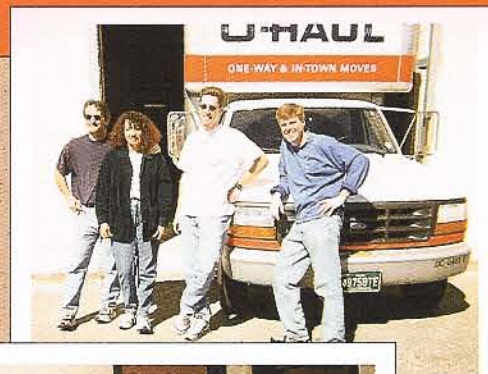




GOING THE

In the Rio Grande Valley,
doctors-in-training and nascent nurses
help an avalanche of uninsured
individuals one
patient at a time.



BY ROBERT LUCEY

Late one steamy Friday afternoon last August, after a day of exams and class work, five medical students from UTMB and a social worker piled into two cars and drove 400 miles south from Galveston to Brownsville. Close to midnight they pulled into the driveway of a house provided for their use by the South Texas Area Health Education Centers (AHEC). Then they turned in for what remained of the night.

Blasted out of bed at 7 a.m. by a Van Halen song blaring simultaneously from three clock radios, they quickly assembled for the drive to the Brownsville Community

Health Center, practicing Spanish phrases en route. Normally the clinic is closed on weekends, but by 7:30 this Saturday morning the waiting room was crowded with dozens of women, many with children in tow.

Like the historic Spanish missions its architecture reflects, this health center is an oasis for a struggling population. But this oasis is shrinking, while the number of people depending on it continues to grow. Barely a year ago, there were four clinics serving the estimated 54,000 medically indigent residents of Brownsville and the surrounding communities in the Rio Grande Valley.

EXTRA MILE



(These residents are mainly working people who do not receive insurance benefits with their jobs but earn too much money to qualify for public assistance.) Then in July 1998, the clinic's government funding was slashed. Now, only one facility—the community health center—continues to serve the uninsured multitude, and its professional staff has been cut by more than half.

Providing much-needed reinforcements, medical students from UTMB began monthly journeys to Brownsville in September 1998. Calling their mission *Frontera de Salud* (Border of Health), the students hone their newly acquired medical skills while helping patients who otherwise might not receive care.

Husband and wife team Adam and Marisa Flynn, fourth- and third-year medical students respectively, take the first case while the other four travelers slip into a break room to down a hasty breakfast of orange juice, burritos, and Mexican pastries. "Everybody is so happy you're here," Marisa Flynn observes. Adam, 24, is on his third visit. A founder of *Frontera de Salud*, he says the organization has grown substantially from its modest origins as "a few guys coming down here and bringing a box of syringes."

Marisa notes that the illnesses of patients seen here frequently "have progressed farther than you normally would see in a hospital." Moreover, she adds, "A patient says she can't afford a medication, and she can't get to Galveston, so you're forced to use more problem-solving skills to figure out how you can help her." Says Adam, "What motivates me is the knowledge that we are making a contribution to someone's health. It's pure patient care."

PROVIDING NEW PERSPECTIVES

Sister Maria Cebellos, an adult nurse practitioner and coordinator of women's health at the clinic, supervises the students during their monthly visits. The Colombian-born nun also organizes the patient appointments and oversees the staff members who volunteer their time to support the students' clinic.

A year earlier, when the students were planning their first visit to the clinic, they had hoped to gather enough donated surplus supplies to fill a station wagon. Instead, they had to rent a fourteen-foot trailer and make two trips hauling down

full loads of bandages, cast materials, diapers, saline solution and other supplies the clinic lacked because of budget cutbacks. "Those donations were a godsend," Sister Maria says. Excess supplies were shipped to Honduras and Nicaragua to provide relief after Hurricane Mitch battered Central America.

As a result of the cutbacks, the clinic has started charging fees for previously free services, reduced its staff, and tried to attract more paying patients. So far, the strategy largely seems to have worked, according to Sister Maria. Patients gain "some self-esteem when they pay something," she says. "It helps them respect themselves to be more like regular customers."

But some patients do fall between the cracks.

FILLING A NEED

Soon, the other two teams finish wolfing down breakfast and pitch in. Fourth-year medical student Kirk L. Smith and his social worker friend Alissa Nelson work in one room, while Fausto Meza and Maria Munoz see patients in the next.

Kirk, 41, is the galvanizing force of the mission. He witnessed the cutbacks in Brownsville last year when he worked at the clinic for three months during his third-year multi-ambulatory care rotation. "I saw providers busting their butts twelve hours a day seeing patients who hadn't had a Pap smear in fifteen years," he says, referring to the method for early detection of cancer of the cervix. He also saw "that there were facilities there in which—if we could give them support—they could start seeing patients again."

When he returned from Brownsville, Kirk shared his observations with students in his psychiatry class. From that conversation, the core founders of *Frontera de Salud*—Kirk, Adam, and Fausto—coalesced. Interest in the project has grown solely through word of mouth and a web site on the student government page (see box, page 36).

Kirk had a previous career running his own chemical supply company in Austin. While there, "as a hobby," he says, he earned a master's degree in philosophy at the University of Texas. When he enrolled in medical school at UTMB, word of his philosophy background leaked out and the Institute for the Medical Humanities recruited him to the M.D./Ph.D. program. He recently edited an issue of the *Journal of the American Medical Association* on medical humanities.



Nursing student Amy Coulson, left, lets a patient try out her stethoscope. Fourth-year medical student Adam Flynn makes a house call in Mexico.



That, in part, sparked his interest in helping indigent patients in Brownsville.

