VOICE EXPEDITION INTERVIEW TRANSCRIPT
The Oral History of Nephrology
JOHN BOWER, MD
Interviewed by Dugan W. Maddux, MD
June 23, 2008

DWM: Today is June 23, 2008, and I am talking with Dr. John Bower. We are conducting this interview at Dr. Bower's home in Brandon, Mississippi. Dr. Bower came to Mississippi to practice nephrology in 1965 and at that time he opened one of the first federally supported dialysis units. During over 35 years of nephrology practice he worked for equal access to dialysis for all patients who need it. He founded Kidney Care to serve dialysis patients in the state of Mississippi and is the founder of the Bower Foundation, which is dedicated to the three goals of access to healthcare, promotion of healthcare services and support of healthcare policy and education. Dr. Bower is Professor Emeritus of Medicine in the Department of Medicine at the University of Mississippi and still cares for dialysis patients today.

Dr. Bower, thank you for letting me come to Mississippi to talk to you about the history of nephrology.

JB: Welcome to the city.

DWM: Great. I just wanted to start by talking about where you were born and raised because I want to work along about how you got from Virginia to Mississippi.

JB: Well, I'm a mixed breed. My mother was a first generation _____. Her parents came over as immigrants so I can empathize with the immigrants. My father was a famous family of Virginia dating back to the Mitchell family back way before Civil War times and actually to Revolutionary times. I've often wondered when I came to Mississippi where they were talking about sending people back to Africa and I was wondering how they were going to do that. If they went by my mother I would be the first to go and if they went by my father I would be the last to go so obviously I was not in a position to take a stand on either way. In Mississippi there were very contentious racial problems in the state of Mississippi when I got here in 1965. My father was from Virginia and after many years of working in the construction business in different parts of the country in Florida and in New York, my mother and my father moved back to Virginia, which was his hometown. We stayed there until about 1935 then he got into another construction job and built a few dams in Delaware and so forth and we sort of migrated along with him. Then we came back to Virginia and I stayed in Virginia from the second grade until I think what would now be the ninth grade and then I ran into some cultural differences with the school principal and was expedited to Fishburne Military School where I received my last two years of education as far as school is concerned. I stayed there for two years and then I went to Hampden-Sydney and failed out miserably. I put a year and a half in at

Hampden-Sydney College and I only passed one course there. I passed one course, I did Bible 101, I got a D and that was not a transferable credit and everything else with an F after a year and a half of Hampden-Sydney. I went in the Navy and spent four years in the Navy. I still offer people my services; my mission in the Navy was I ran 30,000 horsepower steam turbines and I tell people now, if you are having trouble around your house and your 30,000 horsepower steam turbine breaks down you can call me because I'm still licensed as a merchant marine and I could go back and fix a 30,000 horsepower turbine. I don't work on any smaller engines than 30,000 horsepower. After a stint in Korea on a destroyer where I lived for three and a half years, I went back to Lynchburg College in January of '55.

DWM: You were a more serious student by that time?

JB: Well yes, I had reached the very depth of humanity. If you want to discuss whoever went the deepest in culture I think that I could be competitive. It was a very, very ultimate level that you just have to really work at to get that low in society. But it dawned on me in Hong Kong that maybe; I knew I couldn't go any deeper so I thought well maybe I just see if I can't turn it around and do something in the other direction so I went back to Lynchburg College in January of '55 and I was there and took 23 hour credit courses for two and a half years. I graduated Phi Kappa Phi, straight A average. I did not do well in one course and that was typing. I could not type and I was studying very diligently that night before the examination but the teacher came in and said, you know you're going to mess up my curve something terrible; if I give you a B will you not take the final exam tomorrow. And I said, yes I will settle for a B. She said, but you've got to make one other commitment. She says, what are you going to do and I said I've already been accepted to medical school and I'm planning to go to medical school. So she said, well if you promise never to use me as a reference in secretary science you can have your B and get out of here and don't take the exam tomorrow. So I saved her curve in education.

DWM: Now how did you decide in those two and a half years you were at Lynchburg College to go to medical school?

JB: My mother was a nurse and she had always implanted the thought in my mind but it was the furthest thing from my mind because I went to Lynchburg College to major in business administration or accounting or something but after the first year I got interested in biology and particularly Dr. Freer there and Dr. Mahan were biology professors and then Dr. Garrison was a biochemistry teacher and all that seemed to come together. It seemed to be applicable to medicine and so I applied for medical school. I tried to get into the University of Virginia after a year and a half of college but they wouldn't accept me so I went on ahead and got in two and a half years of college before they would let me in. But I did get a B.S. degree in biology and chemistry from Lynchburg College and was accepted to MCV and I went there in the fall of '57.

DWM: Okay.

JB: It wasn't until 1959, I guess, that it dawned on me that I wanted to stay as scientifically as I possibly could. I knew in 1959 that I wanted to teach, I wanted an academic career and so I pursued that. I went to five places to look for internship; the University of Virginia, Duke, Cincinnati, Minnesota and Ohio State. The highest paying one was the University of Virginia, which gave me four meals a day, which we were there to eat. We worked five out of seven nights each week and we had one half of one day off each week and there was no vacation. I made a whopping salary of $100 a month. They furnished me with uniforms and they furnished me with meals and we spent a lot of time living with disease. I question whether the modern work hours are going to be as effective as we were in learning disease and learning patients. We were called house officers for a reason and that is we lived in the house. I know for sure that now, you know, I've watched my own faculty agonize over a hospitalized patient and they say, can we actually change guard on patients every eight hours and maintain continuity and quality of care. Time will tell. I am of the school that thinks that it won't work. I think in order to treat disease you've got to live with it, you've got to know it, you've got to make it a part of your life and you've got to be involved more than anything else with people and you can't do that on an eight-hour shift. Anyway, I'm going to wait and see how that plays out. I'm not taking a stand on it one way or the other; I'm just a spectator now watching to see which way it goes. After my internship at the University of Virginia, which was a high paying job of $100 a month, I got interested in chemistry.

DWM: Was this one year?

JB: That was one year.

DWM: Okay.

JB: I stayed interested in teaching but mainly I got very much interested in acid base balance and fluid and electrolytes. And nephrology didn't exist in those days, it was called renal physiology. Anyway, I went back to the Medical College of Virginia because University of Virginia had nothing going on in renal disease except Fred Westervelt who was the Chief Resident, he had just completed a course of training with George Schreiner and come back to UVA and he recommended that I go back and work with Saul Paper in Richmond.

DWM: Spell Saul Paper's last name.

JB: I think it's Paper.

DWM: Okay.

JB: Paper. Saul Paper, just like it sounds.

DWM: Okay.

JB: I don't think it's two Ps _____. But Saul was an intellectual giant. He trained with Maury Strauss of Strauss and Welt and he did a lot of work in the hepatorenal syndrome but he was also the gentleman who did a lot of work in high blood pressure and fluid and electrolytes and really a genius. Saul did not want anything to do with either transplantation or dialysis. He felt that those were obstacles in the way of training people in kidney disease. He was a purist, as most of the professors were in those days. Anyway, Saul got into difficulty because of his Jewishness in Richmond and they wouldn't let him attend certain functions at the Country Club of Virginia and Saul objected to that and his objection resulted in his leaving to go to Albuquerque where he had a very successful career there developing a chief of medicine job. I was transferred laterally because Saul offered me a job in Albuquerque but he recommended that I not take it because he was going to be working to develop a four-year medical school out of a two-year medical school and so he said he couldn't guarantee that I would get adequate training. So I stayed there with a little unknown renal physiologist, in the true sense of the word, a boy by the name of Joe McGee. Joe was trained in Philadelphia with Larry Wesson and they too were purists in renal physiology. They were of the Homer Smith school and my bible. I didn't have any Strauss and Welt or any of those books; my bible was Diseases of the Kidney by none other than Homer Smith and that was the only thing. I learned how to do Inulin and pH clearances personally from his little book and from his big book. Anyway, along came a fellow by the name of David Hume. David joined the medical center in 1957 but I didn't know David at all except as a Chief and Professor of Surgery. But in the position I was in with Joe, he knew that Joe was there but Joe had no interest in doing anything in dialysis but he couldn't refuse to work with the Department of Surgery so he sort of put me into that slot. David made me a deal. He said, John if you'll go ... He said, John what's the best kidney machine? I said, David I don't have any idea. I said, I've watched them run the rotating drum here and I don't really like that monster.

DWM: There was a rotating drum?

JB: There was a rotating drum there at MCV at that time.

DWM: And who was running it?

JB: It was run by Allen Unger and I'll think of the other fellow's name in a moment. But the two of them ran the rotating drum there.

DWM: And describe the rotating drum at that time.

JB: The rotating drum was a nightmare. First of all it took about two fellows and a couple of nurses and you would do a cutdown, usually in the femoral artery. You'd have to prime the thing with anywhere from four to six units of blood. The first thing you had to do was you had to wrap this. We used sausage casing to wrap it on the drum then it would rotate and you

would raise and lower the bath solution. It was an extremely efficient remover of urea but I don't know whether that was removing urea because of dilution with the four pints of blood or not. But it was a mechanical nightmare but the darn thing worked and it gave me enough encouragement with that. That sort of strengthened my interest in fluid and electrolytes and acid base balance because it was a miracle. It was a nightmare but it was a miracle.

DWM: And maybe they were pulling the rotating drum out how often?

JB: Oh, the indication for the use of the rotating drum was imminent death. And it was a cruel thing because we could only run them three or four times and if the kidney function didn't … There was no such a thing as chronic dialysis with the rotating drum, I mean that was just unthinkable. We were just treating acute renal failure just as old Kolff had said back in the 40s when he was in the Netherlands. This machine came to us from Boston. It was a Kolff-Brigham kidney and it was made by _____ Company. The _____ made it. So it was a nightmare. I never ran it individually personally. I was there with them running it and I watched them put the tapes on and prime it and the patient was in one or two things; they were usually either in pulmonary edema or in shock and hardly much in between. There was little or no method of ultrafiltration with it except hyperosmolar and that's the method that we use for ultrafiltration primarily when we shifted over to the Kiil kidney. We could either use a 1.5% glucose or a 5% glucose. I think I set a record in blood sugar one time. I put a diabetic on a 5% glucose solution and I think we couldn't even record his. If it had been a little hotter in the room we would've caramelized him. I've never seen such wide swings in blood sugar in my life.

DWM: So David Hume, who is starting his transplant program, talks to you about getting geared up to do dialysis.

JB: Well he recognized that he had to do something to support his patients, both before transplant and . . . I mean David was getting patients in from all over the world; India, California, Chicago. We got patients in from everywhere. We were trying to do this thing with peritoneal dialysis and it just wasn't working so David asked me, what do I know about it and I said, nothing but I'll learn. I had heard of Scribner. I said, well he is the only fellow that I know that has got good results on chronic dialysis. One year we went to the ASAIO meeting and I remember Pim Kolff reported the autopsy findings on patients maintained on dialysis, which was rather interesting. But Schreiner was trying; Schreiner did some chronic dialysis. But Scribner was really the hero because he developed the Scribner shunt, the access to the bloodstream. The key to chronic hemodialysis was access to the bloodstream which, incidentally, remains our major weak point in the whole system even today even after we've gone to fistula first and everything else. Getting access to the bloodstream. I used to joke with my patients sometime and, again, I used to do most all the Scribner shunts myself when I got to Mississippi because I couldn't get the surgeons to do anything with it because we didn't have any money to pay them. So I had to learn to do my own Scribner shunts and I did over a thousand of them I guess. I used to joke with the patients while I put them in. I'd say, now you

know I'm sorry that we are going to have to do this, I said, but you know this is our lifeline. But if you die before I do and you get to heaven I want you to just ask Peter one question; why in the hell would they be so diabolically sinister as to give us the dialysis technology and then deny us access to the bloodstream. I said, only a cynical person would come up with such a horrible thing to do to people. But this is what we fought for years and years and still are today. We are still fighting access to the bloodstream _____. It hadn't got any better. But anyway David sent me to Seattle, I spent about two months out there with Scribner and Jack Cole and that bunch at the time.

DWM: What year was that?

JB: That had to have been in 1962 or '63.

DWM: So two months in Seattle.

JB: Two months in Seattle and I came back and set up the kidney unit at Medical Center and we had, I think about a seven-bed unit. We were using the Sweden Freezer tanks and the Kiil dialyzers.

DWM: So when you were in Seattle in 1962 for two months, what was your training like? How did you spend your time?

JB: I was building kidneys. I was in the laboratory. I wasn't doing anything except learning the technique of dialysis and how to make up the bath solution and how to mix it and how to monitor it and building dialyzers and bending Teflon to make the Scribner shunts. I remember I used to have to heat the Teflon and then wrap it around a device and you could make a U-turn and so forth and so on. But yeah, we were bending Teflon, putting cuprophane on Kiil boards, learning how to use a torque wrench to get the nuts tight exactly right and this went on for about two months. I've always considered it an honor because Scrib did one time declare me that I might have been an honorary fellow with him. But that was the first tour out there. Then I went back for another tour with Scribner after I came to Mississippi and that was in about '66 or '67 I went back and spent some time with Scrib.

DWM: So in '62 when you came back after two months were you able to get everybody going?

JB: No. I told David what I wanted and we got it. We got the Sweden Freezer tanks in and we got the Kiil dialyzers in. As a matter of fact they shipped the Kiil dialyzers in some of the most fabulous wooden boxes you've ever seen in your life and I even took the wooden boxes and built a playhouse for my children out of the wooden boxes that they sent the Kiil dialyzers in. When I left Richmond, Virginia, again unceremoniously, which we can talk about later. But when I left Richmond unceremoniously the only part of the thing that the kids didn't want to leave was the Kiil board playhouse that I had built for them in the backyard. They said they

really wanted to know why we couldn't put that on the U-Haul-It truck to come to Mississippi. We did it all. We weighed our chemicals in plastic bags and I can remember we had glucose, we used calcium chloride, we used some bicarbonate and we used glucose and magnesium and calcium in certain quantities and we put it in the bath tank. We had a big propeller motor driven on the Sweden Freezer tank and we would mix it up. We pumped it at 2000mL/min through the Kiil dialyzer but you had to cool ... The way Sweden Freezer got into it Harry Svenson was the guy who owned Sweden Freezer. Harry Svenson, Scribner conned him into making a 385 liter or 100 gallon tank that was refrigerated because after 12 hours of dialysis that tank, if it weren't refrigerated, would become a septic tank. I mean you can't imagine the amount of growth that would grow in that culture media. You would disconnect and if you didn't have that refrigeration on it you would just have layers of slime in there from bacterial growth in the system. It was unbelievable growth without refrigeration. And then you had to have a blood re-warmer. After the blood came out of the dialyzer you had to go through a blood re-warmer. One thing I did in Richmond and I don't know whether I was the first or the last one of us but what we did is that we started single passing the Kiil and dumping the water down the sewer. But you ever want to know how we came up with the 500mL/min _____.

DWM: Uh hm.

JB: Well if you take 1440 minutes in a day and you divide that into 12 hours I think that comes out to 720 and you divide 720 into 385 you come out pretty damn close to 500mL/min. That was the entire research that we did on establishing dialysate flow. As a matter of fact after I came to Mississippi I ran for a long period of time intentionally on a 300mL blood flow and did just as well with the hollow fiber kidneys as we did with 500 except that we couldn't get the phosphorous out as well.

DWM: Hmm.

JB: And we published that somewhere I think. But we get to 500. Now I notice that everybody's running them at 800mL and I'm not sure that … that's never been studied scientifically. I mean we just keep juggling; we think that if 300 is good, 500 would be better and . . .

DWM: 800 must be even better.

JB: 800 got to be better than that and so we just keep on rolling it but I don't think anybody has really done a precise study on what the optimal dialysate flow should be for any individual compared to what the blood flow is. I mean I don't think that's every really been studied.

DWM: So in 1962 when you get back from Seattle what had been happening in dialysis before was the Kolff-Brigham dialyzer for acute dialysis.

JB: Right.

DWM: But you're really brining back techniques to do chronic. So did you all start a chronic dialysis program?

