



ADA Live! Episode 115: Living Well with Kidney Disease

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Guest: Dr. Frita Fisher, Physician and Nephrologist with Midtown Nephrology, P.C., in Atlanta, Georgia. Member of the Georgia National Kidney Foundation Board of Directors

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Host: Dan Kessler, Interim Executive Director for the Association of Programs for Rural Independent Living (APRIL)

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Dr. Frita Fisher: Hi, I'm Dr. Frita and you're listening to ADA Live.

4 Wheel City: Yo. All right. Let's roll. Let's go.

Barry Whaley:

Hi everybody. On behalf of the Southeast ADA Center, the Burton Blatt Institute at Syracuse University and the ADA National Network, I want to welcome you to this episode of ADA Live. I'm Barry Whaley. I'm the director here at the Southeast ADA Center. Listening audience, if you have questions about the Americans with Disabilities Act, you can use the online form anytime at adalive.org or you can call the Southeast ADA Center at 404-541-9001. As a reminder, those calls are free and they're confidential. March is National Kidney Month, nearly 15% of us live with kidney disease and 240,000 Americans are living with a kidney transplant. Let's look at how kidney disease and other related health conditions like high blood pressure, diabetes, can be a disability that affects your rights under the Americans with Disabilities Act. Joining us today, our guest is Dr.

Frita Fisher, a board certified physician and nephrologist who works with the Midtown Nephrology practice in Atlanta, Georgia.

She is also a member of the Georgia National Kidney Foundation board of directors. Our host for today's episode is Dan Kessler. Couldn't be more appropriate. Dan currently serves as the interim director for the Association of Programs for Rural Independent Living, or APRIL. From 1989 until 2022, Dan served as the executive director of Disability Rights and Resources, which is a center for independent living that serves people with disabilities in Birmingham, Alabama. Disability rights and resources has been the Southeast ADA Center affiliate since 1994. And I say it's appropriate that Dan is joining us today because last year Dan had a successful kidney transplant. So Dan will share his own experiences living with kidney disease and having a successful kidney transplant. So Dan, Dr. Frita, welcome to the show. And Dan, I'll turn it over to you.

Dan Kessler:

Well, thanks so much Barry. It's really great to be back here with you. We had a long relationship over the years and so it's great to see some old friends. I really appreciate the opportunity to host this discussion and to share my experiences with kidney disease. Dr. Frita, it's great to have you here to talk about the needs and the rights of people with kidney disease and other related health conditions like diabetes and high blood pressure. March is National Kidney Month and chronic kidney disease affects more than one in seven US adults, an estimated 37 million Americans. Dr. Frita, you're a doctor of nephrology working in Atlanta. Can you tell us about your work and explain what nephrology is for those who may not be familiar with the term?

Dr. Frita Fisher:

So I am a nephrologist, a kidney, and a high blood pressure specialist. So yes, I study kidney disease and I spend a great deal of my practice trying to prevent people from having kidney disease. So your kidneys are those two organs that are down in the lower back in the flanks, and they are absolutely necessary for filtering the blood and getting rid of excess toxins, excess water that comes out in the way of urine. Unless you have at

least one functioning kidney, you cannot live. So the kidneys are absolutely essential for life. You cannot live without the kidney functioning unless you have a replacement such as dialysis or a kidney transplant. So what I do is I try to help people to prevent kidney disease. I help to diagnose the number one and two in the top causes of kidney disease. For patients whose kidneys do fail, I try to give them a transplant and if they don't get a transplant then they have to have the dialysis and I'm their dialysis doctor.

Dan Kessler:

And what are the main causes of chronic kidney disease or CKD?

Dr. Frita Fisher:

So there are many causes of chronic kidney disease. The CKD. The number one cause is diabetes. The number two cause is high blood pressure and it's really frustrating because these are two diseases that people can walk around with and have no idea. They can have no symptoms or be asymptomatic, but there are also some other causes like lupus or you can have a genetic component such as a polycystic kidney or autosomal dominant polycystic kidney disease. There's also something called FSG, focal segmental glomerulosclerosis. The list is longer than my arm. There're also some medicines or some other underlying medical conditions like septic shock or even Covid that can cause kidney failure. So the list is long, but diabetes and high blood pressure are the top two causes.

Dan Kessler:

So what are some of the symptoms that people experience from kidney disease?