"Having published and presented talks on ethics, I thought I should actually be practicing what I was writing about," he says. "At least in part, medical students start with the idea of providing a service. Then they get exposed to cynicism. This is a chance to exercise some of that idealism before it's lost."

DIAGNOSIS

Before his rotation in Brownsville and a brief mission to Nicaragua two years ago, Kirk spoke almost no Spanish. Now he has mastered enough words and grammar that—with a few added gestures—he can communicate with patients.

Patients receive full gynecological workups by the students, including Pap smears, pelvic exams, rectal exams, and breast exams. "These patients are wonderful," Kirk says. "We had a sixty-five-year-old migrant worker come in for her first pelvic exam. It's one of the most intimate exams possible, and she trusted us to do it. That moves you."

Sonia, a twenty-two-year-old patient, is employed as a delivery driver by a Brownsville restaurant. Her husband is currently unemployed. They have no insurance and she is unsure whether she qualifies for Medicaid. Her only previous gynecological exam took place four years earlier when she delivered her baby. Typically, doctors in Brownsville charge \$100 and up for such an exam. In the clinic, she pays \$15. But without the UTMB students' help, she would have had to wait three or four months for an exam because of the clinic's backlog of patients.

"I just want to make sure everything's fine," she says, shifting nervously in her seat in the waiting room. "You have to get a regular check-up every year, but I haven't before."

With the others in the waiting area, she attentively views educational videos in English and Spanish about breast self-exams and other health topics.

When Kirk finally sees her, he notices some striking symptoms. Sonia has had highly irregular periods since age fourteen. She also has heavy facial hair, acne, and a stocky build. "What do you think of this case?" he asks Fausto after the exam.

"It sounds like POS," Fausto says after hearing the patient's symptoms. Polycystic ovary syndrome is caused by an endocrine imbalance and features increased levels of testosterone, estrogen, and progesterone. If untreated, it can lead to infertility and increased risk of certain cancers. "She's never been worked up for it," Kirk says incredulously. "It's a textbook case. She's had this for years, and she's never even been told what she has."

NATIONAL ISSUES

Fausto, twenty-nine, totes a medical textbook into the clinic and bones up on various diseases as cases present themselves. He is a fourth-year medical student who, prior to enrolling at UTMB, worked for the Texas Department of Health in Austin on a binational tuberculosis project. He was recently elected coordinator of the national Network of Latin American Medical Students.

"Most medical students come in with the idea of wanting to help people," Fausto says. "This clinic gives them a chance to do that."

Nationally, the ranks of the uninsured working poor like Sonia have been growing by more than a million a year since 1990, when 36 million residents of the United States lacked coverage. In 1995, the number had swollen to 41 million, and during 2000 it is expected to hit 47 million.

In the past, hospitals and clinics could use surplus funds from paying customers to offset the expense of caring

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for uninsured patients. No longer. Welfare rolls and the Medicaid insurance that accompanies such public assistance have been cut to help shrink the federal deficit, and private insurance reimbursements for covered patients have been trimmed thanks to managed care. Hospitals and clinics providing health care to the uninsured have been squeezed by these two forces.

The Brownsville Community Health Center has taken tough measures to stave off deficits. It has tried to reduce the load of uninsured patients by severely cutting its medical staff. Most severely hit was women's health, reduced from four ob-gyn doctors and three nurse practitioners to one physician and a single registered nurse.

Despite these cuts, the clinic still expects to see 12,000 patients this year—down just 2,000 from last year. The remaining staff is simply working longer hours.

Paradoxically, the growth in the numbers of medically indigent patients comes during a prosperous time. The Brownsville area is the sixth fastest growing manufacturing region in the United States, according to a national ranking by *Industry Week* magazine. The Brownsville Chamber of Commerce boasts a 22 percent employment increase and a 36 percent income hike for the manufacturing sector over the last three years. But many of the jobs attracting new residents to the area are in manufacturing, and they offer few employee benefits. Other jobs are in the region's tourism, farming, ranching, and shrimping industries, which also typically don't offer insurance.

'A DEATH SENTENCE'

The UTMB team sees its program as not only a means of gaining firsthand medical experience, but as a way to expose fellow students to the harsh, real-life consequences of health policy decisions.

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geries for horrible tumors and you wonder how they got that far," Kirk Smith says. "This is where they're from. They haven't had the primary care and early screening they need. The state pays for their Pap smears to go to the lab, but by cutting back so there aren't enough doctors to see the patients, you're guaranteeing that some patients don't get any care. It can be a death sentence."

By the early afternoon, the waiting room has cleared out. The students have screened twenty-seven patients, referring four—including Sonia—to the clinic's gynecologist for follow-up appointments. Sister Maria shows the students a video on diabetes screenings to prepare them for the next day's activities. Then the group repairs to a local Tex-Mex eatery for lunch.

FOOT TICKLING

Sunday the students visit a local Catholic church to assist Sister Maria in her diabetes education outreach program. Diabetes is the biggest health problem in the Valley, she says, because of a genetic predisposition to the disease among Hispanics. Left untreated, diabetes can lead to kidney disease, blindness, gum disease, circulation problems, and amputation of limbs, among other conditions.

To find people with undetected diabetes, the students employ so-called monofilament foot screening. This test uses a piece of fishing line to prod various spots on the soles of a person's feet for sensitivity. Despite its cheapness and simplicity, this ranks among the most reliable screening techniques for diabetes.

"It's really sad when I have to tell somebody, 'You have to have your leg taken off,'" Fausto says. "If they had seen a doctor earlier, they could have learned how to care for themselves and it wouldn't have gone that far." Between masses, the students screen thirty-four patients, using the opportunity to educate them about the importance of treating diabetes.

continued on page 35