At a Greater Pittsburgh Literacy Council classroom in Prospect Park, Schweitzer Fellow Aditya Iyer (right and opposite page) teaches health literacy to refugees. Since 1997, more than 200 graduate students from a variety of fields have volunteered as Schweitzer Fellows to address health disparities in Pittsburgh.
“Are you getting a grade for hanging out with us?”

It was a fair-enough question. At that tense dinner last September when Alison Levine and Lindsay Proud first met the residents of Girls Hope—a Pittsburgh nonprofit that runs two group homes for at-risk adolescent girls—they knew they’d have to earn the girls’ trust. The two second-year University of Pittsburgh medical students had planned all sorts of fun health-education activities for the houses (one is in Baden, Pa., and the other is in Coraopolis), which between them had nearly 20 girls at grade levels ranging from fifth to 12th. But first, they had to answer the girls’ simple question: Why are you here?

“We told them,” says Levine, “We’re not here for school. We’re here because we want to be.”

Each year, the Albert Schweitzer Fellowship selects some 200 students from top professional schools in 11 U.S. cities; Pittsburgh’s program, hosted by Southwest Pennsylvania Area Health Education Center, is one of the longest-running, having started in 1997. Partnering with community-based organizations, the fellows design and complete one-year service projects that address health disparities. These fellows continue the legacy of physician-humanitarian Albert Schweitzer.
Schweitzer Fellows benefit from the experience of designing a service project from scratch and carrying it out from beginning to end. Working with faculty mentors and armed with $2,000 in stipends for their projects, they serve year-round—so that they can learn to build service into their everyday, hectic schedules.

Andrea Fox, chair of Schweitzer’s advisory board, associate professor of family medicine at Pitt, and medical director at Squirrel Hill Health Center, has helped this year’s and several other crops of School of Medicine Schweitzer Fellows shape their projects. These often end up looking quite different from the original proposals, she notes. “I call it action research,” she says. “It’s hard to go into a community and know what to do. You have to figure out what it’s really about first.”

For their project, Levine and Proud wanted to enable girls to take charge of their own health. They designed a series of workshops that allowed plenty of time for open discussions. On the day they talked about relationships, they chatted about the differences between healthy courtships and not-so-healthy ones—and later made care packages for residents of a battered-women’s shelter. On mental health/self-care day, they talked about loss and grief—things that many of the girls are no strangers to—and enjoyed a yoga lesson courtesy of Levine, who’s a certified instructor. On the afternoon of the nutrition workshop, they talked about the difference between whole foods and processed foods. Afterward they prepared and sat down to a healthful lunch. For the substance-abuse workshop, they talked about how advertisers target young people in marketing addictive substances, from soda to beer and cigarettes, through flashy commercials set to earworm. (“The girls remembered that old Britney Spears Pepsi commercial,” notes Levine, “and she hasn’t been cool for a long time.”)

The nights at the Baden and Coraopolis houses have been eye-opening for the young clinicians-in-training, who both plan on working with pediatric/adolescent populations. They’ve learned a few tricks, like: When you have a group of kids who are different ages, the youngest kids aren’t going to know as much, so ask the older kids to explain. That way you can gauge their knowledge and perceptions, too.

And if you ask a teen how school is going, of course you’re going to get a one-word answer: “Fine.” But if you ask about what she is reading in English class or who’s her favorite teacher, you’re much more likely to get a sense of the kid’s level of engagement.

“Teenagers know how to answer questions correctly,” says Levine. “‘Do you smoke?’ ‘No.’ ‘Do you wear a seatbelt?’ ‘Yeah.’ But if you ask, ‘Are there people in your class who have experimented with alcohol? And if so, how do you feel about that?’ then you’re more likely to get a real answer.”

It’s been rewarding watching the girls’ progress over time, she says. During the addiction workshop, Levine and Proud asked them about risk factors, and the girls brought up mental health. Hadn’t they talked about how people with depression or anxiety sometimes turn to substances for self-treatment? they asked.

