

NEPHROLOGICAL ASSOCIATES, P.A.

Martin G. Jacobs, M.D.  
Ronald L. Viscuso, M.D.  
Neil W. Lyman, M.D.  
Mir M. Ahmad, M.D.  
Robert D. Zenenberg, D.O.  
Seymour Ribot, M.D.  
Anup M. Patel, M.D.  
Francis L. Weng, M.D.  
John C. Saldarini, M.D.

July 15, 2006

To Whom It May Concern:

To appreciate the role of the Ruth Gottscho Kidney Foundation in the development of dialysis and kidney transplantation in the State of New Jersey, one has to turn the clock back to 1960. At that time Belding Scribner established the role of intermittent hemodialysis for survival of patients with terminal kidney failure. The availability of this costly life saving procedure left the public and the medical community unprepared to cope with this challenge. Limited resources made it necessary to decline care to most patients and develop patient selection by committee, arousing public consciousness to this unprecedented problem. This was most dramatized by a Life magazine article by Shaun Alexander and the NBC documentary, "Who Shall Live and Who Shall Die."

Answering the call came from private foundations and limited government funding severely limiting access to this life support care. It is a historical fact that the Ruth Gottscho Kidney Foundation was among the first to address this desperate need assuring that no worthy request would be denied. New Jersey was one of the first states to provide limited help resulting in a very unique partnership of a private foundation and a state providing critical life support care. Ira Gottscho served on the NJ Department of Health Renal Advisory Committee representing the Foundation, a committee I was privileged to Chair. The partnership served as a model relationship between a private foundation and the state health department.

The Foundation did not stop there. Major contributions included support of the pediatric dialysis center at the Newark Beth Israel Medical Center, support to Dr. Norman Lasker in the development of an automated cyler for peritoneal dialysis, providing an answering service for cadaver availability (Operation Lifeline), provision of dialyzers for home dialysis, and support for needs, including medications for many dialysis patients. Most outstanding was the summer camp program founded and funded by the Foundation that has become a model for other regions.

I hope the above gives some sense of the history of the Foundation and the important role it continues to play in helping youngsters and adults with kidney disease.

Respectfully Submitted,

  
Seymour Ribot, MD