

States of the Union

RURAL DIALYSIS

BY RICHARD J. MARGOLIS



DR. LEON E. CURRY

IN 1972 CONGRESS passed an important addition to Medicare known as the End Stage Renal Disease amendment, or ESRD for short. The measure instantly made most people afflicted with kidney failure, regardless of age, Medicare beneficiaries. The government's guaranteeing payment of these patients' bills gave rise to a remarkable burgeoning of hemodialysis centers from coast to coast. Whereas prior to the passage of ESRD merely a handful of such facilities existed, by 1981 nearly 500 were in operation. Today more than 700 renal clinics throughout the 50 states, including one in the Virgin Islands, are keeping

116,000 individuals alive by means of dialysis.

An astonishing aspect of all this is that a majority of dialysis centers, actually around 400, are rural-based. For a rural facility, on average, treats only about 35 patients, while its urban counterpart might treat as many as 500. In the U.S. at present approximately 14,000 patients attend rural dialysis centers.

If the total seems less than impressive, consider that during the past decade the number of rural dialysis patients has more than tripled. Consider, too, the strong economic boost small-town dialysis clinics give to their communities. Medicare each year pumps in about \$22,000 per renal patient, and most of those dollars remain in the area in the form of salaries paid to the clinical staff. Add to that the many medicines purchased locally, plus the commercial transportation units carrying patients to and from each center, and you are looking at a sizable infusion of funds into rural America. Estimates range from \$500 million to \$1 billion a year.

Recently I visited a small-town dialysis center in Metter, Georgia, founded by Dr. Leon E. Curry, a family practitioner. Metter lies 200 miles south of Atlanta. It is a farming community of some 3,900 residents, most of them ap-

parent optimists. Their slogan, "Everything's Better in Metter," is just one sign of the town's cheerful civic climate. Another is the unusual tidiness of the streets and sidewalks, all swept clean of litter. Still a third symptom of contentment may be the impressive array of front porches with their obligatory rocking chairs: People in Metter are in no hurry to get up and go; many, in fact, prefer to sit back and watch the passing parade.

Curry, a soft-spoken man with an ample belly and a touch of Southern charisma, came to Metter as a teenager and eventually married his high school sweetheart, Helen Tanner. After a lengthy stint as a pre-med and medical 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."

Things weren't always so neighborly. In the beginning, Curry now recalls, many were distrustful of the young physician; his practice lagged and he fell deeply into debt. In time, however, Curry's reputation as a shrewd diagnostician with an irresistible bedside manner carried the day. Several patients I interviewed 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."

Certainly from the perspective of kidney patients in the area, the convenience of a nearby dialysis clinic makes life better in Metter. The clinic each week treats some 40 rural Georgians; were it not available, many of them would have to endure the 170-mile round trip to Augusta three times a week.

Because the Metter clinic has three times as many patients as it does hemodialysis machines, it must operate on three shifts, the first one at 6 A.M. That means those in need of its services who live furthest away must get up at 3:30 in the morning to catch the van at 4:30.

When I visited the center one morning it was already 9 o'clock, and 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, except for an occasional discreet beep whenever something went wrong; the patients and staff talked in low tones, and the TV set could hardly be heard. Whatever noise there was came from a computer printer being run 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 brought 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 when a patient has been taken to the hospital and she won't let anyone but me draw blood because she's got bad veins. It might be two in the morning, but that's OK; I go and draw the blood."

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

My intention in going there was to learn how small-town centers differ from those in big cities, particularly from the patient's angle of vision. The origins of Metter's clinic gave me my initial 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, Georgia. 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 "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." Nevertheless, "she steadfastly refused to be sent 'up there' to Augusta 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 because she couldn't afford it."

WHEN I INTERVIEWED Helen Williams (she's in her 50s 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."

Curry was able to talk his patient into accepting dialysis treatment: "I marched in and told Helen that she was going to Augusta right now and I would not accept no for an answer.... I then went on to say that I would try to get a kidney

machine for our hospital so that she could get her treatments closer to home, and that I would try to learn how to look after her kind of sickness so she would not have to be treated by 'all of those strange doctors' in the ivory tower.... Weakly she smiled and shook her fist, threatening me that I'd better make good on my promise."

He did. For opens he 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 recalls. "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 had no 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. Soon the solarium was overflowing with patients and Curry was busy lobbying county officials to come up with funds for a spacious new center next-door to the hospital. By the time that became a reality, says 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. I still find the whole thing unbelievable. As far as I'm concerned, it's a miracle."