Levine recalls, “We were like, ‘Yes we did, and that was two months ago, and you remembered!’ It was great.”

Proud spearheaded the lunchtime nutrition workshop/cooking class. The girls weren’t sure about the menu at first: stir fry. (Ginger powder? What’s that? I don’t like green peppers. Broccoli? Meh….) But soon they warmed up to it. They split into two groups to divide the labor, which was made all the more enjoyable by a little friendly banter. Levine, a vegetarian, led Team Veggie, and Proud led Team Chicken. The trash talking between the groups was “all in good fun,” says Proud.

While the bird was marinating, Proud taught a lesson on the basics of metabolic biology. They had a lively discussion while the girls did their nails—the big homecoming dance was that night. After class, a high school student who’s been struggling with her weight approached the Schweitzer Fellows. “Um. Since you’re, like, crazy health freaks and stuff, do you think you could help me figure out what to eat and what exercises to do?” Another girl overheard and asked if they’d help her, too.

Before everyone dug into lunch, they said a prayer.

Dear God, Thank you for this food. Please bless Ali and Lindsay for coming here and teaching us about nutrition and for spending time with us. And please let there not be any drama at homecoming tonight.

“So not only did we make it into grace,” recalls Levine, “but we made it in before homecoming.”

Proud says, “That was when we knew we were in.”

Tiffany Behringer, too, has found herself showing up at the homes of complete strangers and hoping to gain their trust. These “homes” are a sharp contrast to the historic townhouses in Pittsburgh’s Mexican War Streets, where she lives. They’re camps beneath the freeways or aside fire pits near the railroad tracks.

Behringer, a fourth-year student, first started working with Pittsburgh’s homeless population two years ago as a volunteer with Operation Safety Net, a local organization that provides mobile medical care and other services to people who live on the street. Struck by the demand for mental health and drug rehabilitation services, she decided to spend her Schweitzer year helping identify the barriers to filling these needs.

Working with small teams—generally a formerly homeless person and an EMT—Behringer makes “street rounds” to the camps in Pittsburgh’s North Side, providing basic necessities like socks, Gatorade, food, and wound care.

“The first thing I do is smile at them,” she says. Then, if and when the time is right, she conducts informal interviews. At the end of her project, she plans to present her findings to service providers.

It takes patience to work with people who are living on the street. Some don’t want to share their last names or even their first names because of legal issues, feelings of wariness after bad experiences with health care workers, or just plain shame. Some have mental illness or drug problems they’re not ready to confront. Behringer finds that, all too often, these individuals feel marginalized—but once she earns their trust, they’re open to sharing their stories.

“People are so thankful just to have someone be nice to them,” she says.

Behringer is learning a lot as a future clinician in emergency medicine. There are basic assumptions that won’t always apply if the patient happens to lack very fundamental resources. To further complicate matters, many people who are homeless don’t consider themselves as such—untold numbers are “couch surfing.”

“[Before this experience], I would’ve never thought to ask someone, ‘Is your home environ-
ment stable? Can you pay your heating bill?”
But working with this patient population, she
says, is building her awareness of these largely
invisible people and their dire predicaments.

There is a woman—we’ll call her Sue—who’s
become one of Behringer’s regulars. She’s round-

faced, maybe 50-something, with kind, green/

gray eyes. She and her partner live under a bridge
on the North Side, and when the volunteer team
comes around, she’s often intoxicated and not

always coherent. She talks a lot about a faraway
time and place—her childhood in Ohio, where
she grew up in a big house and had a mother
who used to brush her hair.

“She sits there most of the day, bundled up
in front of a scrap-wood fire. I’m amazed how she
talks about that time in her life when she used
to play with other children. She’s not crying. Her

face is so peaceful and calm.”

Behringer often finds herself thinking of Sue
when she’s in her own comfortable home, not
so far away.

