

THE HEALING TOUCH

How kidney dialysis came to rural Georgia

By Richard J. Margolis

This story, concerning politics and failed kidneys—and the impact of each on rural America—begins in 1853. That was the year the Scottish chemist Thomas Graham discovered that certain substances passed through a membrane more slowly than others and thus could be separated; starch from salt or sugar, for instance. He called the process “dialysis,” using the Greek word for *to part asunder*.

It took the better part of a century for researchers to find a medical application for Graham’s discovery. What they eventually came up with was hemodialysis, a blood-cleansing procedure used on patients whose kidneys had stopped working.

If one’s kidneys don’t function, one’s blood becomes contaminated with waste products; without medical intervention, the cumulative poisons nearly always prove fatal. Hemodialysis comes to the rescue by periodically pumping out the blood, running it through a membrane that strains out the poisons (just as Graham demonstrated), then returning the purified blood to the patient’s system.

The process is both lengthy and relentless. Most renal patients must submit to the machine three times a week, and each cleansing takes from three to five hours. There are other forms of dialysis available nowadays, but in this country *hemodialysis* remains the therapy of choice for about four-fifths of all patients with kidney failure.

Now for the politics: In 1972, Con-

Dr. Leon Curry and his staff, including head nurse Lillie Johnson, on his left.



PHOTOGRAPHS BY ED C. THOMPSON

gress passed an important amendment to Medicare known as the End Stage Renal Disease Program (ESRD). The measure instantly turned most patients afflicted with kidney failure, regardless of age, into Medicare beneficiaries.

With Medicare guaranteeing the payment of patients' bills, there occurred a remarkable burgeoning of hemodialysis centers from coast to coast. Whereas before passage of the ESRD amendment there had been just a handful, by 1981 nearly 500 were in operation. Today more than 700 renal clinics, some in every state, are keeping 116,000 people alive by means of dialysis.

One astonishing aspect of all this is that a majority of hemodialysis centers, some 400 in all, are in rural areas. Recently I visited two small-town centers in southern Georgia, both founded by Dr. Leon E. Curry, a family practitioner in Metter, where one of the clinics is located. The other is in nearby Statesboro (population 12,000).

Metter lies 200 miles south of Atlanta. It's a farming community of some 3,900 residents, most of them apparent optimists. Their slogan, "Everything's better in Metter," is only one sign of the cheerful civic climate there. Another is the unusual tidiness of the streets and sidewalks, all swept clean of litter; still a third symptom of contentment may be the town's impressive array of front porches with their obligatory rocking chairs. People in Metter seem in no hurry to get up and go.

A soft-spoken man with an ample belly and a touch of southern charisma, Curry came to Metter as a teenager and eventually married his high school sweetheart, Helen Tanner. After a lengthy stint as a student at Emory University in Atlanta and two years as a flight surgeon in Vietnam, Curry returned to Metter for good in 1967. Nearly a quarter-century of doctoring there has enriched his knowledge of the citizenry. As he says, "I may not know all of them by name, but I know who their kin are."

It wasn't always so neighborly. In the beginning, many people were distrustful of the young physician; his practice lagged and he fell deeply into debt. In time, however, Curry earned a reputation as a shrewd diagnostician with an irresistible bedside manner. Several patients I inter-

viewed used the same words to describe their feelings about him: "I'd follow that man anywhere."

Curry has another way of explaining his special role in Metter. "I'm not in business," he says. "What I do is for people. You just have to keep lovin' and fussin' over them."

The Metter clinic each week treats some 40 rural Georgians. Were it not available, many dialysis patients would have to endure the 170-mile roundtrip to Augusta three times a week.

