

Kristina Kraninger
2009 Michele Tracy Intern
Hudson River HealthCare

Student Information

University of Wisconsin School of Medicine and Public Health (www.med.wisc.edu)
Completed first year of medical school, currently a second year student
Email: kraninger@wisc.edu

Site List and Staff Members

Peekskill

June 29: Orientation and Tour

June 30- July 3

Pediatrics: Dr. Vergenia Simpkins, Dr. Andrea Brescia, Dr. May Woo

July 6- July 10

Infectious Disease: Dr. Christine Kerr (spent one day at **Monticello**)

July 13- July 18

Internal Medicine: Dr. Madeleine Velez, Dr. Carmen Chinaea

July 21- July 25

Women's Health: Dr. Rashmi Kar (Ob/Gyn), Bev Taylor (midwife), Nancy Solomon (midwife)

Hudson River Health Care

The organization website (www.hrhc.org) provides excellent information about the mission, purpose, and history of the health center. HRHC is a non-profit organization that acts as a safety net provider for several counties in New York. The Hudson River Valley area used to be a very populous and productive shipping center; however, this sector declined in the 1950's or so and led to much poverty. HRHC was founded in 1975 by community members, usually called the founding mothers. Local women were upset that they had to take several buses on a 2 hour plus ride to access healthcare. They worked with religious leaders to start a clinic at today's Peekskill location. HRHC runs using 70% of its funds from national, state, and local grants. HRHC receives approximately 70% of the grants it applies for (this is a large percentage compared to other organizations). HRHC is a federally qualified health center (FQHC) which allows them to access certain national funds. The Bush administration provided \$25 million to help run community health centers throughout the country, because they were part of his vision to allowing the uninsured access to healthcare. The funds they received helped to create more clinic sites, moving from six to fourteen sites in about 8 years. HRHC is a joint commission accredited organization, one of the only community health centers to be approved in the country.

General Summary

First of all, I would like to thank the UW Department of Family Medicine, Hudson River Health Care, the Tracy family and the Chinaea family for this wonderful opportunity. I really enjoyed experiencing community health care, interacting with different patient populations and sharpening my clinical skills. HRHC in New York showed me one way that underserved and uninsured populations could receive quality care.

The community health center model is one that should be used more often because it is affordable and accessible, but it cannot solve all the problems of our health care system. Patients without insurance could have a physical or visit for only \$15, and according to income and

insurance others pay on a sliding scale. There are 14 clinics in the Hudson River area serving local patients. Many doctors and employees come from nearby and really know the lifestyle and hardships of their patients. Many professionals offer classes after hours and are involved in the community in other ways. The physicians and health professionals that work for HRHC are extremely admirable and really get satisfaction from helping their patients. Although community health care is a great system there are still problems it can't fix. The visits are very affordable, but costs increase dramatically when patients need to buy prescriptions, get labs or have procedures done. Worse, at times, patients can't get procedures done that they need, because they are considered "elective". This provides an example of the definite lack of communication and cooperation between larger health care facilities and community health facilities that I noticed. I am curious to see how the health care reform will impact the funding for these centers, and if the government grants they receive for operation will still be available in the future.

The patient population in Peekskill was fun to work with. They serve a wide range of people, but I especially enjoyed working with migrant families and HIV/AIDS patients. Many people come from Latin/South America, especially Ecuador to work as migrant farm workers in New York. I previously studied in Ecuador and the people are extremely kind and humble. The Ecuadorian children were well behaved, and very tolerant of immunizations and otoscope and just plain adorable. Working with Latin patients gave me the opportunity to refresh my Spanish speaking skills and learn lots of medical vocabulary. Interviewing patients alone in Spanish gave me the greatest experience to practice! HIV/AIDS patients were also cool to work with because of the dramatic changes in their clinical state. A patient can come in near death, infected with multiple opportunistic infections and be put on drugs that alter their condition very rapidly. Patients with HIV also spoke with me more candidly about their condition and how they feel. I also encountered transgender patients for the first time. It was surprising to me how normal and functional the patients are once their viral loads are suppressed. Most of the people I encountered maintained a positive attitude about the disease as well.

Working at Peekskill gave me the opportunity to grow as a medical student and have some unique experiences. Infectious disease was an interesting field to experience that isn't something we are very exposed to in Madison. Migrant farm workers are commonly infected with rare skin rashes and tuberculosis. What was common for the general population changes with subpopulations. I also learned about and observed opportunistic infections associated with HIV/AIDS and other interesting information about infectious disease and treatment. I was exposed to the costs of procedures, since the doctor and patient had to discuss what they could afford. I also enjoyed working in the women's health center. I learned how to monitor and record fetal heart beats and find the position of a fetus. Doctors and midwives worked together at Peekskill, so I was able to observe this type of interaction.

All in all the doctors at HRHC were very enthusiastic, and contributed to making the experience fun and worthwhile. I was pleased to learn about and see things I wouldn't normally have been exposed to such as community health and the different patient groups. I would highly recommend this experience to any M1 who is willing to jump in and try something new and would be comfortable being proactive in their learning.

Photos:



Peekskill, NY



The China Family (host family)



Hudson River Valley- view on the drive to work



Dr. Woo and Dr. Brecia (Peekskill pediatrics)