JB: Yes we did and Scribner came and visited us one time. David Hume told him, he said, … Of course, you know, David wanted to do transplants and we did 65 transplants in the period of time that I was there for a year and a half or two years. Scribner came and visited us one time and of course another thing it is, is when the kidney was rejected we seldom if ever went back to dialysis. We just let them go because we didn't have the capacity to put them back on and drag them through this thing again. So most of them… Transplantation was a one-way street and if you didn't make it on the first time, very seldom did we go back on dialysis.

DWM: Were you using dialysis for a chronic dialysis program for any other reason than for transplant?

JB: Most of our efforts were totally directed towards transplantation.

DWM: How were you deciding who you would dialyze? Surely there were people with kidney failure coming up pretty regularly. How did you decide who was going to get transplanted, who you were going to dialyze?

JB: We only took them based on their transplant candidacy. We took them and that decision was made pretty much by the transplant group and I was a part of that but we would discuss these patients but basically the main mission was to get them in, get them stabilized. We dialyzed some of them for as long as four, maybe six months if we couldn't find a kidney. And, again, our methods of finding kidneys were a little bit unorthodox. Remember we didn't have donor cards in those days.

DWM: Right.

JB: And I don't know whether we … Jeff Mann is dead anyway so I don't think we'd have to worry about him. What we would do is, brain dead hadn't been established and we wanted to get a kidney in the emergency room sometime we'd get… In the state of Virginia the medical examiner had supreme authority. I mean you couldn't violate. If the state examiner said we're going to do an autopsy on this guy then I don't think God could have stopped it in the state of Virginia; unless it had been a miracle, an earthquake or flood or something. But when Jeff decided there would be an autopsy there was going to be an autopsy. So we would get with Jeff and we'd say, Jeff this fellow down here there is a little suspicious death and we think it should be an autopsy and he said, I agree. And Jeff, when you get there in the morning don't be surprised if there's no kidneys because we took them – we got them. That was not totally

legal and ethical but then again you've got to know to understand how we; and I see this all the time, how you can bend conduct. We were on a high; we were part of a movement. David Hume told me one night sitting under his piano drinking wine; he said, I want to establish a NAPA auto parts department for the human body. This is my mission. And he said, I know we can do it. He said, the only reason we are working on the kidney right now is because we got two of them and it's a good experimental model. But that was David's dream and we were all swept away, seriously, with this idea of being able to replace human kidney function with another kidney. That thought just dominated the whole program. And it was exciting. I mean it was exciting. Now the things that we did were not always ethical but then again you take a look at some of the things we are doing today, you know, in ethics. We bend these things. My favorite was I think a bishop in California who said that, give me 30 minutes and $30 and I'll find you a verse of scripture to justify anything that you want. We were committed to trying to replace human kidney function and we recognized even at that stage that it would be better than any dialysis machine we could come up with. But it was a momentum that was there.

DWM: How were patients doing? How were patients doing on dialysis and with transplant?

JB: They did fine. I followed Scribner's format, we were doing 12-hour dialysis twice a week in those days with the Kiil dialyzer. They did all right. They didn't always get the benefit of daily dialysis that you see today but they were alive, they were eating, they were active and some of them actually left the hospital and moved out of town but would come for the dialysis. It wasn't just a bunch of zombies; I mean they were functional. We were also doing some acute dialysis at that time but most of our dialysis was done to support the transplant program.

DWM: So David Hume got you a little far a field from your scientific acid base.

JB: Well, we got back into that because some times we would get a post dialysis diuresis and this made old Joe McGee almost orgasmic. He had his gun sights right down the nephron and why the nephron wasn't conserving sodium and potassium and what the mechanisms were for the load. I think that he concluded that it was predominantly an osmotic diuresis brought about by the high urea and other things and he published all of this. But that made Joe happy. I don't know whether this ought to be part of the record or not but we did put a gorilla kidney, two gorilla kidneys, into a human being one night. It was on a Friday night and I remember it because Igor _____ was visiting with us from Russia and they were having a reception for him later on that evening out at Sammy Sayeed house. Igor _____ was there to learn something about transplantation as did Christiaan Barnard, people from all over the world came to us to learn about transplantation. Our only competitor in those days was Tom Starzl in Denver. Tom and Dave were very good friends but they were running neck in neck. I mean we kept tab on him and he kept tab on us but Tom was a very aggressive person also, as you may or may not remember. He left Denver and went to Los Angeles for a short period of time and then found a home in Pittsburgh.

DWM: Pittsburgh.

JG: And has done extremely well. I remember that meeting in New York Academy of Science when Pim Kolff chaired a session on kidney transplantation. If you could every find that it would be very interesting particularly when Keith _____ was there. Keith _____ was from LSU in New Orleans and Keith had done a large number of baboon kidney transplants. I remember when Pim Kolff introduced him at that meeting he said, Keith come up here and tell us how you put those baboon kidneys into the human beings before we put you in one of those cages and send you back to the Netherlands. It was wild. Tom presented his data. But Hume's data was well accepted at that meeting. I don't remember the details of it but if you could ever find it in the New York Academy of Science… I was still in Richmond so it had to be before 1965.

DWM: Okay. And what happened with the gorilla kidneys?

JB: Gorilla kidney was a nightmare. I got a call from David about noon and he said, I need to you get over to the research building, he said we've got a gorilla that's been sent to us from the Baltimore Zoo, he has attacked a zookeeper and they are going to euthanize him and said I think we're going to try the kidney; try to do a kidney transplant with a gorilla kidney. I mean it was a huge thing. I mean I walked in the room and they had this thing in a cage. I mean it was a mammoth thing. His forearms were about as big around as my whole body. I've never seen such a huge animal. We were trying to sedate him with transvet and everything else. Finally we got an IV line going in him and loaded him up and put him down and started packing him down on the ice table and the body temperature started dropping and Dave says, you know, he read somewhere that they fibrillate when they get down to somewhere low temperature. Anyway just within moments he started fibrillating so we took his kidney. I think he only had one kidney. He had had one kidney lost in the past for some strange reason. So we put that one kidney, which was obviously hyperfunctioning in the gorilla, in a gentleman and then the diuresis began. This was on a Friday night and he was urinating one gallon per hour and this went on all night. I couldn't make Igor _____ party because I was sitting there juggling urine bottles. He died Sunday night but on Monday morning when we came in we had had to go out somewhere and buy gallon jugs to collect all his urine. I think Joe had a big orgasm in there measuring all the stuff in this huge volume of urine. I never did know what it showed. I think we decided to try to shut it up after that. He actually did diurese to death. I said, David at least, you know, we're going to lose him if we don't stop this urine flow. I can't keep up. You were just watching him dehydrate unmercifully but he was in a coma, he was unconscious, he didn't feel any of it, didn't know any of it. But anyway he went on ahead and diuresed out and went into peripheral vascular collapse and died. I don't know what I would've done. I don't know whether I would have opened him up and clamped the renal artery and the vein or not. We could have saved him I guess if we'd done that but once we got that far down. But, again, you've got to remember there wasn't any coming back.

DWM: No.

JB: There was any of that. That's the thing that most people don't realize about those days. In 1962 and '63 and '64 dialysis was a one-way street as far as transplantation was concerned and not many people talk about that but that's the way it was.

DWM: I know since I've been practicing medicine, you know, having finished up residency and fellowship in the mid 1980's, late 1980s, you know, chronic kidney disease was a very treatable disease. I mean we were dialyzing pretty much everybody who wanted to be dialyzed but some folks I've talked to who in the 1960s said, you know, before that time and around that time if someone had a diagnosis of chronic kidney disease it was a terminal illness.

JB: It was a death sentence.

DWM: It was a fatal illness and that's just hard to image today.

JB: Well this is the thing that really… If I ever needed an ego trip and I have a lot of friends who are oncologists and I'm still waiting for them to come out with anything that's comparable to the artificial kidney in the field of oncology. But you can sit down now and you can look a patient in the eye, direct eyeball to eyeball, and say, I don't know what you're going to die of but I can guarantee you that you will not die of kidney failure. We can remove kidney failure as a cause of death. And you go back and take a look at what people on the kidney disease die of; they die of a heart attack, stroke and cancer just like everybody else. But to go from 100% fatal condition to where you can give a guarantee that you will never die of kidney disease; you may get shot by a jealous spouse, you may get run over by a Mack truck or hit by a train but you're not going to die of kidney disease and we can give you that guarantee. If you take advantage of it and cooperate with dialysis you'll have a longer life but you won't die of kidney disease. You can go out with heart failure or something else. That's a powerful tool. It really is a powerful tool.

DWM: So David Hume gets you working there at MCV dialyzing patients, supporting his transplant program and what happens?

JB: Well David had a NIH grant and I helped him write the section of the NIH grant that dealt with the dialysis support program because there wasn't any dialysis support in the original grant. We modified the grant and got the NIH to purchase the dialysis equipment in the department of surgery. So I think we had about seven stations going. By this time we were single passing. We had done away with the 2000mL/min recycling; we'd all gone single pass and we were just using the tanks as a means of mixing and then dispensing. We had little flow meters on each one of the Kiil dialyzers and we'd run them to 500mL/min and then we could run multiple patients. When one tank went empty we would just get another tank and continue; we ran 12 hours. Actually we were running multiple Kiil dialyzers off of a single

Sweden Freezer tank. We sort of manifolded it out to do this and then we'd shift from one Sweden Freezer tank to the other when it got out. What happened is we built this on 4 North. We had a nice unit up there on 4 North and it was right across the _____ from George Bosher who was a big heart surgeon and had an office out there. David moved him out to give us more space up there. David didn't pull any bones. He just did what he wanted to do. But anyway the program grew and was doing well. But you've got to remember now I was a fellow and a chief resident in medicine when all of this was going on. I was not on the faculty for any of this stuff. David had said that he wanted me to stay here and run the kidney machine and work with him and stay in medicine and do nephrology and the chairman of the department of medicine was very pleased with the kidney unit and didn't have any problem with the way it was administered. But then you've got to remember now, I was doing a lot of consulting work up in town. They would send people down to me from up in town to get acute dialysis and we would dialyze them and send them back. So we had a good working relationship going with the community. Anyway, the chairman of the department of medicine decided that they really needed to develop a nephrology section so they went out and they hired a gentleman by the name of Russell Randall and if you ever talk to John Sadler he can tell you something about Russell Randall more so than I am because John Sadler basically moved in to Richmond after I moved out and I think he worked with Russell Randall for a short period of time. John, incidentally, he never did … I said John, I guarantee you will not be here for a year and he said, oh that's not the case, I'm in with Dr. Hume, we're going to take over, we're going to build this program and it's going to be a real… I said, John you won't be here a year from now. Well he didn't make it a year. He never did pay me off on that steak dinner that he promised me. But John came in right after I left. Now the reason that I left is because Russell Randall was, I think, fundamentally a relatively insecure person and Russell was a member of the Ayn Rand Society and he made sure that everybody had a copy of Ayn Rand's Atlas Shrugged and everything else that she'd ever written. But he was an insecure person and basically when somebody in town called him and asked him about a kidney patient Russell made a suggestion on what they should do and the guy called back and Russell said, well I'll check with John Bower and see if it's okay with him. Well hell that was the end of my career. Russell told me, in words that I could understand, that you've got to go, I will never be in charge of this program as long as you're here and so you've got to leave. And so I went back to W.T. Thompson and asked him about it and he says, well you're admitting privileges to the _____ Clinic have been canceled, I'm not going to be able to give you an assistant professorship in medicine and the kidney unit is going to have to come under the department of medicine and it'll be run by Russell Randall. And I said, well what am I going to do? And that's when I met with my very dear friends, Sammy Sayeed and Bill Shapiro , and Bill Shapiro suggested to me that I follow the old Arab routine of folding my tent and silently stealing away. David was terribly upset. David called me in and said, alright you're an assistant professor in the department of surgery and you can run the kidney program and I said, David my first love is academic medicine and there is no such a thing as an assistant professor of medicine in the department of surgery. I said that would be the end of my career and I wanted to look around. So I had lots of offers. Scribner even asked me to come back to Seattle. I was offered a job at Mayo and Geisinger and two or three other

places but the reason I came to Mississippi was because I was given an opportunity to spend a year back in internal medicine. You know you can't do all of this stuff while you're in fellowship and residency and learn much internal medicine. So I came to Mississippi because Harper _____ guaranteed me a year of solitude running a ward in the VA Hospital under the tutelage of a very well established knowledgeable internist and I could work with Dr. Arthur Guyton in research and we did that for about six months and then all of these dying people kept showing up on my door because somebody told them there's an idiot over there at the VA who has run a kidney machine, we've never had one of those in Mississippi. There was a kidney machine in Mississippi though; it was in Natchez, Mississippi and the story was that there was a very wealthy man floating down the river on a boat, on his yacht, and he had a heart attack and they took him to the hospital in Natchez, Mississippi and he died. Somebody told the widow that, you know if we'd have had one of those machines here, one of those things… the machines, why we could've saved him because he died of kidney failure. So she went back to Chicago and settled his estate and then Natchez received a crated Kolff-Travenol twin coil kidney and it stayed in the crate for five years. So finally somebody down there, a friend of mine who was a urologist down there, said, John we've got one of those machines down here but nobody's ever run it, we don't know what it is, we never did even take it out of the crate. He said, if you want it we'll give it to you. He said, oh I can't do that because it's state property; would you pay us a lease for a dollar a year so we could. I said, yeah so I sent them a dollar a year for about 10 years and then everybody forgot about it. _____ Incidentally, that twin coil Travenol kidney is sitting in the basement down here, I have it here at the house. I don't know what the hell I'm going to do with it except every Christmas I make into a punch bowl and we have a hell of a drinking session with it but that's about all I do with that twin coil.

DWM: Tell me about the punch you put in it at Christmas.

JB: The punch we put into it was David Hume's formula and I'll give you that for the official record. You've got to remember the number one. Although we didn't use vodka, we used grain alcohol but proportioned it out based on a vodka dose. For domestic purposes we used one fifth of vodka, one dozen lemons, one eight ounce jar of maraschino cherries, one cup of sugar and you put all that into a gallon and then you add ice and stir it and drink it. Now you could serve that concoction at a ladies tea and they would not really know there was any vodka in it particularly after it melts a little bit. But is a very deadly combination and it's called yucca flats. David Hume gave me that yucca flats formula and we would actually make up little batches of it at the hospital every once in a while in those days.

DWM: So you serve it at Christmas time…

JB: I serve it here at Christmas time.

DWM: In your twin Travenol …

JB: Twin Travenol kidney. I also have a pump in the bottom of it and I pump the juice through a model of Manneken Pis. So you come to the punch bowl. As a matter of fact I did this at my retirement party at the Mississippi Gulf Coast when I turned 75 and Kolff was there. I had the little Manneken Pis pumping the yucca flats and you just come up to it with a little glass and you just take it. A very unique serving system.

DWM: All right. So what year did you come to Mississippi?

JB: 1965, July 1, 1965. I drove here. It rained the night before. I loaded everything I had in a U-Haul-It truck. My ex-wife came behind me in a Chevrolet station wagon and we came into town. Air conditioning was not available either in the station wagon or in my car. We checked into the hotel. It rained on the way in. We were late getting in and I got up at about 11 o'clock the next morning on July 1st, I stepped outside, the humidity was over 100% if that's possible, the temperature was 102 degrees and I knew that I had died and gone to hell. I said this is incompatible with life and I came very close… See that big egret come in?

DWM: Yeah.

JB: A big egret just flew across the front of the house. I just knew that I had died and gone to hell. I came close to loading back up on that U-Haul-It truck and going back to Virginia. But much of the interstate system was not in at that time. I had gotten lost coming down here several times and was separated from my wife and of course cell phones hadn't been invented you know so we were out there on the road. We'd stop and make calls to the police station and wonder where the hell the other car was but it was tough time getting here. Anyway, I started work and I would have to lie to tell you that I was pleased with that solution. If you had been promised a career in academic medicine which you dreamed more of than anything in the world and you had promised an opportunity to provide a service to people like no service you'd ever provided before ____ and then all of a sudden that is just snatched away from you and you're kicked out for no fault of your own. The only condolence I got from my former wife was, I told you so. You shouldn't have spent all that time at the hospital working with David Hume. You could've _____ another career. You could've done something else. But anyway I was … If you ever get a chance I'll take you over to the VA Hospital on Ward 3C and I'll show you the corner that I sat in many afternoons and cried. It was that devastating. I actually sat there in the corner. I'd lock the door. It was a little examining room and I'd lock the door so nobody could come in and I'd just sit there and sit on the floor and literally cried. It was such a devastating blow. And then again I was still getting referrals from everybody dying of renal disease. Then I got hooked up with Dr. Arthur Guyton who was very wonderful. Arthur and I did some good stuff together. We worked on volume controls and ultrafiltrations and all that sort of stuff in the early days of dialysis.

