



Kidney Failure Hits Home Among Baltimore's African American Community

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- Natasha Lesser:* Gerald Cooper hates for people to see his arms. Almost the only time that he uncovers them is at the Dialysis Center on Mount Hope Drive in Northwest Baltimore. Sitting in the clinic, watching a machine purify his blood, Cooper talks about why he hides his arms.
- Gerald Cooper:* People look at you so funny and it doesn't look good. It's not something you to stare at and just have to explain.
- Natasha Lesser:* Cooper's kidneys failed last year. To stay alive, the fifty-nine year old Cooper had to go on dialysis three times a week four hours at a time. Even with dialysis, he's often exhausted. He'd like a transplant but there's a long list. When he got sick, he lost his job and his wife left him. He now takes care of his teenage daughter by himself.
- Gerald Cooper:* Because it's not just the one person who suffers from disease. The person's children, the person's mate, the family, the friends, the people he works for because as soon as I went back to my job and told them I had kidney failure, they decided they didn't need me anymore.
- Natasha Lesser:* Cooper is not alone. African-Americans make up more than a quarter of those with kidney failure, the most severe form of chronic kidney disease. Diabetes and high blood pressure are two of the main causes of kidney failure. African-Americans have high rates of these ailments and so are more likely to develop kidney disease. There's also often a heredity factor. Dr. Joe Coresh, a professor at the Johns Hopkins Bloomberg School of Public Health, studies the illness.
- Joe Coresh:* End stage kidney disease, including kidney failure and requiring dialysis and transplantation has about four times the rate in African-Americans than it does in white individuals. Part of it is due to lower income and potentially lower access to medical care.
- Natasha Lesser:* "Kidney Disease costs a lot of money." says Coresh.
- Joe Coresh:* The number of patients on dialysis has grown dramatically over the last few decades; it's doubled about every decade and we have about three hundred and eight thousand patients on dialysis, and one hundred and twenty-two thousand patients had a kidney transplant in 2002 in the United States. These numbers aren't enormous, but the care and cost of dialysis poses a large burden so that dialysis care accounts for 6.7 percent of all Medicare expenditures, and accounted for \$17 billion in Medicare costs in 2002.
- Natasha Lesser:* But Coresh said that even though the cost of dialysis is quite high, the increases over time of government payment for dialysis have been very slow. A coalition of organizations is trying to get a bill passed in Congress to increase government funding for dialysis and education. Early detection and education are key to stemming the epidemic, experts say. But even if people know that they need regular check-ups, social and economic factors may prevent them from doing so. NIH and other medical institutions have started programs to spread awareness to
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African-Americans and other high risk groups. Cooper, for one, wishes that he had known earlier that his high blood pressure was damaging his kidneys.

Gerald Cooper:

At two months, my legs were swelling and I assumed it was because I was working so hard and I had trouble going up and down the stairs, I started to breathe hard. Had I been informed to the symptoms of Kidney Disease like I am about a heart attack or a stroke; who knows I may not be here today because I would have known when I first started swelling in my legs that maybe I'd better get to the hospital right away because I may have Kidney Disease.

Natasha Lesser:
[Music]

I'm Natasha Lesser reporting in Northwest Baltimore for 88.1 WYPR.

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