Dr. Frita Fisher:

That's a great question because the problem is that oftentimes the symptoms are nada nothing. They'll be walking around with kidney disease and have no idea. But when it gets to the point where you are having symptoms, you can have leg swelling or foot and ankle swelling or edema. You can also have fatigue. And that's pretty non-specific because many things can cause fatigue. But kidney failure or kidney disease certainly can. You can get issues with easy bruising. So you could be brushing your teeth and your gums

may bleed easily or you may bump lightly against something and you have bruising. You can also have confusion if the kidney disease is very far gone or a decrease in the amount of urine you put out. And if you're not making great urine and you're holding onto that fluid, you can get the fluid in your lungs and develop shortness of breath.

Dan Kessler:

So who would you say is at most risk for kidney disease? Are there certain populations or groups that are more likely to have kidney disease?

Dr. Frita Fisher:

Absolutely Dan and anyone can get kidney disease. It doesn't matter the race, it doesn't matter the gender. Anyone can get it. But the cultures or the races that seem to be at highest risk, Black people or people of African descent, Latinos or Hispanics, also American Indians or Native Americans are at high risk. And this is just based on the numbers and there are many reasons for that which we can get into. But these are the populations which tend to be at higher risk. And I mentioned that diabetes and high blood pressure are the top two causes. So anyone who's walking around with diabetes, especially if it's poorly controlled or high blood pressure, and you'll note that there's an overlap, many Black people are disproportionately affected with diabetes and with high blood pressure.

And so that's where you get that intersection of the Black people and some Latinos having high risk. Also, people who don't have access to great healthcare, a lot of times if you are someone who's just working hard trying to make money for your family and you don't go and get those preventive healthcare services to even know if you're at risk for kidney disease, then that puts you at the highest of the risk for having CKD.

Dan Kessler:

Well, related to high blood pressure, you had written a book. And it's called Under Pressure A Guide to Controlling High Blood Pressure. So why is high blood pressure such an important health issue?

Dr. Frita Fisher:

Oh my goodness. High blood pressure is such an important health issue because not only is it the number two cause of kidney failure, it's a leading cause for heart disease, which is the number one killer among men and women. It's also a leading cause for strokes and just for a poor quality of life, you can have high blood pressure that can lead to blindness and it can lead to many other disabilities. So high blood pressure is a center for many things. And what I found, and of course I am a kidney and a high blood pressure specialist, I found that high blood pressure can be so manageable and preventable, but people just need the proper tools. So in my book, *Under Pressure A Guide to Controlling High Blood Pressure*, not only do I talk about treating high blood pressure with medications, but I also talk about using food as medicine, lifestyle changes as medicine.

And I approach treating high blood pressure in an integrative fashion. I also am very sensitive to cultures because when I was a new doctor and I thought I had all the answers, a patient might come in and say my blood pressure is high again, I don't know what. And I talk to them and I say okay, well you're not doing this or you're not eating that. And I'm pretty much scolding the patient as a young twenty something know it all but then I started learning the reasons behind people being non-compliant. If you are a person who has limited income and you have a choice between feeding your family or taking your blood pressure medicine, you will likely choose to feed your family. And if you have limited income and you don't necessarily have access to organic vegetables or the freshest of foods, then you may be eating salty prepackaged foods.

And so I talk to people in this book about ways to manage even if you have financial limitations. And I really stress the importance of how if you don't take care of your health and your high blood pressure, you won't be around to take care of that family. And so I approach it in a really well-rounded 360 degree fashion in my book *Under Pressure*.

Dan Kessler:

I imagine that also plays out in terms of individuals who've had transplants and the potential outcomes that they may experience. Access to good quality food and some of the other factors you had just mentioned.

Dr. Frita Fisher:

Exactly. Because many people don't understand that the transplant is really just the beginning of a new journey. You have to be able to afford the medications which are not cheap for transplant. You have to be aware of what other medications may interact with transplant medications and send the blood pressure up. Certain transplant medications, especially if the dose or the level in your body becomes too high can cause high blood pressure. And even after getting the transplant, the battle is not over because if you have high blood pressure, it can affect that transplant and lead you right back into kidney failure. And so the high blood pressure discussion is ever going.

Dan Kessler:

Yeah, we just can't assume that people necessarily have the resources available in order to have a successful outcome. So I've been diagnosed more than 20 years ago, I was diagnosed with kidney disease. Around the same time, or actually a little bit after that, two of my sisters had also been diagnosed with kidney disease. And so I think that led us to think that there may be something there that may be genetic. So my wife who does a lot of research, she's actually a retired dietician, and so she did a tremendous amount of research. And so after doing extensive research, she identified a doctor from Wake Forest who had done a lot of work. Dr. Blyer from Wake Forest, he does research on rare kidney diseases. So we did the genetic testing, which by the way can be very expensive. You talk about barriers, this would be one barrier, that people may face. He in fact confirmed that I did have a rare kidney disease. It was progressive.

