Not many people can claim to be living organ donors—about 6,500 each year—but it’s even more rare to give twice. Indeed, fewer than 100 donors have provided both a kidney and part of their liver, according to the United Network for Organ Sharing, the nonprofit organization managing the U.S. organ transplant system. One such person is Rochester, NY Branch 210 member Michael Ashley.

In 2002, Ashley donated a kidney to his adoptive father, and in 2021 he donated a section of his liver to an anonymous stranger after he wasn’t a match for his brother-in-law.

Ashley’s adoptive father was diabetic. “With diabetes, kidney failure is often a prolonged result, and so he was on dialysis,” he said. None of his father’s biological family was a match.

At the time, Ashley was on active duty in the Army and moving from Germany, where he was stationed, to Fort Lewis in Washington state. He had a bit of time off to make the transition back to the United States, so he headed to New York to visit family before having to report for duty on base.

“I was back at home in the Rochester area, and that afforded us the perfect time for me to get tested,” he said, which included a multitude of tests, starting with an ultrasound and then an MRI. “They thought the chances were kind of slim because we weren’t biologically related. It actually worked out.”

After speaking with his wife and completing the move to the new military base, he petitioned the Army for permission to donate, which was granted, and he returned to Rochester for the procedure.

“My dad was just a great man,” Ashley said. “He had given me a great life, and I wanted to return it in kind as best I could.”

He wasn’t nervous. “Personally, I’ve had a lot of experience with surgery—I had a car accident with a ruptured spleen, I’d had a surgery when I was a little kid, I’ve had a knee surgery in high school,” he said. “I didn’t have a big aversion to hospitals, or needles, or doctors in general—in fact, I had a lot of confidence in what they could do. It really wasn’t a consideration.”

When the ruptured spleen had healed, it left some adhesion to the kidney. “It was a little bit more complicated than they were normally used to, but it went off without a hitch,” the carrier said.

After three days in the hospital, he returned home and he hasn’t had any further effects from the procedure in the past two decades. “I feel normal, and I don’t really take precautions,” he said. “Probably a doctor would say, ‘Make sure you’re staying on top of things’ and all that, but it really isn’t a concern, and it wasn’t a concern to the doctors 20 years hence.”

Ashley, who became a letter carrier in 2006 following eight years in the Army, found out in 2021 that his brother-in-law needed a new liver due to liver cancer.

He turned to his wife. “We already knew the ins and outs,” Ashley said. “We discussed it and came to the conclusion that I would try. We found out fairly readily that I wasn’t even a blood type match for him.”

Ashley says he wasn’t familiar with altruistic donation prior to this. “I thought it’s something that’s solicited, that they put out a call to friends and family, or to people that know the
person,” he said, “but I had heard that he might potentially be getting a liver donation just out of the blue from someone he didn’t know, just by virtue of being on the list.”

Unfortunately, a liver donation didn’t ultimately work out for Ashley’s brother-in-law, as he wasn’t able to suspend chemotherapy treatments for his cancer, which had metastasized, long enough to get surgical treatment. Because of his worsening health condition, he no longer was a viable candidate for organ donation. However, learning about altruistic donation planted a seed in the carrier’s mind.

“After already having come to the conclusion that it was something I was willing to do for my brother-in-law, I was like, well, it’s not a far stretch to just go one step further and just do it,” Ashley said. “The person’s name isn’t a concern, it’s all about what they need from you.”

The one thing that gave him pause was his children, who had been born since he last donated an organ. “Once you’ve done this, you can’t do it again,” he explained of liver donation. “Sometimes people are a little hesitant to go forward with it, with the idea that they don’t have it banked for possible future needs, but they also have a cutoff.”

Because he’s 50 now and the age cutoff for liver donation is 60, as the liver doesn’t grow back as well the older one gets, he figured he would age out of the donating opportunity regardless within the next decade. “It made the decision for me personally just a little bit easier in that regard,” he said.

He soon contacted the transplant clinic at the University of Rochester. “It took a little bit of doing, because most of the online application required you to submit a name for the person that you were looking to donate for, to tie you into a case file that they already had,” he said, adding that while initiating the application, “I was a little afraid that I would just be disqualified from having already done a kidney—that they were going to say, ‘We can’t put that much stress on your system,’ but they said it’s not in and of itself an exclusionary thing.”

He completed a phone interview to provide medical history, and then the clinic initiated the screening process. “I just went through a battery of tests, the blood lab work, and then some ultrasounds, X-rays, CT scans and all that, and it was exhaustive,” Ashley said, adding that it included a psychological evaluation and verification that he had a personal support system and an understanding employer.

“Once I actually got the thumbs up from the screening process, it was just a matter of weeks before they had a match for it,” he said.