DWM: Tell me about Arthur Guyton.

JB: Arthur Guyton was a _____. He wrote the Arthur Guyton's Textbook of Physiology. We referred to Arthur as polio's gift to physiology. He was a chief resident in neurosurgery when he contracted polio at Peter Bent Brigham Hospital and it left him with only one fully functioning arm. All of his other limbs were impaired. He could walk on crutches and braces but if he fell, and I did come in one morning and found Arthur had fallen in the parking lot and he couldn't get up, he was that incapacitated. But he sat in a very humble office and designed a computer system that is notorious and he wrote the book. The book that he wrote is a single author book. That Textbook of Medical Physiology he had was written completely and totally by Arthur Guyton; an absolute genius. He was not liked, believe it or not, by the physiologists when I was in medical school. As a matter of fact they banned his textbook at Medical College of Virginia when I was there and we used Fulton, which was a physiology book written by a physiologist and they felt as though we should not study medical physiology, that we should study basic physiology. They wouldn't let us keep Arthur Guyton's book although most everybody blackmailed or got one from some place else and used it to understand what the hell was going on. But Fulton was a high tech thing. We had muscle experts. We had people who were excellent in smooth muscles. We had muscle experts in striated muscles and cardiac muscles and nerve conduction experts at MCV but we didn't have any medical physiology. They had an old boy there by the name of Sid Solomon who was a micropuncture renal physiologist. He was not a MD. Sid Solomon is what we called him. Sid was an excellent micropuncturist. He went with Saul to Albuquerque, New Mexico when he left. So that was the only contact I had at MCV then with pure physiology was with Joe McGee and Sid Solomon because Saul Paper was gone.

DWM: We were talking about how down in the dumps you were about this sort of coming to Mississippi …

JB: It was rejection.

DWM: and losing… Yeah, rejection.

JB: It was rejection.

DWM: So working with Arthur Guyton sort of got you through that time?

JB: It got me through that. Arthur was there. He was very, very supportive. And like I said he designed … You know Arthur was kind of like Saul Paper; you know, you give Arthur 10 minutes and he could design a research project that would prove to be a successful project and something printable anyway the experiment came out. I mean he was a design… He and Saul Paper had that thing in common. They had that ability. Arthur was more clinical. Saul Paper was basic science research. But I spent a lot of time with Arthur. He was really a great guy. His wife was a wonderful person. They died in an automobile accident in Mississippi. But Arthur was, like I said, an absolute genius and his death was so ridiculous. Somebody hit him

broadside in his car. What I'm blocking on is his wife's name. I took care of her as a patient because she had lupus but I can't remember her name. She died of the accident later on. Arthur was really quite a genius. Another thing of it is he had 10 children. He and Ruth; her name was Ruth. He and Ruth had 10 children. All 10 of his children graduated valedictorian; 10 out of 10 graduated valedictorian from the school, whatever school they attended high school. All 10 of them graduated at the top of their class at Harvard University and all 10 of them are practicing physicians today.

DWM: Wow.

JB: Now Arthur was a unique guy and he believed fully in inheritance but with a record like that it would be damn difficult to disagree with him. But 10 out of 10 of his children graduated from Harvard Medical School, all of them, in ophthalmology, physiology, internal medicine, any subspecialty you want to go into. All of the children. The rumor in Mississippi was, what school do you go to and they say I go to _____ High School and they'd say well are you going to be the valedictorian and they say, hell no there's a Guyton in my class. Where ever there was a Guyton in the class they were number one. And I don't know how they did it. I really don't know how he got 10 out of 10 of children.

DWM: That's amazing.

JB: There wasn't a loser in the bunch. But Ruth was a kind and gentle lady. She was just absolutely magnificent. She was always just a beautiful hostess. We always attended the physiology retreats with them and she was such a gracious lady.

DWM: So what happened over that early year or two that really got you from you were trying to concentrate on your general medicine training and thinking about academics and yet that's not where you ended up?

JB: Well I kept sending people out. The dialysis was now coming along a little bit in '65. There was a guy in Houston who was doing some dialysis. There was a guy in Las Vegas that was doing some dialysis and the VA was beginning to get into it at that time. Since I was in the VA I would send these patients that was in the VA; I would usually send them because about the only VA Hospital that was doing anything was Heinz. I can't remember the name of the little fellow up there that was doing the dialysis at Heinz. But I would send some of the most beautiful veterans I've ever known in my life, competent hard-working people, and they would just stick them on the back board and let them die. Because they said they were a research hospital and they weren't obligated to provide treatment but there wasn't anybody providing treatment at the VA Hospitals. That's when Bud Peters got in touch with me and said, John … Bud Peters was the son of Peters and Van Slyke who were the great… You remember Van Slyke?

DWM: Yep.

JB: I know you're not old enough to remember Van Slyke but they were some of my heroes. I can remember, believe it or not, running a Van Slyke machine to measure blood gases, I'm that old. We'd do the Peters and Van Slyke. But this was Bud Peters. Bud was not the intellectual person that his father was but Bud got a high level position in the VA Hospital and was developing a dialysis program. You hate to speak badly about the dead but if we ever took that little two carbon radical called ethanol away from Bud he'd probably collapse. I mean he was … I know I visited with him one morning and… a lot of stories. He was always lecturing me on how we needed to deal with the colored situation in Mississippi. I remember we sat on his penthouse deck one night and watched downtown Washington, D.C. burning in a race riot and he had the audacity at that point in time to lecture me on how we should handle the colored situation in Mississippi. We met the next morning at the VA Hospital and the first thing we did is we took a break and we went out and had bloody Mary's and then for lunch we would have a couple of martinis and then about 2 or 3 o'clock in the afternoon we'd have a few beers and in the evening time we would really get into some serious drinking. I mean serious drinking. Mainly scotch. We didn't discriminate; in a single day we would drink bloody Mary's for breakfast, then have martinis for lunch and beer in the afternoon and scotch at night. That went on for three days and I came home and I just said well there's got to be a better way to make a living than that sort of thing. But anyway Bud wanted me to open up a VA dialysis unit in some other places and I didn't want to do dialysis at that time. I really was trying to track back into my original career at that time so I didn't do that. But anyway we from there and then I heard about this grant. I guess by connections with Scribner, I guess, I heard about … I don't know who told me about the _____ grant. But I went ahead and sent an application in and I wanted $150,000, which at those days was an exorbitant amount of money, and I wanted to build about a 5-bed dialysis unit. I said, by God if I build this 5-bed dialysis unit maybe I can do something with all these dying people that are coming in here. I'll at least be able to get my guilt cleaned if nothing else. So I submitted the thing and low and behold they sent Eli Friedman down to do the site visit. Well Eli's got some stories he can tell you about a very well dressed Jewish gentleman coming in from New York to Jackson, Mississippi at the height of the civil rights era.

DWM: How did that go over?

JB: Well, let Eli tell it. He does it better than I do.

DWM: Well you tell me your version and then I'll get his version.

JB: Well Eli said that the policeman met him as he got off the plane and he called him boy. He said, where you going boy? See we were being invaded at that time with civil rights. I mean this was _____ and a group had just been killed over in Philadelphia. I mean it was …. civil rights. Of course Meredith just before that had been a big shootout up in the Ole Miss campus.

I mean it was contentious here. It was a lot of racial strife in this area. As a matter of fact we described it as a terror state. It was terror. A very dear friend of mine who I just honored by naming a lectureship after him at Millsaps College was Rabbi Perry Nussbaum and he had both his home and his synagogue bombed. I've got a book where I did… And I love Perry because Perry was another one of the guys who I could relate to and work with because we understood what the situation was. We admired and respected each other. The Jewish community was upset with Perry because he was an activist in trying to do something and the truth of the matter is his activism was being played out by the Klan who were beginning to do a recrudescence of anti-Semitism in conjunction with the racial problems that we were suffering. So anti-Semitism reared its ugly head, the Klan bombed his synagogue and I remember the night that happened. I heard the boom and knew what had happened. I was trying to recruit a young hematologist to come join us on the faculty at that time. We were sitting out at the Red Top Inn drinking a beer; because you couldn't sell beer inside the buildings in those days, you could only take it out and drink it. So I was sitting in my Volkswagen outside the Red Top Inn drinking a beer with Francis Morrison who is a very prominent hematologist who did finally join our faculty. We heard this big boom. I knew Perry at that time very well and I knew he was under a lot of pressure but it wasn't really a close friendship. I just had met him at several social functions. Anyway this big boom occurred and Francis said, I wonder what the hell that is? I said, Francis, I guess the Klan finally got the synagogue. Well XXXX the next morning when he picked up the newspaper the synagogue had been bombed by the Ku Klux Klan. Francis Morrison stayed here for 20 years and never believed that I wasn't a part of the Klan. But I knew Perry and I knew the situation and I knew that these people had been doing a lot of bombing. Then two or three months later they bombed Perry's home. Perry says after they bombed his synagogue he rallied. I'm now trying to get the new federal courthouse in Jackson, Mississippi named after Perry Nussbaum and I don't know whether I'll be able to pull that off or not but I'm really pushing for it because Perry represented everything that is good about humanity. I mean he was truly a giving caring person and I think that he was a walking statue of the constitution. I mean, he was truly… Anyway, Perry worked with me in that area but then the Jews finally … He was interfering with the Jewish cash flow and so they finally, as he described it, exiled him. I've got two letters that he wrote me. I visited him a couple of times, three times, in San Diego where he was in exile and he wrote me several letters after each visit and told me about how things were going. But he died a very unhappy man. I guess he had experienced what I had experienced which was rejection. He had been rejected by the synagogue that he loved. He truly loved his synagogue. He loved his parishioners. The economics of the situation were such that they were just not going to do _____ Perry. But anyway I got involved with Perry and I was involved with some of the marches. I didn't do a whole lot of marching but I was sort of the backstop. My office at the medical center sort of became a rest camp for the ministers in the community. I had three or four ministers that would come to my office at night and we'd sit down there and we'd talk about the civil rights situation. I didn't do anything, but if anybody would have a chest pain or I'd get a chest x-ray for them or I'd do an EKG or something but mainly it was just mainly a support system for the clergy who were really enduring unmitigated stress. I mean it was unbelievable to live in that

environment and to watch these wonderful, wonderful men. There was a Catholic priest, there was a Methodist priest, there was an Episcopal minister, there was a Presbyterian minister and then, of course, my minister at that time was Bob Tabscott who I still stay in touch with. He lives in St. Louis, Missouri right now. But Bob was kicked out of the Presbyterian Church here because he believed that, you know, black is not justification for segregation. Today he teaches black history and I've got lots and lots of his writings. I stay in touch with him; as a matter of fact I called him yesterday. He lives in St. Louis. But Bob is a great guy and he was kicked out of the church. I remember I gave my hellfire damnation speech at that church the day that they were getting ready to fire him. The Presbyterians go through what they call a defrocking. I thought that was a dirty word when I first heard it but anyway when you become a member of the clergy in the Presbyterian Church you go through a frocking ceremony and so they were going to defrock him; and I didn't know what the hell that was. But anyway I remember I said, is there anybody in this audience who's got any specific complaints against this man please speak now or forever hold your peace. Nobody said a word but the congregation voted unanimously to dismiss him and then after that the ruling elder came up to me and said, John since you seem to be so attached to this man, why don't you just go with him. And so I'm one of the few people who have had the privilege of getting kicked out of a Presbyterian Church. Now that's not bad. That's good because you see I've never had to go back again. But how would you like to know with your own heart that you never have to darken the doors of another church as long as you live. I mean it's a wonderful feeling to not have to. I have no problems on Sunday morning sleeping through. When the churches write and ask for money I say look thanks but no thanks. But you know I'm not involved but it's so wonderful to be completely void of religion. It's a great life. And of course after going through some of the crap that I went through in the early days of dialysis where Bob Tabscott was with me and helped me in those patient selection committees that we had.

DWM: I want to talk about that in a minute. Before we get to that I want to say, having heard this discussion just now, I can only image Eli Friedman stepping off the plane in Jackson, Mississippi was definitely a stressful event.

JB: He was well dressed, you know, had a coat and tie and looked like a million dollars. Anyway, they said, boy what are you doing here and he said I'm going to be visiting at the medical center. Where are you staying? And then Eli said and he said, I'll give you a ride over there in the police car. Well XXXXX, Eli knew he'd been had because, you know, the police department in Mississippi had been infiltrated by such an extent with the White Citizens Council and the Sovereignty Commission. We had a commission here appointed by the legislature whose purpose it was to identify outsiders and outriders who were going to do anything to bring about civil rights. I think my name is listed in the Sovereignty Commission as one of them. I know Tabscott is. Bob Tabscott is in it and Perry Nussbaum is listed in there as being one of those who would destroy the life of Mississippi through integration. I mean it was big. I mean the White Citizens Council set up their own school system and they would not allow any black people. As a matter of fact this reservoir that we are sitting on was built with 100%

state money for the sole purpose, they would not accept federal money to build this 30,000 acre lake, no federal money came in at all because they knew that if they kept federal money out of this thing they would never be forced to integrate the reservoir. Now that's the mindset of Mississippi in 1964, '65, '66 and '67. And the guy who told me that was the guy who owned the big Caterpillar Company at that time and to quote him, and I hate to do it _____, but he said, John, he said this reservoir was built with all state money, there has never been a federal dollar in it, no money is in it and he said I can promise you this if you ever live up here on the reservoir, he said you don't ever have to worry because a _____ will never come anywhere near this place. Now that's the mindset that we were dealing with. It's hard to even recreate that…

DWM: Right.

JB: … in a lifestyle. But come into the midst of this thing and try and introduce a new technology, even the medical community turned against me. The medical community… I went to the Rotary Club and gave a lecture at the Rotary Club and told them that we've got kidney machines here and I think that if we can get this program up and running we can save some lives… I got busted by the Central Medical Society for unethical advertisement. They had me up before the Ethics Committee of the Central Medical Society and they were talking about revoking my license because I was advertising. Now go down any street now and listen to the television and radio and look what advertising is today. But that again reflecting that back on the culture that I grew up in.

DWM: Right.

JB: It's phenomenal. That culture … and coming here from Virginia, yeah we had segregation, there was anti-Semitism and there was anti-black and the blacks were isolated but I mean it wasn't anything that was designed by law. You see this is why Mississippi had so much trouble is because they put black and white drinking fountains into law. They put black and white toilets; they banned black people from going to white swimming pools. The other thing is they made sure that the black people stayed at the back of the bus. Now this was law. I mean these were laws that they passed and that's why they could be challenged. And that's why so much crap occurred in this part of the country because if you put something in law … Now segregation was just as bad in Virginia as it was here but it was never into law. But once it gets into law then it can be challenged and that creates strife …

DWM: Surreptitious behavior is more difficult to deal with than overt behavior.

JB: I wish I'd have said that myself. That is absolutely true.

DWM: Yeah.

JB: But you couldn't deal with it. Anyway, Eli got in town, he was staying at the Admiral Benbow Inn and I met him the next day and he tells stories about that. But I can't repeat Eli's stories. He'll have to give you that one about his encounter with the police force. Anyway, we had a meeting the next day and we had an old hospital administrator, David Wilson, and Eli was asking a question about for site visit is, how are you going to be able to fund this thing for somebody who doesn't have any money. Well for somebody that didn't have any money the only thing that David Wilson heard was a black man. He used those as synonyms. Eli was asking about economics and David Wilson was hearing about black and white because that's all David knew was black and white. The hospital was totally segregated. Red blood was for white people and blue blood was for black people. You couldn't mix the blood in the blood bank. I mean the sign on the elevators said if you want to go two floors or more you can ride the elevator but if you're black if you've got to go two floors you got to walk two floors. And the bathrooms were totally, like I said, black and white. But anyway, when Eli sat down with David Wilson and we were having this meeting Eli asked the question, well, you know, if you have somebody who is indigent how would you go about making dialysis available to them, if they were eligible for treatment. Now this was pre-Medicare, see.