So I've been watching those lab values. I'm sure you do this with your patients all the time. You just track where the disease is headed. And so mine got to the point where I was eligible to go on a transplant list, and so I was told I'd have at least a five, probably most likely a five year wait for a transplant. And so as it turned out, I didn't have to wait

that long. I got a call three days after I retired from my job in Birmingham. I got a call from UAB telling me that they had a kidney for me. So I had several concerns going into this Dr. Frita, and I don't know if your patients experience similar concerns or fears. One is the possibility of rejection because when I went into this, I did have, my kidneys were still functioning. I had not yet gone on dialysis. And so there was a possibility of rejection.

And also the side effects of the anti-rejection medications, as you know, are extremely powerful. And I also having a compromised immune system, especially during time of Covid, however, everything's going pretty well. I take precautions, I wear masks, I avoid crowds and I'm still reluctant to fly. And so I've been fortunate though, throughout this entire adventure so far we've not experienced any signs of rejection. I've had excellent medical care at UAB. As I said, I didn't have to go on dialysis. So I was extremely fortunate there. And I've also had a lot of support from my family and friends and most of all from my wife Gail, who's been with me every step of the way. So that family support is so important, as you know.

Dr. Frita Fisher:

Yeah, it sounds like everyone needs a Gail. They need a Gail, like your wife. Probably need a Gail like Oprah's best friend also. Everyone.

Dan Kessler:

Exactly. There you go. Yes, yes. I'll have to tell her.

Dr. Frita Fisher:

But you hit on so many very important points. So what you had was a preemptive transplant. You never had to go on dialysis. You were able to go straight from being in an advanced stage of kidney disease to getting the transplant, which is excellent and it can help increase your survival. But the fears that you mentioned are very valid. And yes, my patients do have those fears, but when you look at the pros and the cons, the benefits versus the risks, then every time, as long as the physicians feel that it is relatively safe to get a transplant, the benefits of having a kidney transplant outweigh the risk as far as

lifestyle, not having to have dialysis either at home or in the dialysis center, as far as survival, quality of life, all of it, the transplant. As far as you sharing about having some type of a hesitancy to flying, that's real because yes, every time I go on the airplane, my family and I look like just oddities with our masks.

Less and less people are having are wearing the masks and there are illnesses beyond just Covid. We still have all the other respiratory illnesses. And so yes, when you take the transplant medicines, the medicines are excellent in preventing you from rejecting the transplant. But yes, they also do suppress or push down your own immune system, making you more vulnerable, but you're taking all of the proper precautions and having a healthy diet full of vitamins and nutrients will help that as well. But I'm really excited for you on your journey and having been blessed enough to have this transplant. The other thing you mentioned, Dan, that's really important is the family history. I have many patients who culturally are just very private and they don't even talk about their illness with other people. That is a big no-no, because our secrets can make us sick. If you talk to other family members like siblings, cousins and say, hey, I'm going through this.

I have kidney disease, then you will allow the other family members to go to their physicians and find out what's going on with their kidneys and if there's something that they can do to prevent. And so the fact that your siblings and you share what's going on, for the ones who have not been affected by kidney disease, I'm quite sure that they're very vigilant and talking to their physicians and doing all preventive things that are within their power. And so I love that you hit on that point, the importance of sharing the information with family, going in, doing the preventive things and getting that preemptive transplant.

Barry Whaley:

Thank you Dan and Dr. Frita. ADA Live listening audience, if you have questions about this topic or any other ADA Live topic, you can submit your questions online at adalive.org or you can call Southeast ADA Center at 1-404-541-9001. And we're going to pause now for a word from this episode's sponsor.

Voice Over:

High blood pressure is a risk factor in acquiring kidney disease. Dr. Frita Fisher's new book, *Under Pressure* will help you take charge of your health by providing you with a step-by-step guide to lower blood pressure naturally. The book is written in a way that readers will easily understand how high blood pressure works and the dangers it poses to our health. *Under Pressure* can be purchased at major book retailers.

