

“Well, you can pray to Him and tell Him whatever it is you want to say, honey,” I said. “If you want Him to forgive you for disobeying and for being mean sometimes—and for any wrong thing you’ve done—just ask Him to forgive you. And if you want to follow Him as your leader and live your life as He taught us to live, just tell Him so. Ask for His forgiveness. Ask Him to lead you. And He will.”

“That’s what I want to do,” she said, resolution in her young voice.

We bowed our heads, but I peeked. She folded her hands and squeezed her eyes shut with such earnestness, her dark lashes crinkled. And she prayed.

“Jesus, please forgive me for all the wrong things I’ve done,” she said. “Sometimes I am mean to my sister and brother, and sometimes I disobey. I’m sorry.”

Then she asked Jesus to lead her for the rest of her life.

And He did.

10

9:00 P.M., SATURDAY, MAY 31

Scott steps into the crowded chapel and motions to me from the doorway. Tember climbs off my lap so I can get to him.

“Dr. Yun wants to talk to us,” he says. “He has the results of Katie’s dye study.”

Perhaps, finally, we will hear some positive or, at least, productive news. I gather Sam and Tember, and we follow Scott to a bank of chairs against the far lobby wall. Dr. Yun, carrying a clipboard, stands nearby. Sam sits down and Tember perches on the arm of his chair, her legs draping over his lap; Scott and I stand next to the doctor. Our friends gather near the chapel door and grow quiet. They are too far away to hear our conversation, but all eyes are on us.

“Dr. and Mrs. Vaudrey, we have completed the dye study on Katherine. She took the procedure well and is stable,” Dr. Yun says. “We ran dye through her carotid artery and down into her heart; then we scanned her. The study reflects only minor damage—just some bruising that could heal nicely in a few days.”

He clears his throat. “However, we also ran the dye upstream into Katherine’s brain in an attempt to determine the location of her bleed. The scan reveals that because of her extremely high intracranial pressure, none of the dye was able to flow into Katherine’s brain.”

He glances down at his watch. “It is now after nine o’clock, and Katherine’s accident was around three. Because of the size of her bleed and the resulting pressure inside her skull, it is evident that no blood flow has been able to enter her brain since that time. This means her brain has been without oxygen for more than six hours.” He pauses before continuing.

“Dr. and Mrs. Vaudrey, I am very sorry, but your daughter has experienced a brain death.”



Dr. Yun’s words reverberate inside me like an earthquake. *What? No! We are still in this fight! The race to save her isn’t over!* Despite the fact that

twice today I sensed that Katie was gone—once when the nurse called our house and again when I first saw Katie in the trauma room—I honestly still believe we can bring her back, that somehow she will pull through.

A hushed fog envelops me, and Dr. Yun’s words drift quietly into the background. A brilliant scene—a vision?—flashes before my eyes in high-def detail:

From a skyward vantage point, I see Katie’s gold Ford Taurus cruising toward work along Illinois Route 68, the scenic stretch of country road canopied by towering oaks between our house and Bandito Barney’s. Through the rear window of her Taurus, I can see Katie slumped over the wheel, unconscious as a car approaches in the oncoming lane. Just before the two cars pass, Katie’s lifeless body rolls sharply to the left, turning the steering wheel—and her car—into the path of the approaching vehicle.

But right before impact, a brilliant-white, lightning-fast ethereal being—Jesus?—swoops down and scoops her up into His arms. The two cars collide in a violent impact, but Katie is already safely soaring through the trees, a look of utter delight on her face, her hands lifted high, as if she’s on the roller coaster ride of her life. Cradled in His arms, she sails toward the heavens, through the trees, until their images blend into the wispy white clouds, beyond the blue sky, and out of sight.

All of this flashes before my mind’s eye in a microsecond, and it makes no sense whatsoever. Why would Katie be unconscious *before* the impact when it was the crash that broke her neck, cracked her skull, and caused the massive bleed in her brain?

Nonetheless, this is the illogical scene that plays before my eyes like a Technicolor movie.

I shove the vision aside and snap from my fog. My thoughts turn quickly to Tember, my youngest, sitting across from me on Sam’s lap. She is only fourteen. Does she understand that “your daughter has experienced a brain death” translates to “your sister is dead”?

In that instant, before my eyes can even turn to meet hers, a long, guttural wail fills my ears and sends chills down my spine—an involuntary cry of agony from Tember’s pierced soul. *She understands.*

Our youngest daughter puts her hands to her face and lurches forward. Sam catches her in his arms and holds her tight as he, too, erupts in tears. He helps her to her feet, and Scott and I wrap our arms around them both, huddling together, clinging to one another as the reality of the doctor's words crashes down upon our shoulders, wave upon incomprehensible wave.

