



## Maria De Gortari

*2014 BLF Recipient*



In 1976, I lived in Mexico City and studied philosophy at the University of Mexico. Petróleos Mexicanos (PEMEX), the state-owned oil and gas company, desperately needed translators, a job I thought sounded interesting. Initially, I translated a drilling manual. Subsequently, my translation work included technical proposals and offers from a multitude of international companies offering solutions to plug the Ixtoc blowout. I continued working for PEMEX, translating many types of technical documents under close supervision of engineers and writers. The work always fascinated me!

In 1984, my husband was assigned to a job in Paris, where we moved with our three children. I continued my studies of the French language at L'Alliance Française for two years. Upon receipt of a work assignment in Houston, my husband, our children, and I moved to the Bayou City. Several years later, he and I divorced, and I raised my kids as a single mom. To support myself and the children, I began working for the Salvo Group Consultants, who assigned me onsite as a technical translator at Fluor Daniel, Brown & Root, and Aker Kvaerner (now Aker Solutions). Documents I translated for these companies kept me involved in the Cantarell and Ku-Maloob Zaap projects until 2002.

In 2003, Technip USA, Inc. (TPUSA) hired me as a Tendering Coordinator in its Houston-based Offshore Business Unit. There, I assisted with translation of commercial tenders, contracts, and similar documents for the company's commercial efforts in Mexico and Latin America. Eventually, I received my title of Technical Translator. My kids were growing up, we were involved in various activities in Houston, and our family life was very pleasant.

By the end of November, 2008, I began feeling overwhelming fatigue, so much so, it was difficult for me to walk from my office to my car. After developing a high fever, I saw my physician, who sent me immediately to the ER. There, I was found to be depleted of blood and required a transfusion. After a couple of days and a spinal tap, I was diagnosed with Acute Myeloid Leukemia (AML), a cancer of the bone marrow and blood that progresses very quickly if untreated. AML primarily affects cells that aren't fully developed, preventing them from carrying oxygen to vital organs, fighting infections, and clotting blood. I learned that if I had not sought help in the ER then, I could have died.

Shortly before Christmas that year, I began the first of many rounds of aggressive chemotherapy at MD Anderson Cancer Center. I spent nearly 2 months in isolation, and the cancer went into remission. After many health problems, innumerable blood and platelet transfusions, fighting serious infections, etc., I recovered sufficiently to return home. After a period of 270 days rest and recuperation at home, I was able in November, 2009 to return to full-time employment as a Technical Translator for Technip.



## Bright Light Foundation

Three years ago this month, I was diagnosed with a relapse of the AML. Initially I received 2 cycles of an even more powerful chemotherapy cocktail consisting of three drugs. When this drug therapy was judged by my MD Anderson care team to be ineffective for stopping the progress of the AML, I was urged to consider a bone marrow transplant. My care team told me that with a bone marrow transplant, I had a 22% chance of survival for 5 years. Without it, I had a 5% chance of survival.

I registered with the national bone marrow donor database, and members of my immediate family underwent testing to determine their compatibility with my bone marrow type. Typically, the higher the percentage of match between donor and host, the better the patient's chances of surviving both the transplant surgery *and* the risk of rejection. In my case, the best match available was a 50% match with the bone marrow of my oldest child, Mariana, who became the bone marrow donor. On January 13, 2012, I underwent a bone marrow transplant.

Predictably, I had multiple post-transplant complications, including rejection by my body of Mariana's bone marrow. I also suffered significant BK virus hemorrhagic cystitis, which required multiple inpatient admissions at MD Anderson. While an inpatient, I experienced the complication of an atonic colon, which required me to be fed through a tube. But, with the committed care of my team at MD Anderson, and the support of my family, friends, and coworkers, ultimately I recovered sufficiently to be discharged to rehabilitation. Unfortunately, I suffered a seizure in late April, 2012, and was readmitted to MD Anderson, where I remained 6 weeks.

In early June, 2012, I began suffering abnormal skin conditions symptomatic of donor tissue rejection. When outpatient treatment failed to stop the effects of rejection, I was readmitted to MD Anderson for inpatient treatment, including multiple transfusions. Eventually, I was discharged and gladly returned home. Unfortunately, it was for a very brief time.

In late July, I again became an inpatient at MD Anderson because of weakness and frequent falls. When no specific cause for this condition could be determined, I began Vitamin B and was transferred to MD Anderson's Rehabilitation Service. I remained there until late August, and did reasonably well. From late August, 2012, through March, 2013, I continued on a treatment regimen that required me to take 10 different drugs daily. Periodically, I required blood transfusions, which were done on an outpatient basis. In early summer, 2013, tests at MD Anderson showed that the bone marrow I received in the transplant had not produced platelets at the anticipated level. Through that summer, I made at least one visit a week to MD Anderson for various tests and usually, a weekly blood transfusion.

Happily, in November, 2012, with my primary physician's knowledge and consent, I began working up to 30 hours a week as a Technical Translator with Technip, working from home. I continued this work until early March, 2013, when Technip terminated me, because in all probability, I would never be able to return to the workplace and to full-time employment.

Life in the last 18 months has been very much like riding a roller coaster while blindfolded. I've had periods of several weeks when I feel pretty good and enjoy visits from friends and my children and grandchildren, and sitting in the sunshine. Then, with little advance warning and for no apparent reason, my body plays me false. I have made numerous trips back to MD Anderson's ER for evaluation and treatment, and occasionally, am readmitted as an inpatient. I strongly suspect this up-and-down rhythm will be the pattern for the future.



After 55 years of living a very healthy and happy life, the onset and diagnosis of cancer changed my life radically. There was a time shortly after the transplant when I had been so sick for so long, I began to believe I could not envision a future living with this illness. I was sick of being sick, tired of fighting, and thought a release from it all might be a relief. That is when I learned how powerful the love of family and friends could be. They simply refused to let me go. Because they valued my life and my participation in their lives, I began to value it again, too.

Today, I do not take a single moment in my life for granted. I am immensely and intensely grateful for a second chance. I appreciate profoundly the love, support, prayers, and laughter of my family, my friends, and my coworkers, who still insist I participate in our quarterly get-togethers. I consider myself a very lucky woman!