Ashley said it was incredible to be part of the donation. “They called me first to just verify that I would be available for the surgery and the transplants, so I actually got the call before the recipient did,” he said. “But they told me, ‘Right after this, we’re calling the recipient and telling them.’ And it was a feeling you really can’t describe—to know that in a few minutes that they were going to get that random phone call to tell them that this was happening.”

There are two lobes to the liver. For Ashley’s donation, about 66 percent of one lobe was donated, and the remaining portion was expected to regenerate to about 85 percent of its original size. Following the procedure in November 2021, which went smoothly, Ashley has an 8-inch scar along his sternum. “For all intents and purposes, it was painless,” he said. “I never had to take anything stronger than Tylenol during the four days I was in the hospital.”

Ashley had extensive follow-ups to monitor the regeneration, including lab work every week for the first few months, and he now has periodic MRIs and CT scans.

He didn’t know whom he was donating to, as the process went through a transplant coordinator.

After a certain period, “when the recipient is looking pretty stabilized and I’m doing fine, then they ask us if we’re open to an exchange of information,” he said, adding that the woman who received his liver donation called him a few months later. “It was nice to know that she was doing OK and on the rebound.”

The carrier used sick leave and administrative leave for organ donation granted by USPS and was appreciative of the support he subsequently received, noting that the donation couldn’t have happened otherwise. “Minus a couple of lifting restrictions and things like that, I was back to work within 60 days,” he said.

Upon his return in early 2022, he was honored at his station with a plaque and a breakfast. Branch 210 Vice President Monique Mate says that the recognition is well deserved. “Mike is one of the best guys you would ever come across,” she said. “I can personally say he is the most selfless person there is. I have never heard him complain, ever, and never heard a bad word about him.”

Though the attention has been awkward for him, the carrier is grate-
Two-time organ donor (continued)

ful for the spotlight it brings to organ donation, particularly altruistic donation, and he encourages anyone to look into the process. “There wasn’t a big requirement of me other than just the simple act of pursuing it. There was not a financial component for me,” he said.

“The donation was something I was perfectly willing to do, and heck, I might have done it even sooner if I had been aware of it,” he added. “So I love the attention that it gets, because if just one person reads an article and says, ‘Wow, I didn’t know your liver regenerated,’ and that you could just toss it up in the air for someone to claim, and that it’s possible that there might be someone out there that would do it, it would certainly make everything worth it.”

He is in awe of the concept of a transplant donation chain. “Maybe the recipient that got my liver [had] someone that she knew that hadn’t matched with her and was disappointed by that, just as I was with my brother-in-law,” he said. “And then they say, ‘Well, look at what just happened. She got it from a stranger. Maybe now even though I can’t be her match, I can be that stranger for the next person.’ And so they donate, and so it kind of takes all these unmatchable people and it finds matches for them.”

He added: “A lot of people do have someone in their life that would gladly do it for them if they only could, if they were only A blood type instead of B blood type. But somewhere out there, there is an A blood type that needs one, too. And so, if you were willing to do it for your cousin, for your parent, it’s something to consider to do for someone else’s cousin or parent—and then the ball just keeps rolling.”

There are currently 104,234 people on the national transplant waiting list, according to the federal Health Resources and Services Administration. While organ donation is not for everyone, Ashley notes, the process is “very controlled, and you’re protected. They walk you through it, and if it’s not feasible, they don’t pursue it. There was zero pressure.”

Technological advances also have helped mitigate complications. “In the 21st century, I would say [there is] a fairly minimal risk, especially with the extensive screening,” the carrier said. “The surgeon was talking about 3D models. They literally scan your liver and the vascular connections, and then he gets it on the computer with AI [artificial intelligence], and he can rotate at 360 degrees. So he’s already seen my liver before he’s even cut me open.”

Nearly two years on from his second organ donation, Ashley is back to feeling 100 percent and experiencing no adverse effects, and he says he feels fortunate to have been able to go through such a positive and life-changing experience twice.

“I’m a man. I can’t give birth,” he said, “and so it was one of the greater gifts that I felt you could give someone. It just was an incredible experience from my end. And that’s why I enjoy talking about it so much—because from start to finish, there were just so few drawbacks to it.” And because, as noted, he hopes his story might motivate others to look into participating.

Join the NALC Veterans Group

The NALC Veterans Group is designed to provide NALC members—both active and retired letter carriers—who are also military veterans the ability to connect with fellow NALC veterans and stay informed on issues of importance to letter carrier veterans. It is free to join.

Members receive a pin as a symbol of gratitude for your military service and membership in NALC.

If you are interested in joining the group, complete the sign-up card at right and mail it to the address included. A fillable version is also available at nalc.org/veterans.