Our friends stand motionless, watching.

Dr. Yun waits. In gentle professionalism, he gives us several moments for the initial waves of shock to subside. At last, in carefully stated words, he speaks again: "I can't begin to imagine how hard this must be, and I am deeply sorry for your loss. However, I must ask you a difficult question. Your daughter signed the organ donor line on her driver's license, and she is an excellent candidate for donation. Would this be something you would consider for her?"

Give away Katie's organs? But I have barely swallowed the reality that she is gone! The sharp juxtaposition of my gutted emotions against Dr. Yun's pragmatic question feels surreal—like an out-of-body experience. But his gentle question forces me to reengage the rational side of my brain. Strangely, as if tapping into someone else's levelheaded mind, I find I can think.

What are our options, really? For six hours, her brain has been devoid of oxygen. It's no longer telling her to breathe. And it keeps forgetting to tell her heart to beat. Three times already, Katie has coded, her heart shocked back to a sustainable rhythm with electric paddles. Even the most basic of human brain functions is not happening for our girl. It is clear that Katie will never awaken from her coma and that her brain is so severely impaired, even her physical survival is not a long-term possibility.

I recall my prayer in the chapel just moments ago. Even though I want to be one of those parents who makes treks to a nursing home where my comatose child lies, I am not being offered this privilege. Katie is trying to die. Her mind is already gone, and her body wants to follow.

We're a medical family. We have all signed the organ donor lines on our driver's licenses. We are all strong believers in organ donation—in theory. After all, what's the point of burying or cremating a body with

perfectly good organs that could give someone else life? But now this philosophical issue has become personal. It is staring Scott and me in the face, tapping its watch and demanding a prompt decision.

We have no better option for our daughter. The decision is easy. We will do as she wished.

“Absolutely we would allow it,” Scott responds. “Absolutely. We know how important it is, and Katie would want it. We will donate her organs.”

“She was all about life,” I add, the past tense “was” sticking in my throat. “She would want to help others live if she cannot live herself.”

Sam and Tember nod their agreement. We are of one mind.

“I am so grateful,” Dr. Yun says. “It’s no small thing to give the gift of life to others in the midst of your own loss.”

“The decision is effortless,” Scott says. He is right.

“Very well. I will have the transplant coordinator come meet with you and explain how the process works,” Dr. Yun says. “And there are some papers to sign. Meanwhile, we will move Katherine up to the surgical ICU and begin preparing her for transplant surgery. Once she is settled in, you can go see her.”

Scott nods. Dr. Yun leaves and motions for a woman standing nearby to approach. She is the organ transplant coordinator.

“Thank you so much for agreeing to let Katherine be a donor,” she says. This is such a reflexive and right decision that her expression of gratitude feels out of place. Plus Katie is nineteen and signed the donor line on her license. I’m guessing asking our permission is just a polite kindness and not an actual necessity.

“After Katherine is settled in a surgical ICU room upstairs,” she continues, “we will draw her blood so we can do a crossmatch and determine her compatibility with possible recipients. Organ donation is a two-part procedure: Once matches are found, someone from the donor registry will begin contacting those individuals who are a good match with Katherine so they can prepare for surgery on their ends. The entire process of matching donors and recipients takes about twenty-four hours, so Katherine’s surgery will likely be late tomorrow night.”

It's a barrage of information. Scott signs the consent form for the crossmatching of Katie's blood.

Everything is happening too quickly, but there is no slowing down. We have just learned that Katie is brain-dead—and now we are being swept along this rushing river toward Katie donating her organs and her heart beating its last.

We have about twenty-four hours to say goodbye to our girl.

11

"WE NEED TO LET EVERYONE KNOW," I say, nodding toward our friends, who are still watching in silence. Scott walks over to them. From his med school training and ER experience, he knows that once people hear, "Your loved one is dead," they will hear nothing else you say, so it's essential to get all the pertinent information out first.

Our friends gather around as he approaches. No one speaks. Scott's back is facing us and I can't hear his words, but I know instantly the moment he reaches the part of our horrid story that says, ". . . and so Katie is brain-dead."

A reflexive, tribal-like wail of grief rolls from the mouths of our friends and echoes off the marble walls of the lobby. "Nooo!" two of Katie's girlfriends cry out.

I tighten my arms around Sam and Tember. Everyone is in tears. They begin to embrace one another. Undoubtedly, many of the adults are crying for our loss, but the teenagers have lost one of their own. Katie and her friends have loved one another deeply and well. They have lived their lives together throughout junior high, high school, and into college. Looking at their beautiful, tearstained faces, I am sickened by their loss.

