



NETWORK 8, INC.

KIDNEY PATIENT UPDATE

SERVING KIDNEY PATIENTS IN ALABAMA, MISSISSIPPI AND TENNESSEE

WINTER 2004

THE LONGEST WORKING FISTULA CONTEST WINNER IS ANNOUNCED!!

And the winner is. . . .

Mr. Glen O'Kain. Mr. O'Kain is a home hemodialysis patient with the Vanderbilt Dialysis Home Training Clinic in Nashville, TN. His fistula was placed in July 1972, which makes it 32 years and counting. Congratulations to Mr. O'Kain.

The runners up include:

Ms. Thelma Watts with DCI Madison whose fistula was placed in 1979.

Mr. Fred McCord with DCI Madison who also received his fistula in 1979.

Mrs. Ellis Durrett of the Vanderbilt Home Training Clinic in Nashville whose fistula was placed on 10/29/1979.

Ms. Dianne Pack of the Collierville Kidney Clinic, whose fistula was placed in Oct. 1980.

Mr. Sam Hatcher of FMC Selma whose fistula was placed on 12/25/1981.

Mr. Ronald Booker of GAMBRO Healthcare in Columbia, TN whose fistula was placed in March 1989.

These patients are living proof of how successful fistulas can be and how patients can live very long and productive lives on dialysis with the proper care and best possible access. Thanks to all of them for sharing their success with us.

IT TAKES MORE THAN JUST A GREAT ACCESS

Mr. Ronald Booker of Columbia, Tennessee was a runner-up in the "Longest Working Fistula" contest. Mr. Booker also sent along a thank you to the staff in his clinic that takes care of him on a day-to-day basis. It takes more than just a great access for a patient to have a long healthy life on dialysis; it takes a great healthcare team. Thank you, Mr. Booker for sharing your thoughts about your clinic with us.

WHY MY DIALYSIS CLINIC IS THE BEST!

My Clinic is the best because the service is great. The clinic has great staff. The staff helps with other problems beside dialysis. All of the staff is friendly, and they greet everyone with a smile.

Thanks, GAMBRO, Columbia, TN for keeping me "Healthy"!



Pictured from left to right are Pat Refro, Clinic Director, Mr. Ronald Booker, Debra Jacks, Social Worker and Rbonda Chapman, PCT/Unit Secretary

ual who has displayed leadership and courage while overcoming obstacles associated with kidney disease. In 2003, Dr. McGinnis was admitted to the intensive care unit after being diagnosed with the West Nile Virus. As a transplant recipient he was forced to go to extraordinary lengths to rebound and regain control of his healthcare. Dr. McGinnis' bravery and commitment to his health is an inspiring example to other patients who face challenges.

AAKP has selected Las Vegas, Nevada as the host city for its 32nd Annual Convention. The event will be held Sept. 1-4, 2005 at the JW Marriott Las Vegas

2004 PATIENT MEETINGS EXTREMELY SUCCESSFUL

Four very successful patient meetings were held this fall. In addition to our annual meetings in Jackson, Birmingham and Nashville, we were able to schedule a meeting in Mobile. The Mobile meeting which was originally scheduled for Sept. 19, was rescheduled to Nov. 21 because of Hurricane Ivan. The Jackson, MS meeting was on August 15, the Birmingham, AL meeting was on Oct. 17 and the Nashville, TN meeting was held on Nov. 7. The reason we were able to schedule the additional meeting and serve almost 400 patients, friends and family members was because of the partnerships we have made with other renal organizations in the three states that we cover. We would like to thank the National Kidney Foundation of Mississippi, the Alabama Kidney Foundation, the University of South Alabama Transplant Program and the Middle Tennessee Chapter of AAKP for their support in helping to educate the patients in our Network.

