

can do to aid us in this matter. I hold myself ready to be of further assistance in any possible way.

Sincerely,

JOHN H. SADLER, M.D., *Director.*

The CHAIRMAN. We appreciate your coming to the committee, and you have with you Dr. John H. Sadler.

Mr. BLACKBURN. Yes, sir.

The CHAIRMAN. Dr. Sadler, do you have anything you want to say in supplementation of Mr. Blackburn's very fine statement?

Mr. BLACKBURN. Mr. Chairman, may I excuse myself. Dr. Sadler, I have to catch a plane. This thing has worked out just fine for me. Thank you.

The CHAIRMAN. Thank you. All right, Doctor.

STATEMENT OF JOHN H. SADLER, M.D., DIRECTOR, ATLANTA ARTIFICIAL KIDNEY CENTER

Dr. SADLER. I do have a short prepared statement which I request that you enter into the record.

The CHAIRMAN. All right. It will be entered in the record following your oral statement.

Dr. SADLER. I wish to amplify it just slightly, and testify to the technical applications of the product and cost factors. Artificial kidney treatments, that is hemodialysis—the dialysis process that Congressman Blackburn referred to—is now available to probably about 2,500 people in the United States in about 100 centers located in at least 46 States.

It is a widespread process which is not only allowing people to just survive, but to be rehabilitated. Because the cost in treatment centers such as our own in Atlanta ranges from \$9,000 to about \$14,000 per year per patient, it is sought to equip these patients with their own machines and let them go home and treat themselves with their family's assistance.

In doing this at home the saving over the cost at our center is approximately \$2,000 a year. Therefore, it costs these people about \$40 a week just to stay alive. However, if they undertake this treatment they not only remain alive, but remain productive, healthy, and in general, free from any symptoms.

The cost of Cuprophane is only a small part of this total cost and removal of the tariff would initially be a small benefit, but this is a product which has no other usefulness and it seems unnecessary to make these people pay \$40 a week to stay alive when they could pay \$39.50 if the tariff were removed.

The product, as you see, is not as clear as most American cellophanes. It is not as tough and it costs approximately four times as much. Our correspondence with Du Pont and with other cellophane manufacturers has been to the effect that if they had a product that was as effective as Cuprophane they would be willing to donate it for hemodialysis.

We have tried all their cellophanes which might possibly be useful. Cellophanes prepared by American Viscose and other companies have been tried, but they have been found to have only 70 percent of the efficiency of Cuprophane. Even though Cuprophane can be used commercially in Europe, in the United States the only possible use for