

A Life of Learning: The Dr. George E. Schreiner Story

“We’re so glad we hired Michael when we did. Dad could not wait for their weekly get-togethers, and I don’t think Michael could either. They developed a great rapport, and it shows in my Dad’s memoir. Mike moved easily from my father’s idyllic boyhood in Buffalo to his celebrated scientific career at Georgetown, handling the fun, the family, and the professional stories with equal skill. As we now watch age take its toll on my father’s cognitive skills, we feel blessed knowing that his amazing story will be there for generations of Schreiners to come. ”

Bill Schreiner, Reston, VA

A LIFE OF LEARNING is the autobiography of Dr. George E. Schreiner IV, a man whose life and career embody the American Dream during seemingly every pivotal moment of the American Century. It’s the story of a boy “bathed in academia” who grows to become “the guru of American nephrology” at Georgetown University. Yet it’s also the story of a boy who travels with his Uncle Barney to pickup Prohibition-era booze as it travels downstream in a rubber raft, plants thousands of trees with his kind father, passionately works the seismograph for the Canisius College Jesuits, cuts a deal to swap his baseball glove for a Model-T Ford, and leads his high school debate team to triumph, while still managing to graduate as valedictorian of his class.

From his training at New York University-Bellevue Medical Center under the leadership of famed physiologist Homer W. Smith to his marriage to Joanne and their raising of eight children, we see him become a great teacher and leader, serving as President of the National Kidney Foundation, and pushing transformational kidney dialysis legislation through Congress. Though Dr. Schreiner covers his many achievements in *A Life of Learning*, he teaches just as much through his touching stories of the friends, family, and colleagues. The result is a memoir of

both historical significance and incredible depth told in a style that allows for a fun ride through an ascendant America.

In this first passage, Dr. Schreiner discusses his boyhood in Prohibition-era Buffalo, including some fun times with Runyonesque Uncle Barney:

The period of Prohibition, when generally speaking, the sale and consumption of liquor was banned, began on January 16, 1920, more than two years before I was born. The law wasn't repealed until December 5, 1933, when the Twenty-first Amendment was ratified, and I was 11 years old. Given our proximity to Canada, where liquor was not banned, the off-shoot of Prohibition was all around us. We were immersed in it.

A lot of people didn't know this, but the Prohibition Law stated that the head of the family could make wine for his own family's consumption up to an amount of 50 gallons a year maximum. It had to be the head of the family and only he, nobody else. Well, my father liked to have wine at dinner, so he took advantage of that loophole. Of course, out on the farm we had fruit trees and wild blackberries galore that grew in the garden, so we had those as sources for wine that he would make.

Then he would call California for white grapes so he could make white wine. We had a big press and barrels in the basement, and he would make delicious wine. So we regularly had wine for dinner including little small glasses for the kids. As you might guess, he also had many, many friends who came by during those years to visit!

I also remember when I was going off to school in the morning, I would see the guy two doors away from us maybe two or three mornings a week dressed in rubber boots, rubber coats, a hat, and everything, going down to his boat. He would go over to Canada and get whiskey and bring it back.

Then when I was dating Joanne before we were married, we'd visit her best friend from high school, who had a house on the Canadian side of Grand Island. There were these very nice island houses, and there was one particular house where we went to parties on a regular basis. Joanne happened to be very good friends with these kids when they

were in high school at St. Mary's Seminary.

The upper floor of the house was basically a party room. They had a little bar and tables and things like that there. The living space was down below. Then, attached next to it was a boat house.

They had a boat in the boat house, but to me it was a strange looking boathouse. I was always interested in buildings and architecture because of my grandfather, but as I looked this boathouse over, I couldn't figure out why in the world it was built the way it was. For one thing, I saw that there were pulleys up in the ceiling. I couldn't figure out what the hell the pulleys were for until one night when I happened to be visiting a couple of other people who had houses along the river. They both had these boat houses built next to their houses, too, and I finally saw first hand what was going on.

It turned out that during Prohibition, the government had a Coast Guard ship almost the size of a small destroyer going up and down the north part of the Niagara River on the Canadian side policing for boats coming over with whiskey from Canada to the United States. Well, the Coast Guard boat would come up with all its lights shining and cast a spotlight along Grand Island and all of the boat houses along the river. People had this all timed out to a tee, so of course all of the boat houses would be closed up when the ship approached.