AAKP NEWS

Due to Hurricane Frances, the American Association of Kidney Patient's (AAKP) annual convention in Bal Harbour, FL was cancelled. Unfortunately, because of the cancellations, this year's awards were not formally presented to their recipients. Network 8 would like to congratulate Dr. Paul McGinnis (The Doctor is In) for being named the winner of the AAKP Patient Comeback Award. This award is presented to an individ-

“THE DOCTOR IS IN”

The following is a reprint of an article that ran in a previous Kidney Patient Update. We felt that it was important to rerun this article because this disturbing trend continues. For more information about catheters, grafts and fistulas, feel free to call the Network 8 staff.



Our physician columnist is Paul McGinnis, M.D. Dr. Paul is a kidney transplant recipient and a graduate of the University of Mississippi School of Medicine and is currently Chief of Staff at Mississippi State Hospital. Dr. Paul will be happy to answer questions related to problems ESRD patients face in simple everyday language. Please send any questions, comments or topics for discussion to Brenda Dyson, Network 8, Inc., P.O. Box 55868, Jackson, MS 39296-5868.

QUESTION:

I've been on dialysis for three months and have a catheter in my neck. It works really well and I don't have to get needles stuck in me every time I have my treatment. My doctor keeps trying to get me to let some surgeons put another thing in my arm. Why should I let them mess with my arm when everything is working fine?

ANSWER:

It depends on how long you want to live. Here at Network 8, we have noticed a disturbing increase in the number of catheters throughout our three states. As we have looked into this problem, we have found a disturbing cause. Patients like catheters. Apparently, not being stuck, not having bandages, not having blood leaks, not having a big scarred thing on your arm is very important to patients. When your doctor sees a catheter, his thoughts are about infections that can be deadly, low blood flow through the machine, recirculation, alarms reducing dialysis time and increased mortality in general. When you dialyze, you need to get enough dialysis. The way your clinic measures adequate dialysis is called KT/V or URR. You have most certainly heard of these numbers before. The reason these numbers are important is because we know that the more dialysis that you get, the longer you live. A dialysis treatment is like going on a trip in a car. How much dialysis you get and how far the car goes are both dependent on two things...how fast and how long. You can drive a long time real slow or a short time real fast to get to the same place, but you can get even farther if you go fast and go for a long period of time. In dialysis, the speed is determined by how fast the blood flows through the machine and how long is, of course, your time on dialysis. The longer you run, the faster the blood flows, the more dialysis you will get and the longer you will live. The catheter acts like a speed limit. It prevents rapid blood flow as it's placement and narrow passages restrict the speed at which blood can be pumped. If one tries to go too fast catheters also are more likely to do something called recirculation. This is where the machine sucks back in blood it has already cleaned and tries to clean it a second time. This is a waste just like a cars tires spinning on ice. For these reasons, people with catheters have a very hard time getting the correct amount of dialysis and their KT/V or URR numbers are not good. If you haven't gotten the hint already, this means you don't live as long.

In addition to this, there is the risk of having a life threatening infection from having a catheter in your body all the time. One of the first lines of defense for infection for your body is your skin. When you have a catheter making a hole in your skin that never heals, it is constantly open to infection. The catheter also provides microscopic nooks and crannies in which germs can hide from your body. These days catheters are coated with special antibiotics to help prevent infection, but like most modern miracles, nothing is perfect. When one does get an infection of the catheter, it has ready access to the bloodstream. When these bacteria escape into the bloodstream, they can travel throughout the body causing trouble wherever they land. In the old days, people would have called this “blood poisoning”. Even today, such infections, especially when they are with germs resistant to antibiotics can be fatal which is a very good reason for you to allow a permanent access to be placed.

Your doctor and other staff at your clinic are merely trying to take the best care of you they know how. It is not because they want to cause you pain that they ask for you to get a more permanent access. You, however, are the final decision maker in such a process and I would hope that when you discuss all of your options with your health care team, you will make the decision that will help to do the best in the long run.

GETTING THE MOST FROM YOUR HEMODIALYSIS TREATMENT - ANSWERS TO YOUR QUESTIONS

This article is from the National Kidney Foundation brochure Getting the Most From Your Treatment: Hemodialysis Adequacy. May 1998. It was also featured in Family Focus, Volume 8, Number 4, Volume 9, Number 1 and used with permission.

Why is it important to get the right amount of dialysis?