DWM: Right.

JB: Medicare didn't come in until '73 or '72. So David Wilson said, well that's no problem, says we put 'em on quite a bit. And again, put 'em on, meant he would consider putting a black person on. Eli said, no, no, no I'm not talking about that. What I was talking about, what if you had somebody who didn't have any money; what type of facilities would you have. Of course we were under tremendous pressure. See this was right after Schwerner, Chaney and that other kid had been killed in Philadelphia; had come through our medical center for autopsy and this was in '64 just before I got here. So you could tell the medical center was really on the brink of turmoil. Anyway, Eli asked the question again and says, well what about … and finally David Wilson still didn't understand the question and he said, well I don't understand what your problem is; we'll put 'em on dialysis and said if it'll make you happy what we'll do is if we don't have any of 'em that need it we'll go out and get us one and put him on there just to make sure that the government knows that we don't discriminate. And I said, oh XXXXX there goes the grant. But David was honest. I mean he had been harassed so much by the feds and everybody else about our segregation policies and so forth that he was going to, just to make sure to make the government happy, he'd go get one and put it on dialysis.

DWM: Eli must have been going …

JB: Eli was … Anyway, Eli went back to New York, God bless him and I always loved and admired and respected him; always have. But Eli went back and rewrote my grant. It expanded me to, I think, 7 or 10 beds, I forget what it was, purchased a lot of equipment which I hadn't requested and gave me $350,000 a year for three years. Now if my academic career was ever in jeopardy that was the end of it. I mean, I ran the division of nephrology and I trained over 50

nephrologists during my career here so I was really doing academics but I'll have to admit that a big percentage of my time was involved with the dialysis program.

DWM: So you got this federal grant from the VA and started dialysis.

JB: It was from the Public Health Service.

DWM: The Public Health Service. And you started this 7 to 10-bed unit and I'm guessing that even though you had money from the federal grant you had to have some fundraising, you had to have education.

JB: Oh we did. We did.

DWM: What did you do about that?

JB: One thing is, I know one of my annual reports to the vice chancellor I reported that I had given 56 talks to voluntary health agencies in a single year to drum up business and support and I actually helped start the Kidney Foundation, or give it a kick start, to give us money.

DWM: How were you received? Were organizations willing to give you money?

JB: The Rotary Club, in particular, was good. The Rotary Club gave us money, they bought quite a few machines for us and when I went to Tupelo, Mississippi to put a kidney unit up in Tupelo, the Rotary Club really came through up there because they bought the dialysis facility, the place for it to go in and a couple of machines. See all of this was taking place before Medicare now.

DWM: Right. We're talking about the late 1960s.

JB: I was running five artificial kidney units before Medicare came in. I had one in Pascagoula, one in Gulfport, one in Greenville, one in Tupelo and I was operating those before Medicare came in.

DWM: So this is the late 1960s or so when you're doing this. Tell me again about what dialyzers you would have been using? What access you would have had?

JB: I don't remember when I shifted over but we went from the Kiil dialyzers, we went to the Gambro plates. We stayed with plates for a long period of time.

DWM: What access did you have and where were those being put in?

JB: We were doing Scribner shunts.

DWM: Who was putting them in for you?

JB: Me. I did all the access surgery.

DWM: So tell me what it was like to put a Scribner shunt in.

JB: Oh, it's a piece of cake. I got to where I could do a skin to skin in 45 minutes. Yeah, I was really good at it.

DWM: Go through it with me.

JB: What you do is first of all the biggest thing, you can always find an artery but the biggest problem was to get a vein and so you go try and get your vein first and then you would get it cannulated and you tie it off and bring it out through the skin with a little T on it. Then you go dig in and dig out the radial artery. Then you cannulate the radial artery then you hook it up to the silastic that was going into the vein. Then you start a blood flow. We used that device to do a lot of our research. We got to the point where we could measure cardiac output by using a substance called Cardio-Green. We did a lot of work on cardiac output and peripheral resistance and volume control with Arthur Guyton and his group for many years. We just put a little detector in there and we could inject Cardio-Green into the vein and then we would inscribe, you know, a cardiac output curve and then we could calculate the cardiac output from the cardio-greens.

DWM: The machines that were around at that time would have been the Drake-Willock machine?

JB: No, I don't think Drake came in at that time.

DWM: So what were you using?

JB: I think we were using Milton-Roy.

DWM: Milton-Roy.

JB: Milton-Roy was the one who gave us; I think our first proportioning machines were Milton-Roy.

DWM: Okay.

JB: The Drake's, when they first came out, were almost all exclusively central dialysis and incidentally I have a central dialysis proportioning Drake-Willock down here in the basement if

you know of anybody who wants a museum piece. And I don't know why the hell I got it but if anybody wants it I'll crate it up and ship it to them. I'd hate to see it just discarded or junked.

DWM: No we need to…

JB: But if you know of anybody who's developing a museum I have a central system Drake-Willock proportioning pump system down in the basement here. I'll show it to you.

DWM: All right. _____ Now when did you build your own machine?

JB: This was before Medicare came in. Then again I was hitting up the Rotary Club for money pretty heavily and we just didn't have enough machines and I just felt as though we could do it. We built; it was a batch machine. We'd weigh out the chemicals and throw them in the tank and then we'd recirculate the stuff up to a header and it would give us gravity feed and would gravity feed into the Kiil dialyzer. It had a _____ in the little reservoir that we had. It worked. As a matter of fact I took that machine to the Heidelberg Hotel to a Mississippi State Medical Association Meeting and I ran Joyce Blankley on that machine at the Heidelberg Hotel trying to get the medical community to, hey you know there's kidneys we can do something about it. But they didn't even know what the XXXXXX they were looking at. They just didn't understand. My favorite question was, how do you get that ketchup to stay in them lines like that. I said, XXXXX that's not ketchup, that's human blood. Well where's it coming from. I said there's a patient sitting right there. Oh, I don't believe that. That's a bunch of XXXXX. And I said, well she hadn't peed in three years. Oh XXXXX, I can't buy into that.

DWM: Now were you doing any home hemo? We you all in center?

JB: I started home hemo way before we started developing limited care units.

DWM: What year would that have been?

JB: I would have to guess; well we were still doing dialysis almost exclusively at the center. We filled up the center and the first thing we started to do was home dialysis. We did home dialysis with the Kiil dialyzer and I think we were using the Milton-Roy proportioning pump system in the home. So that had to have been before the grant ran out. The grant ran out and we got notice in April or May of 1966 that we'd been funded. We went operational in December of that year; I put my first patient on in December of '66 and so we were doing home dialysis in about '67 and '68 I guess.

DWM: Okay.

JB: See the grant didn't run out until '69. Then we had the usual pilfering of the grant, you know, that institutions get into. But I went up and held them hostage and told them that I wanted the money back that they had pilfered from my grant and so they gave me about $150,000 into the fourth year.

DWM: So you were able to squeeze out a little bit of time.

JB: I was able to squeeze it out of the medical center, yeah.

DWM: During this time of your grant, how did you decide who was going to be dialyzed?

JB: Oh, those were some tough days. I've showed you a slide earlier about the criteria. You had to be between 15 and 50. If you were over 50 we wouldn't even consider you for dialysis. You had to be cooperative with the treatment. You had to be able to furnish your own transportation because we were only doing dialysis at the center at that time. You couldn't have any co-morbid conditions; we wouldn't take a diabetic, wouldn't even have looked at it. If we went through that initial screen then we went to the next level and this was modeled after Scribner's. We had an anonymous committee; it was made up of the vice chancellor who is now dead, it was made up of a lady who was an English teacher at Jackson State University who is now dead, it was made up of a lawyer who is now dead and it was made up of a preacher who is still alive and myself. We would actually discuss the social worth. I still think of the night that we decided we couldn't take a little girl. She was 19 years old, a music major, but we didn't have enough openings and so we decided to take a 29-year-old man who was a salesman who had two small boys and his wife was a nurse and was willing to help and so we selected him over the other one. Those types of things went on. _____ And then of course when Medicare came along… I'll tell you what that's done to me; what that experience did to me. Is that we're doing the same thing today except that it's covert. In those days it was overt. But today we are denying people access to healthcare on economic means today in this country. I think the last Institute of Medicine said that 24,000 people died last year for lack of access to healthcare; common, inexpensive, cheap healthcare. And that gets me off on one of my other kicks which I am really spending a lot of time working on now which is a national health insurance single payer system. I don't see… And of course my colleagues, specifically the local medical societies _____, they view me as a communistic pariah but I am firmly convicted that for what I went through from having to make those decisions to where I could put everybody on dialysis who needed it and know that type of therapy exists today for everybody in the country for every disease, if we could just get the political body and the political will to do it. So I'm a firm advocate of a single payer national health insurance. I think that we could save … I give lectures all over the state. I go anywhere, anytime, any place that anybody will listen to me. But I came close to getting tarred and feathered one night over in Vicksburg when I started talking about a single payer because doctors are so blind to the situation. They actually believe that everybody has access to healthcare. In their own little sphere that they live in, you know. That you call their office and say I've got a lady here who's 63 years old, she's got diabetes and she needs to… Well we'll see her but it'll be nine months before we can work her into the schedule. Well hell, that's rationing. I mean what the hell's the difference in that and doing what we did. I mean, that's rationing. But, like I said, I know who our villains are. I can identify the bad guys. The main criminal in the healthcare delivery system in the United States of America is the insurance industry. Those bastards are making millions and millions and millions of dollars off of the backs of the American public. The second criminal is the pharmaceutical industry. Marcia Angell, who I know personally, has written a book. I don't know whether you've seen Marcia Angell's book or not. Somebody stole mine, damn it, but I've got to get another one. But Marcia Angell wrote something about the pharmaceutical industry and it is so scathing but so correct; that those people what they do to the American public is unbelievable. The third enemy that we have is the medical association. The doctors,

some how or another, feel this is a threat. They just some how or another; and it's basically fundamental distrust of government. The fourth villain in this thing is the Congress of the United States. And believe me, and I conclude my statements many times with this statement, believe me you're very proud you live in America and let me tell you this, you have the best Congress that money can buy and the son of a bitches have been bought. And that's exactly the way I conclude my speech. And now you know why I'm such a loved, admired and respected individual. But it really is. I think that anybody that can't see the need for national health… what is it, I think it's 47 or 48 million people now. Do you realize that's more than the entire population of Canada?

DWM: Right. We certainly should learn from our mistakes. I mean, certainly those of us who have seen what healthcare can do for people who otherwise were dying should…

JB: Absolutely, with nephrology in particular.

DWM: How you don't want to be in that position of deciding who's going to live and who's going to die.

JB: But we've developed such an expertise at it.

DWM: At it.

JB: It's almost systemic that we deny access to healthcare.

DWM: Right. So we've got to identify that and get over that for sure.

JB: But we give them an appointment that we know damn well they cant'… One of the most horrible things that has happened here in the state of Mississippi and boy I'm in orbit over this one because I've already written and spoken to the governor about it. But right now in the state of Mississippi our governor has cut back on Medicaid, all right.

DWM: Typical around the country.

JB: Typical around the country. And what he did in his last cut is he took 67,000 children in the state of Mississippi off of Medicaid. Now, in Mississippi we get the maximum matching dollars; for every one dollar we put in we get three back from the government and we get to spend all four of them. Now if you can tell me how the hell that is a losing proposition I don't know how. But not only that, but we turn around and we get to tax the money that we give to the doctors and to the hospitals for state income tax to make up the one dollar. I mean it's absolutely appalling what we do with 67,000 children.

DWM: Terrible. Well, I want to get back to your federal grant.

JB: All right. It expired in the fall of 1969.

DWM: What did you do when it ran out?

JB: Well we were doing home dialysis at that time but I figured that there were a lot of people who didn't have a home so what I would do is I would go into different communities and I would meet and talk and meet. I remember I spent a lot of time with the Christian Church in Columbia, Mississippi. I didn't have any trouble going into any church because I'd already been kicked out of church by that time so I didn't have any problem going into any church anywhere. I went to Columbia and it was a very nice group of people in the Baptist church and they had a building out there at the hospital. I went to a trailer manufacturing company and I got them to build be a stripped down trailer, 12 feet wide and 65 feet long and we could put as many as six or eight patients in there. Now where we got the machine from, and one of the most wonderful things that ever happened to me, is voc rehab. Voc rehab had money out the gazoo in Mississippi but there wasn't any matching money. You see you had to match it. And you talk about a match; that was 87/13. If you had 13 cents you could get 87 cents from the government and the state of Mississippi didn't have 13 cents. So that's the reason that the University of Alabama is the University of Alabama and the University of Mississippi is the University of Mississippi because the money was allocated to voc rehab on a regional basis and for every dollar we didn't take, Alabama sucked it up. You can tell the difference in the medical care. They got two fabulous medical schools, they got Empire is over there and the medical center here is just barely beginning to break even now after all these years. So all the money that voc rehab had, every time we turned down a penny, boy it just put them in orbit in Alabama. They sucked up every penny of it that they could get. For what we did is for the 13 cents that was the trouble for us. What I did was I got the Kidney Foundation to raise money and they gave me money and I would donate it to the medical center and I got the Rotary Club to give us money. We even sold pencils at the shopping malls for the kidney patients. We had teas and raised money. I even had a couple of teas at the governor's mansion and asked for money, to get that money. But what we did with the money was even more illegal. What we did is that we sent the money through a laundering system and we identified it as state money and then we could match it 87/13. We couldn't take money from the Kidney Foundation and match it with voc rehab but we had to run it through the till at the medical center and so when we would put money from the Kidney Foundation into the medical center it would some how or another lose its identity as private money and become public money and then that's where we got our money to buy many of our kidney machines. That's why I gave 56 talks in a year to Rotary Clubs, to Kiwanis Clubs to any club, anybody that would listen to me. I was; have carousel, will travel.

DWM: So you got enough to stay up and running and actually it sounds like begin to sort of grow this system of, you know, dialysis in trailers and getting out into the community. When was Kidney Care…

JB: Now this was before Medicare came in.

DWM: Before Medicare.

JB: Yeah.

DWM: So when did Kidney Care, Incorporated begin?

