

Emily Walz
2010 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: erwalz@wisc.edu

Site List and Staff Members

Peekskill

July 12: Orientation and Tour

July 13-July 16

Pediatrics: Dr. Vergenia Simpkins, Dr. Mary Woo, Dr. Angela Sanchez, Patty Boltin, PNP

July 19- July 22

Women's Health: Dr. Sara Jordan, Dr. Rashmi Kar, Janet Brooks, CNM, Alice Gilgoff, CNM

July 23- July 28 and July 30

Goshen Clinic (the Alamo)/ primarily Migrant Health: Jeanette Figueroa, RPA-C

July 29 and August 2 & 3

Internal Medicine: Dr. Madeline Velez-Phillips, Dr. Dillard Elmore, Lydia Biccocchi, FNP, Kenneth Sax, MSN, RN, CFNP

August 4-6

Poughkeepsie Atrium office/ Family Medicine: Bryon Labrenz, MD, FAAFP

Hudson River Health Care

Hudson River Health Care's website (www.hrhc.org) provides excellent, updated information about the organization, including its mission, purpose, and history. HRHC is a non-profit organization composed of a system of sixteen community health centers that serves several New York counties. Up until the 1950's, these New York counties supported a productive shipping center. However, the decline of this industry in the 1950s led to significant poverty. In 1975, several women in the community (thereafter known as the 'founding mothers') became highly disillusioned with their lack of healthcare access (accessing healthcare frequently required a two hour bus ride outside of Peekskill). Thus, the women collaborated with local religious leaders to establish the Peekskill clinic. Today, HRHC is a federally qualified health center (FQHC), which allows the center access to certain national funds. It is one of the few joint commission accredited community health centers in the nation. HRHC is largely grant-funded, with grants accounting for seventy percent of its revenue. Additional funds acquired during the years of the Bush administration allowed the center to expand from six to fourteen sites in about eight years. Since that time, the center has added two additional clinics and has expanded to its present sixteen-clinic size.

General Summary

First, I would like to extend my thanks to the UW Department of Family Medicine, Hudson River Health Care, the Tracy family and the China family for this wonderful opportunity. The China family was extraordinarily generous in offering of their home and time. Although I was a stranger, they welcomed me into their family as if I truly was family. I learned so much from the entire family, and most especially Dr. Carmen China. In drives to and from work, I had the opportunity to pick the brain of Dr. China, a high level administrator of a community health center. Through these discussions, I was offered rare insight into the workings of community health. Further, I extend my thanks to the UW Department of Family Medicine, as this opportunity has strengthened my desire to pursue work in community health. To the many health care providers of Hudson River Health Care, I thank you for giving of your time and knowledge, without a moment's hesitation. Finally, I offer my many thanks to the Tracy family. During my time with HRHC, numerous employees approached me to share with me regarding their experiences working with Michele Tracy. Time and again, they described Michele's passion for her work. Many of the projects that Michele initiated continue successfully today. I felt extremely inspired and honored to be part of a program that pays tribute to Michele Tracy's contributions to HRHC during her two years as an Americorps/Vista volunteer.

As noted above, I rotated through various departments while working with Hudson River Health. These experiences enabled me to practice my history and physical skills. Also, I shadowed many physicians, as well as a midwife, two nurse practitioners, and a physician's assistant. Through shadowing, I was able to glean some important insights into history-taking and physical exam technique. I learned some very relevant clinical medical information while shadowing the various practitioners. More specifically, I learned to take fetal heart rates; I witnessed various in-office procedures such as IUD implantation; I learned to run rapid strep cultures; and, I was taught to identify pathologies of various diseases.

Overall, I really enjoyed the climate of the clinic. As noted above, the clinics are supported by various grants, and are thus able to treat patients through a sliding fee scale, at very low cost. I strongly admire the ideal of all of the physicians whom I shadowed, as it was clear that they were committed to serving an otherwise underserved population. It was also really interesting to speak with the physicians regarding practical aspects of running a community health center. Like many (or all) current medical clinics in the United States, the community health center must remain mindful of their finances. Thus, I had discussions with the various physicians about the tensions surrounding reducing appointment times so as to generate increased revenue while maintaining great quality of care. It was great to discuss these problems with the physicians experiencing them, as I plan to pursue a career in community health.

My experience with the migrant health clinic was probably my favorite experience while working with HRHC. Here, the practicing clinician frequently allowed me to see the patient before she did. I completed many full and focused histories and physicals. Also, here, (and in various other sites) I was able to take a history in Spanish. Although I am not completely comfortable with my language skills, these opportunities forced me out of my comfort zone. Also, the patient population at the migrant health clinic really interested me. As the name implies, this clinic receives a special grant to

treat a specific population of migrant farm workers. Many of the health issues that these patients faced directly resulted from their work (i.e., they often presented with various muscle pain or with diseases such as Lyme's disease, which is contracted from ticks. Also, several patients also presented with mental health concerns, often arising from their departure from their native country, their separation from their family, or their difficulties adjusting to a new culture.

One day I was able to follow a patient advocate to area farms. The patient advocates provide bridges between the patients and the health centers. They employed a preventative approach to medicine, attempting to identify and address frequent causes of the workers' health concerns. For instance, while I was there, the patient advocate was focusing on measures to reduce farm worker's muscle pain. She had identified that the workers spend large amounts of time bending while they weed; thus, she was collaborating with both farm owners and migrant farm workers in an attempt to find a tool (such as a hoe) that would minimize bending. I really appreciated this model of community health, which incorporated elements of preventative health.

My experience with HRHC was truly incredible. It reinforced my desire to pursue a career in community health. It offered me insight into workings of various primary care specialties in a community health care setting, and it afforded me the opportunity to practice my history and physical exam skills. I strongly recommend this opportunity to any first year medical student who is interested in community health.