MODERN-DAY SCHWEITZERS

TO CHANGE A CORNER OF THE WORLD

BY DOTTIE HORN

Julio Escobar (Class of 04) was 15 when his mother discovered a lump in her breast. His family, originally from Colombia, had moved to Dallas from Costa Rica a few months before. At the time, Escobar knew only a little English; his mother knew even less. She asked her son to come with her to the doctor.

At the clinic, the staff handed his mother a 10-page medical questionnaire. She gave it to Escobar so he could translate and fill in the answers for her. Some of the words were easy, like name and address. Some of the questions he thought he could decipher but wasn't sure. He worried that if his translation wasn't right, his mother might get the wrong treatment. And then the teen saw...
other questions to ask his mom: How many sexual partners have you had? Have you had sexually transmitted diseases? What contraception do you use?

“It was absolutely horrendous,” says Escobar. “My mother reminded me of it the other day. She was incredibly bothered by it, but she had no choice.”

When he came to medical school, Escobar wanted to help address healthcare needs among Pittsburgh Latinos, who number about 11,000.

“I know what it is to be in a new place and not speak the language, not know the culture, not know how the system works,” he says.

His first week at Pitt, he met Melisha Krejci (Class of ’04). As a college student in Tacoma, Wash., Krejci had volunteered at a local emergency room, where she met patients who spoke a variety of first languages.

In time, Escobar and Krejci teamed up to form Students and Latinos United Against Disparities (“SALUD”), to help local Latinos access medical services and health information. A plan took shape for one SALUD project: Every Saturday from 10 a.m. to 1 p.m., the Birmingham Free Clinic on the South Side, run by the Program for Health Care to Underserved Populations and the Salvation Army, offers free medical care to walk-in patients. The students would place volunteers who speak Spanish at the clinic to translate. Then they would promote the clinic among the Latino population as a place where a Spanish interpreter was available.

They began work on the project in January 2002; in April that year they received a U.S. Schweitzer Fellowship to help bring it about.

Nearly 90 years before Escobar and Krejci started their clinic program, the Alsatian physician Albert Schweitzer opened a hospital in Lambaréné, in what is today the West African country of Gabon. He was 37 at the time and devoted his life to tending to the healthcare needs of that region. In 1953, Schweitzer won the Nobel Peace Prize for his humanitarian efforts. The fellowship program named for him helps graduate students in health-related fields launch projects that address unmet health needs by working with existing community organizations. As fellows, Escobar and Krejci are expected to put in at least 200 hours on their project (it has been more like 700 hours); they share a $2,000 stipend; and they attend monthly meetings to discuss the progress of their projects. Seven University of Pittsburgh med students were Schweitzer fellows this academic year. Their projects included developing support or educational programs for teens, women over 50 with alcohol or substance abuse problems, and women with HIV or AIDS who miss many of their doctor’s appointments. A total of 40 Pitt med students have received fellowships since the Pittsburgh Schweitzer program started in 1997. (U.S. Schweitzer Fellowships support student initiatives in seven American cities.)

Kerry Sutherland and Jessie Smith (Class of ’05) had a plan. In downtown Pittsburgh were former homeless shelters, no longer in use. They would persuade local businesses to donate money. They would deck out one of the unused shelters with nice furniture—creating a club for the homeless that would be a point of contact about services, a place they would take care of together. The students wanted to encourage homeless people to get medical care, so only those who were going to all their doctor’s appointments would have access to the club.

They enlisted the help of Jim Withers (MD ’84) as a project mentor, hoping to work through Operation Safety Net, a Mercy Hospital outreach program founded by Withers, which provides free healthcare on the streets to Pittsburgh’s homeless.

Talking to Withers, they realized—they were setting up another barrier for the homeless person. They were saying, “Unless you meet our requirements, you’re not even allowed into this place that’s supposed to be created for your community.”