On the second service day of Aditya Iyer’s
project—a health-literacy course for

refugees from Burma, Nepal, Bhutan,

Burundi, The Democratic Republic of the

Congo, and Somalia—he brought a shopping
day full of over-the-counter and prescription
medications to show his students. Sitting there
in the classroom—a small apartment where the

Greater Pittsburgh Literacy Council’s Prospect
Park location is housed—he showed the group
nasal sprays, eye drops, capsules, and chewable

tablets and asked them how each should be taken.

“Almost all of the students believed that the
eye drops had to be swallowed,” he recalls. “It was

shocking to them that people would be expected
to drop strange chemicals into their eyes.”

Before he began his project, Iyer had been
working with refugees in Pittsburgh for more
than a year. Still, he would experience moments
like this, when it becomes clear how staggering
the need is for such work.

Last year, Iyer’s girlfriend, Mamie Thant
(Class of 2013), completed a Schweitzer
Fellowship running drop-in centers for Burmese
refugees, and Iyer had gone with her numer-
ous times to help bring people to their doctor
appointments. There’s a precedent for Pitt med
students working with these populations. The
2009-10 Schweitzer Fellows included Ben Meza
(Class of 2011) and Mirat Shah (Class of 2012),
who did similar work with the Bhutanese
community in Prospect Park. Together, Thant,
Meza, and Shah organized a health forum on
the Pitt campus, inviting members of refugee

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The federal government views Pittsburgh
as a good place to send refugees, Fox explains.
The city is big, but not too big, and there’s
affordable housing and good health care.

Pittsburgh has a very low rate of secondary
migration—meaning people don’t arrive here
and have such a terrible time making ends
meet that they’re forced to move on to another
city. As a result, the city’s refugee populations
are growing. A surge of Russians arrived in the
1990s, then some years later came Somalis.

More recently, newcomers have arrived from
Burma, Bhutan, and Nepal.

Case workers from resettlement agencies
work with the refugees their first year. After
that, they’re pretty much on their own. The

newly minted Pittsburghers are expected to
get jobs, learn to get around on the bus, and
get their kids into a school. The transition is
overwhelming. “As miserable as the conditions
are in the refugee camps,” says Iyer, “there
is a certain sense of security because meals are
provided and some sort of housing, as well.”

Many of the refugees Iyer works with

know very little English and work 10-to-12-
hour days in factories. (In recent months,
union workers and community groups have

alleged that some of these workers are being
exploited.) The language, cultural, and finan-
cial barriers leave these individuals extremely
vulnerable to health problems. Iyer and his
friends have seen that toll. Last year, one
woman made repeated trips to the ER—she
didn’t understand the dosing instructions for
her antibiotics. Another woman suffered a mis-
carriage: She’d been diagnosed with gestational
diabetes, but didn’t know what it meant, didn’t
know she wasn’t supposed to drink so many
sodas. And another refugee committed suicide—Iyer believes he may have had a history
of depression that went unrecognized.

Iyer is teaching his students how to name
the parts of the body, articulate common
complaints, read medicine labels, and respond
to emergencies. His curriculum is heavy on
images, videos, and activities; and it seems to
be working well, thanks to the commitment
of his students, he says.

“They are very eager to learn and have
a remarkable tenacity to sit through classes
before and after long days of work. Every class
inspires me to overcome seemingly impossible
tasks with enthusiasm and diligence.”

“This is a humbling experience,” says Fox.
“A lot of the fellows want to go out to do good,
and that’s what they should want to do,” she
says with a laugh. “They also need to realize
there are barriers that get in the way of doing
good. That’s the singular experience most of
them learn. There’s this overwhelming need,
and it’s scary to confront it. But you do what
you can.”

On a chilly November morning, sec-

Adia Kelly (gesturing in photo) provides educational sessions on prenatal care for Spanish-speaking patients.