Dan Kessler:

Welcome back to ADA Live. This is your host, Dan Kessler. And before the break, we were talking with Dr. Frita, a nephrologist who treats kidney related diseases. We talked about the signs and symptoms of kidney disease and related health conditions, who's at most risk and how to prevent further damage to your health. We discussed the barriers some kidney disease patients face when trying to get the medical care they need. And we also talked about my personal experience with kidney disease. Now let's talk more specifically about patients with legal rights, including the ADA or related issues. Dr. Frita, as you know, some kidney patients face problems when they're working or trying to return to work after a kidney transplant or when they need to take medical leave for treatment such as dialysis. And what do you hear from your patients who want to return to work after hospitalization or medical leave, especially those on dialysis or those who've had kidney transplants, what kidney related issues might have on the job?

Dr. Frita Fisher:

Dan, the greatest fear that my patients have is a loss of independence. They don't want having kidney disease or going in for a transplant to make them lose their jobs or lose the ability to take care of themselves or their families. And so many patients will sadly try to push and postpone the care that they need for fear that jobs will not respect the kidney disease and will somehow try to push them off to the side. And so what I make sure is I'm very proactive in my discussions with the patients and I let them know their rights and what the jobs can and cannot do. And I'm very vocal. I write letters very early on without violating HIPAA, but I make it very clear that I am the patient's physician, they're under

my care for a very specific disability, and I thank them so kindly in advance for their cooperation.

So the first thing is that patients need to learn to advocate for themselves and to not be afraid to speak up and to understand that even if you have kidney disease, that does not mean you have to stop working. But yes, the fear of losing independence is what my patients go through. And so for my patients, especially my vibrant working patients, or even the ones who may be retired but who want to have an active lifestyle, for those who are on dialysis and don't have a transplant yet, I recommend that they do the PD, the peritoneal dialysis, and that's that dialysis that they can do at home. They can have their own schedule, so they can wake up in the morning, go to work, go to grandchildren's soccer games, go to plays, and then at night they can hook themselves up to the PD, the peritoneal dialysis machine and they have some control, some autonomy that way. They can also travel more easily with the PD where if someone spontaneously says, hey, let's go to Vegas for the weekend, then they can call ahead.

They can send their PD fluids, their dialysis fluids to Vegas, they can pack up their machine, which fits in the overhead of an airplane and they can go. And so basically, I try to present modalities that will help them to have more active independent lives. But even still sometimes they may have some situations at work where they need to take a break and do certain things with dialysis in the middle of the day, or they may get fatigued and have to have perhaps more of a snack break to make sure that they keep their blood sugar up, they keep their energy up. And so I make sure they know that I am that mama bear watchdog and I have their backs to make sure that their jobs allow them to do so because it is their right, they are protected as far as their health and being able to work.

And when it comes to transplant, now, that's the real kicker because of course when you get a transplant, you'll need some time off to heal. And there are some jobs if you're not watching them, who will try to write you up for something unrelated. And so I tell patients, don't try to sneak and do things quietly. Be upfront. Yes, you want to protect your privacy, you also want to protect your rights. And if a job says, hey, I didn't know you had a disability, or, hey, I didn't know you had kidney disease, then they might be able to get

away with stepping on your rights. And so you'll have to be upfront and let them know, hey, these are my needs, these are my rights. And have your physician who's your advocate. I think one of the most important things that I got a chance to do just recently was to help to get the Giving the Gift of Life Act passed right here in Georgia on behalf of the National Kidney Foundation, for which I am a board member here in Atlanta, Georgia.

I got to go and to speak on behalf of this Giving the Gift of Life Act, which did pass. It did pass in our Georgia State Senate. And what it did was it allowed protection for patients getting transplants and for living donors because as there are some cases where insurance companies will deny a living kidney donor or they'll deny them insurance, life insurance or they'll increase their premiums if they're a living donor. They can't do that now, not here thanks to that bill, or if you're someone who got a transplant and you needed to miss certain days of work, your job might be at jeopardy. But now there are certain protections in place. So these are some of the things that we do here to advocate for our patients. Most importantly, patients have to understand their worth and know that they must advocate for themselves as well.

Dan Kessler:

You have touched on so many different issues, Dr. Frita. In the legislation the Gift of Life in Georgia, it sounds to me like that could be a piece of model legislation for other states who would be interested in passage. Is there somebody they could contact about that?