Scott explains briefly that we are following Katie's wish to be an organ donor. Then he rejoins Sam, Tember, and me. "We need to tell the older kids."

"I want them to hear this news from me, face-to-face, when they land," I say. "I don't want them to find out their sister is brain-dead over

the phone. And I can't bear the thought of them sitting on that plane all night, carrying this grief alone."

"This kind of news travels quickly," Sam says. "Someone is bound to text them." *He's right.* I turn quickly toward the crowd in hopes of halting any well-intended messages. Scott catches my arm.

"We should release them to go home now, too," he says. "I feel bad—they've been here for so many hours. They must be exhausted."

Katie's friends don't look anywhere near ready to leave. My guess is they'll want to see Katie one last time to say goodbye. But in their current emotional state, I fear they might become overwhelmed—and I have no reserve to comfort them. I am bone-dry.

I swallow. "Let's offer them a chance to say their goodbyes."

The weeping grows quiet as I approach. Katie's girlfriends stand huddled together near the front of the crowd—Ester, Darla, Melissa, Caitlin, Marie, Kati Harkin. And then I spot Casey, the remarkable young woman who has mentored Katie and her friends for these past four years. She stands behind the girls, arms around them like the wings of a mother hen. I exhale. *It will be all right. Casey is here.*

"Hey, everyone." I say. "Thank you so much, guys, for being with our family through this mess. We are heartbroken. And we are deeply grateful for you. Katie is being tucked in upstairs in the ICU so they can get her ready for her organ donation surgery tomorrow night. Tomorrow will be just for our family"—I am making this up as I go—"but once Katie is settled in, we invite you to say your goodbyes to her tonight. Or if you'd rather remember Katie as she was the last time you saw her, we understand that too. Whatever works best for you—that's what we want."

"One more thing," I continue. "Matt, Andrea, Bethany, and her boyfriend, Adam, are catching a red-eye from LA. They don't yet know that Katie has been pronounced brain-dead. I want them to hear this news from me in person, not by accident via a text from a friend. Can you guys please, please help that not happen? Don't text about this until after they land at five tomorrow morning, okay?" They nod solemnly.

I scan my eyes over these people. They've been here for hours. They are weary, disheveled, with pale faces and reddened eyes. I'm flooded

with gratitude for each one—and for God, who wired into human beings the innate desire to be known deeply, to love one another well, and to live in community together. *This is what it looks like when people live as He intends. In the midst of unspeakable pain—such selflessness, such generosity of spirit, such utter beauty.*

My friend Gail approaches and wraps me in her arms. My shoulders relax and I let her hold me. For a brief moment, I give myself permission to receive—to not “be on” for my heartbroken younger children but simply to be a mama who has just lost her daughter.

“I prayed God would make her mind whole,” I tell Gail. I think about the vision—and the look of utter joy on Katie’s face as she soared toward eternity in Jesus’ arms. “He answered that prayer.”



During the next hour, Katie is transferred to an ICU room. Scott’s role as his daughter’s ER physician is finally over. He stands talking with our friends, numb with shock but grateful for their presence. Sam, Tember, and Katie’s friends stand in clusters, holding one another, talking. Several kids from this morning’s drama party are here, along with Deanna and her family—and the leaders from our church’s youth groups. We are not alone in this, and we are not parenting our children alone. We never have been. Community is in full swing.

My mind turns to Matt and Bethany. “The kids likely will call me as soon as they get to the gate at LAX,” I say to Scott. “I will find truthful words to tell them without spelling out the final verdict. Then I’ll try to meet them at the gate at O’Hare tomorrow and tell them the news in person, hopefully before they read about it in a text.”

A little after ten o’clock, my phone rings—Matt. *Give me the right words.* I pick up.

“Mama. We’re at the gate,” Matt says. “The plane leaves in an hour. Andrea and Adam are here with me. Bethany is walking around somewhere. I think she’s in search of a Starbucks. How’s Katie?” he asks.

I swallow. “She’s stable, but she’s in a coma, and it’s looking very grave.” Three truthful statements.

Silence. He snuffles.

“I love you, Matt.”

“Love you, Mama.”

“I will be there when you land.”



Ten minutes later, my cell phone rings again. Bethany this time. It's the first time I've talked with her since all of this began.

“Hi, Mom,” she says. Her nose sounds stuffy. Like Matt, she has been crying.

“Hi, beautiful.”

An elongated pause hovers in the air. No words seem to fit.

“Bethany, how are you doing?”