Getting the right amount of dialysis treatment is important to:

- ✧ Improve your overall health
- ✧ Help you live longer on dialysis
- ✧ Improve your quality of life on dialysis
- ✧ Keep you out of the hospital

Research has shown that patients feel better and live longer when they get enough hemodialysis. The best way to ensure that you are getting enough treatment is for your dialysis care team to measure your “delivered dose” of dialysis. This tells them how well your treatment is removing a waste called urea from your blood. The numbers used to measure your delivered dose of dialysis are Kt/V (pronounced kay tee over vee), and URR, or urea reduction ratio. Your dialysis care team will collect blood samples from you once a month to do these measurements. You may also be asked to collect a urine sample.

Your dialysis center may use either Kt/V or URR to measure your delivered dose. To be sure you are receiving enough dialysis, your Kt/V should be at least 1.2, or your URR should be at least 65 percent. The amount of time you need on dialysis is based in part on how long it takes to reach these important target levels. Hemodialysis is usually done three times a week. In general, each treatment lasts between three and four hours, but you may sometimes need to be on the machine longer to get the most from your treatment.

How is my delivered dose of dialysis measured?

The most accurate way to measure your delivered dose of dialysis is a method called formal urea kinetic modeling or UKM. To do this, your dialysis care team will take samples of your blood with your dialysis treatments. You may also be asked to collect a urine sample. These samples will be used to measure how your dialysis reduced the level of urea in your blood. Other things that are taken into account include your weight before and after your treatment and the amount of time on dialysis. All the information is fed into a computer to find your Kt/V. This method of measuring your delivered dose of dialysis helps your dialysis care team to:

- ✧ Plan your treatment better
- ✧ Check for error that might prevent your from reaching your target delivered dose.

If your dialysis center uses URR to measure delivered dose, it is determined by comparing the amount of urea in your blood before and after your dialysis treatment. Your blood must be taken in a particular way in order to get accurate results. Ask your dialysis care team about this if you have any questions

What if my numbers are too low?

If your numbers are too low, ask your dialysis care team what can be done to get them where they should be. If your Kt/V or your URR is below the target level, your dialysis care team should check to make sure:

- ✧ Your access is working well
- ✧ Your dialyzer is working well
- ✧ The blood flow and dialysate flow rates are not too slow
- ✧ Your blood samples are taken correctly
- ✧ You are there for your full treatment time
- ✧ You did not miss any treatments

Is reusing my dialyzer safe?

Many dialysis centers use the same dialyzer (artificial kidney) more than once on the same patient. This is called reuse. Reuse is generally considered safe when done properly. Your dialyzer must be labeled carefully with your name and an identification number. You should ask to check this before each dialysis treatment to make sure you have your own dialyzer.

Dialyzers that are reused are cleaned and disinfected carefully before each treatment. In addition, your dialysis care team tests your dialyzer before each use to make sure that it is still working well. If your dialyzer is not doing its job, you will not get enough dialysis. When your dialyzer no longer works well, it should be discarded and you should be given a new one. Before each treatment, ask your dialysis care team if they have tested your dialyzer and whether it still works well.

If you do not wish to reuse your dialyzer, your dialysis center may be willing to supply you with a new one for each treatment. Check with your dialysis care team about the reuse policy at your center. For additional information, see the following brochure: “*Understanding Reuse: A Guide for Hemodialysis Patients*”, which should be available through the National Kidney Foundation.

How Can I stay comfortable during my treatment?

Your dialysis care team will make sure you are as comfortable as possible during your treatment. You are more likely to stay on the machine for your full treatment if you do not have cramps, headaches, nausea or dizziness. These symptoms are not common, but if you do have any of them, ask your dialysis care team if any of the following changes in your treatment could help you:

- ❖ Slow down your fluid removal which would increase your dialysis time
- ❖ Increase the amount of sodium in your dialysate
- ❖ Check your high blood pressure medications
- ❖ Adjust your dry weight, or target weight
- ❖ Cool the dialysate a little.

How can I keep my access working?