JB: Well by 1972 the medical center was full and I knew by that time that Medicare was going to come in. I didn't know it would have as much of an impact as it has had. But I went up on North State Street, and this was the beginning of the end of my marriage because I didn't have a house for my children to live in, didn't have a roof over their head, we were living in a rental piece of property. The bank loaned me $100,000. I went up on North State Street and bought an old house and renovated it and a parking lot behind it and converted it into a kidney unit and had 10 stations in there. Once that one got going the rest of it just fell right in line. I promised that any time you could identify 10 patients from any community, we will go there and find a piece of property and if no one else will put up the money, I would go to the bank and borrow the money personally and we would build a kidney unit. Now that wasn't all gratis for me because what I would do is I would charge whatever the payment was at the bank; that was the rent, so we negotiated vigorously to get the rent fee down so that the thing… But at the end of the period of time, and I offered this to every nephrologist out there; if you buy the building we'll lease it from you, we'll guarantee you a lease on it for 15 years and then at the end of 15 years you will own the building and we will continue to pay you rent personally and this is the way I had of attracting nephrologists into it. Now I relied heavily, and this is another thing I've written up and made a lot of people angry, I relied heavily on nurses to do dialysis. I am convinced, as I sit here, that we really don't need doctors to do dialysis. I think nurses are as capable as anybody else to do dialysis. I wrote this up in Seminars in Dialysis; I don't know whether you read it or not. I've gotten an awful lot of flack from that but the matter of it is, is that they keep talking about shortages of nephrologists. Nephrologists don't need to be in dialysis because I was running eight artificial kidney units at one time; not another nephrologist in the state of Mississippi, and we had the lowest mortality rate in the nation in that period of time. As a matter of fact the guy doing the data, I'll think of his name in a minute, called me and said, I don't understand it John, how are you doing dialysis with such a low mortality; we were running an 11 to 13% mortality rate. He said the national average is running 20 to 25% and you're running 11 to 13. And I said, because we pay attention to the patients and we have nurses there who know what they're doing. The nurse would come spend two months with me. We would teach them to adjust optimal weight. See most physicians don't even know how to adjust optimal weight. The most ridiculous thing that I pointed out, and Scribner pointed this out as well, not originally with me, Scribner said, doctors don't know how to treat people's optimal weight and until you can control… Arthur Guyton showed this; if you don't control the blood volume you're not going to control the blood pressure. What is so damn

difficult to comprehend about that? But they don't control the volume. They let these patients gain 4, 5 and 6 kilos between dialysis and then they try and get it off of them and then there's shock and eureka, surprise, surprise. I mean, what the hell. And then the other thing of it is, is that then what they do is they turn around and they put them on blood pressure medicine. The only thing blood pressure medicine does is it just absolutely guarantees you that you're never going to get them down to the optimal weight because, what does the blood pressure medicine do? It keeps your blood vessels open and you destroy completely the compensatory mechanism of vasoconstriction with your anti-hypertensive agents and you'll never get them down. So it's negatively progressive. And you put these people on three, four and five medications. The way I did this thing, the way I trained my nurses to do it; stop all medications when the patient goes on dialysis, no medicines at all. Let them take a little calcium and a vitamin pill but that's it and just continue to drop the weight until you get the blood pressure control. I've only found a very few people; and I describe these four phases of hypertension and I'd worked this out with Arthur Guyton. Phase one: Volume expanded, you see it; you bring in a patient volume expanded, you tuck the fluid out and the blood pressure's normal. The second phase of hypertension; you've got to go ahead and you've got to give them time for that peripheral resistance to break. You _____. The third phase of hypertension is when those vessels get so damn tight and spastic that it's malignant hypertension where you undergo necrosis. We are accustomed to looking at this little onion ringing on the renal arteries from necrosis; that lesion occurs throughout the body. It's not restricted to the kidney. We're not going to crack that blood pressure. That blood pressure will never be controlled. But that occurs and in my entire practice I've only seen about five of those and I've run over 10,000 people through dialysis. But I've only seen two or three of those that you just simply… The rest of them you can be controlled. But it is a question of volume and doctors don't… But nurses will do that.

DWM: So when you started buying these properties, starting these units you had 10 patients in a community, you would commit to trying to build a unit there, was it called Kidney Care, Inc. then?

JB: Yeah. Oh yeah.

DWM: And when did you…

JB: We started it out as Kidney Care, Inc.

DWM: Did you start out understanding how big and widespread this was going to be?

JB: I had no earthly idea. I never did. I didn't think we'd ever go beyond one dialysis unit up on North State Street. Again, by the time I'd opened Kidney Care I was already running a kidney unit in Greenville, in Tupelo, in Pascagoula before Medicare even came in.

DWM: And then what happened when Medicare… how did your life change when Medicare came in to support?

JB: _____ My former fellows discovered. I had one of my former fellows call me before Medicare came in. He said, John I got another one of those damn dying smelling uremics over here in my office and XXXXX I don't ever want to get in that damn dialysis business. He said, take this old fellow with uremic frost and put him over there and you can do what you want to with him. He said, I don't ever… I'm going to stick just strictly to nephrology; I'm not going to do any of that damn dialysis business. That was pre-Medicare. Post Medicare that damn uremic frost turned into 14-carat gold. And my own fellows came after me with a vindictive position. They tried their very level best to get me fired, to get me out of the medical center, to do whatever they could to break up Kidney Care because I was interfering with their cash flow. I asked the Catholic church, I said to the people in the Catholic church you don't need a provider number, we've got a provider number up here on North State Street. Let the doctors… It'll be a not-for-profit 501 and they get to keep the physicians fees, they can have what ever that put in there, they can come and we'll provide a nursing staff. But the Catholic church decided, hey that's Medicare so I beat them at the local level on a certificate of need but they went to Jim Eastland who was a senior senator of Mississippi and got Jim Eastland to issue a provider number to the local Catholic hospital over the decision of the local planning board all together. So that's how it changed. Money. Money changed it.

DWM: Were the units that you saw that started to open up, were they for-profit units?

JB: Yes. The Catholic Church ran it for about a year or two and sold it to the physicians. Then the physicians turned around and sold it to Biomedical Applications and Biomedical Applications sold it to W. R. Grace and W. R. Grace sold it to Fresenius. Was it a difference? You bet your _____. Well it's a funny thing how sensitive the community became to end-stage renal disease once Medicare came into it.

DWM: So that's an interesting phenomenon but also did you find though that you began to have more capacity and this rationing of…

JB: Oh no, rationing went out the window when Medicare came in.

DWM: Yes.

JB: But Kidney Care was meeting that need.

DWM: Already.

JB: Yeah.

DWM: Yeah.

JB: But again I never dreamed it would expand to what it was. But it's grown now, I mean, Lord knows.

DWM: So tell me what happened to Kidney Care then in …

JB: Well Kidney Care was struggling along. I think in my lifetime, I think I have built as many as 40 artificial kidney units but I never operated over… You know, some of them were obsolete and we'd build another one and another one but building the physical plant themselves we built over 40 units. But when I quit I think I had about 25 units that were operational and that was in the year 1996. And 1996 from 31 is 65 and I turned 65. I had this massive operation going. I had over 2,400 patients dependent on the system. I had three choices. I could've sold it, I'm sure one of the local people would have bought it. The second thing I could've done with it is that was there was a guy here in town who said that he would buy it and take it over and run it; he wasn't a doctor, he was just an investor. The third thing I could do was take it public and I elected to take it public because I thought that would provide the best continuity of care, I could stay involved and that we would have supervision from an organization that would…

DWM: You just didn't pick any sort of public entity either. You picked Renal Care Group.

JB: We were the founders of Renal Care Group.

DWM: The founders of Renal Care Group.

JB: I've got a picture of the Board of Directors in there if you want to look at it.

DWM: So tell me about Renal Care Group. What was the concept then, what was your hope for Renal Care Group?

JB: Well they lied; like everybody, they lied. It was just going to be a joint venture. They wouldn't take over control. They weren't going to do anything. They were just going to be sweet, loving, gentle managers and we could continue as we were but then we began getting dictates out and mandates and they started controlling the policies and the procedures. I stayed on the board until 2000. I stayed with them for four years and that's all I could stand. I couldn't take the concept of … Corporate medicine to me is a scourge on society. It really is and I just think that medicine should never be corporate. I made a tragic mistake; I should have never ever gone public. I should've done some _____ I think I admire Keith Johnson. It's going to be interesting to see how much longer Keith can hold out. But Keith was the one I modeled it after but then again I guess 65 meant a lot more to me than it did to Keith. I don't know how old Keith is; I don't know whether he's 65 or not.

DWM: Right.

JB: But I'm 77 now and I can't see that … I just don't think there's… Corporate medicine is fundamentally corrupt. They do not care about patients. Their sole motivation is economics.

DWM: So you don't think it's even compatible with corporate dialysis to have the patient care at the center of…

JB: No.

DWM: Just not even…

JB: And I think the same thing applies to hospitals. I think all hospitals should be not-for-profit.

DWM: Because if anything, we're headed in the other direction.

JB: I know. You're right.

DWM: Yeah.

JB: That's why I am advocating a single payer national health insurance program.

DWM: Right.

JB: Again, we have a bill in the hopper, it's HR-676, John Conyers from Detroit has _____ it. I belong to a group of 16,000 physicians who are now very much in favor of it. We have 80 cosigners on the bill in the House of Representatives. We're pushing it. We're doing everything we can to do national health insurance. I've given up on dialysis. Dialysis is going to be run by the Fresenius Corporation and the DaVitas and they're going to be running it for money. There's no reason in the world that you could justify the policies and procedures that those people put out. I made a proposal to the board, I said we need to go into this nocturnal dialysis. The comment I got back is he said, well if you can show us, now at that time the average reimbursement per dialysis including Medicare, Medicaid and private insurance was $245. And what the dialysis industry has done to the private insurance company is nothing short of criminal. They're still billing out dialysis at unbelievable high prices. I mean unrealistic. And the XXXXXX are paying it because they don't give a XXXXX. All they're going to do is turn around and pass the cost right back to the people who buy the premiums.

DWM: Right.

JB: They don't have any conscience. So they just pass these costs right on back to the people who are going to be paying the premiums. Anyway it's a ____ tough, tough system. But like I

said, I've given up on the dialysis business. I don't think it… because it's run… I think the majority of dialysis now is being controlled in Germany.

DWM: From Fresenius.

JB: From Fresenius, yeah.

DWM: Yeah.

JB: Fresenius controls the majority of dialysis in the country.

DWM: Yeah. Let's go back to the 1960s and talk about some of these early organizations who were not politically active but very active in trying to deal with patient care issues and innovations in dialysis. You mentioned a group that would assemble in Seattle and talk about _____

JB: Well that's the First Working Congress of Dialysis.

DWM: So the First Working Congress of Dialysis. So tell me about that group and how it started and what you can remember people would have been talking about.

JB: Well nothing; it was just really people getting together to explore. I think that Stanley Shaldon had a presentation there and I had a presentation there. I presented a working model of the Drake-Willock machine. I can show you my original slide that I showed on that. I don't know whether Dick Drake ever showed it or not. There was one before that that the Kidney Foundation put on at the Biltmore Hotel in New York City; this was in 1965 or '66. Bob _____ was the Executive Director of the Kidney Foundation and he had reached Senator Fogarty on the issue of dialysis. But the Kidney Foundation Scientific Advisory Board was really not in favor of dialysis because it was made up of Lou Welt.

DWM: The physiologist.

JB: Yeah. I forget who the pediatricians were. See, the Kidney Foundation began as the Nephrosis Foundation where a bunch of mothers who had kids who had nephrotic syndrome. It was call nephrosis syndrome and it was dominantly run by pediatricians and then they expanded it and they included… But there were three components in the Kidney Foundation. There were the transplanters and then there were the basic physiologists and then there were the dialysis people. My position on it was, although it didn't amount to a hill of beans, was that the Kidney Foundation should go full time; this was before Medicare in 1965, should go full time into dialysis and then they would be able to take enough money off of that movement to do whatever they wanted to do in research and development in that area. Well the transplanters didn't want that and neither did the physiologists. They wanted to do with the

Kidney Foundation what has happened to the Heart Association. Do you know of any patient services at all that are provided by the Heart Association? That's exactly what the Kidney Foundation wanted. As a matter of fact they are still evolving in that model today. As a matter of fact Mississippi just pulled out of the National Kidney Foundation because we're committed to patient services; they didn't want that. They wanted to regionalize us and put us together with Louisiana and Alabama and make a region; they would take over all personnel management, they would take over all … They would give us a budget, a very nice budget of course to them, and then we would continue to do our fundraising but we would give all the money to them.

DWM: Right.

JB: And then they would allocate back to us what they felt we should… See that's the Heart Association model. And, again, the money that the Heart Association goes into is that we sponsor research. Well, for all the damn research they done, it's still the number one killer in the country so I don't know that that's all that effective. But incidentally the President of the American Heart Association is a very good friend of mine and he's also the Dean and Vice Chancellor of the School of Medicine at Ole Miss; Dan Jones. Dan's a good man.

DWM: Well certainly the Kidney Foundation, in looking at the website for the Mississippi Kidney Foundation, I mean, they're putting hard dollars into patient care services in the state of Mississippi as is the Bower Foundation, which we need to talk about in a minute.

JB: Right.

DWM: So these early meetings that the Kidney Foundation sponsored, that early meeting in 1966, and did they sponsor then the Working Congress?

JB: No, that was Scribner. I don't think the Kidney Foundation was involved in that.

DWM: So it was held in Seattle and it was just a Scribner event.

JB: It was in Seattle. It was a Scribner event as far...

DWM: And why did Scribner do that; why did he have that?

JB: I think Scrib wanted to try and expand the technology to get the information out that the thing works and…

DWM: And who came?

JB: Oh, it was by invitation but I guess there were 300 or 400 people there.

DWM: From around the world?

JB: Around the world. Stanley Shaldon came, we had lots of people and a lot of people that were with Scribner and I can't remember; I block on the fellow's name from _____ France who got the world's best records in dialysis.

DWM: Ah, yeah.

JB: He trained with Scribner.

DWM: And this First Working Congress, I mean, was it talking about research issues, was it talking about patient care issues? What kinds of topics were being covered?

JB: I think it was more of a show and tell.

DWM: Show and tell.

JB: If I had to really describe it. What are you doing? What do you find successful? Where do you think we should be going? And I think that's pretty much…

DWM: Some of the folks I've talked to about these early days talk a lot about the fact that there was a lot of innovation happening.

JB: Oh yeah.

DWM: And that people were seeing, they were taking care of patients and seeing what worked and didn't work and they were making mistakes and if they made a mistake they were calling up and saying, look I tried this, this does not work and that it was very open in talking about mistakes.

JB: Absolutely. I started another organization and I can show you the minutes of one of them; it's called the Southeastern Dialysis and Transplantation Association.

DWM: Uh hm.

JB: I think I just abandoned it after 35 years because, again, the corporate structures had taken over and they were doing their own teaching and their own training program and they weren't going to pay money to take people to go to another meeting that we had. I've got the minutes of that. Let's take a break.

DWM: Okay.

DWM: Well, I want to get back to talking about the societies.

JB: Okay.

DWM: Let's talk about the American Society of Nephrology. Do you remember the early meetings, when you started going?

JB: I do. I was at the first one.

DWM: At the first one, where was it?

JB: In Los Angeles.

DWM: In Los Angeles.

JB: Yeah.

DWM: Was it a big crowd, little crowd?

JB: Ah, it was larger than I had anticipated because it was the first one and I don't have any idea how many but there were several hundred people there.

DWM: And what were they there for? Why did they come?

JB: It was basically run then, as it is now, by the basic science people. As a matter of fact they didn't do much of anything. I don't even know why we went to be perfectly honest with you because they didn't do anything on dialysis.

DWM: Related to dialysis.

JB: They just now, I think in the last, what, five or 10 years, have even begun to …

DWM: Talk about access and dialysis.

JB: Talk about access and that sort of stuff and I guess that's because the Renal Physicians Association has put a lot of pressure on them to do something but they've never really been much of enthusiasm about dialysis.

DWM: Then let's talk about the American Society for Artificial Internal Organs.

JB: Well, Eli's still chasing it along. I think that if Eli were to pull out it probably wouldn't make it till tomorrow but Eli believes in it and I've stayed supportive of it for quite a while. But I'm not going this year; it's in San Francisco. But it too has gotten pretty much away from dialysis.

DWM: But in the early days…

JB: It was all dialysis.

DWM: It was demonstrating a lot of early equipment it sounds like.

JB: Oh yeah. And I presented several papers at the ASAIO. I did a lot of work with the ASAIO. I remember we had a lot of hellacious parties there; George Schreiner and a boy by the name of Jones. Travenol called on me in Richmond and there was a boy by the name of George, I want to say George Jones, but I know his last name was Jones. But he came in from Travenol. I was using the Kiil dialyzers and I tried my very level best to get them to make a set of bloodlines for me. I had to make my own bloodlines. I tried to get them to make a set of bloodlines and he went back and talked to his manufacturers and basically there was a competition between the Kiil boards and the twin coils and basically Travenol brought me the message back that I was using the wrong dialyzer and that was the reason that we couldn't… So Jones, Chuck Jones I think his name was, went out and started Extracorporeal Medical Specialties Company because he was a former rep with Travenol. I think that it grew to be a very wealthy company and I think it got big and they got control of it and I think they released him and then he went to start another company but I don't know what happened to him after that. But, I've seen a lot of them come and go. Another dear friend that you must, he's dead now, but Fred Shapiro.

DWM: Yes. Right.

JB: Fred was really a stabilizing factor. He started the, oh what did they make, they made the concentrated dialysis, they made the concentrate, they made dialysate and then they were into reprocessing. They made the material that _____.