They vastly revised their plan, developing one that seemed more manageable, more likely to reap benefits. They would create a buddy program for the homeless. Sutherland and Smith would first spend the summer doing research—talking to the homeless, learning about the population. In the fall, they would recruit and train med student volunteers. In the spring, each volunteer would be paired with a homeless person and act as his or her advocate. The students received a Schweitzer Fellowship to help implement the project.

By the summer of 2002, the research leg of Sutherland and Smith’s project was in full swing. Their Schweitzer stipend, with funding from Bridging the Gaps and the Medical Alumni Association, allowed them to spend every weekend immersed in homeless culture. They went out with Operation Safety Net night after night, canvassing Pittsburgh’s streets and alleyways. One diabetic man they met had a huge sore on his leg. “You need to have that looked at,” they said. “But

One diabetic man they met had a huge sore on his leg. “You need to have that looked at,” they said. “But it doesn’t hurt,” he replied.

Escobar (left) knows how frustrating it can be to access the healthcare system when you’re new to a country.

“I realized [knowing only one] language was definitely going to limit my ability to be a kind, caring physician who’s open to all people and who doesn’t turn her back on anyone,” says Krejci.

By the time she started med school, Krejci had decided to spend the summer after her first year taking Spanish-language courses in Spain. Learning a new language would be a first step, she thought, toward expanding the population of patients she could serve.

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it doesn’t hurt,” he replied, not realizing that because of nerve damage, diabetic wounds often don’t hurt, yet they still need medical attention.

The young women spent one or two days each week at clinics for the homeless, where many patients would get prescriptions for their conditions. The patients could get prescriptions filled at a discount but still had to pay part of the cost. Worries about money led many to devise ways to make medications last longer or to get by on less. If I take a pill once a day instead of twice a day as prescribed, it might be just as good. Or maybe I’ll take it every other day, they reasoned. They didn’t realize how essential it is to complete a full drug regimen.

Why do so many homeless people live on the streets when there are shelters available? the students wondered. Then they visited a shelter and found out. No privacy, no security for personal belongings, little comfort, and lots of rules, requiring, for example, that those who stay must shower and may not use drugs or alcohol.

On a snowy February day, in a deserted Scaife Hall classroom, Smith and Sutherland talk animatedly about their project. Both are in their 20s; both are earnest and confident; they sometimes finish each other’s sentences. Before med school, Sutherland volunteered at a San Francisco emergency room that treated many homeless patients. How are these people getting help? she asked herself. Someone should do something. Once she enrolled at Pitt, she met Smith, who’s from Apollo, Pa. The two spent a night on the streets with Operation Safety Net and eventually decided to get involved.

As they came to know individuals among the homeless, they became more and more motivated to help. “We saw people we connected with. We saw a shining light in them,” says Smith. “One guy came close to our hearts.” They met him last summer.

Let’s call him Ron. Night after night, the two women would approach him, trying to engage him in a conversation. He was always quiet and would say very little. They continued trying to talk to him. By the end of the summer, Ron had changed—he laughed and chatted and walked up to them when he saw them coming. “It’s amazing how much a person can change just by having a little bit of constancy and a relationship,” says Smith.

Sutherland and Smith realized they’d achieved something significant. Yes, Ron is still homeless, but he has become a little more trusting, a little more engaged in the world. And he has taught them something important: “The homeless need more than a home, than medical care, than food,” says Sutherland. “They need help on a more human level.” To think that they boosted Ron’s self-esteem and helped him break out of his shell, that was worthwhile.

Their buddy program, they hoped, would offer a human connection. After completing the fall training, program volunteers would be well versed in available community resources and in illnesses common among street people, like diabetes and mental disorders. They would be prepared to go with clients to doctor’s appointments, helping patients understand illnesses or treatments. Each volunteer
Smith and Sutherland spent night after night on the streets getting to know Pittsburgh’s homeless.