Your dialysis care team will check your access often to make sure it is working well. An access that is not working well can decrease the amount of dialysis you receive. If you have a fistula or graft, your dialysis care team will check the blood flow by feeling the access for a vibration called a pulse or thrill. They will also do some other tests, such as measuring the pressure inside your fistula or graft to make sure your access is working well. Your dialysis care team will teach you how to check your fistula or graft at home each day. Here are some tips you should follow to help keep a fistula or graft working longer:

- ❖ Check the blood flow several times each day by feeling for a vibration, also called a pulse or thrill.
If you do not feel this, or if there is a change, call your doctor or your dialysis center
- ❖ Do not wear tight clothes or jewelry on your access arm
- ❖ Do not carry anything heavy or do anything that would put pressure on the access
- ❖ Do not sleep with your head on the arm that has your access
- ❖ Do not let anyone use a blood pressure cuff on your access arm
- ❖ Do not be afraid to ask your dialysis care team to rotate needle sites
- ❖ Apply only gentle pressure to the access site after the needle is removed.
Too much pressure will stop the flow of blood through the access
- ❖ If you have breakthrough bleeding after you have dialysis, apply gentle pressure to the needle site with a clean towel or gauze pad. If the bleeding does not stop in 30 minutes, call your doctor or your dialysis center.

What are the benefits of treating my anemia?

Anemia can make you feel very tired. In most kidney patients, anemia happens because the kidneys no longer make enough of a hormone called erythropoietin or EPO. This hormone tells your body to make red blood cells. Red blood cells are important because they carry oxygen to all parts of the body.

Correcting your anemia has some important benefits for you:

- ❖ It decreases your chance of having heart problems
- ❖ It increases your energy level
- ❖ It improves your quality of life
- ❖ It improves your ability to exercise
- ❖ It helps you live longer on dialysis.

Many kidney patients need treatment for anemia even before they begin dialysis. Treating your anemia early improves your overall health and helps you do better when you need to start dialysis.

What can I do to get the most from my treatment?

Take an active role in your treatment. You can do a lot of things to help ensure that you are getting the most from your treatment, so you can feel better and live longer:

- ✧ Know the important numbers that tell how much dialysis you are getting. These include your Kt/V and URR. Keep a record of your numbers and talk to your dialysis care team if they are lower than the goal
- ✧ Keep all your dialysis appointments. Arrive on time, stay for the full time prescribed for you and try not to interrupt your treatments. Missing just a few minutes each time adds up and will harm you over the long term
- ✧ Speak to your dialysis care team if you are having cramps or other uncomfortable feelings during dialysis. Ask what can be done to help
- ✧ Follow your special diet. If you are having a problem, ask your renal dietitian for recipe suggestions to make your meals taste better
- ✧ Take all your medications just as they are prescribed for you
- ✧ Don't exceed your fluid allowances between treatments. Too much fluid weight gain increases the amount of fluid removal you need and may cause symptoms like cramps, dizziness, headaches or nausea during your treatment
- ✧ Avoid salty foods. Too much salt can make you thirsty and you will want to drink more fluid
- ✧ Ask your doctor about an exercise program that is right for you. Exercising on a regular basis can make you feel stronger
- ✧ Take your EPO and iron as prescribed by your doctor. Correcting your anemia will help you feel more energetic so you can return to your normal activities
- ✧ Learn the steps to good access care. This can help to keep your access working well longer
- ✧ Learn all you can about your treatment. Speak to your dialysis care team if you have any questions at all. They are three to help you do well on your treatment.

YOU HAVE THE RIGHT TO BE EVALUATED FOR A TRANSPLANT

Network 8, Inc. is the End Stage Renal Disease (ESRD) organization serving the states of Mississippi, Alabama, and Tennessee. Our primary job is to work with our dialysis facility or transplant center to make sure that you have access to quality care. We do this several ways, one of which is to encourage each patient to be evaluated for the treatment method that is right for you, especially if that method is transplantation.