DWM: For reuse.

JB: For reuse. Then Hugh Doss, who worked for them branched off and set up his own reprocessing operation. Anyway, it was an interesting thing.

DWM: Well then let's talk about the RPA, the Renal Physicians Association.

JB: Well we sort of touched about that earlier but I'm trying to remember. I know that Allen Cantor was one of the major forces because he brought Bob Pristave into it and John Sadler, Chris Blagg. And I don't know when that thing began. Do you have any idea what the date of that was?

DWM: It was late 1960s I know. I'll have to …

JB: Was it in before Medicare came in?

DWM: Right about the same time, maybe. Medicare was coming in or had just come in. Maybe it was right about then because they were paying for three times a week dialysis and there were all the issues of, you know, what the reimbursement was going to be and…

JB: I can remember Irv Wokstein was one of the fellows but I thought he was tied in over there in Bethesda some way and he was the one who was controlling payment. But Irv Wokstein was one of the people that we would negotiate with quite frequently as far as reimbursement is concerned. There were a lot of guys. There was a guy who just died recently who was in Detroit; he was on one of our negotiating committees. Jesus, I'd know his name if I heard it. And Stuart Kleit was with us in those days. I think Stu was early on in the RPA and Dick Hamburger is still there.

DWM: Dick Hamburger and I'm going to talk to him next month.

JB: Yeah, Dick Hamburger. Dick's been a very stabilizing… Dick's forte is his knowledge of regulations.

DWM: Right. Coding and …

JB: I tried to spend more time avoiding them than following them but Dick was really big into that and Emil Paganini. .

DWM: Yeah.

JB: Pag was involved with it. Pag is going to be a visiting professor here sometime next month or the month after. _____

DWM: When did you become the President of the RPA?

JB: I don't remember. I remember I came after Dick. I think John Capelli was another one who was in there. I remember John Capelli from New Jersey. I think going down the scenario I would image John was probably the first one and then…

DWM: John Sadler.

JB: John Sadler and then I don't know whether Chris was second or not. I don't think Allen Cantor ever took a rotation as president. I know Dick Freeman from Buffalo, New York was right before me and then following me was, I think, Lou Diamond and then Nate Levin, in that order.

DWM: Right. In the years when you were president, what were the issues? What did you work on?

JB: Mainly we were involved in a lawsuit and my mission was to try and settle the lawsuit equitably. They both involved reimbursement.

DWM: Who were you in a lawsuit with?

JB: HCFA (Health Care Financing Administration)**.** It was a harrowing experience for me because I inherited the lawsuit and I wanted desperately to settle it and, you know, get back to taking care of patients but I think the most difficult thing I had to do after the lawsuit was settled was we'd hit up the membership for an awful lot of money; some of it went to Pristave but not all of it. But we hit up the membership for a lot of money and then my mission, as a president, was to convince the membership that we had gone to war, we had met the enemy and we didn't lose everything. But I flew a lot that year. I mean I was going to different chapters and speaking to different groups. Again, we paid or own way. There wasn't any compensation for travel or nothing.

DWM: Right. For travel or staying, that's what I've heard. Yeah.

JB: Yeah. We were on our own. But I think that my own opinion is that that I was at the last RPA meeting is we've lost it in terms of our mission. I thought when we went into it we were going to be patient advocates but they're not patient advocates any more; they mouth it but they don't, they don't do anything about it. And then too when the dialysis units went corporate they would buy and sell patients, you know, and I never did understand that. We did

a lot of it ourselves. Basically you don't buy patients you just buy a provider number that says you can bill.

DWM: Right.

JB: And it seems to be somewhere beyond _____ stretch of medicine is supposed to be about but that's the way it goes. The RPA, I think, they're doing some stuff… They stay in touch with me. I think I'm still a member of it; at least I pay some dues _____. The only reason I went to the last one was because they asked the past presidents to come back and see what's going on.

DWM: Right.

JB: And I know that I sat next to, the little guy from California, big time ____ I've known him from the very beginning. They kept talking about the LDO this and LDO that and LDO something else and after the meeting was over I leaned over and I said, what the hell is a LDO. And they said, oh that's a large dialysis organization. I said, well hell there's only about three of those. He said, yeah, but they're taking over medicine.

DWM: Yeah.

JB: They are.

DWM: No, the LDO is definitely the hot …

JB: I'd never heard of it until that meeting.

DWM: … term. Right.

JB: But again, I got out of it before the LDO was …

DWM: ____

JB: As I understand it the LDOs are now in the process of bypassing the networks too; they're trying to …

DWM: Yeah, the networks are definitely being squeezed for sure, yeah.

JB: Now they take 50 cents per dialysis treatment out of their reimbursement and I'll bet you if you figure out the amount of money that's involved with that… How many patients are on dialysis now, about 350,000 or 400,000?

DWM: I'm sure because Fresenius dialyzes, you know, over half of those.

JB: If you take 400,000 and how many dialysis a year, 156 dialysis a year, 150 times 400,000.

DWM: It's a big number.

JB: And multiple that times 50 cents is a lot of money.

DWM: It is; it's a big number.

JB: Big money. And God bless them, I'm terribly disappointed in the networks. They didn't do… See I helped participate in writing the original regulations and we set it up so that there would be a medical review board and the medical review board would monitor the quality and take appropriate action in dialysis facilities. It kind of reminds you of the PROs; are you old enough to remember the PROs?

DWM: Yes. Yes.

JB: I guess you're also old enough to remember the IQH; the Internal Quality …

DWM: IQH. I've never heard it called the IQH.

JB: They succeeded the PROs.

DWM: I remember the PROs.

JB: Well, the PROs were big time and they never did anything because in the medical profession, as in dialysis, as in the networks, as in the IQH, nobody would bell the cat. And you know what the reason for that is, we're all guilty.

DWM: Yeah.

JB: We all know that we have shortcomings, that we are practicing an inexact, I used to say science but that's not the case; we're not practicing an inexact art and we make mistakes and we are very guilty and so we won't bell the cat . A recent example; in Gulfport, Mississippi a pharmacist and two physicians were dispensing between, and the FBI gave us these figures, 140 and 200 narcotic prescriptions per week. All right, that's been going on for four years. There isn't a physician on the Mississippi Gulf Coast that didn't know that but it took the FBI to come in and put an undercover agent in the community to find the physician and pharmacy company _____. And now they own the government back, they said, over 6 million dollars in illegal drugs that they've pushed through. And this is in Gulfport, Mississippi. The doctors will not bell the cat. As a matter of fact, I belled the cat one time and got sued. There was a doctor by the name of Daniel Gould who was practicing medicine in Montgomery, Alabama. Dr. Gould got

referrals from a laboratory that did routine work in nursing homes and whenever they came back to Dr. Gould; now Dr. Gould had trained at Mayo Clinic, he had been in with the most imminent nephrologists in Boston _____ and also had some of his training at Pennsylvania with Larry Wesson; with extremely unbelievable credentials but they always released him before he completed the training but they went on ahead and gave him credit for it anyway. So this guy settled… and had never ever done dialysis training with the people that he did. So he settled in Montgomery, Alabama and this doctor, who ran his own laboratory and did work in nursing homes, got a rebate from the patients that he referred to him for dialysis and he put these old ladies from a nursing home on dialysis for dehydration. We went over there and we found out of the 28 or 29 patients… Earl Ginn was working with me; that's another one ____.

DWM: Yes. Earl Ginn.

JB: Earl Ginn was with me on that and we were in Atlanta working on this one and we went down to Montgomery and we found our that of the 28 or 29 patients he had on dialysis, 16 of them didn't have kidney disease, they were just dehydrated and they were running into all kinds of access problems, surprise, surprise. They were running into all kind of low blood pressure problems and they were just … We were able to take 16 patients off of dialysis and we recommended that they revoke his provider number. His name was Daniel Gould. We wrote him up and said this is malpractice and _____. No action was taken by the federal government based upon that report. The way they finally got rid of him is the hospital struck a deal with him that they wouldn't pursue a totally unrelated charge for him if he left the community. So he left the community, he went to California and had the audacity to use me as a reference. Well anyway he came back to the University of Alabama and went into anesthesia and last I heard he was giving anesthesia. But anyway, this gets a little racist, but he sued me for defamation of character. The lawsuit was filed with the understanding that there could be no remuneration but that he held the case open and he would leave and he held the case open but with the understanding that he could sue me at any time in the future for defamation of character but could not ask for monetary gain. _____ lawyer. But anyway even when someone stands up and bells the cat the government won't do anything about it because they don't want to get sued either.

DWM: It's definitely a complex issue and medicine hasn't done a very good job of policing itself.

JB: There's no policing at all.

DWM: No.

JB: The Mississippi State Medical Association has a position called the Judiciary Committee, which is suppose to receive complaints against physicians. They haven't had a meeting in 15 years.

DWM: No complaints I guess.

JB: No complaints.

DWM: I want to talk a minute about Brown versus Bower. While we're talking about contentious…

JB: That was probably one of the most misunderstood lawsuits, I guess, in the country. But basically you can describe anybody that you want to but he was the most offensive… I liked him, I really did. I liked him as a person.

DWM: He was a patient.

JB: He was a patient of mine. He was hell to care for but he was a strong-willed independent fun-loving guy, you know. I liked him as a person but he got into drugs and he left me and he want to Pascagoula, Mississippi to a dialysis unit that I had started years ago. Down there he was so offensive that the judge ordered him to be shackled and chained and gagged during dialysis.

DWM: He was verbally abusive or physically abusive?

JB: Verbally abusive. Physically abusive. When we tried to do an access surgery on him he would kick over the Mayo table, he would grab the nurses by whatever part he could get his hands on and of course he had Hepatitis B, I think. But anyway in Pascagoula he was under court order to be bound and gagged if necessary to carry out his dialysis treatment and they did that. Anyway, Michael Brown decided he wanted to come back to Jackson and I didn't want him as a patient, having gone through this, and so I refused to accept him. Well, there was a civil rights group here in town and said the only reason I didn't like Michael Brown was because he was black. And so we ran the damn race course, you know. They finally found out that 8 out of 10 of my patients in the medical center were black and it was kind of hard to make a case and of course the second patient I ever put on dialysis in the state of Mississippi was a black lady. And there was just no way in hell that they could make a discrimination suit against me based upon my activities and plus my actual numbers. So then they said, well you discriminated against him because he had hepatitis. And I said, no, no I've got 8, 9, 10 patients in here with hepatitis, so they couldn't get that one. So the final charge that they brought against me, and I don't remember exactly what the hell the charge was, but we went to a court hearing and they said that I was discriminating against him for some other reason; because he was mentally retarded, that's what it was. I was discriminating against mentally retarded people and I said well no that's not the case. So then we got in the battle of the psychiatrists and they did all sorts of Mayo tests and Minnesota Multiple Testing and one psychiatrist got up and said he's perfectly sane and another psychiatrist got up and said he's crazy as a June bug

and _____. But anyway, in the final analysis, it came out that Michael Brown, and this went on over four to five months and most of the time I was dialyzing him during all this time. But anyway what happened is they came out and the final decision, and I can give you a copy of that final decision, was that you cannot… Oh, and my defense, my defense was the 13th Amendment. In other words you can't force a physician into involuntary servitude. That's what the 13the Amendment is. You can't force somebody into a service relationship. And so the judge ruled in my favor but what happened is my dimwit lawyer turned around and asked the judge, well what about the Hill-Burton law. Well the Hill-Burton, as you know, is the federal government that built all these boondocky hospitals all over the place. Any anybody that has taken Hill-Burton money, and most people don't know this, is required to take everybody who is indigent.

DWM: Right.

JB: That is the law. Now that's a good example of how well laws are enforced because even though Saint Dominic's Hospital took Hill-Burton money you're not about to get anybody into that hospital that doesn't have any money. I mean it's just not going to happen. But anyway, they said well the medical center took Hill-Burton money so the medical center's got to treat him. Well I was the medical director of the medical center so I ended up with Michael back on my list. Michael finally got drunk, high on drugs up in Yazoo City, made a high speed turn, rolled his car about five or six times, was thrown out and the car ran over him and crushed him and he came to the emergency room with a flail chest and was alive. I got a call from one of the surgical residents in there and he said, now John, Mike is in the emergency room. He said, he's got a flail chest and he's in bad shape. He says, do you really want us to resuscitate this son-of-a-bitch? And I said, by all means. But he died about a week later.

DWM: Good gracious.

JB: But anyway what I won was precedent setting in the sense that you cannot force a physician to establish a doctor-patient relationship and that's basically what it was all about.

DWM: But the dialysis unit may be a separate issue; separate from the physician, the obligations…

JB: Yeah, but then again who ever the medical director of the dialysis unit is has got the responsibility of the patient.

DWM: Right.

JB: So that's how they got me on it.

DWM: Yeah.

JB: Again, I didn't object it. I was fighting for principle.

DWM: Right.

JB: And I just said, I don't think we should set a precedent of having a patient come in and say I want you to be my doctor and there's nothing that you can do about it.

DWM: Right.

JB: I said, I don't what that to happen. So we won that case.

DWM: There are also abusive patients where it's not just an issue for the physician, as you were talking about earlier, I mean, one of the major care providers in the dialysis unit is the nursing staff.

JB: That's right.

DWM: So even if you accept this patient as a physician, you are then subjecting the nursing staff to the day-to-day care of the patient.

JB: Absolutely. But you know it's a paradox about it; that I always ask that they refer any patient to me that was a troublemaker and I enjoyed working with them, I really did. Because I think that you can sit down and talk to these people. Maybe I'm wrong but I've done it 100 times. Because anytime anybody would throw one out they'd end up at the medical center and I could sit down and talk to them and my talk was very, very simple. I began by saying, you know I'm sorry you've got kidney disease, I don't know where you got it and I don't know why you got but you got it and it's a good possibility that you will die of it. But I didn't give it to you; I didn't have anything to do with it. But if you want to live, and you've got to make a decision as to whether you want to live, I think we can work together and we can beat this thing. I think we can guarantee you some pretty decent life if you'll work with me on it. Most all of them, over time, will come around and become pretty cooperative if you take that approach. It's a joint venture. Establish a joint venture. It's not I am and thou shalt and thou shalt not. I can't sit here and demand that you do this and you can't demand that I do something. But you've got to establish that doctor-patient relationship and have a joint venture. I took on some of the most difficult patients in the country that had been thrown out of other units.

DWM: Yeah.

JB: Some of them are still going even now after everybody else had given up on them. But I think it's the way that you approach the patient. That's why I think the doctor-patient relationship … But most doctors this day are in the thou shalt and thou shalt not mode. What

they don't understand is that we don't control anything. We don't control anything; we're servants. We're here to serve. We're here to wait upon people. When I came to Mississippi this big old fat lady in the clinic had been dumped by the private practice here in town and I just came to Mississippi and man I was trained in immunology, I was trained in transplantation, I was trained in dialysis and had an excellent physiological background. This lady, who had been kicked out of the practice by Dr. Rosenberg, and had spent all of her damn money, took every penny she had then a referred her to the Kidney Clinic because she had some kidney disease and I sat down with her. The first thing I said, something and she says, is you the new doctor that's going to be waiting on me? And it hit me as being just mean, bad and then after a period of years I finally found out that she was right. I was there to wait on her. Another anecdote; I wrote this one up in the state medical journal. Dr. T. E. Wilson was the old doctor that was here who was one of the few doctors who took me under his wing to help me through this crisis that I came through. But I was sitting up on 6-East one night and Tommy boy came up and this is when we had the stainless steel bowls or pans and he came to the nurse's station and he said to the nurse, lady please look at this bowl, it's filthy. And I was just sitting there writing up another history and physical and I said, what the XXXXXX he worried about a stainless steel bowl. He says, it's filthy and he says, I am embarrassed to have this in the room with my patient. He says, whenever I go in it was so embarrassing that I pulled out this bowl to wash my patient's feet, to bathe my patient's feet, and this bowl was an embarrassment. And I looked at him and I said, what the XXXXX you doing… I learned history, physical, social history, _____ . I said, what the XXXXX you doing washing your patient's feet? He said, well I'll tell you what it helps me establish a relationship with them. He says, they know where I'm coming from. And he said, by the way if the master physician could wash the feet of the disciples can I do any less for my patients? I wrote that up and published in the state medical association. Nothing ever happened to it but that's where we've got to go back to.