Dr. Frita Fisher:

Yes, yes. And for us, the National Kidney Foundation is, we were the connection there, but there was actually one of our local state senators who donated his kidney to his son who had kidney failure. And as he shared, he's someone who had access, he had privilege, and he did just fine. But once he learned of the different hoops he would've had to jump through if he didn't have the ability to be off of work and still be able to take care of his family, if he did not have the resources to know physicians and to know transplant doctors, if he did not know how to maneuver and manipulate through the system in order

to get this transplant for his son, he just started thinking, wow, if I didn't have my kind of a job or if I didn't have my resources, then my kid couldn't have gotten a transplant.

And if I was scared to go to the appointments that were needed for me to be able to donate to my kid because I was scared I was going to lose my job, I couldn't have donated. So then even in coming from a place of privilege, he saw all of the problems with the system, and so he was the one who initiated the bill here, and we can share that information.

Dan Kessler:

And you had touched also on something that is so important, and that is autonomy and independence. Coming from an independent living background, that's something that we experience all the time. And so I really appreciate you bringing that up. And a term that we would use would be consumer control where people can take control of their lives. And I think that sounds like something that you're doing with your patients to give individuals the most control over their lives and their situations.

Dr. Frita Fisher:

Absolutely. We all want to have a sense of control, and especially for the things that we can't control, like illnesses and diseases, we want to grab on and take the reins for those things that we can. And so we can have our fullest happiest most complete lives.

Dan Kessler:

So after many patients return to work after kidney transplants or they work during dialysis treatment, or they may be qualified individuals with disabilities under the Americans with Disabilities Act, they may need to change their job tasks or work environments that make it possible for them to perform their job. These changes are called reasonable accommodations. If you're a person with a qualified disability who works for a company with 15 or more employees, the ADA requires that your employer to make reasonable accommodations that you might need to perform your jobs. What are some examples, and maybe you may have touched on some of those, but what are some examples of job

accommodations say for somebody on dialysis or somebody who's had a kidney transplant they may need in returning to work or to keep working?

Dr. Frita Fisher:

Very good. Yes, reasonable accommodations. And of course Dan, it's going to vary from person to person, but one thing that I think many people may take for granted is having access to water breaks depending on the type of job that you do. I have one transplant patient who works for a power company where literally he is climbing poles. It's a very physical job. And so the access to water or needing to go sit down, take a break, cool down, it's not necessarily obvious and everyone doesn't need the same access. But a reasonable accommodation for him is that when he's anticipating that it's time for water or that he needs to get down and break and cool off, it's important that transplanted kidney be hydrated, that he doesn't allow himself to be dehydrated or he can lose the kidney. And so a lot of people have this thing, okay, no pain, no gain, work, work, work.

When you work yourself to the end, that really means that you're a valuable employee. But for him, a reasonable accommodation is specified water breaks and time to rest. He needs that. Also, the same thing could hold true in an office setting or in a place where you're sitting and patients have to be in front of the computer in all of their typings and their strokes and how many minutes they've worked that's being calculated to the tee. They may need a break for making sure they are able to take the water and to use the restroom as frequently as they need to. Lifting. For patients who have transplants or even for patients on dialysis who have an AVF an arterial venous fistula, which is the dialysis access, they can't lift a lot. And so I have patients who have physical labor where they're lifting packages or they're moving, or there's a certain amount of physicality that's required.

For them a reasonable accommodation is limiting the amount of pounds that they lift or how many times they have to bend. And I have to write that out and be very specific. So the bottom line is for really on an individual basis, each physician needs to talk with the patient and see what is reasonable, send those things in, and they're fluid. If you realize

you need more reasonable accommodations, it is your right to request them. If you need less, hey, that's great. You can adjust it that way too.

Dan Kessler:

You're taking a very, very proactive approach in terms of accommodations and advocating with and on behalf of your patients. Do you find that's pretty common in the field?

Dr. Frita Fisher:

To be an advocate?

Dan Kessler:

Yeah, and to that extent, yeah.

Dr. Frita Fisher:

Probably not as much as it should be. One of my main reasons for becoming a nephrologist was to be an advocate. When I was doing my dual residency, I did internal medicine and pediatrics and later became board certified in both of those internal medicine and pediatrics. Then I further went on to do a fellowship at Emory where I became a board certified nephrologist. And what drove me to go into nephrology, because it was not my original plan actually, was when I went to the dialysis centers where you had the people who were hooked up to machines. I saw that the majority of the people were Black people and Latino people. But then when I went to the transplant centers where people were getting the gift of life, I saw that the majority of people were non-Black. And I'm like, wait a minute. There's a disconnect.