You should be informed about your right to a transplant when your kidneys fail and you should be referred for evaluation in a timely manner. If you are unsure at that time about whether you would like a transplant, you can ask for information from your facility when you are ready. In addition, your facility should keep reminding you about transplantation as an option each year when they do your Long Term Care Plan. You, the patient, should be an active participant in the Long Term Care Plan conference. If a relative or someone else wishes to give you a kidney, you should inform your facility staff right away. This person should be referred for evaluation when your evaluation is completed and you are determined to be a suitable candidate.

This past April, President Bush signed H.R. 3926, the Organ Donation and Recovery Improvement Act. The law establishes a federal grant program to provide assistance to living donors with non medical expenses such as travel and subsistence. Research indicate that many Americans do not donate because of of fears over financial constraints. The passage of this legislation could possibly improve the opportunities for transplant for individuals of lower socioeconomic means, who often do not have living donation as an available option.

The bill also authorizes the following: fund for organ donation awareness, activities for the public and for health care professionals, grants to hospitals and organ procurement organizations to establish programs to increase donations; studies to be conducted on organ donation, recovery, preservation and transportation of organs; and mechanism to evaluate the long-term outcome of living organ donors.

So, remember, you have the right to be evaluated for a transplant. Remind your facility staff if they don't remind you!!

THE 20 YEAR CLUB

The 20 year Club is a continuing feature of Network 8's Kidney Patient Update. This feature highlights Network 8 patients who have survived end stage renal disease for 20 years or more. If you or someone at your facility has been on dialysis, had a transplant or a combination of both for 20 years or more, please let us know. Contact Brenda Dyson at Network 8 at 877-936-9260 or fax the information to (601) 932-4446. The mailing address for Network 8 is P.O. Box 55868, Jackson, MS 39296-5868.



The following is a first for The 20 Year Club. Four patients from the same facility, RCG Columbus, have been on dialysis for 20 or more years. Their stories were submitted by the social worker, Shannon Hatton. We are extremely excited to welcome them all to the Club!!

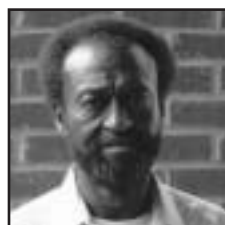
JOHNNY ANTHONY

Johnny Anthony started dialysis on March 10, 1980. He has been on dialysis for almost 25 years! Johnny has done hemodialysis for most of this time. He did try CAPD but states that something was wrong with his stomach and it didn't work well, so he switched back to hemo. Johnny states that his hobbies are walking and working around the house.

Johnny says, "My family, friends and church have been very supportive while I have been going through all this in my life, and they have always been there when I've needed them." "My family is the biggest reason I always try to survive. They give me reasons to work hard and be here to do the things I want to do with them".

Johnny states that he has seen many changes over the past 20 years, "I have seen better dialysis machines, better treatment and with less time. I have seen and had better medicines." When asked what advice would he give new dialysis patients, Johnny stated, "Never give up, always be strong and follow your doctors rules, never miss treatments and always be encouraged by the positive things that people, doctors and nurses say or do." Johnny encourages other patients to "Never let yourself get down because you are on dialysis, just never give up!"

ROY NORRIS STEWART, SR.



My name is Roy Norris Stewart, Sr. and I live in Crawford, MS. I am a patient at the Columbus RCG Facility. I have been on dialysis since February 2, 1984 due to high blood pressure. I first started doing hemodialysis at the dialysis unit and was told that I could do the same thing at home. My wife and I went to Jackson and received training and I started doing hemodialysis at home. I dialyzed at home for 3 and a half years before receiving a kidney transplant on May 29, 1987. My kidney lasted for 12 before I returned to hemodialysis on August 10, 1999.

I was introduced to peritoneal dialysis and decided to give it a try. I did PD at home for 2 and a half years, but due to complications had to switch back to hemodialysis and been successfully dialyzing ever since. I am currently on two lists for a transplant, one in Birmingham, AL at UAB and one in Jackson, MS at UMC.

I have a loving wife of 28 years who has stuck close by my side and two children, a girl and a boy. I also have a granddaughter who keeps me very active. My family has given me love and emotional support, which keeps me going.

