

*People and programs
that keep the school
healthy and vibrant*



“PLEASE BE NICE”

INDEBTED STUDENTS CALLING

BY JEN DIONISIO

Sarah Carter nervously twirls the telephone cord in her fingers as she waits for an answer on the other end of the line.

“Please be nice,” she asks out loud, perhaps thinking back to a physician she called earlier. He was irate at being interrupted in the middle of the November afternoon during a Steelers game. This time, when Carter gets the person she’s waiting for on the line, her voice rises an octave as she nervously begins: “My name is Sarah. I’m a medical student at the University of Pittsburgh. ...”

Carter is one of nearly 100 Pitt med students volunteering for the med school’s first student phonathon. For five days, they’ve shuffled through a 3-foot-tall stack of alumni names and numbers, raising funds for Medical Alumni Association (MAA) scholarship programs. The Alumni Relations Office for the Schools of the Health Sciences and the MAA organized the event, believing that these students would put a sympathetic face (bright, promising, perhaps in debt) on an issue that has grown more important since most Pitt med grads left campus.

The cost of attending medical school has risen dramatically around the country, and about 85 percent of graduates are in debt. The average indebted graduate enters a residency program owing \$120,000. The aver-

age is more like \$138,000 for those graduating from private schools. Pitt med graduates are likely to end up with debt loads similar to those of graduates from comparable top tier private schools, because the Commonwealth of Pennsylvania’s support for medical education is exceptionally low, notes Arthur Levine, dean and senior

vice chancellor, health sciences.

Deferring payments until after residency can significantly raise a graduate’s total debt load. (A 10-year repayment schedule, at projected interest rates, can mean paying \$226,000 for a \$120,000 loan.)

So can paying out-of-state tuition, as another phonathon participant, Dan Brown (Class of ’06), is learning. Brown is from New York. He gets by with a mix of subsidized and unsubsidized Stafford loans. But, leaning back in his chair at an Oakland coffee shop after the phonathon, he points out that the loans don’t cover all his costs, as is the case for most borrowing students. Fortunately, the MAA granted him a low-interest loan in his first year, which spared him the high-interest private loans and credit card debt that are last-resort options for some students. It also motivated him to participate in the phonathon to help other students.

In addition to loans, the MAA offers a limited number of tuition scholarships and supports students who want to perform service-learning projects over the summer. In 2005, five Pitt med students received summer stipends to care for patients in the developing world—four in Africa and one in South America. The stipends ranged from \$1,000 to \$2,000—enough to encourage students to do something important with their summer break without going further into debt. This summer, the MAA will offer \$20,000 in stipends.

How did medical schools get so expensive? Levine notes that the costs associated with running a med school—like staff salaries

and just keeping the lights on—are driving tuition up everywhere. To help combat the problem, in the past couple of years, he has more than doubled his office’s commitment to full-tuition, merit and need-based student scholarships to \$6 million during the current year. Scholarships require no payback.

Levine’s goal is to provide full tuition scholarships to 20 or 25 percent of each class, but meeting this goal will depend heavily on philanthropy.

“Pitt’s stepping up the effort to give out more scholarship money,” Brown says. “It really benefited me a lot.”

As he graduates in May, Brown’s first loan payments are creeping closer but he has no regrets about his choice to enter the medical profession. Yet he notes, “If I went to business



A low-interest loan from the Medical Alumni Association helped Brown.

school or finance school, I could be making a lot of money right now.”

Kristin Cochran (Class of ’07) received some unexpected support this year from the MAA—a \$10,000 scholarship awarded out of the blue, based on her financial need and academic performance in her first two years. The scholarship was especially welcome because it came shortly after her father’s death. Cochran

JOHN MCCONAHY



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Carter, one of nearly 100 med students who volunteered to raise scholarship funds.

says the scholarship allowed her to give loan money back to her lending institutions this year. (Students are often advised to borrow as little money as possible.) To save money for med school, she worked at a boarding school before coming to Pitt.

