



Why Support the Gift of Life Program?

An Opportunity to be a Lifesaver

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A little boy, aged 6, held up a box of candy in front of his chest, while the photographer asked him if he could say, "Cheese?"

"Sure," he said, "that's no problem to say." And it wasn't, anymore of a problem than for any child of normal physical and mental ability to carry out these two functions of holding a box or speaking a word.

But in this boy's case, everything he did was somehow different. You see, when he was born 6 years ago, there was no successful treatment for his problem . . . other than to hope that research would catch up with this little baby's problem. He had a form of kidney disease which required Troy's doctor to tell his mother (a registered nurse) and his father (a surgical technician who now runs a pump-oxygenator) "Take these two bottles of medicine home with you, make Troy comfortable, and that's about all we can do, for now." Troy and his parents went home to Minot, North Dakota, to wait and hope for a successful treatment to be developed.

In the meantime, plans by the National Kidney Foundation and all its affiliates were already under way. The Hemodialysis and Transplant Committee met, and formulated a plan to be carried out by the Sadler brothers. Since one of the men was an attorney and the other a doctor, it was decided that these men would assist in drafting a new bill to be presented to all 50 State Legislatures, called the Uniform Anatomical Gift Act.

The purpose of this Act would make possible the signing of a simple wallet-sized will, by persons 18 years of age or older, & signed by two witnesses; a legal docu-

ment, granting permission to allow the donation of vital organs at the time of death. Limitations could be specified, or the entire body could be donated for anatomical study.

Since this Act was drafted and submitted to every State Legislature by the National Kidney Foundation, it was only a matter of 3 years before it became law in all 50 states of these United States. In the meantime, Troy was growing up, and his parents along with thousands of other parents kept hoping a miracle would happen. There were, as a matter of fact, at least 7,000 other Americans who died every one of those 6 years, who could have been saved with a kidney transplant . . . if only there were enough cadaver donor organs available.

In the 6 years that Troy and his parents waited, 300,000 Americans died in automobile accidents. These people had the potential of saving twice their number, if they each had 2 healthy kidneys. It is more reasonable to assume that at least 100 additional lives could be saved, for each 100,000 persons who sign a "Uniform Donor Card".

Other vital organs, desperately needed around the United States and elsewhere, were also in short supply, and the role of the cadaver donor was becoming more and more important. For years, the success of corneal transplants has been well known. Except for some rejection problems, the transplants of human hearts in large numbers, could easily become routine.

The advantages of kidney transplantation became apparent, when the anti-rejection serum, frequently called ALG, was perfected. In the latest statistics re-

A SHORT BIO

LOU GROENHEIM was born in Brooklyn, NY., 41 years ago. He attended School in N.Y., Penna., and Baltimore, Md., and graduated from Bucknell Univ., Lewisburg, Pa. in 1953. He served in the U.S. Army Signal Corps in Wurzburg, Germany. Mr. Groenheim holds an MS degree from Columbia's Graduate School of Business. He has been a leader in volunteer work for the past 16 years, including 11 years of Local, State and National Jaycee activity. For the past 6 years he has been a Field Director with National Health Agencies in Minnesota. Lou also is President of the Columbia Alumni Club of Minnesota, and the Vice Chairman of his District's Boy Scout Activity Committee.



Your opportunity to choose
that another may live

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ported by the World Transplant Registry, more than 8,000 kidney transplants have been performed, and of that number, 5,400 of these were from cadaver donors. Not all of these people had signed donor cards.

The question still remains, "Is the public really aware of both the problem, and the simple solution"? and furthermore, "Do they really care"? One indication of success is that there are now more than 5,000,000 donor cards distributed throughout the U.S.A. The problem is that this is only 2½% of the population. Another problem is, "Are the professional people aware that many people are carrying these cards in their pockets or purses, and do they know what to do . . . when a donor is available?" (This might be an interesting question to raise in your hospital and medical clinic, since new personnel must constantly be trained).

Meanwhile, Troy was growing up, but not as quickly as other boys his age. Since the kidneys were not performing adequately, the boy was obviously going to need a transplant. The family was tested, and his grandmother was found to be the most satisfactory living donor. Since living related donors have been more successful in these operations, Troy received his first transplant, but it was rejected by his small body.

The boy was obviously going to need another transplant, and soon. In the meantime, his blood could be filtered through an artificial kidney machine, to maintain good body function. He could regain his strength, while he waited for his second transplant.

The moment had arrived. Although the cadaver donor's name was never known, Troy was given a GIFT

of LIFE, from someone he had never met. The 2nd transplant was a success. This young boy became the Poster Child for the Kidney Foundation of the Upper Midwest. He represents the Hope of thousands of victims of kidney disease, who have now been fully rehabilitated.

For the donor, and the donor's family, it meant that the tragedy of death could be turned into something meaningful. A child's life had been saved, and perhaps even another person may have received the other kidney, if it was healthy. Two other persons may have had their sight restored. Other vital organs and parts of the body could also have been salvaged from this same donor.

In the medical profession, it is the duty and responsibility of every person to save lives, and everything must be done to protect and sustain life . . . but when life is no longer possible, the worst assignment any doctor must face is to tell this to the next of kin. This is the worst time to ask anyone, "Would you be willing to allow this person's vital organs to be used for transplantation purposes?" Of course, if the donor has signed a card, and the next of kin is aware of this, there should be no problem.

If you wish to receive further information on the Gift of Life donor card program, simply write:

National Kidney Foundation
116 East 27th St.
New York, N.Y. 10016

or your local affiliate of the National Kidney Foundation.