There's a disconnect. And I realized that it had everything to do with advocacy, education and understanding the importance of prevention, diabetes and high blood pressure. Again, the top two causes of kidney failure. Well, if you don't know that, and if you don't have a primary care physician telling you that, or if you can't afford the healthcare, then you may have diabetes and high blood pressure end up on dialysis. And then if you don't

understand the importance of a transplant, then you won't get that lifesaving gift of life. And so probably most people are not as gung ho as being an advocate as I am, but it is my mission and I don't just talk to patients. I actually have given conferences where primary care physicians meet, and I make sure that I mention the advocacy piece because sometimes even you'll have physicians who walk into a patient's room and they'll have a certain bias they may not know that they have.

And they'll see, for example, it may be a patient and he hasn't taken his proper medications or he's missed a bunch of appointments, and so they assume that patient will be a bad transplant candidate. But if you dig deeper, especially if it's someone who has a socioeconomic challenge or maybe someone, they may be missing appointments because they can't afford to miss their job, they may not be taking their medications because they can't afford them yet now they've been blocked from being referred for a kidney transplant. The patient needs someone to advocate for them instead of judging them. And so that's the part that I play. And I speak quite frequently to other physicians who can be advocates as well. But if you don't understand that a problem exists, then you can't solve it. And so I try to ring the bell and be that squeaky wheel to get the oil to let people know that the disparity and the health gap is a real issue.

Dan Kessler:

I read a book a while ago, it was called How to Speak with Your Doctor. So along those lines, what kind of advice would you give a patient who may be experiencing difficulty, say on the job with getting the accommodations they need? How would you recommend they go about approaching their nephrologist and having that conversation?

Dr. Frita Fisher:

Well, for one, don't be intimidated by your doctor. As physicians, we're often on the clock and big brother is watching, and so many physicians will speak quickly, use terms that are not layman's terms, use that body language where they're reaching for the door, like, okay, well that's it. Okay, I'll see you in three months, and they'll do everything to get out of that room so they can stay on the clock. But as a patient, you have to not be

intimidated, write your questions down ahead of time and be clear about what a visit is about. Now, if you're going in because you have, I don't know, an itching eye, then no, at that visit, your physician may not have time to talk about everything.

But you can schedule an appointment specifically for, hey, I need help advocating for myself and getting reasonable accommodations at work. And so you can actually go in and you'll have the full 10 minutes, 15 minutes, whatever time is allotted to talk about that. So patients need to be their own advocates. Don't be intimidated. Write your questions down and understand that you must stand up for yourself even to your physicians and so they can help you to advocate.

Dan Kessler:

Right, right. That's great advice. In fact, that's something I've learned to do over the last year or so going in to see for my transplant clinic, is to write those questions down. Because if you don't write those down, you may very well forget them.

Dr. Frita Fisher:

Oh, yes.

Dan Kessler:

So you may not have another for another month or three months or even six months to ask that question again. But that's great advice. We touched a little bit, well, actually on this issue, and that is the intersectionality of race, ethnicity, age, socioeconomic status, gender, and the impact on, and I also probably want to add to that, rural versus urban. I'm sure you probably get some patients from rural areas. What the impact on the quality of treatment for patients receive in terms of different factors and what can be done to ensure that there's more equal access and non-discrimination.

Dr. Frita Fisher:

Oh my goodness, the impact of all of those things. Huge, huge, huge. The race, for example, cultural. High blood pressure, if you look at some of the risk factors for high

blood pressure, you're going to see a high salt diet or a high sodium diet. Well, let's just take culturally, certain cultures such as my culture, the Black culture where soul food is really and the loving and enjoying of the same food that your grandma cooked. And a lot of that food traditionally has high salt or has a lot of pork. Things that can lead to high blood pressure. Now, there are reasons I could get into as far as the history of why certain foods were chosen, and it had a lot to do with their survival. If you're someone who did not have access, if you were an enslaved person and you're grabbing whatever foods you can, then you might be eating the intestines or the chitterlings or pork ears, and you don't have a refrigerator.

So you're salting them, salting them, high sodium. So there's a lot of tradition and very intellectual reasoning behind a lot of the foods that we now call soul food, traditional soul food. Well, if you go into a physician and you have high blood pressure and you're a Black person who's been raised on soul food, and the first thing that physician does is say, why are you eating all that trash? That food's not good for you. All that salted meat, that food is bad. Well, now you've insulted a person's culture before you even got to meet them. And what then happens, you've lost the trust of the patient. And that patient because of their culture and their love for their own culture is not going to trust you. So you've knocked down, you've created a barrier that's very difficult to knock down. And so that's just one way that race and cultural insensitivity can be a barrier.