After the ship passed the houses, it would go up toward the lake and then turn around. While they were turning around, all these boat house doors would open up, and all these people would go whoosh, whoosh, whoosh, over and up the creeks into Canada and fill up with Scotch and bourbon! They would all shoot over, and of course the Coast Guard boat was long gone!

Grand Island is closer to Niagara Falls than it is to Lake Erie, so it's quite a long trip up to the lake, and then the Coast Guard would turn around and come back down again and shine their spotlight along the shore a second time. Well, by this time, everyone had loaded up their boats with booze and – zip, zip, zip – gone back into these boathouses! Then they'd drop the hooks from the ceilings, and they'd have a little motor, and they would pick up the whole boat full of Scotch up to the ceiling above the level of the door, so the Coast Guard couldn't see the boats.

So even if the Coast Guard spotted some of the boats going across, they would be empty. Later, after these boats had filled up with Scotch and come back across, the Coast Guard would come down and shine the lights in the boathouses. They'd see the boathouse doors open and they thought that the boats were out on the river somewhere, though they didn't know where they were. What they couldn't see was that the boats were out of the water and up in the ceilings of these boathouses!

Of course, the running of booze wasn't just by boat. They also loaded whiskey on trucks. As a matter of fact, one of our highest altar boys at Canisius made a lot of money by driving trucks full of booze into the city. He was in his third year of college and he was doing this to earn money for tuition. He got high-jacked one day. Somebody in a truck pulled up, jumped into his cab, shot him dead, and stole his truck full of whiskey.

So I had a lot of contact with the guts and problems of Prohibition, though my closest contact came from a family member who was one of the great characters I've ever known. His name was Barney Krieg, and he was my mother's uncle and my great uncle. He was like a character out of a Damon Runyon story.

Uncle Barney never married. His sister Josephine, whom we called "Aunt Joe", kept house for him for many, many years, and they were horse players all their lives.

He drove an emerald green Lafayette limousine that used to shine just like a gem and ran wonderfully. You could put a water glass on the motor, it had 12 cylinders, and it was so quiet that a glass of water could be set on the top of that emerald hood and would sit still with the motor running.

Once in a while after school, he would take me out for rides. I remember I came home from school one day early during Prohibition, and he said, "How would you like to take a ride out into the country?"

I said, "Sure."

He made a phone call to his dealer and drove me out to a beautiful area in the country with a little creek and a bridge. We went over the bridge, and then he parked the car along the side of the road, and we went down to the stream.

He said, "Just keep your eye under the bridge and look upstream."

Well, I looked upstream and down came a little rubber blowup raft with cases of Scotch on it! The raft came under the bridge, and as it came down to us, we got a branch ready and pulled it in to the shore. He loaded the cases of Scotch into the trunk of his car and drove away, just like that, and that's how you got your whiskey!

He was very active also in politics. He was on Grover Cleveland's political team when Cleveland ran first for mayor of Buffalo and then for governor of New York. Then he was on the campaign manager's staff for both of Cleveland's presidential elections. Cleveland was the only president up to that time and through this day who served two terms as president that were not connected. He served for four years, and then there was another president, and then he had a second term. So my Uncle Barney Krieg was on his campaign manager's staff for all Cleveland's races from mayoral to gubernatorial to presidential.

Uncle Barney even went to Washington to live when Cleveland became president. He had an apartment on 14th Street. However during one real hot summer during the second term he quit and went back to Buffalo.

He told my mother, "I couldn't stand the heat down there. It's just too hot."

Back in Buffalo, he enjoyed a uniquely varied career. First, he became a bookie. Then after he retired as a bookie, he ran a candy store for a little while. Finally, he and Aunt Joe sat down and bet the horses for themselves. That's how they made their living! Every morning they got the racing form, did their research, and then spent their day betting a horse in *every* race at *every* track in the country. They bet for a long, long time – maybe ten years or so – and they were very good horse players.

I asked him one time, "Did you ever figure out whether you came out ahead or behind for your life's betting?"

He said, "Yup. I made \$150,000 betting the races."

I believed him, because he did know horses. I know because he took me to the races several times at Fort Erie in Canada, right over the border. Canada was a big vacation

place for Buffalonians because during Prohibition you could get alcohol while you enjoyed a day at the races. So he'd take me and we'd bet the races, and it was clear to me that he knew how to handicap the horses.