I have been a Deacon at Charity Full Gospel Church for 29 years. I am the church adult Sunday school teacher and I also serve on the Lowndes County Parent Association Committee. I attended Jacksonville Theological Seminary in August of 1999 where I received my Associate of Religious Arts in Biblical Studies degree.

After acknowledging my accomplishments, I realize that it was the goodness and mercy of God that has kept me going and I fully credit him for my being. I can surely say that I am blessed and would have given up if God hadn't stayed with me. I have a positive attitude and strong belief in God that he will keep me and if I never receive another kidney transplant I know God is capable of healing.

THE 20 YEAR CLUB

MARY TRIMBLE



Mary Trimble started dialysis on July 15, 1982 when she was 19 years old. She has tried almost every available modality in her 22 years on dialysis including CCPD, CAPD, incenter hemodialysis, home hemodialysis and transplantation. Mary's transplant only lasted for nine months and she is currently doing home hemodialysis.

Mary states that when she first started dialysis that she didn't get much support from her family because nobody really understood dialysis and had never heard anything about it until she started. She says that it really altered her life at the age of nineteen. After a few years on dialysis she turned to the Lord and He is her support. Mary states, "People say they understand when really they don't, so my Church Family is my support because I know that they are there and when you have a chronic condition you need a friend in the Lord that understands Life and even Death."

"My personal philosophy is trusting in the Lord and prayer because after many years of treatment it cause me to be tired of just coming every other day, but my Faith in God keeps me day by day because I realize that He is my Life, my Hope and I can say when it's time for me to depart, nothing will be able to hold me here." "I often get to a place of burnout and then I begin to read my Bible and the Lord restores me every time. He is the only one who really knows me."

Mary states that she has seen a lot of changes in her 22 year on dialysis. There are a lot more patients, but not as much staff so the patients don't get as much help. The machines are better and you don't feel so bad after treatment anymore. Mary remembers the old Cobe machines. She states that after treatment on those machines, all you were able to do was to go home and lie down and cry because you just didn't have the strength to do anything else. She is very grateful for the change in the machines.

Mary says that if she were to give advice to someone just starting out on dialysis that she would tell them to be encouraged because it might look bad now, but it will pass and things will get better. She states, "I would also tell them don't just live to do your treatments because your life is not over. This is just a change that you will have to make. If you don't have family or friends to support you, look to Jesus because He will be your family and your friend."

BROCK DICKERSON



Brock Dickerson started dialysis on April 11, 1983. He was only 18 years old. Today Brock leads a very active life. He is assistant chief of the Columbus, MS auxiliary police department of which he has been a member since 1992. He also entertains children as "McGruff the Crime Dog" and is a member of the Blue Knights, which is a Police Harley Davidson Group. Brock also like sprint car racing.

Brock states, "I have experienced all methods of dialysis. Because of my age when renal failure occurred, I have often been in on the beginnings of new treatments or procedures. CAPD was a fairly new method of dialysis and I had several catheters. Two years ago I had a temporary catheter in my neck and developed endocarditis and had to have valve replacement surgery. We estimate that throughout my 21 year illness, I have had about forty-two surgeries."

"Words cannot express the tremendous support I have had from my friends and family. They have always been there and the acts of kindness are too many to mention. Dr. Jack Reed has really made a difference in my life as well. My father passed away in 1988 and Dr. Reed really has been there for me."

Brock states that his personal philosophy and the reason he has survived so long on dialysis is very simple, "Bottom line... I have continued to work part-time. This is the life that God gave me. Whatever his plan is, I will not discover it by staying home in bed."

Brock's advice to a new dialysis patient is also bottom line, "You can lead a somewhat normal life. Some days you will be more tired than others. Don't let it keep you down."

TEN TIPS TO HELP YOU AVOID THE FLU

This article was written by Lori Hartwell for iKidney.com. Lori is Editor-in-Chief of iKidney.com and the owner of Harwell Communications, which prescribes custom creative communications for the healthcare community. In addition, she is the founder of the Renal Support Network, a non-profit group for kidney patients and their families. Lori has lived with kidney failure for more than 30 years and is the author of a new book, Chronically Happy - Joyful Living in Spite of Chronic Illness.