O

ond-year Pitt med student Adia

Kelly introduces herself to the

Alvarezes family (we’ve changed their names)—

a young couple with one child and one on

the way. They meet in the hallway outside the

patient rooms of Squirrel Hill Health Center.
The Alvarezes are just leaving their appoint-

ment with their obstetrician.

“Mucho gusta,” Kelly says, shaking their

hands.

“¿Hablas español?” they say, smiling, incredulous.

“¡Sí!” she says, and they all laugh. Kelly
gets this a lot, she explains later. She’s not

Hispanic, so she’s not someone the center’s
Spanish-speaking clients expect when they’re
told they’re going to meet a fluent Spanish

speaker.

Kelly leads the couple and their almost-

3-years-old, pig-tailed daughter to a round
table in a back office. Mrs. Alvarez just passed
the 13-week mark and is still experienc-

ing morning sickness, she says in Mexican-

accented Spanish. Kelly offers her some tips,
her Spanish consonants more softened—Kelly

studied in Spain as an undergraduate.

Eat several small meals with plenty of
carbs, Kelly advises. Take your B6 vitamins.
Avoid sweets and... (Como se dice? Comida

can grasas?) greasy foods. And if none of this

...
works, she says, the doctor can prescribe something for the nausea.

Having finished the ob/gyn exam and wrapped up their chat with Kelly, the Alvarezes proceed to the office of Cheryl Cappurccini—a BSN and, until recently, a case manager for the center—who schedules their next appointment; Cappurccini is also a fluent speaker. We’ll see you again December 28th, she says. “Es todo?” Mrs. Alvarez says. (That’s it?) Perhaps it’s a bit unexpected that the visit has gone so smoothly.

“Si, Todo!” Kelly says, “Chao!” Helping to address the health care needs of Pittsburgh’s fastest-growing demographic group, Latinos, has been a perfect fit for Kelly. Previously, she’d done service work in Zambia and in Brazil. “That was interesting,” she says, “but I know the culture here, and a lot of people from other countries are coming here and need help. So I decided to work with underserved populations in the U.S.”

Squirrel Hill Health Center’s ob/gyn doesn’t speak Spanish, but one in three of the Center’s obstetrics patients do. So for her Schweitzer project, Kelly offered to provide educational sessions on prenatal care and also translate as needed.

It’s a win-win-win. In addition to helping the patients, Kelly is learning all kinds of bonus lessons on prenatal care: For instance, one lesser-known method of predicting Down syndrome is ultrasound—a noninvasive, less expensive alternative to amniotic- or placental-tissue sampling (though it’s not diagnostic). Also, if you can’t stomach your supplements, chewable children’s vitamins go down—and stay down—much easier. And yes, you absolutely must have a car seat in your car, or the hospital won’t let you take your newborn home.

“It’s been great,” Kelly says. “I’m teaching the patients, but I’m learning things, too. And we’re doing it all in two different languages.”

Around Kelly’s neck hangs a nametag on a green lanyard with the words SCHWEITZER FELLOWSHIP in white letters. It was given to her in an initiation ceremony at the beginning of the school year. In attendance were Schweitzer Fellows from previous years, who serve as mentors and motivators, as well as this year’s Schweitzers from Pitt’s Graduate School of Public Health, School of Nursing, School of Dental Medicine, and School of Social Work. The fellows tend to stay in Pittsburgh—the service year has a way of strengthening ties, building collegial relationships and friendships across disciplines, encouraging roots to grow. The big, burgeoning brood of current and alumni fellows gets together each year—Schweitzer Fellows are considered fellows for life. Next year’s 22-member Schweitzer class will benefit from the energy and inspiration of eight Pitt med students, including Veronica Jarido (Class of 2012), who will be an inaugural environmental fellow.

“This experience takes students who came into medicine or health care for the right reasons, and it keeps them glued to those ideals for just a little bit longer,” says Fox, joking. “But seriously. They carry the experience with them wherever they go.”