In a second passage, Dr. Schreiner describes his clerkship in medicine and psychiatry at St. Elizabeth's, then one of the largest psychiatric hospitals in the country:

I saw some interesting patients at St. Elizabeth's, to say the least. For instance, there was this famous patient who was confined to St. Elizabeth's during the War, though I can't recall his name. He was a famous patient who had gotten into some kind of a scandal or something and it was thought that he was schizophrenic and so he was sent to St. Elizabeth's by the judge. There are books about him. He was a household name at the time.

So I ended up at St. Elizabeth's for my psychiatry, and there was a guy I came to know who said he was an Indian Chief and drove a purple Cadillac! This is a good one!

I think the Chief had had central nervous system syphilis that had gone into the final stage. He also had a little touch of manic depressive psychosis at the same time, and he was pretty manic. He had been in there for quite a while.

As students, we saw patients and had to do a patient write-up. Of course there was one on the chart for the patient and we could read that, and then we were supposed to go and do our own history like we were seeing the patient for the first time.

So I'd go to see the Chief because I thought he was interesting. He sounded intelligent, he spoke well, and he had pretty fancy ideas. So we got to be pretty good friends. He told me that he had lived on the reservation, that he was the Chief, and that they had some oil wells in the range of the reservation, so they were a fairly well-to-do tribe. As Chief, he was getting the money. Today they run gambling casinos, but back then the only rich Indians in the country were the ones that had oil on their reservations, and he claimed to be one of them.

He said he had a purple stretch Cadillac and a chauffeur that he put in a dark purple livery to drive the purple Cadillac. He went on to rave about what a wonderful car it was, and how popular he was, and how well he was known as he drove around his region of the country, somewhere out in the west.

Now, one of the features of central nervous system syphilis is grandiosity, so I centered on that and did some research on it and so forth. I dug out the percentages that were seen in patients who develop paresis. Some of them develop a type of paralysis in their legs. Others develop other things. But one of the mental frameworks with this type of paresis, part of the manic depressive side of the disease, is the grandiosity. So it's kind of a mixture of central nervous system syphilis and manic depressive syphilis. So I wrote this up fairly extensively and turned it in, and I got an A+ and a special commendation.

I just wrote it all up just the way he told it to me, and reported on how well this fit into the disease and how it had been described in all the references. So I believed that it was the disease that made him tell these amazing stories.

So I went on to another patient or something, and then after three months, on the very last day of my rotation, I was leaving St. Elizabeth's and going on to another hospital. I had turned in my final work, packed up and literally was leaving for the last time. I walked out of the place, and I was going to my car, carrying all my stuff. And as I came by the patient's little drive-by entrance to the hospital, I looked over, and there was a purple Cadillac!

I thought, "My God!"

So I walked over, and sure enough, a chauffeur was sitting inside in a dark purple suit!

I said, "Are you the driver of a patient in the hospital?"

He said, "Yeah! He's going home today."

As I was talking to him, I said that I had met him.

He said, "How do you know him?"

So I told him. A few minutes go by, and the guy comes down the steps, and sure

enough, it was the Chief! I had written him up as having visions of grandeur as a result of his disease, but it was all true!

They had already given out the grades at that time, so I didn't tell. It was my last day of service, and I wasn't about to give back my A+ at that point!

Having returned from a brief stint in the Korean War, Dr. Schreiner began his groundbreaking career at Georgetown, using the artificial kidney and kidney dialysis to remove poisons and drugs from peoples' systems:

When Dr. Jeghers left Georgetown to become the Head of Medicine at Seton Hall, Dr. Kyle was made the Chairman of the Department. He then made me the Chairman of Nephrology. From there, things really took off for me. In fact, I used to refer to "the Roaring 50s" as it applies to nephrology.

We were building the Nephrology Department from scratch, and in the early days, I remember that I had a banner in the laboratory reading, "Nephrology is the last remaining form of general practice." It was the first new medical specialty to emerge after World War II. All of the other medical specialties like gastro-neurology and cardiology and dermatology were all established. There was no nephrology.