So what I talk to my colleagues about, because they're doing it a lot of times out of love and compassion, and yes, they're right, the high salty food is bad, that's what's causing you to have the high blood pressure, but it's the way that you do it. You can't walk in and insult someone's grandma and then expect them to listen to you for healthcare. So that's one way. Gender. A lot of people, my female patients like to wear capes like their superwomen. They'll make sure that their parents are taken care of, their spouses, their children, the person down the street. But when it comes to taking care of themselves, a lot of my ladies just don't have time. So what happens, they end up having the high blood pressure, the diabetes, the kidney disease, and while they've made everyone else's appointments and taking them to their appointments, they don't take care of themselves.

And so getting rid of the gender stereotypes that the lady just has to be the nice little caretaker. She can be the caretaker, we can keep that tradition, but she must take care of herself as well. And so I stress to my caretakers and men as well, but just in the gender stereotypes, I find that a lot of the ladies are the nurturing caretakers. And I say, if you don't take care of yourself, you will not be around to take care of anyone else. Self-care is not selfish. And so that's one of the ways I try to knock down the gender. But there are many, many different barriers when it comes to race to gender, even to with it gets really, really deep. But I spend a lot of time talking to patients on how to overcome those barriers so that they can have their healthiest, happiest lives.

Dan Kessler:

So it's so important because I think frequently people will make assumptions that you're eating these foods because you're not really concerned about having a healthy diet, which is not the case at all.

Dr. Frita Fisher:

Right. Exactly.

Dan Kessler:

And also the point in terms of gender important as well. If we could move on to talking about Polycystic Kidney Disease Foundation, what they found about one-third of the kidney transplants in 2020 were living donations. And these are donors are often friends or family members or those who donate kidneys, who will donate a kidney to someone they know. Other living donors give a kidney that is matched to a stranger who needs it. Both types of kidney donors may face resistance or discrimination at work from employers who don't know that a kidney donor who requests medical leave or other workplace accommodations may be protected by federal employment laws, including the ADA. And so it should be noted that there are 19 states that have passed laws to protect living donors. I guess similar to the bill that you talked about. The Gift of Life legislation in Georgia. So if a person chooses to be a living kidney donor, what does that process

involve? Is it really complicate and scary and dangerous, or is it something where you can really manage that process and have a really successful outcome?

Dr. Frita Fisher:

Dan, it's definitely something that can be managed and can be processed. The beauty of transplant centers is that not only do they care for the kidney patient, the one who needs the transplant, but they also protect the kidney donor. And so when you are considering giving a kidney transplant, you don't have to sit around and think of all the reasons why you may be rejected or why maybe it's a bad idea because the transplant center will not accept you if they don't think it's safe for you, the donor as well as for the recipient. So you go through a series of tests, yes, they make sure that you're physically healthy enough, that you don't have lupus, that you don't have diabetes, they screen you for cancer, all of those things physically, but they also screen you mentally. You're required to see a mental healthcare provider or a psychiatrist and say, you're someone, and I've had this happen with some patients, you're a perfect match for your living recipient.

You're healthy, you don't have cancer, but you just felt pressured and you really didn't want to do it. Well, the psychiatrist or the mental healthcare provider will detect that. And the recipient, the potential person who will be receiving your kidney will never know the reason that you weren't a match. They'll just know they went through the process, they weren't a match. They won't know it's because you got scared or you got cold feet. My point is, if you want to be a donor, you're protected all the way. All of your information is private. And whether it's because it wasn't a blood type match or because mentally you just weren't ready, you were stressed, the other person won't know the reason. Either you're a match or you're not. And so you really need to trust a transplant center that they're protecting you, the donor, not just the person receiving the kidney.

Dan Kessler:

In fact, there was at UAD, and they may have that at similar transplant centers around the country, but they actually had a program, a series of classes about how you can go about asking somebody to donate a kidney, which it's not something easy to do. It's not easy

just to go up to somebody and ask them to donate their kidney. They have an entire series of classes. And I imagine this is happening in other places, but we learn so much from that class. Even if you don't have a live donor, you still learn so much. But one thing I did learn though was that if you're a kidney donor and at some point down the road you need a kidney donation yourself, you'll move up to the top of the list is what we were told. So really that even lowers the risk even further, I think, for an individual who might be considering donating their kidney.