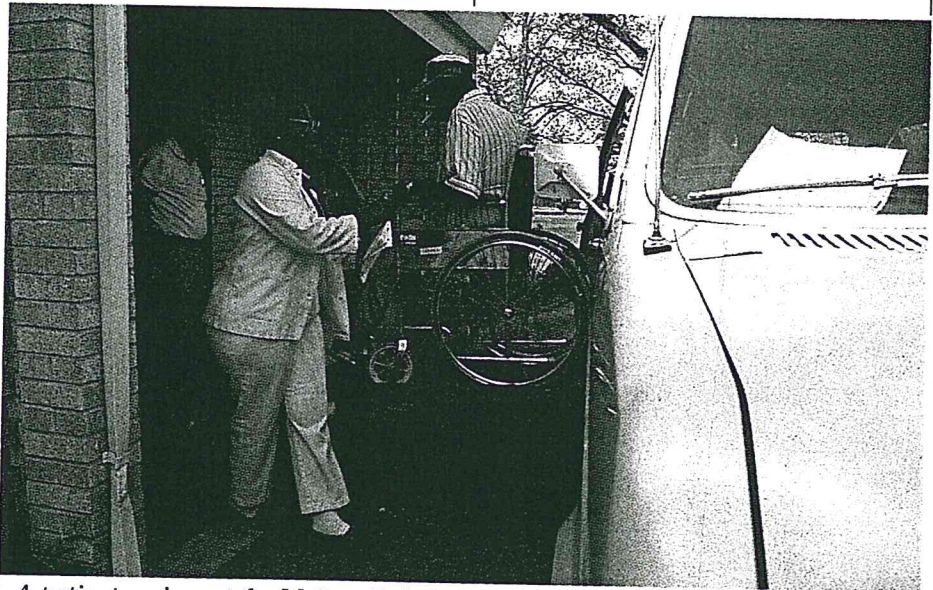
Because the clinic has three times as many patients as it does hemodialysis machines, it must operate on three shifts, the first one starting as early as 6:00 a.m. That means some patients—the ones who live farthest out—must get up at 3:30 in the morning in order to catch the van at 4:30.

er printer in the front office.

"The patients here are very close," Annie Doyle informed me. A practical nurse, she grew up in Metter and has worked at the center for many years. She knows all the patients. "If they have a problem they'll call me," she said. "It doesn't matter how late at night it might be."

I asked her what kind of problems they bring to her. "It could be they're feeling nausea," she said, "or that their blood pressure has shot up. Or maybe they got into a fight with their spouse and they want to talk about that.

"Sometimes," she went on, "a patient gets put in jail for one thing or another, and I have to get him out. And then I get called because a patient has been taken to the hospital and she won't let anyone but me draw blood because she's got bad



A patient arrives at the Metter clinic for hemodialysis therapy.

When I visited the center early one morning, many of the patients were asleep in their leather recliners. Others were watching television (a game show), while a few bantered with the nurses.

The overall mood seemed almost churchlike, suggesting an air of hushed intimacy: the machines to which patients were attached emitted nothing but a soft hum, as they pumped and purified toxic blood, along with an occasional discreet beep whenever something went wrong; the patients and staff talked in low tones, and the television set could hardly be heard. Whatever noise there was came from a comput-

veins. It might be two in the morning, but that's okay; I go and draw the blood."

Leon Curry opened the Metter hemodialysis center in 1971, some 19 months *before* the federal government began defraying the costs of such enterprises. That makes it the first rural dialysis clinic in Georgia and possibly the first in the nation.

My intention in going there was to learn how such centers differed from those in big cities, particularly from the patient's angle of vision. The origins of Metter's clinic gave me my first clue. Curry founded it for reasons that were typically rural: not because he had discovered a market for

dialysis services (there wasn't any) but because he had found one patient in desperate need.

Her name was Helen Williams; she was a 31-year-old housewife from Cobbtown, Ga. For more than two years she had been in kidney failure. Only dialysis treatments or a kidney transplant could save her life, yet she had resolutely refused to travel to the nearest dialysis center at the Medical College of Georgia in Augusta.

Dr. Curry would later tell the story in a memorandum prepared for his files, which he titled "Too Young to Die." One night, he wrote, Mrs. Williams "went into shock from congestive heart failure" and was rushed to the emergency room of Candler County Hospital.

By the time he got there she was

because she couldn't afford it."

When I interviewed Helen Williams (she's in her fifties now), she offered a somewhat different explanation. "It wasn't only the money," she said. "It was the machine. Lord, I didn't know what a kidney machine was. Thought it was an iron lung, something I'd have to get inside of."

In any case, Curry was able to talk his patient into accepting dialysis treatment by promising her that "I would try to get a kidney machine for our hospital so that she could get her treatments closer home."

Curry enlisted Lillie Johnson, a trusted Metter nurse, to accompany Helen Williams to Augusta. While Helen was being dialyzed, Lillie was learning how to work the machine and how to take care of renal patients.

"We were there for three months," Lillie recalled. "Then we went back to Metter. Somehow Dr. Curry had got hold of a hemodialysis machine we could use." To this day Lillie Johnson is head nurse of the Metter dialysis center.