Now, when the artificial kidney was started, it was used basically only for people who didn't have kidney function. What we did at Georgetown that was innovative was the extension of artificial kidney usage for removing poisons and drugs from an individual's system. We established the basic criteria for why you would want to use the artificial kidney for this purpose.

Our laboratory had a long series of firsts in terms of dialyzing patients. For example, in September of 1954, we were the first people to dialyze aspirin poisoning. A 44-year old man had been found comatose with seven empty aspirin bottles representing a total of 220 g of aspirin, CO₂ of 9, arterial pH of 7.15, and a blood level of 90 mg%.

Blood was flowing through the rotating drum seven and a half hours after admission, and he was dialyzed for six hours with a recovery of 9.4 g of salicylate and a net drop in the blood level of 57 mg%, at which time he was speaking rationally and remembered events. This was the first reported successful human dialysis for salicylism.

If aspirin was taken, often as a suicide attempt as with this man, or sometimes just as an accidental overdose, we set up the chemical methods to analyze blood levels and levels of dialysate and proved that you could wake people up from deep comas, sometimes right on the edge of dying.

We also tested all the various barbiturates, like Seconal, phenobarbital, and a whole long series. We tested bromide poisoning and almost every chemical poisoning that is dialyzable. We sort of specialized in these tests, and as a result, we had patients sent in from everywhere. A lot of them were attempted suicides.

We were also the first to dialyze a small child under the age of one. Just to get the tubes into the vessels was near impossible! You had to have an artery and a vein. That came about because of an emergency, although I can't remember exactly what the emergency was, probably a kidney failure. I'm sure that it wouldn't have been a suicide!

So I had all kinds of people. I had the president of the College of Maine with barbital poisoning. I had alcohol poisoning and ethyl alcohol poisoning – somebody who took ethyl alcohol thinking it was drinking alcohol. We washed that out with all kinds of salicylates like aspirin salicylates and all kinds of medicine – barbiturates, Seconal, Nembutal, and phenobarbitol – and in *huge* doses!

These were things that beforehand had been 100% fatal. And we woke them up! We had a very good success rate, in part because we only did the things we thought would be useful. We did some animal work in preparation, but generally speaking, it's pretty tough, because you'd have to make special size artificial kidneys for every type of animal. We had done some work on dogs. We'd done in vitro work also.

Even with our success rate, we had a tough time at Georgetown, because the nun who was at that time the head of the hospital tried to cut me out from doing it because the hospital code as it's written says that you can't represent yourself as a hospital that will

treat suicides unless you have bars and screens on the windows in order to prevent people from jumping out and committing suicide. The nun didn't want to have bars on the windows at Georgetown University Hospital, and so she opposed the idea of my treating suicides, but I said that the people that we get here come in comatose, and when you wake them up, they will have lost the reason for taking the barbiturates and committing suicide. Eventually, I was able to win that battle, and I wasn't just being flip with the nun, either. We had a lot of solid research behind us.

You see, we had teamed up with a fellow by the name of Bob Nenno of the psychiatry department, and using our data among other sources, he wrote a number of papers on the fact that rapidly waking up suicide cases and getting a psychiatrist to work on them from moment one when they first were returning to consciousness was a very effective way of treating their depressions. He wrote a whole series of papers on that. Some we wrote together. Some we wrote with the nurse. Some he wrote. But we found that in general the people rarely turned around and tried it again. They woke up and had this big machine washing their blood, and somehow it seemed to wash out some of the desire to commit violence on themselves.

It was an exciting time, because we basically had a specialized practice within what was already a small, specialized field. As I've said, there were so few of us running artificial kidneys. There was no artificial kidney in Baltimore. There was one in New York. There was one in Boston. There was one in Atlanta. That was about it for the east coast. But even more importantly, nobody who had artificial kidneys at that point in time was working with suicidal patients like we did and we concentrated on that. That's why we had the "firsts" in almost any poison you could name that was dialyzable. We were the first ones to dialyze it while the other nephrologists were using theirs to treat acute and chronic kidney failures. They didn't have the wherewithal or it didn't occur to them to do what we were doing.

So we were the center of that movement! Indeed, the successful treatment of acute renal failure and the successful dialysis of poisons produced real electricity among the pioneer nephrologists!