“I'm all right,” she says, exhaling. “Thanks for flying Adam out too, Mom. That helps a lot. We are all hanging together and doing all right. Andrea's been great about taking care of details. Mom, how's Katie?”

I swallow again and repeat my three truthful statements. Before she can ask any questions, I change the subject. “Did you get packed all right?”

“Eventually,” she says. “Matt and Andrea dropped me off at my apartment so they could go home and pack. But my roommates were gone, so I was all alone. I was so rattled, I couldn't think. But I read somewhere that people in comas can sometimes be reached by stimulating their senses, so I put together a basket for my sister—scented oils, a mix tape she made me of her favorite songs, stuff I'll bring her at the hospital.” *Ugh.*

“Then I tried to pack, but I couldn't concentrate. Randomly, this girl who was my freshman RA stopped by and found me standing there, crying, with only pens and underwear in my suitcase. I couldn't think of anything else to pack but pens and underwear!” We laugh.

The RA stayed with Bethany until Adam arrived. Adam packed her suitcase, tucking in a black dress and shoes, unnoticed—just in case.

“I'll pick you guys up at the airport in the morning and take you straight to the hospital,” I tell Bethany. “Try to sleep on the plane, if you can.”

“Yeah, right!” she says. We both laugh. My energetic daughter has

not slept on a plane or in a car since she was about two years old. Too much life happening around her—and too much going on in her mind.

“I’ll try,” she promises.

“See you in a few hours, Bethany. I love you.”

“I love you, too, Mom. Tell Dad I love him. And the little kids.” In our family, the “little kids” are Sam and Tember. She doesn’t mention Katie. Does she know? Perhaps at some unconscious level, we all know.

12

THE CROWD IN THE CHAPEL BEGINS TO THIN. Gail’s husband, Bill, offers to take me to the airport in the morning to get the kids. He’ll pick me up at four o’clock while Scott stays here with the younger kids and Katie.

Soon it’s just Katie’s friends and a few of my girlfriends—Leanne, Gail, and Susan. Leanne’s husband, Jimmy—the one who slipped our pastor a note during the church service—spent the past several hours here unnoticed, pacing the halls downstairs, deep in prayer for us. Just last night, their daughter Ester and Katie were catching up over coffee, recapping their freshman experiences and plotting a beautiful summer together. Now Katie is gone. I don’t know what time Jimmy finally left the hospital, but it was late. And I know his prayers will continue on our behalf. These are just a few snapshots of people we will never forget.

Once Katie is settled into her ICU room, Scott, Sam, Tember, and I go in. Though our girl looks the same as she did downstairs—wires, monitors, the breathing tube, her tongue resting on her lower lip, her eyes at half-mast, the cotton turban, the neck collar—she seems more gravely ill here, and more absent. But her physical beauty is unchanged. Her graceful arms and hands lie at her side. She looks like a vacant angel.

The organ donation lady enters. “Everything is moving ahead nicely for Katherine’s donation,” she says. “Her surgery will be sometime around midnight tomorrow. Dr. Vaudrey, can I have some time with you to go over the paperwork and get some signatures?”

An ICU nurse adds, “We’ve set aside two adjoining rooms where

your family can spend the night. I'll take you there." I haven't even thought about sleeping plans. The kids are exhausted in every way. I hug each one, and they kiss Katie goodnight. I will stay here while Katie's friends say their goodbyes.

"Come wake us up as soon as the big kids get here in the morning," Tember says. "Don't let them go see Katie without us! Promise!"

"I promise," I tell her.

They follow the organ donation lady, Scott, and the nurse to those rooms, and I return to Katie's friends and my girlfriends in the waiting room.

"Katie is all tucked in," I say. "You guys can begin your goodbyes now, if you'd like."

For the next three hours, Gail, Leanne, Susan, and I keep vigil in the ICU lobby as Katie's friends make their goodbye treks. The group of junior high girls Katie mentored when she was in high school are here, along with Sarah and Hannah—the high school seniors to whom Katie entrusted her girls when she left for college. Katie's girlfriends sit on the carpet, talking, crying, and telling stories, along with Casey, who has her shepherding eye on the whole group. How Katie adored this young woman who poured herself into these girls, modeling adulthood, marriage, and motherhood so beautifully. *This is a memory of Casey I will never forget.*

In groups of two or three, the girls disappear into Katie's room to say farewell to their friend. For many, this is their first brush with death. *What are they saying to Katie as she lies there hovering between this world and the next? What prayers is heaven receiving from their young hearts? Father, comfort them. May these moments mark the trajectory of their lives in a way that leads to healing and depth and life.*

They exit her room, eyes red, but to a person, everyone leaves with an aura of peace.