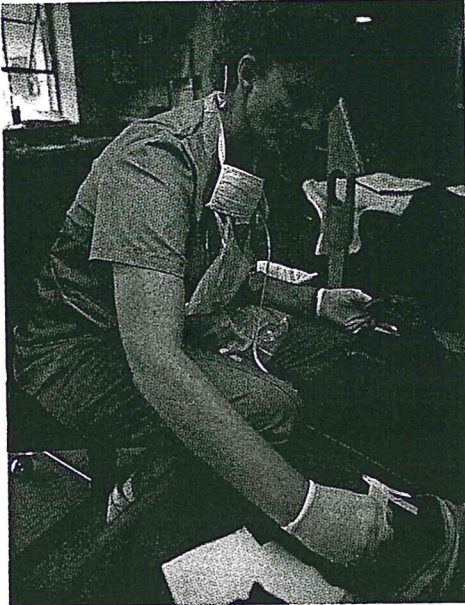
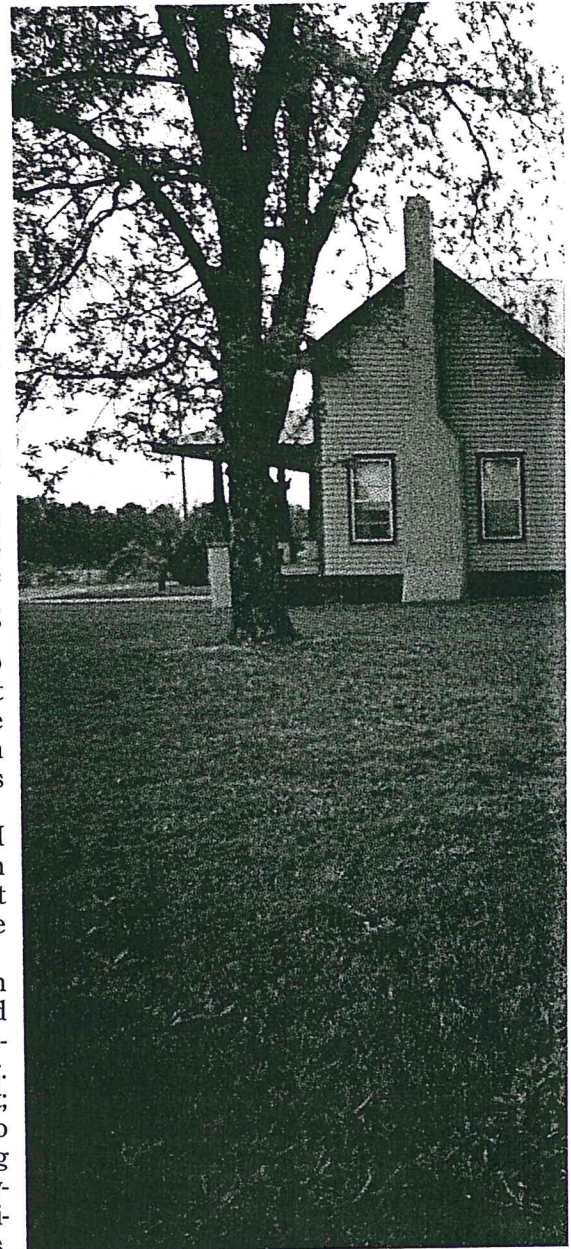
"In Augusta," Helen told me, "I cleared my kidney every day. In those days it took eight hours, not four like now. You really didn't have time for living."

The makeshift "dialysis center" in Metter that Helen Williams returned to was housed in a seldom-used solarium in the hospital's south wing. For a time Helen was its only patient; then word began to get around to dialysis patients in surrounding towns that they no longer had to travel to Augusta. Before long, the solarium was overflowing with patients, and Curry was busy lobbying county officials to build a spacious new center next door to the hospital.

By the time they moved into that new facility, said Curry, "we had 32 patients and nine machines, plus a social worker, a dietitian and a dozen nurses, technicians and orderlies."

Just about everyone in town came to the new building's dedication ceremony on July 16, 1978—everyone, that is, but Helen Williams. The night before, she had been rushed to a familiar place, the Medical College of Georgia in Augusta. There a team of transplant surgeons gave her a new kidney.

"I still have it," she assured me. "It's working just fine. I was told it came from a 24-year old boy in Hartford, Connecticut, who died in some kind of accident. As far as I'm concerned, it's a miracle."