We were the only people who had basically done this for the first couple of years. All of

these people who had artificial kidneys would come and visit us and see what we did, and we would get patients sent to us from all over, even from Hopkins. It was the only time Hopkins ever sent Georgetown a patient referral! Hopkins and Mass General were probably considered to be the two best hospitals in the country at the time, and even in Boston, where they had an artificial kidney at the Brigham, they didn't do any of this kind of suicide patient work until we did. It's one of the ways that I got to be very good friends with Merrill.

I never had the notion that I was going to get rich doing this, but I enjoyed it, in part because of some of the amazing things that seemed to happen to us and the amazing people we'd encounter. For instance, anybody who had a problem in Europe who wanted to have it taken care of would contact us. One day I received a call from a group of doctors on behalf of a patient they had. She was a woman whose kidneys had shut down from an infection that she got when she was delivering her baby. She was absolutely beautiful. She had had a dicey pregnancy which also affects the kidney. Also, she was anuric, which means that she was not producing urine, and couldn't nurse her baby.

So all of her doctors in France got together and called me and asked if I'd take care of her. I said, "Sure."

I went down and picked her up in my own car at the Washington National Airport. I brought her to Georgetown, dialyzed her, got her kidneys working again and back in good shape, and bought her a plane ticket back to where she was going!

I never thought about trying to make money out of something like that. I was just so happy to be able to deliver her back to her baby and to her family and to the French doctors who took good care of her. They all wrote me beautiful letters and sent me some presents and so forth, but I never got paid for it and Georgetown didn't charge her. As a matter of fact, she sent me a painting which I still have in the house.

In addition to the satisfying work we were doing, I also had gone over to Walter Reed and set up a fellowship program and began accepting fellows. The idea was that officers who wanted to go into nephrology could spend six months at Walter Reed and six months at Georgetown in fellowship training. We would have six or eight fellows at any

time, and we got the new artificial kidneys as they came along and set up a big program. I ended up training something like 380 nephrologists who are now all over the world, many as chiefs of nephrology at various universities. For instance, the young man who headed the first kidney unit at the University of Colorado in Denver was one of our products.

Toward the end of his career, while President of the National Kidney Foundation, Dr. Schreiner became involved in a major piece of medical legislation, End-Stage Renal Disease (ESRD) Medicare. In typical fashion, Dr. Schreiner recalled some of the mad-cap adventures behind this accomplishment even more than the accomplishment itself:

I became President in 1969, and I was the natural one to do a lot of the government work, because I was here in Washington. I really got quite a crash course in the way Washington works and became involved in a piece of major legislation that resulted in the Federal Government's support of dialysis and transplantation modalities through End-Stage Renal Disease (ESRD) Medicare.

The legislation I was behind was largely just because I was there and was in the right societies at the right time, but I guess I did my job because we saw it through. You see, at the time, we believed that dialysis needed to be federally funded. People already were rushing to states where there were programs, and the cost structure just couldn't work. We believed that to move dialysis from a sporadic clinical experiment into a national, and eventually international, standard of nephrologic practice would require federal law.

For instance, Washington State had a program because Dr. Belding Scribner was out there at the University of Washington Hospital. Dr. Scribner was a pioneer in kidney dialysis, and in the early 60s, he had turned to the King County Medical Society for sponsorship of a community supported outpatient dialysis center. He successfully integrated the talents of a first-class engineering school, an inventive bioengineer, and a young surgeon to perfect the first really reliable vascular access that ushered in the

probability of dialysis for chronic uremia. He eventually oversaw the establishment of the world's first out-of-hospital outpatient dialysis treatment center, but there were only a few stations and there was financial strain from day one.

It was amazing because people from every possible walk of life joined in a movement to gain access to care for uremia. Public awareness of the severity of problems facing patients and their families occurred most vividly in small towns and cities where people tried to help friends and neighbors raise funds for dialysis. You see the same thing today when someone with no insurance loses a home to fire or is badly injured in a car accident. There were bake sales, candy sales, marathons, and cook-offs all for one end; to support someone in need of dialysis.

Eventually, it came down to a convergence of science and events driven by people who made passage a Judeo-Christian imperative. They insisted that central government make provision for the new life-saving technology to those confronted with the stark reality of life or death.

At the National Kidney Foundation, we supported the movement through scientific, professional, and public education, and we worked the local and national press as they picked up on the human interest side of the story. I remember *Life Magazine* ran a story at the time entitled "Who shall live and who shall die?"