DWM: Yeah.

JB: We've got to go back to that and I don't see how else we can ever hope to do it unless we develop the attitude that, what are we here for. But we have gotten so far removed from patient care. We are nothing more than grossly violently overpaid technicians, and I mean that. Because all you do is look at my computer in there. You'll find out that I got the laboratory work and just numbers and numbers and numbers and you just interpret numbers and you write prescriptions and you don't even get involved.

DWM: Yeah, it's true.

JB: How do we change it?

DWM: The numbers take up a lot of time.

JB: Um hum.

DWM: You know the data is enormous. It is a very difficult situation.

JB: Yeah.

DWM: But you're right.

JB: And it's getting more and more.

DWM: It is.

JB: More dependent on data.

DWM: Let's talk about, just quickly. I know we've talked about some of the people that ..

JB: We talked about the ASAIO. You can talk about the Southeastern Dialysis Transplantation Association; I started that and the first meeting was with Walker Brown. Walker Brown was a gentleman who was in Birmingham and he was in line to become the chief of nephrology but the department of medicine wasn't ready for a dialyzer so they passed over him and put in another guy who was working on the electrolyte and acid base balance of a diving sea mammal of some kind.

DWM: Because that's critical to patient care.

JB: Well he wanted to know a lot about acid base balance and how the kidneys responded to the fact that they were hypoxic for a long period of time underwater. He had a big NIH grant and so they made him the Chief of Nephrology at the University of Alabama. And Walker said, I'm out of here. So he went to private practice in Montgomery and dropped out of nephrology all together. But he was a classic. He was the one who hosted the first Southeastern Dialysis and Transplantation Association meeting in the conference room at the University of Alabama. Then the next one, I guess, was in Nashville according to that and then we had a few in Alabama. I hosted several of them on the Mississippi Gulf Coast. But there wasn't any real formal organization. I mean we just received abstracts and presented papers and made up a program with the idea of sharing data and sharing information.

DWM: And it was pretty patient care oriented, I mean …

JB: Totally. Totally.

DWM: All about dialysis …

JB: Yeah. The discussion of different patient problems.

DWM: Right.

JB: And that went on until, well the last one we had was when I turned 65 so ____ retired _____ must have been my 75th birthday and so it went on from; let's see we started it in '66 was the first one I guess and then I was 75 in _____, turned 65 in _____ I don't remember. Anyway it went on until …

DWM: So is it now not meeting any more?

JB: No. It just resolved. We just abandoned it.

DWM: When you were 75.

JB: _____. We broke even and we had one hellacious banquet.

DWM: And you were done.

JB: We fed 960 people at our farewell banquet at _____. Pim Kolff came. Pim gave a talk. John DePalma was there and he gave a talk. There were a lot of interesting folks came and gave a talk. Pim talked about his artificial heart. But Pim was a great guy.

DWM: Yeah. I know we've talked about different people as we've gone through but I just want to just make sure that we talk about, for example, how did you know Pim Kolff? When did you meet him?

JB: Oh, I met him with the ASAIO. He was a big time operator; he and George Schreiner basically ran ASAIO. As a matter of fact I think George Schreiner was the editor and author of the ASAIO Journal for years and years and years.

DWM: I think that's right. Yeah.

JB: Again, I was close to George because of my affiliation with him through the Medical College of Virginia so I've known George since the early 60s. George was doing kidney biopsies; he was big into kidney biopsies and he taught us how to look at and read kidney biopsies.

DWM: Hmm.

JB: I met him through that. Then I got into the ASAIO and I presented a paper while I was still with David Hume in Volume 10, I think, of the ASAIO. I don't know what they're up to now but I think my article was in Volume 10. Basically, what my article was about was adopting the artificial kidney machine to support a transplant program.

DWM: Right. And it certainly sounds like, when I've talked to people about east coast versus west coast, Scribner versus Merrill, for example.

JB: There was some competition there.

DWM: Yeah. And that Scribner's… I mean there wasn't much transplant going on out in Seattle.

JB: No.

DWM: I mean Scribner was really working on dialysis as a means for chronic maintenance dialysis.

JB: _____

DWM: And Merrill in Boston really saw the role of dialysis to support people getting ready for transplant.

JB: That's right and Schreiner was in that category too.

DWM: Yeah.

JB: Kolff was at Cleveland at that time and then he moved to Salt Lake City.

DWM: Salt Lake City, right, and continued to work on his heart, his artificial heart.

JB: Yeah and did a lot of good stuff.

DWM: Yeah. Did you know Merrill?

JB: Yes I did. I knew John. I was not as close to him as I was to David but we had a casual acquaintance and I knew John. I was grieved by his tragic and untimely death. But John did not receive a good deal at … I shared with him my rejection at the Medical College of Virginia with his rejection at Peter Bent Brigham. And I'm sure Eli would be in a better position than I to elaborate on that.

DWM: But was that related to the for-profit dialysis?

JB: No I don't think so because that was already resolved. I think that was pretty well gone. See the National Medical Care was run by… there were seven of them and I think John had an equity position in it and George Thorn had an equity position in it.

DWM: Yes.

JB: Gus Hampers, Gene Schupak and there was a guy who ran for senator of Vermont and I can't remember his name and then George Bailey was in it. George Bailey took over the dialysis units in Louisiana. Another sterling character was old Frank Gonzalez. Did you ever know Frank?

DWM: No.

JB: Frank was a character to end all characters but he trained with George Schreiner and started dialysis in Louisiana. But he and George Bailey were sort of the kingpins in getting dialysis off the ground in New Orleans.

DWM: Hmm.

JB: They were quite a group of characters. George had severe malignant hypertension and just wouldn't take his medicine. Probably the most noncompliant patient George ever had was George Bailey. George was part of the original National Medical Care group.

DWM: Oh really.

JB: And there was a big, big shakeup in Boston over proprietary ownership of those things and everybody left. I asked him about it many years later; George Thorn was a visiting professor down here and I asked him about it. I said, well what did you think about this recent scandal about National Medical Care. Now he didn't know that I knew he was a full equity holder in the thing. And he says, well we really have to guard against those sort of things don't we. But I think he made quite a bit of bucks out of it.

DWM: Yeah.

JB: They sold, I understand, for 7 million dollars. _____ for 7 million _____.

DWM: Hmm.

JB: Now I don't know that I should be quoted on that statement but I think it can be or should be verified.

DWM: I'm sure it's in the public domain, that information.

JB: And I don't know whether W. R. Grace… I guess W. R. Grace bought them.

DWM: I would assume that's right. At the time I don't remember all the time frame but early on it was W. R. Grace.

JB: W. R. Grace bought them. And of course W. R. Grace...

DWM: Was absorbed by Fresenius.

JB: They bought the dialysis thing from W. R. Grace but the hold up was that W. R. Grace was deeply involved in aluminum litigation, not aluminum but asbestos, asbestos litigation.

DWM: Right. Right. Right.

JB: So the asbestos litigation held up the transaction because they thought that W. R. Grace was spinning off National Medical Care so that it would not be amenable or available...

DWM: Liable.

JB: Culpable.

DWM: Right.

JB: For the settlement of the asbestos thing. But the asbestos thing took W. R. Grace off the map altogether.

DWM: Yeah.

JB: But it wasn't until several years after that initial transaction that Fresenius got clear title to National Medical Care. Now the individual facilities were called Biomedical Applications and they called them BMA units.

DWM: Right. That's right, BMA units.

JB: Biomedical Application units because they bought the dialysis unit here for three million dollars and each one of the doctors picked up one million dollars when Biomedical Applications bought that _____. But National Medical Care bought it and then they named it Biomedical Applications of Jackson.

DWM: Right. What kind of person was Scribner? I mean just personality wise.

JB: Wonderful, friendly, open, caring, compassionate. He would take time with me when he really didn't have to. My most _____ experience… You know Scribner was a wine connoisseur and he bought futures wines in Paris and he was a connoisseur. I don't know why this may

have been a second trip out there but for some reason or another he took me and one or two other guys to the top of the bank building out there that overlooks all of Seattle. I was sitting there next to Scribner at the table and Scrib handed me the wine list and he said, John would you order the wine? I said, Scrib you've got to be out of your XXXXX mind. I mean me, I don't know XXXX about wine. The only thing I ever drunk in my life was Mad Dog 2020 and Night Train and Wild Irish Rose. He said, John let me give you a lesson in oenology. He said, what you do you look down that list and you look at something that you like and when they give you the wine list you pick out what you like and that's the way you select a wine. It had nothing to do with age, legs, aroma, nothing. You pick out one that you have drunk in the past that you enjoy and that's how you select wine off of a wine list. I said, thank you Scrib. But that was the kind of guy he was. But I can't imagine a guy with his knowledge of vineyards and he even knew the soil conditions in the burgundy area. I mean it was just unbelievable _____. He took me under his wing and, like I said, he sort of treated me as an honorary fellow and I really respected him for it. But he was a very compassionate person. Now the one thing that most people don't know about Scribner is Scribner was a member of the ultra, ultra elite Journal of Clinical Investigation. I mean, he was el primo. He had done stuff in fluid and electrolyte balance that surpassed what most anybody else had ever heard of. He actually developed a bedside kit

DWM: Tell me about the Scrib Kit.

JB: Well I had one and used it and you could measure bicarbonate, you could measure chloride, you could measure sodium indirectly. You couldn't do a potassium real well but you could do a quantitative potassium, a qualitative, not a quantitative. It was an amazing bedside kit and we used it for years.

DWM: What did it look like?

JB: It was just a box. It looked like a fishing box. It had a bunch of test tubes and pipettes and stuff in it and you could take it to the bedside and you could do electrolytes sufficiently to get through. Not only that but he published a tremendous amount on potassium metabolism. I _____ get a copy of my speech… I was one of the speakers at his 75th birthday _____ He was truly a real physiologist of the first order. He really was. He had that in his background. There wasn't anything about fluid and electrolytes and renal metabolism that he didn't understand fully. But then he got into this dialysis business and it was his human qualities that came out in the dialysis business. He became a humanitarian. He began to think that the patient counts. You see that's what Scrib gave us. He gave us the concept of the patient is of value. That's what we're here for. That was Scribner's approach. And you could hear him agonize over not being able to take everybody into dialysis in those days that he wanted to take and the efforts that he would go to to get money to put these people on dialysis. Because of his background and training he was more agonized by that than anybody I know of.

DWM: When Scribner was working on dialysis in the 1960s what do you think he thought the potential was? What do you think he thought the future was for dialysis?

JB: I don't think that he was as enthusiastic about dialysis as David Hume was about transplantation. All right, David Hume, like I said, wanted a NAPA auto parts for the human body and could replace… But then he had the surgeon's mindset and mind. The surgeons feel as though surgery can cure everything. It actually didn't cure nothing but we never told him that. But Scrib knew that it was an interesting device and I think he continued, in his subsequent publications, to promote the basic science of it as long as he had something to do with it. He worked with volume control and he wrote about blood pressure control and all these other things. I think he came and visited us and spent some time talking to Dr. Guyton about the volume and blood pressure control. I know he was visiting professor here with me at one time. I didn't tell you about the time that Scribner visited us at Richmond; we were talking about that earlier. But Scrib came in and David Hume said, I was over there in the kidney unit and I want to come over and show you our chronic dialysis program. Scrib looked at it and looked at the patients and he says, David you really not doing chronic dialysis here. He says, what you're doing is you're doing acute dialysis chronically. We were all running 12 hours twice a week in those days because we didn't know any better.

DWM: Right.

JB: But I was modeling pretty much everything I did after him. But Scribner was a caring and compassionate person. He's the one who, as far as I'm concerned, in spite of old Pim and George and all the rest of these people, Scrib brought the human element into dialysis and if they have to attribute it to anyone… Now they say that the Scribner shunt did it but you know _____. Up until that Scribner shunt came along, you know, we were pretty well limited to just cutdowns for doing dialysis.

DWM: Right. Which is not the long-term solution.

JB: Not a long-term solution.

DWM: No.

JB: This was intermediate. But he gave the human element to the dialysis business. And, again, he put the patient at the focal point and he talked about and knew every one of his patients personally until they got real big, you know. But in the beginning _____. He gave it the personal touch.

DWM: We touched briefly on Earl Ginn.

JB: Yeah.

DWM: Earl Ginn is also not with us any longer.

JB: No. Earl died of myeloma. He and I were very good friends. Earl was really an outstanding athlete. He was a mountain climber. He and his son were in the Olympics for two-man kayaking and was very aggressive in that. He was a little on the hypocritical side in certain areas because when they were trying to dam up the Tennessee River Earl didn't want to do that because he wanted to keep it open for white water rafting and canoeing and so forth. So Earl got on the bandwagon for the snail darter and he became, all of a sudden, eureka he's an environmentalist and we can't dam up the Tennessee River because we've got this endangered species, this snail darter out there. Earl was really gung ho on that. I mean _____. But when you talked to Earl he said he knew damn well the snail darter was everywhere. I mean there wasn't any way you could endanger the damn thing _____ . I think that Earl was running a good transplant program and he was doing the transplants. He had his own system of rejection and he had come up with something that he had worked out that this would guarantee him and he had done something like 16 transplants and had had no rejection at all and then of course the next 10 that he did they all rejected immediately but I mean that's sort of a story but he thought he was on to something and really he wasn't. But the main thing about Earl is that Earl and I were in Atlanta working in the regional office there and we were getting ready to go down and shut down Daniel Gould and that was our mission. But Earl got a message from the State Department. What had happened is that PBS had run a special show called the Death of a Princess. This is where one of the Saudi Arabian princesses had a sexual affair before she was married. She wasn't a virgin. So they took her out and they buried her in the sand up to her neck and let her die and this came out on PBS. Well this alienated the royal family. But now Earl had established a relationship with the king because he was treating one of the princesses in Nashville with a kidney transplant. So when this thing broke in Saudi Arabia about this PBS story the State Department came and got Earl out of our meeting in Atlanta, took him to Houston immediately and shipped him off to Saudi Arabia with about a two or three million dollar money grant to do research in high blood pressure, glomerulonephritis or something like that. But when he got over there the king just took Earl as his personal physician. Earl had a special place in the royal plane when they flew. He had a special place in the castle where he lived. He could drink his own whiskey but the thing is that he said if he knew that if he ever gave somebody… Now the royal family could drink all the whiskey they wanted but if you gave whiskey to an Arab that wasn't a part of the royal family it was the death penalty.

DWM: Hmm.

JB: I mean there was a little hypocrisy there. Earl had his own liquor store there on the king's plane and took care of him. But then when the king died the custom was that the physician goes with him and so Earl had to be smuggled out to Switzerland when the king died.

DWM: Hmm.

JB: But he came back and he was one of the founding fathers of the DCI unit.

DWM: With Keith Johnson.

JB: Yeah. Earl Ginn, _____the last name was Walker but I can't remember his first name, Walker was one of Earl's associates. Of course Earl had a different plan for DCI than did…

DWM: Keith Johnson.

JB: Keith Johnson. I heard this, not from Earl but from Walker I think who told me that they thought that they were equal partners in it but actually the president was Keith Johnson, the vice president was his wife and secretary/treasurer was his lawyer. When the fan got a little thick with something, why Keith reminded him of that and Earl was out. Walker went to Charlotte, North Carolina and he was over there. There're a lot of good guys in North Carolina too. There was, God I can't remember his name either, _____ had a good group. They were very active in the Southeastern Dialysis and Transplantation. It was Phil Walker was his name. Phil Walker and I can't remember…

DWM: There was that big group in Charlotte for a while _____ was there.

JB: That's it _____ was part of that same group.

DWM: Yeah. I think Charlotte Nephrology Group.

JB: Who was the head man there, do you remember? Chandler.

DWM: Hmm.

JB: Yeah, Chandler was his name; was his last name.

DWM: Yeah. Tell me about the Bower Foundation, how did it get started and what will happen with the Bower Foundation?