A Statesboro nurse with a patient.

"panting hard for every breath . . . She was swollen from head to toe. She was so short of breath she could not speak, and the slightest effort caused her to faint."

Curry estimated "she was perhaps within a few hours of death." Still, "she steadfastly refused to be sent 'up there' to Augusta, Ga. . . for dialysis treatments for her failed kidneys. She had always been a determined cuss," Curry commented, "a young lady of iron will and decision . . ."

In his opinion, Helen's determination had been stiffened by financial misgivings: "She found out that the cost [of dialysis] was more than she could afford . . . What a helluva fix to be in—a young lady with a lot of wit and innate intelligence who had a treatable disease, refusing treatment

But most of the patients I met at the two dialysis clinics were not candidates for transplants. Complications like diabetes and heart trouble kept them off the donor list. At both centers a majority of those patients were black, elderly and poor—and the poverty gave rise to all sorts of end-of-the-month emergencies.

"Around here medication is the biggest problem," noted Charlotte Edwards, the social worker at the Statesboro dialysis center. "People run out of cash before their government check comes in." Typically, the check has been mailed either by social security or by Supplemental Security Income, a program for the elderly and disabled. This year the most a single person can receive from SSI comes to about \$400 a month.



Iron pills and antacid pills account for the largest share of medicinal expenses. (Dialysis patients are particularly susceptible to anemia and heartburn.) Neither Medicare nor Medicaid covers the cost of Basajel, the widely used antacid pill. Edwards says Basajel costs about \$12 per 100 tablets; "and some of our patients take four or five tablets after every meal!" That could add up to a monthly expenditure of some \$40, or 10 percent of one's entire SSI income.

"The trouble is, when a patient runs out of money, he simply stops taking his medicine." Against that dismal moment Edwards keeps \$25 in an emergency fund, "in case someone's short for a few days." Occasionally, too, she applies for money to the American Kidney Fund in Maryland, whose rules allow it to donate up to

Helen Williams's "miracle" kidney has allowed her to live a normal life.

\$400 per person.

"But it can take three months to get the money," Edwards pointed out. "I remember one patient who needed money desperately. He waited and waited. When they finally sent it to us, the patient had died."

Lest this rural story end, uncharacteristically, on a discouraging note, let us hear from Winton Key, another Statesboro dialysis patient. Key is 61, black and a former mechanic. He has a wife and nine children, and so many grandchildren he has lost count. Four years ago he suffered both a stroke and kidney failure. He has been on hemodialysis ever since. Key is a

handsome man, and he likes to smile. The day we chatted he was wearing a red and green checkered shirt, striped pants and a brown felt hat that he kept jauntily atop his head throughout our conversation.

When he realized he might be on dialysis for the rest of his life, Key told me, he got very depressed. "I was either on the machine or home sleeping or watchin' TV."

Key's passive mood was not unusual among dialysis patients. There is something about the process that seems to sap people's energies and rob them of all initiative. Some, according to Charlotte Edwards, become so languid they can hardly stir. About one such patient she remarked in exasperation, "If he would just get up and watch a TV program it would be a triumph."

For Winton Key, all that changed when a professor named Paul S. Miko, who taught physical education at nearby Georgia Southern College, started a student volunteer program at the dialysis center. The idea was to encourage patients to sample life outside home and clinic.

Miko urged Winton Key to take walks. On the clinic wall next to Key's machine Miko tacked up a map of Georgia. "One of these days," he told Key, "you're going to walk the equivalent of from here to Savannah, and we'll draw it on the map."

Key was skeptical. "When I first started I couldn't walk a block," he said. "Now I walks five miles every day. I walks early in the morning. First I takes my grandson Terry to the school bus. Terry's in kindergarten. Then I walks all the way out to the college and back. It take me two hours 20 minutes."

The map on Key's wall now is crisscrossed with colored dots and dashes that trace hypothetical routes to Savannah, Augusta and Atlanta, all based on the miles he has chalked up each morning in Statesboro.

"The more I walks," he said, smiling broadly, "the better I feels." ●

Author Richard J. Margolis had been a dialysis patient for about eight months when he went to Georgia to gather information for this story in February. A few days after he returned home to New Haven, Conn., he had a kidney transplant. He died on April 22, before seeing this article in print. He was 61, and had written the magazine's Rural Journal essay since 1985.