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**FOUNDER AND PARTNER EMERITUS**

**THE BEGINNING OF THE SOUTHWEST GEORGIA NEPHROLOGY CLINIC, P.C.**

In 1975 I determined that the best use of my talents would not be in academic medicine. I had enjoyed teaching and clinical practice, but research and writing was not something I was drawn to. I had my certification in Internal Medicine and in Nephrology, and I was a Fellow in the American College of Physicians. But my advancement in the professorial ranks was dubious. I was tired of the politics of the academy. I sought a situation where I could follow my own plans without the micromanagement of big institutions. I wanted a location where there was a need for my services, and preferred the Southeastern United States. Albany was such a location. The need was there, even though no one (including even I) had any appreciation of the extent of need. The administrator of the major hospital (Phoebe Putney Memorial Hospital) was Mr. Jesse Reel and he offered to support me with salary, but I was determined not to get caught up in a big controlling organization again. So I rejected that part of the plan. Mr. Reel opined that the chronic dialysis unit should consist of 6 “beds” in the hospital because I would likely never have more than 6 patients on dialysis. I knew from previous experience that hospitals had walls—hard ones. Mr. Reel seemed relieved when I told him that I would get funding elsewhere for the chronic unit, and he would not be responsible for that.

Thus, with hope, and little else, I resigned my salaried positions at the University of Alabama in Birmingham, and the VA Hospital, took out my “retirement” moneys and sold my house to move to Albany at the end of May in 1976. First State Bank & Trust in Albany was good enough to give me a \$60,000 line of credit to start up with, to support my wife, our two children in primary school, and our two in college. Meanwhile, I had developed a tentative relationship with the Dialysis Clinics inc. (DCI) in Nashville. Arrangements with other concerns had looked possibly lucrative, but I was concerned about being in someone else’s control again. John Grissim, a great friend who was the attorney for DCI, helped me locate and rent 1200 square feet at 507 Third Avenue in Albany. This was an otherwise undeveloped building of some 15,000 or 20,000 square feet with sand floors except the 1200 square feet that had been a doctor’s office. After a newspaper ad brought 2 names to consider for office assistant, I began interviews on July 5, 1976, using that space, which was not air conditioned and lacked most utilities yet. The first applicant was willing but clearly not qualified, and the second seemed promising. I sat with Sharon Hutcheson across a card table with 2 folding chairs and decided that she would be my first employee. She had worked in an orthopedics office, but had never heard of dialysis.

I announced my practice as “Nephrology and Hypertension”. Consultations and referrals came slowly at first. Dr. Tom Johnson called me first for a problem, I believe, in hypertension, and this was at Palmyra Park Hospital. One Monday, after a month or so of very slow business, I mentioned to my office manager that I thought perhaps I could do all my work on 4 ½ days plus evenings and weekend coverage, then use Thursday afternoons more profitably to visit other doctors in nearby towns to introduce myself and explain what I had to offer. Sharon thought that might be a good idea. Then, that Thursday when I came back to the office after lunch, it was closed and she was locked inside doing some typing and filing. I asked what had happened, and was reminded that I had planned to use Thursday afternoons to visit. This was astounding to me. I had never had an idea so expressed carried out so quickly, quietly and simply. Say it, and it is done! Wow!

Phoebe, at my request purchased an RSP dialyser from Baxter-Travenol for an “acute unit”. This was a very simple machine using coils of cellophane as dialyzing membranes. I was introduced to Miss Laura

Fiveash who informed me that she would help me get started, but that this was not going to be her life's work. An acute renal failure problem soon presented itself, and I began to show my new nurse how to manage the machine. Actually, I was performing the dialysis, but after a couple of hours I could leave for a few minutes at a time while she monitored the process. Laura learned quickly, and managed several patients on dialysis, but soon was good to her word and asked to be replaced. I located Ms. Pat Taylor, an ICU nurse at Palmyra and had Phoebe hire her away. Pat was interested and would commit to the idea fully. She was sent to my friends in Birmingham at the VA Hospital. There, after 2 months of intensive training she became a fully educated dialysis nurse, and when she returned could help with planning and some administrative work in addition to training other nurses.

I thought the wheels of progress were interminably slow for the idea of an outpatient chronic dialysis unit. Georgia had a "C. O. N." (Certificate of Need) law for outpatient dialysis units. This is a political idea that is used to slow progress, and to send work to the politically favored, often with the implied lie that they are saving money. I was again in the political arena, but at a state level. Finally, with my politicking and with DCI's steady help and advice, the state gave us a certificate for 10 stations. But I then found that a certificate does not equal a dialysis program. We needed a contract for lease and much construction for some more of the remainder of the "507 building". That takes time, and meanwhile I saw suffering patients while it seemed nothing was happening. Mr. Roosevelt Hill was driving twice weekly to Augusta in an old pick-up truck for two treatments that he really needed 3 times weekly. And there were others. I decided that I did not need the operatory that came with the "suite" I started in. A nearby toilet the size of an old telephone booth was closed and used for a single water softener tank and a single de-ionizer which was placed across the toilet seat. So we had our water system. Four dialysers were placed so that two were in the former operatory, and two extended out the opposing doors into the hallway. Mr. Hill would not have to travel to Augusta any more. This was cramped, and Ms. Taylor would help us get started while we recruited more staff and while construction progressed in the adjacent suite for the definitive (for then) dialysis unit. But that is D.C.I.'s story. In retrospect, I really was impatient. Getting a dialysis unit going within four months, in a town where no one had a concept of what it was all about, and where there was strong regional political opposition ("it should have been in our town") was probably extraordinary. When you have hurting people on your doorstep wondering when you will do something, it is hard to be philosophical.

At the end of that year, I had spent the family savings, had purchased a home (with maximum mortgage), and was at least in solo practice of nephrology with a ten-station dialysis clinic coming on line, owned by the D.C.I. Meanwhile, I was swamped with administrative details. DCI visited me and mentioned that I needed an administrator. That would help immensely. But then I was not happy with their suggestion that the administrator in the DCI Atlanta would serve this function. I did not want someone "up there" making decisions about my dialysis unit, and said simply that I wished to propose Sharon Hutcheson as my administrator. With furrowed brows they consented and she would now be paid partly out of their monies. Then they noticed that I had not been paid as Medical Director, and in the future would be, with back pay to July. I had not anticipated that. My close friend, and CPA, John Crosby paid a year-end visit to inform me of the good news: "Dr. Clark, you made no money this year, so you pay no taxes". I was working harder than ever, but was happy to be in control of my own