"I think a lot of us students are in denial," Cochran says. "Payment feels so far off." She adds that she and her classmates get a dose of reality when their professors announce that they have finally finished paying off their loans.

Cochran plans to pursue emergency medicine at an academic medical center, though she realizes that path may make it difficult to pay off her loans in a timely manner. It's the sort of dilemma shared by medical students around the country. Studies show that students at the highest levels of debt may choose specialties based on financial concerns. Jeannette South-Paul (MD '79), chair of the Department of Family Medicine, is concerned about the implications of students basing important career choices on money worries. South-Paul's field, family medicine, pays among the lowest to new doctors. Many communities are feeling the effects of those

economics, says South-Paul.

"The healthcare status of our community is not dependent on the number of ICU beds you have in a community. It's not dependant on the number of x-ray units you have in the community. It's dependent on your [access] to a primary care physician," South-Paul explains.

Access becomes a major issue in traditionally underserved rural and urban areas. Patients end up avoiding care until they can no longer function.

Brown, who will soon embark on a career in internal medicine, and others at Pitt are looking out for future patients and medical students by working on long-term solutions as members of the American Medical Association (AMA) Task Force on Student Debt. The cochair of the AMA's task force, Pitt MD/PhD student Alik Widge, says, "It makes your head hurt just thinking [about] what has to be done."

Widge braves the headaches long enough to describe a future medical school system that is self-sustaining. He suggests, for example, the federal government could pay for medical school in exchange for a few years of service where physicians are most needed. Pitt's Carl Sirio, associate professor of critical care medicine, is working on the AMA's Initiative to Transform Medical Education, proposing a top-to-bottom refurbishing of the entire system, an effort last attempted in the early 1900s.

In the meantime, short-term solutions prove more complicated than they sound. Brown suggests more deferrable subsidized Stafford loans—a tough sell in lean budget years. The question remains as to where the money will come from for such programs. From the likes of Dan Brown's pockets? There's not much in those pockets today. He thinks hard about when the next check will come before buying a beverage at the coffee shop.

The task force's suggestion that schools raise money to help students seems the most promising option at this point. Brown says the MAA phonathon, for example, was a success, especially considering that students

were calling some alumni who had never donated to the University. The students raised \$55,000 in pledges in one week.

For the time being, Brown has started a part-time job teaching science, which he plans to keep until he starts his residency. But someday he may find himself on the opposite end of a phonathon—the side that pledges to cut a check that will ease the plight of a worried med student. When that day comes, a debt-free Brown can laugh that he briefly worried he'd celebrate his graduation by saying, "Good evening, I'm Dr. Brown, and I'll be your waiter this evening." ■

BOOSTER SHOTS

Charles Hefflin (MD '74) was medical director for the only Black nursing home in the Pittsburgh area and mentored med students from many backgrounds. He died in November 2004, and a scholarship fund for disadvantaged students has been named for him. His son, Brockton Hefflin (MD '90), envisions the scholarship going to a needy student who, aside from having an outstanding academic record, furthers the community and causes his father championed.

Of the 10 leading causes of death in the developing world, five are communicable diseases—HIV/AIDS, infectious diarrhea, malaria, tuberculosis, and measles. In developed countries, only tuberculosis makes the top 10.

A vaccine research and discovery lab in Biomedical Science Tower 3 has been named for **Richard Raizman**, who with his wife, **Dorothy Raizman**, made the largest gift yet for the new building. The lab will help develop cost-effective prevention methods for infections that affect many of the world's peoples. Raizman (MD '71), who has volunteered in clinics and hospitals on several trips to Northern India, says, "When you spend time in third world countries, you realize that your clinical efforts, no matter how intense, will fade once you leave. Whereas prevention can have global effects." —*Sydney Bergman*

FOR INFORMATION ON GIVING: 412-647-9071 OR
LMICHAEL@PMHSF.ORG