JB: Well the Bower Foundation is a group of people and we started it when we took Kidney Care public. I had a choice. I could've gone back and negotiated a tax settlement with IRS to break the 501(c) (3) corporation and just go back and pay back taxes on it. It would have been maybe 50 or 60% of the wealth that the thing had gotten out of the RCG. But I didn't need the money and I said that we just kept the same charter and just rolled it over and it stayed as a 501(c) (3) private foundation. We don't pay taxes but we kept the same charter. We've gone back and we've modified the charter a little bit because initially the Kidney Care charter focused us exclusively on kidney disease and just between you and me and the gatepost I think that

kidney disease has got all the funding that they need. If they can just get the money that they're wasting and is being stolen, there's enough kidney disease money out there to take care of the whole world of research and nephrology without equivocation. The other thing that hit us was the fact that in Mississippi the number one cause of death is diabetes and hypertension and Mississippi is the fattest state in the union. I saw an article in the Annals of Internal Medicine and it said that if you're fat when you're 16 you're going to be fat for the rest of your life. So we said well if we're going to do anything to prevent kidney disease we've got to begin to work with the kids. So we met with the Department of Education, it was Mr. Johnson who was the superintendent in the state of Mississippi. We met with him first. I asked him, I said, now listen we have a mission and we need you, you don't need us, we need you because we can't reach the children if you don't reach them with us. This was the relationship that we worked out with the Department of Education. So the Department of Education said, well let's try it. So we established the Office of Healthy Schools and we have now got just about every school in the state of Mississippi now is focusing. We've gotten lots of legislation passed. We've got a public information group that we sponsor that provides data, good solid verifiable data to the legislators. We've been able to convince them that we need to do exercise in schools and so we've passed laws in the state of Mississippi that requires physical activity. We've gotten all of the soft drinks out of the public school system and this has all been done. Anne does all of this stuff with our public relations. Right now we're trying to get all of these deep fat fryers out of the school. We've come up with a system and we bought about five of these things they call CombiOvens where you cook with steam and they you dry with hot air and you cannot tell the difference between that and a French fried potato.

DWM: Hmm.

JB: So we've got those going in now. So far I think we've only paid for three but once one school sees this and has this program going on… We helped conduct the test site in Starkville, Mississippi. We went up there and we watched the kids come through the food line and they were grabbing these French fried potatoes, they didn't know that they weren't deep fat fried. So one of the ladies that was standing there she said, boy I notice that they're really taking these potatoes. And I said, yeah that's a good test I said but I want to go over to the trashcan and see what they throw away. XXXX they didn't throw away a single one of them. They ate every damn one of them. We could ask them whether they were any different and they said, no as far as they could tell they were the same. But it was fat free. Can you imagine fat _____ And now we cook chicken nuggets, we cook just about everything that you can in fat. So we've gotten the fat fryers out of many of the schools.

DWM: Great.

JB: We're in a school nurse program. They are now under the Office of Healthy Schools. Our spark plug who started that group for us has just retired but we've got another, her junior assistant is coming in and I think Shane is going to do a great job _____ . We've just funded

another, what we call, John D. Bower Public School Programs. They go in and get the community to work together in terms of efforts to increase exercise and maintain nutrition so that's basically what we're doing. Now the other things that we do, unrelated to that, we're very big into fluoridation. Somebody came to us one day and said he wanted to buy a van and put two dental chairs in it and get some volunteer dentists on a rotation to take the dental chair and go around and fix caries in the indigent population. And I said, do you have any idea how many damn rotten teeth there are in Mississippi. I said, that's ridiculous. And I said, what percentage of the water in Mississippi is fluoridated? They said, oh about 30%. And I said, well let's work on that. We're now up to 60% fluoridation and we've put every one of those units in there. What we do is that we pay the half salary of the doctor who's the dentist in charge of oral health, we pay full salary for his associate who does the marketing and the selling and the communication with it. He goes in the community, convinces them that they need to do this and what we do then is that we then have a contracting team that goes in and does the analysis of the facilities to see what we have to do to sell them. He gives us that report and then we have another contractor that goes in and does the installation, which we pay for, and then we furnish them sodium fluoride for one year. Now we've got close to 60% of the patients in the state of Mississippi on fluoride.

DWM: So this is convincing municipalities to fluoridate the water?

JB: Yeah, uh-hmm. Yeah.

DWM: Because I thought that happened 30 or 40 years ago.

JB: Well wait a minute now you forgot that we're in Mississippi, you know. There're still people who show up at these conferences with the old rusty can saying, "Look what fluoride does to my beer can." It's a mindset. It was sold as poison in the state of Mississippi.

DWM: So the Bower Foundation is, you're really trying to get at prevention.

JB: Oh yeah. Prevention of kidney disease.

DWM: Prevention of obesity and therefore kidney disease and hypertension, prevention of...

JB: Heart disease.

DWM: Heart disease. Prevention of dental disease.

JB: Right.

DWM: Good for you.

JB: The latest project that we're working on, which is probably going to bankrupt us, is an ethics center at the medical center. We have everybody who, you know, somebody who will hold up their hand and say, _____. I think I can read a book on ethics and give a lecture to the students but there is not a bona fide ethics course being taught at the medical center at all. So we're looking at trying to fund an ethics center. We've got somebody in mind to run it but we're trying to put together the money. But it's going to take, they say six million; I think it's going to take 10 million and I just don't have 10 million that I can put into it. But what we going to do is we're going to try and match these funds with other agencies and call it what the hell ever they want to but I would like to have 10 million endowment for the ethics center. We want it answerable to only the top man. They want to put it under the division of this, the department of that and I said XXXX if we're going to do it this guy has got to be independent because if you guys have got 10 million dollars over there and we don't have one sucker responsible for it we know how well academic centers of capable of … The other thing we've been doing is that we've funded some chairs. My chair is fully funded; the John D. Bower Chair of Nephrology and Hypertension. We've got a chair that we've funded in the school of nursing in the name of Harriet Williamson who was of my former nurses who was a nurse practitioner, of course. We've also funded a chair at pediatrics. I funded part of David Hume's Chair at MCV. I have just now recently completed funding a Chair in the Department of Physiology at the Medical College of Virginia. After what W. T. Thompson did to me, they asked me the other day to help fund his chair and I said I will do that if you'll let me put a little electrical wiring in it and we call it an electric chair. But, no, I am very grateful to W. T. Thompson for what he did to me because I would've never amounted to a fart in a whirlwind had I stayed in Richmond under him. I would've never have been able to do anything. But to get into an environment that was challenging, to get into an environment where there was nothing, has been a very wonderful stimulus to me to be productive.

DWM: You've accomplished a lot.

JB: We've done a lot. We've done a lot and it's something that has been a joy all the way. It really has been a joy all the way. I managed to make it and hang on to my three kids; although I'll have to admit if I have any guilt feelings or if you would do it differently, I would spend more time with my kids. Now we did some good things together. You know we had campers and we water skied and we boated but it wasn't anywhere near as much as I could have or should have. But you know you just can't build 20 artificial kidney units in three states, dialyze 2800 patients, supervise a staff of 750 people, oversee a nephrology training program and teach nephrology and all levels of medicine at the medical center and have a whole lot of time for the family.

DWM: No.

JB: I just didn't have a whole lot of time.

DWM: John Sadler tells this wonderful story about his son who, when he was young, the son was, it sounds like six or seven, and somebody asked him what he wanted to be when he grew up.

JB: Um hum.

DWM: And his son said that he wanted to be bread truck driver because this other boy's father was a bread truck driver.

JB: Was a bread truck driver.

DWM: …and he was home every day at 3 o'clock.

JB: Well notice none of my children would even come near medicine, none of them. Anne, who runs the Bower Foundation now, she was a free spirit for many years but she came home and I asked her what she was going to do with the rest of her life and I made her a deal. I said, I don't know what your salary is but I'll pay it and I'll buy your books and you go back and get a master's degree in business administration so she went to the toughest business school in the state of Mississippi, Millsaps, and got her master's in business administration. She ran Kidney Care for a period of time and she was there when we transitioned it from Kidney Care to Kidney Care Foundation. So she now has been running the Kidney Care Foundation, which is now the Bower Foundation. My other son, John, was a salesman for me. He sold medical supplies and was on the road a lot and he came in one day and was tired and I said, well what do you want to do? He said, well, he didn't know and I made him the same deal. I said I know you don't want to go into medicine at your age but if you'll get a master's degree in business I'll give you the water treatment company and so he's renamed it, it's now called Pure Water Solutions. They've got operations in North Carolina, Houston, Texas, Memphis, Tennessee, I think in Atlanta and so he's really franchised it out and done a great job with it. But right now he's gotten himself a young man who is very capable of running Pure Water Solutions and so Johnny's going into a business, which he tells me he's making money at already, called Land Improvement. He goes out and looks at land and buys land and then does improvements on it and then resells or does land improvements for other people under contract. I haven't seen any of his work but he said he's making money on it. Again, one thing that they all were concerned about is that when I was stepping down and they all sort of thought well they didn't want to go into a family business because they thought I would run everything and I keep tell them, I said if you see any evidence that I'm running anything … _____ you took over, I'm outta here. _____. But the Foundation, I'm very proud of it.

DWM: Absolutely.

JB: We have an excellent financial man and we took a pretty bad hit with this last dip in the stock market, we lost some money on that one. But we have grown. Every year we are

required to give away 5% of our total worth and we have done that every year. We have doubled our worth through our investments.

DWM: Good.

JB: So it's about the best you can ask for. The guy who does our investment supervision for us is a professor; was one of Anne's professors at Millsaps College and he teaches finance and he runs our portfolio. Then we got another administrator, John _____ who works with him and they do the money management and I don't have anything to say about that either. I just turned that over to them, I'm not involved in that at all. But it's really good to see the thing going on and again it's set up so that it'll go on long after I'm gone.

DWM: Good.

JB: You know, I guess all of us sort of seek a little sense of immortality I guess and I think the Bower Foundation is going to be around for as long as anything else is going to be around, I guess. Again, we've already got an alternate plan if anything ever happens to our finance group we've got another alternate plan as to how we're going to manage our money and so that's already set in place in case something happens to that _____. There's a lot of other things we do; there's a list as long as your arm of the things we've funded. We're not into, you know I told you we funded Giles, that was his name, in Lynchburg.

DWM: Oh, Dick Giles and Bob Lockridge.

JB: Bob Lockridge, right.

DWM: Yes. Bobby Lockridge.

JB: We funded them for research. We funded a lot of research in nephrology at the medical center because when I ran Kidney Care as Kidney Care I spun off an awful lot of money into the Division of Nephrology at the Medical Center. As a matter of fact I paid the salaries of lots of people over there with the Kidney Care money. I supplemented all the physicians' salaries over there so we had a good system going for everybody involved in that. But basic research is a bottomless pit that only the government can fund.

DWM: Yes.

JB: People have asked us to look at different projects and different things and I just say _____. The only thing you ever discover is something else you need to fund. We just don't do research. We have three criteria; we give them money, we hold them accountable, we set benchmarks for them; when you reach this benchmark you'll get this percentage of the

money, when you reach this benchmark you'll get this percentage of the money, when you reach this you'll get this money and then if you don't spend it, the money comes back.

DWM: Right.

JB: We get it back and we'll put it some place else where it will be _____. The other thing that we demand is that the people who are receiving the money actually are involved in doing the work. When we set this thing up we decided that if we don't have the support of the superintendents of education in each of the school districts we ain't going anywhere. The superintendent's got to be on board.

DWM: Right.

JB: Because he makes the decision at the top level and if he's not involved we won't _____. As a matter of fact the first six that we did, one of the superintendents didn't show up for the initial meeting and we dropped it. I'm gonna tell you he had a whole bunch of people that were really pissed off at him because they wanted to get involved in these better school programs. But when he didn't show up it sent a shot across the bow that if you guys want to stay with us you're gonna do your thing.

DWM: Right.

JB: He did very well. _____ I think there's about 10 more of these John D. Bower programs. I went up to Ruleville the other day, they had John D. Bower Day in Ruleville, Mississippi, and it was a turn out of the schools. They had a John D. Bower cheerleader team and they had written songs and dances and exercises and all that sort of stuff.

DWM: Fantastic.

JB: We're touching the bases.

DWM: Fantastic.

_____ (not sure if you want this part typed in)

DWM: Well, I want to thank you for letting me sit here on the edge of the reservoir and talk to you today. This has been fantastic.

JB: Well, if there's anything else you want to know; I think we've pretty well covered…

DWM: Is there anything else we haven't covered? _____ talk about

JB: The only thing is I'm very disappointed in the field that we're going in and I think we basically, we've lost our mission. If we can do anything I'd like to see us, I don't know, try to live the good old days. I don't know that that's going to be done but that's why we're doing the ethics thing. We're hoping that we can at least reach the medical students with the principles of ethics.

DWM: How do we get back on mission?

JB: I don't know. Hopefully, at least… Well the quickest way to get back on, as I've already said, is a single payer national health insurance program whereby each state sets up an accountable office made up predominantly of physicians and the physicians negotiate in advance the fees for service and then they hold the physicians accountable for this service. Cut the insurance industry out of it all together and see if we can't get the physicians to accept responsibility for their care. But the only way you can do that is you've got to control… You know, _____ this is what David Hume told me when he said, John, I forgot about it, when I was leaving, oh I was demolished, I was torn up, _____ was busted and sore and I was angry. As a matter of fact I sat there for a day after I had resigned, not resigned been fired, I sat there at home and just waiting for the phone to ring knowing damn well that somebody was going to call and say, it's all a mistake, Russell Randall's gone, you've got your job back. You know I lived in that imaginary world for at least four to five days and it wasn't until I was on the road driving to Mississippi with my worldly possessions in the U-Haul-It truck and my wife following me in an old Suburban Chevrolet with Anne and I had my son John with me in the truck. John was born in '61 and this was in '65 so he was four years old. We were bouncing down… We didn't even have interstate highways in those days, about half the way. We were bouncing into Mississippi. When I got down here, again, I thought about what David had told me. David said, John, he says, there's a guy down there in Mississippi that's crazier than I am. He says, his name is James D. Hardy. Jim was the guy who did the first heart transplant. He put a baboon heart into a human being and it lived for 90 minutes and he sort of claims that he preceded the guy in South Africa, I forgot his name, anyway, Christopher…

DWM: Christiaan.

JB: Christiaan Barnard.

DWM: Christiaan Barnard.

JB: He says he did the …. and he did, he did put a baboon heart into a human being and he said that it lived for 90 minutes. But I think at that time it was probably the most unethical thing you ever could do in your life. But Jim did an awful lot of unethical things but he was another one of these _____. The difference between Jim Hardy and David Hume is that David Hume was doing it for the sole purpose of trying to make life better. Jim Hardy was doing it to make his career better and there's a big difference. Jim Hardy's career was his god. David's career

was service to humanity. But whenever David… He said, John, he says, you've got to watch out for that guy Hardy, he said, he'll take over and do everything you want down there but you just got to be careful. And I said, well I don't know that I'll ever meet him. He said, remember this one thing, he said, don't forget my creed. I said, what is that? He said, CCF. I said, David, what the hell's that stand for? He says, control the cash flow. That was my last word that I got from David Hume. And so I did. I've always controlled the cash flow. And you've got to admit, I've been very pleased with my career. I mean I got what I wanted. I never wanted to be a departmental chairman; never had any desire to be that. I wanted to be a division chief and I wanted to be in nephrology and I've been that for 30 years. I got a great guy in there that's taken my position. He occupies the John D. Bower Chair of Nephrology and Hypertension.

DWM: And who is that?

JB: _____ by the name of Mike Flessner. He's a M.D. and a Ph.D. He's doing really some good stuff in research in peritoneal dynamics and other related things. But I'm very pleased with Mike and he's got now … When I left I was training six fellows at a time, I had three in each year and Mike has now got it up to four fellows in each year so he's training eight at a time; first year and second year. But the same thing applies; we're still attracting predominantly foreign medical graduates.

(I'm not sure if you want this sentence in or not)

How are you going put all this crap together?

END OF DICTATION

Dugan W. Maddux, MD
DWM/dlb
T: 08/10/08