That was pretty powerful publicity and showed we were really getting the word around. Now, things started to converge at the national level. The powerful Bureau of the Budget (BOB) convened a committee to examine the political phenomenon that largely public-financed medical research was producing effective but expensive new therapies, and the public wanted such advances to be more generally and readily available. Dr. Carl Gottschalk chaired the committee, and I was a member, along with several physiologists, clinical nephrologists, transplanters, economists, lawyers, biostatisticians, psychiatrists, and ethicists. We met first met in mid-1966, got together several more times, and submitted our final report to BOB in September, 1967. The report was expected to be a blockbuster, as we committee members realized that this would be the first clear-cut, scientifically supported statement from an academic base that dialysis

and transplantation were, as we wrote, “sufficiently well advanced today to warrant launching a national program.”

Well, the report was released on a holiday weekend with fewer than 100 copies and no press coverage. In other words, someone effectively squelched the report! I couldn't believe it, but then, being Washington, D.C., or course I could. Later in the year, the Public Health Service (PHS), working with Joseph Califano of the White House, carefully orchestrated a press conference to play down kidney disease.

And yet the people had spoken, and their wishes couldn't be kept down for too long. By 1972, their Congressmen were responding, and there were more than 100 bills introduced in that year alone relating to ESRD.

As President of the National Kidney Foundation at the time, it became apparent to me that the cause needed someone with Washington and legislative experience to advise us and help achieve a comprehensive national solution to universal coverage for patients with end stage renal disease. Enter my friend and neighbor Charlie Plante, who was just such a man, and who I hired over the objections of my Board of Directors.

So Charlie and I began putting together the list of who we had to talk to in order to have a chance of winning at the Washington game. Charlie had worked on the Hill as an aide for a long time in various senatorial offices so he really knew his stuff when it came to how to go after legislation. He was a very straight guy who wasn't looking for money for himself, and we were very good friends, so he was the perfect guy to have at my side through this process.

Well, Charlie began introducing me to the right congressmen and the right senators, and I started talking to them and appearing in hearings to give testimony for the Kidney Foundation and the American Society of Nephrology and the International Society of Nephrology and all those things. I testified before Congress approximately 30 times on all aspects of the ESRD problem and the urgent need for a remedy. And we brought other witnesses in, too.

Charlie would find me the right guys, whether by themselves or as company representatives, until eventually, we knew we had enough backing that we could pass the legislation, and I testified at all of the hearings that they had.

One giant problem we could see in taking a conventional legislative approach to ESRD was the annual appropriations and budget fights. While our robust economy and resourceful people can withstand periodic government shutdowns, dialysis patients can not! Well, during one of our brainstorming sessions, Charlie and I realized that one way to solve this dilemma would be to put the kidney program into the trust fund from Medicare.

Senator Russell Long, a Democrat from Louisiana, was the Chairman of the Senate Finance Committee at the time, and he had jurisdiction over the Medicare trust fund. Senator Long decided it was the right time for a comprehensive solution to the dialysis problem, so he got behind us. While he certainly was hearing pressure from colleagues in the Senate and all the people petitioning for universal coverage, he did work very hard with us for two years and always offered support and advice when needed. He deserves a lot of credit.

So I spent the better part of three-and-a-half years herding this legislation, and just when we were about finished with all of the testimonies and believed our legislation would be passed, a fellow by the name of Shep Glazer involved himself. I don't think I ever was so angry at a patient as I was with him.

Shep Glazer was the husband of an officer of one of the local Kidney Foundations, out near Michigan or someplace like that. He had the bright idea that he could help the legislation pass that Charlie Plante and myself had been working on through a stunt that he had dreamed up.

One night before an important hearing on our cause, I get a call from Charlie, and he says, "Do you know something about a patient coming? He's been talking to some people around the Capitol. He claims he's going to dialyze himself in front of Congress?"

I said, "No, I don't know what you're talking about."

So he gave me his name, and I called his wife, and I said, "You know, we have this bill. It's written. We have all the people on the committees educated, and there've been hearings, and all the transplant surgeons are involved and they've vowed to help with the artificial kidney and transplantation. We've put it all together, and your husband can't add anything to that, but he sure could wreck the whole thing if something bad happens."