Casey and Melissa are the last to say goodbye to my daughter. They stay in Katie's room quite awhile. Afterward Casey hugs me and says, "Melissa and I were both struck by the sense of . . . holiness we sensed in that room. There's no other way to describe it. We could feel God's presence. We knew we were not in there alone."



2:30 A.M., SUNDAY, JUNE 1

When the last of Katie's friends and mine have said their goodbyes and headed for home, I find myself alone in the lobby. The hallway lights are dimmed for nighttime, and a solitary nurse sits at her station, filling out charts. I walk to my daughter's room—the last room on the left—and push back the blue curtain doorway.

There she lies. All is quiet, save for the beeping of monitors and the rhythmic whoosh of the breathing machine. I lift her right hand and place it in mine, just as I often did nineteen years ago, when she was a sleeping newborn. *Is this real? Or is it a parent's worst nightmare?* It is both. Less than twelve hours ago, this very girl raced through the kitchen and bounded out the door to head to work, full of life and joy—a sparkling future before her. Now she hovers between death and *death*, her only movement the rhythmic rising and falling of her chest as a machine forces air in and out of her lungs. How could this be? How can this be?

We have become one of “those” families—whose living room wall will someday boast up-to-date pictures of their grown children and grandchildren, but with a photo of one child frozen in time. I remember seeing such a picture years ago at a friend's parents' house: Their handsome son—my friend's brother, dead for fifteen years—wore a 1970s letterman's jacket, a mullet haircut, wide collars on his silk shirt, and a puka-shell necklace. Surrounding his stale senior portrait were recent photos of his younger siblings—now years older than he would ever become—with their spouses beside them and kids on their laps. This will be our family someday, with Katie's senior portrait increasingly outdated among the current pictures of Matt, Bethany, Sam, and Tember. No college graduation portrait for her. No wedding photo, no husband, no children on her lap. The unthinkable has happened. My child has died.

I lift Katie's hand and kiss it. *Oh, the artistic skill that has oozed its way through these delicate fingers onto canvas or paper with paintbrush or charcoal or pen.* I stroke her cheek. Her skin is smooth, warm. I notice that the breathing tube is pinching her lower lip, and I step to the other

side of the bed to adjust it. As I do so, I spot something tucked into Katie's left hand—a key chain made of plastic lettered beads that read “Lil Sis”—and I recognize it immediately as the counterpart to the “Big Sis” key chain Tember gave Katie for Christmas a couple of years ago. Tember must have slipped it into her big sister's hand when she said good night. After Scott and I left the house this afternoon, she must have found her half of the key chain set and brought it to Katie. I love the purposeful boldness of this youngest child of mine.

I push Katie's tongue back into her mouth yet again, wet my thumb, and rub the iodine stains from her forehead using the universal spit-wash method protested by children everywhere—the one moms use anyway to rub peanut butter smudges or ice cream drips from their kids' faces. My daughter does not protest.

Katie's lips look uncomfortably dry. I pull a lip gloss from my pocket—the C.O. Bigelow mint-flavored gloss she talked me into buying for myself over Christmas vacation—and coat her parched lips. Her unblinking eyes are now moist with some type of ointment, likely intended to keep her corneas lubricated for transplant. The ointment makes her eyes look more comfortable. She is no longer able to experience discomfort, I realize, but I feel better knowing my daughter's eyes and lips are moist.

A sacred aura fills the room. Despite the chaos and sheer horror of this day, I feel none of that now. The tranquility and peace here defy logic. *I am not alone. Perhaps this is the presence and holiness Casey described.*

Katie rests peacefully in her bed, machines breathing rhythmically for her. There is nothing for me to do. I know that I need sleep and that the night-shift nurse will keep her ear tuned to Katie's monitors, but it's hard to leave my daughter's side. *Her body is just a shell at this point,* I tell myself. *Katie is already home.*

Tomorrow is my last day with this daughter of mine, and then I'll have no more days after that. I want to spend the next twenty-four hours carefully. I don't want to look back and think, *If only* . . . I am terrified of regrets. But what difference can I make, really? What can I do for her as these hours tick by? What else but sit here?

Life is so filled with doing. Tomorrow will be about being. I simply will be with my daughter. I will sit by her side. I will hold her hand. I will spend every minute just being near her.

“Goodnight, Katiebug.” I kiss her hand, her forehead, each eyelid, her lips. I turn, and with automated steps, walk out of the room.



part two

payne's grey

[peynz grey] / a very dark grey
with a strong blue undertone

*The almost pitch-black leaves us groping along the walls,
but a drop of white added to the mix has created just enough light
for us to navigate one more step, and then another.*