At this story’s deadline, Sutherland and Smith were about to pair med student volunteers with their clients—and they were holding their breath, waiting to see the results of their efforts.

It was Escobar’s turn to talk. At this February meeting, the group already knew from previous Schweitzer fellow gatherings that the Spanish-language clinic had been up and running since September. The publicity for the clinic had paid off: On a typical Saturday, from three to five Spanish-speaking patients would visit the clinic during the few hours it was open.

“I’m very, very happy that the project’s going so well,” Escobar told the group. “But at the same time, it’s overwhelming, because it’s getting very large. How am I going to deal with this?” When he and Krejci had planned the project, they’d been naive; they’d never considered the time follow-up care would require.

Phone calls were consuming a lot of his time, Escobar explained. Sometimes, the clinic might arrange for a patient to see a specialist. Escobar or Krejci would call volunteers, trying to find someone who could go with the patient—on a given date and time—to translate.

Other times, the Birmingham clinic would refer a patient to have lab work done. The clinic would get the test results back and hold them until Escobar could call the patient. He might have to call repeatedly, at night or on weekends, until he reached the person. When he finally got through, he was often seen as an ally, an advocate, a friend. People would tell him personal stories about their families. They would invite him over for coffee or dinner. The phone conversations often took half an hour or more—and sometimes he had to be up at 5 a.m. the next morning for his clinical rotation.

And there was the situation with his cell phone. At a meeting of community leaders where he and Krejci had spoken about their project, he’d given one person his cell number. Now it was circulating throughout the Latino community. One day, Escobar had a call from a man who wasn’t sure, but thought he might have had a heart attack that morning. The man had no health insurance and couldn’t afford an emergency room visit. “What should I do?” he wanted to know. Escobar never knew what to expect when he answered the phone.

“It’s draining,” he told the other fellows. “How do you draw the line when you have so much personal investment in something?”

Talking about his frustrations with the other Schweitzer fellows helped him to assess the project and redefine his role in it. He and Krejci decided to recruit and train new Spanish-speaking volunteers, most of whom will make follow-up calls.

“That takes a lot of weight off my shoulders,” Escobar says. “I have better focus now.”

Escobar pulls up outside the Birmingham Free Clinic one Saturday in February. The car in front of his sports a bumper sticker proclaiming, “Managed Care Is Neither.” He walks inside, into a room where five patients, one with two children, wait to be seen. “Julian, we’re so glad to see you,” says a nurse. When a woman arrives who speaks Spanish, he takes her to a partitioned-off cubicle. He holds a clipboard, a yellow folder, and a long list of questions.

All morning, in the adjoining cubicle, other medical students interview the clinic’s English-speaking patients. The students are businesslike as they read off the form and jot down answers.

The 42-year-old woman in Escobar’s cubicle has long reddish hair. Her arms are crossed in front of her; one hand touches her face. Tall and lithe, Escobar leans toward her over his clipboard. The two speak in Spanish. The woman’s eyes are often on the form; they seem to be reviewing it together. Escobar marks down information, but stops several times as he and the patient burst out in laughter. Once, he laughs and holds his yellow folder up in front of his face, in mock or real embarrassment.

He interviews other Spanish-speaking patients. Each time there is the same conversational atmosphere with outbreaks of laughter.

Soon SALUD’s clinic hours are over. The red-haired woman has received a bottle of eye drops after being evaluated for dry eyes. A woman from Argentina has had her injured heel examined and wrapped. A woman from Mexico was referred for prenatal care. Escobar leaves the clinic with a message from another patient who called that morning: She doesn’t know how she will get to her specialist appointment on Monday.

“I just know that I have something that I can give to these people,” he says. “Once I know that someone has a need and no one else is providing it, how can I just not do it?”

Our August issue will feature alumnus Jim Withers and his work with the homeless.

FOR MORE INFORMATION ON SALUD:  www.pitt.edu/~mgk5/salud/salud_main.htm