She said, "Oh, don't you worry about that. He dialyzes himself and he does it very, very well. He knows how to do it. He wants to contribute and show them how easy it is for a patient to do."

So I tried my best to talk to her, but it was no use. Then, a little while later, and you couldn't make this up if you tried, Shep calls me and asks, "Can you loan me the artificial kidney from Georgetown?"

I said, "You mean you set this whole thing up and you didn't arrange to have your own artificial kidney?"

He said, "Well, I thought you must have an extra one. I guess I'll call Baxter and have them ship one over."

Of course that would have immediately introduced the commercial aspect into it, and I didn't want that to happen. That would have been bad politics.

I said, "Holy smokes!"

So I quick called Charlie and said, "Now what do I do?"

Charlie came over and we talked about it in front of the fireplace for about fifteen or twenty minutes and I said, "The guy can't help us at all, but he sure has the capacity to keep the bill from passing if the newspapers ever got a hold of something bad happening."

He was such a show boat. I was very frustrated. I felt everything we had worked for was at risk because of this guy. So we just talked and talked and talked, and Charlie said, "Well, what can you do?"

I said, "Well, I suppose I can take the artificial kidney from Georgetown, though I don't know how the hell I would get it down there."

Charlie said, "Doesn't Georgetown have a truck or something?"

I called the dean's office and they said, "Yes, there is a truck that can carry medical equipment around. We've done it sometimes to bring blood pumps to community hospitals and that sort of thing."

I said, "Well, can I get that done?"

They said, "Well, it's busy."

I said, "It's got to be done tonight, because it's got to be ready tomorrow morning."

I sent someone from my staff down there, and he finally found a guy who would work overtime. I still remember it was going to cost \$26! I checked with the chairman of my department and he said, "You can't use school money!"

So I ended up paying him out of my own pocket to drive the truck to get the kidney down there. The whole thing was ridiculous!

Meanwhile, I went down to Georgetown to the supply room and made up a packet of everything that would be needed. I got a couple of big obstetrical forceps that are used to take out a uterus. It's really a big, big tool, but it can lift out a whole uterus, and if you put gauze around it, you can pull out a baby. It's quite large.

I told my staffer, “The truck will be here about 9 or 10 o’clock tonight to take the kidney down to the Capitol. You’ve got to go with him to set it up.”

He said, “Fine.”

Then I said, “Tomorrow, I want you to stand with this Shep character while he’s dialyzing himself. And I want you to put one of these forceps on each end of the kidney on the tubes that lead in and out of the artificial kidney when it’s rotating. If you want to, let him call the shots and show what he’s doing on putting the tube into his arm, but make sure that the tube is taped to his arm. We don’t want any blood leaking or anything that would cause a mess. Then let him start dialyzing and let him talk to the Congressmen, but keep a very close watch on his pulse and his blood pressure.”

I told him, “I’m not going to be there. I don’t want to be there, because then they’ll all say that I did it, and that it’s a show job. But keep a very close eye on him, and if *anything* goes wrong at all – his pulse gets fast, his blood pressure falls – get the other assistant and do just what we’d do in a real room. If anything happens, you take these two big uterine clamps, put one on the tube at each end, and say, ‘Thank you very much ladies and gentlemen, the dialysis is completed.’”

That way nobody was going to see any blood run on the floor. And that’s exactly what he did, everybody cheered, and nothing went wrong. I don’t think Shep’s stunt had any impact at all, because most of the guys had heard all of the testimonies. We had counted heads, and we knew we had the vote count to get it passed. We were just worried he could wreck it!

Well, getting the legislation passed was a great accomplishment, though like I say, I was just the right guy in the right place and it fell on me to do it. I knew Charlie, and he really helped me through it.

Ultimately, our Amendment to the National Health Insurance Act had been co-sponsored by more than two-thirds of the Senators. After hundreds and hundreds of hours of hearings, informal meetings, and educational efforts, we were one of two or three amendments to survive the House-Senate Conference Committee whose report was enacted into Public Law 92-603. The provisions became effective in 1972 and were vigorously opposed by then President Richard M. Nixon, his legislative aides, the Secretary of HEW, the Director of the NIH, and the head of the National Heart Institute.

I must say that I really got to see the wheels of government turn from up close. In that sense, I had come a long way since my days at Boys' State as a kid in New York.