Dr. Frita Fisher:

And that's definitely something that needs to be shared for people to know. And with the National Kidney Foundation, we also have something called Big Ask Big Give, and we have programs where we help to guide people through the process of asking for that gift of life. So yes, there are all kinds of resources.

Dan Kessler:

Dr. Frita, let's talk a little bit about another type of discrimination, and this is the type of discrimination against donors who may face the same types of discrimination that kidney disease patients face, like persons with kidney disease, kidney donors are sometimes charged more for life or health insurance premiums or denied medical leave or other combinations they need in recovery from transplant surgery. Kidney patients and donors have also been fired when they request accommodations to take leave for medical care or when they donate a kidney. So what are organizations like the National Kidney Foundation doing to prevent this type of discrimination?

Dr. Frita Fisher:

Yes, so the National Kidney Foundation, and I did get a chance to be a part of that legislation here in Georgia where we go in and we actually lobby and give the reasons on why there should be no discrimination. We give statistics on how well patients who are living donors do after they give the kidney. When you give a kidney, you're not giving up half your kidney function. The other kidney bulks up and does the work of two kidneys. So we provide education, and again, we were able to get that bill the Giving the Gift of Life

Act passed here in Georgia to protect against discrimination. So really it's going to take just an act of legislation and education, and that's what organizations like the National Kidney Foundation and other organizations do. We provide the education and we try to get things to happen. Right here we have it on a state level, but certainly, certainly it would be appropriate to be federal for there to be protection of people who are trying to give the gift of life.

Dan Kessler:

Yeah. Dr. Frita, is there anything else you'd like to say before we wrap this up?

Dr. Frita Fisher:

I just want to say that I'm very excited to have had this conversation because that's really what it takes, having the conversation, getting the education out there, and I hope that people listening will share this with the people they care about. Because if you don't know that the problem exists, if you don't know about CKD, chronic kidney disease, everything that's out there and what you can do as an advocate, how you can be a living donor, if you don't know about it, then you can't act and help to increase the health in people in general and help to prevent and cure kidney disease. And so I'm really excited. I want people to be sure to go out, educate themselves. Again, please read my book *Under Pressure, A Guide to Controlling High Blood Pressure*.

It's available on Amazon, and I offer a resource on my YouTube channel, Dr. Frita, where we have over a half a million subscribers where I talk about not only kidney disease, but I talk about health advocacy. I talk about infectious disease, and I use all of my certifications, internal medicine, pediatrics, nephrology, hypertension, in order to give people the power to advocate for themselves and so that they can live their healthiest, happiest lives.

Dan Kessler:

Dr. Frita, I know a lot of our listeners today would like to learn more about your work. What is your website?

Dr. Frita Fisher:

My website is www.drfrita.com, that's D-R-F-R-I-T as in take care of yourself A .com. And there you'll be able to see my various national news appearances. You'll be able to see community service that I do and advocacy toward kidney disease and other health conditions. Also, I have a podcast, the Healthy Happy Life podcast with Dr. Frita, where I do more work, where I educate people about diseases and more importantly, how to prevent and to take care of disease in themselves and in loved ones.

Dan Kessler:

Well, I would encourage everybody who's listening today to go to Dr. Frita's website and learn more. I've learned so much from you today, and I really do appreciate you being with us. And so it really has been a privilege and an honor I think to be with you, Dr. Frita. And I know I'm going to be spending a little bit more time on your website and learning more about your podcast, and I want to encourage everybody else to do the same because you just bring so much. And I've really enjoyed this conversation and it's been a real pleasure.

Dr. Frita Fisher:

It's been my pleasure as well. Thank you so much for having me.

Dan Kessler:

And at this time, what I'd like to do is turn it over to Barry.

Barry Whaley:

Thank you, Dan. Thanks, Dr. Frita. What a great conversation. So generous with your time. I appreciate it. Listeners, you can access all ADA Live episodes with archived audio, accessible transcripts and resources on our website at adalive.org. You can listen to ADA Live on the SoundCloud channel at soundcloud.com/adalive. You can download ADA Live to your mobile device, go to your podcast app and search for ADA Live. If you have questions about the Americans with Disabilities Act, you can use our online form anytime

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4 Wheel City:

They watching. They don't want us be part of the city, man. They put all these steps, man. All these curbs we can't get over. All these inaccessible stores. 4 Wheel City. They don't want us here. We'll survive and we're going to make our own place. Our own world. The 4 Wheel City-

[End of Transcript]

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