1. Get enough rest. You need time to rebuild your energy to fight off attacks to your body. Many experts recommend eight hours of sleep at night.
2. Reduce your stress. Up to ninety percent of illness and disease is stress related.
3. Exercise. By exercising, you increase the circulation in your body. With strong circulation, your immune system can better detect illness before they spread.
4. Wash your hands. You will greatly reduce your chances of spreading a virus to your nose, mouth or to other people.
5. Keep hands away from nose, mouth and eyes. The flu virus will enter the body easiest through the eyes and nose.
6. Stay away from sick people. If you must be around them, refer back to washing your hands. Hand contact is a common way that sick people transmit germs to other people.
7. Don't share food or drinks. Sharing food or "double dipping" is an easy way to spread germs.
8. Eat right. You need a strong immune system to fight off illnesses. Good nutrition makes your immune system more effective.
9. Get enough dialysis. Adhere to your prescribed treatment regimen. Shortening your time on dialysis or skipping a treatment is a sure way to run down your body.
10. Take prescribed vitamins. Eating a renal friendly diet can cause you to miss important vitamins, keep your body strong by remembering to take your daily dose.

EDITOR'S NOTE: If you still haven't gotten your flu vaccine, all three states' health departments have reported having a large supply of the vaccine. Be sure and check with your dialysis facility staff or your local health department and get your flu vaccine as soon as possible. Flu season normally will run through March.

AAKP is also pleased to introduce its new monthly electronic newsletter, "AAKP Public Policy Briefing". This newsletter is devoted to those who are interested in learning about public policy and important news in government that affects kidney patients.

Beginning January 2005, AAKP will electronically transmit "AAKP Public Policy Briefing" on the last Monday of each month. The newsletter will feature important legislative developments, current public policy issues and resources needed to become an effective public policy advocate. Interested subscribers can join the mailing list by sending a blank e-mail to aakppublicpolicybriefing-subscribe@yahoo.com.

"HALLELUJAH"



Network 8 patient Carol Cox has announced the release of her new book entitled "Hallelujah". The book was published on December 4, 2004 and is a collection of Christian poetry.

The author Carol Cox lives in Louise, MS and is a dialysis patient. Ms. Cox began dialysis in 1990 at the age of 21 when she was diagnosed with end stage renal disease. One year later, she received a kidney transplant. She remained transplanted until 1999 until her kidney rejected and then soon failed. She began dialysis for a second time and continues to do so today.

Ms. Cox began writing as a result of being asked by her church to write for various church programs. Soon her collection had grown. When asked why she decided to publish this book, she responded, "I wrote this book as my way to show honor to God. God has truly blessed me and has brought me through many situations. And I pray that whoever reads this book is blessed by it and encouraged and strengthened by it."

"Hallelujah" can be purchased at website authorhouse.com (go to the bookstore portion of the website). It may also be purchased at barnesandnobles.com or request it at your local bookstore.

AAKP NEWS

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Resort. AAKP created its Annual Convention to establish an opportunity for kidney patients, along with their friends and families, to discuss concerns and share experiences while learning about important issues that affect their healthcare. It is the largest national convention where kidney patients are given the opportunity to interact on a person-to-person basis with fellow patients.

During this three-day event, attendees can find educational topics for everyone from those with chronic kidney disease (CKD) to the long-term dialysis or kidney transplant patient, as well as the information regarding the modalities of treatment for each stage of kidney disease. "On the heels of our disappointment of having to cancel our 2004 Annual Convention in South Florida due to Hurricane Frances, we can once again feel enthusiastic about AAKP's future plans. Our dedicated volunteers and staff are already planning what promises to be an outstanding patient convention in Las Vegas in 2005," said AAKP President Brenda Dyson.

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NETWORK 8 is available to answer any technical or treatment related questions that you may have. You can call our toll-free phone number (for patients only) or e-mail us at: info@nw8.esrd.net.