

Michele Tracy Externship Experience at Hudson River HealthCare Community Clinics Summer 2014

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Every summer for the last six years, I had left the United States to travel, volunteer, and work on some kind of global health project to develop skills in this field. My thirst for new experiences and insights were endless – I found myself in India, Nepal, Vietnam, Thailand, Cambodia, and Peru, all in which I tried to understand what makes a community what they are and how its members make a living, provide for their families, find their place, and make sense of this place where they're trying to belong. Above this layer of observation is the question of what makes a population underserved, what are the health disparities and socioeconomic challenges that plague this community, and what can community health centers, more specifically I as a future physician, do to close these gaps?

This summer, instead of focusing my passion for global health overseas, I had the privilege of learning about community healthcare in upstate New York through Hudson River Healthcare (HRHC) clinics. I must say, I couldn't have asked for a more beautifully diverse and "global" perspective of what serving an underserved population means. Moreover, I cannot be more impressed by the compassion, adeptness, and dedication that were demonstrated to me by the healthcare providers at HRHC.

I rotated through five clinics in Beacon, Monticello, Walden, Goshen, and Peekskill, NY respectively. Each population is different as is each clinic and healthcare provider. In the clinics at Beacon and Monticello, I got to work with Dr. Christine Kerr, an infectious disease physician specializing in HIV and Hepatitis C treatment who somehow also takes on the role of a beloved friend and counselor to her patients with grace and endless patience. Observing Dr. Kerr and her patients, many of whom have very



challenging backgrounds and limited social support, it is incredibly revealing how a patient deals with not just dysfunction within their bodies, but that the dysfunction often extends much further - to their socioeconomic backgrounds, to their communities, to the difficult events in their lives. While Dr. Kerr's patients were tremendously grateful for her thorough counseling and education of their illnesses, they were equally appreciative of her genuine consideration of their daily lives that make their illnesses so draining. Though I've known

this in theory, but witnessing these interactions showed me that trust between a physician and patient is imperative in motivating patients to get healthier.



In Walden I had the privilege of shadowing Dr. Sumitra Dhanyamraju, a family physician whose patients are as diverse in illness as they are in age and ethnicity. What amazed me about Dr. Sumitra's method of practice is how she adroitly moved from one patient to the next to address their variety of illnesses and exams, yet oftentimes her biggest challenge is to help patients get treatments and medications they can actually access and afford. In my limited time watching take care of her patients' many needs, some of whom have problems that are often psychosocial, I sometimes asked her how she reconciled knowing that much of her patients' difficulties extend beyond what she can do for them in the clinic.

She answered honestly that as physicians we do what we can, and we keep focused on the problem at hand. If we get lost in all the social issues on the sidelines, we wouldn't be effective healthcare providers. However, that didn't stop her from considering all those issues on the side that affect her patients when she thought about which medications to prescribe or what treatment to give. It's a fine balance.

Rotating in Goshen at the Alamo Health Center with Jeanette Figueroa, a physician assistant, was another very different but edifying experience. This community clinic, which is also linked with the Alamo Community Center, worked primarily with the migrant workers, predominantly from Latin America, that made up a large part of the community in Orange County. Jeanette's patients were almost entirely Spanish-speaking, and most of them lack health insurance. However, the clinic receives a grant to treat this population, most of which suffered from Lyme disease from working outdoors in the farms and health problems that often related to their demanding repetitive work on the farms. Though my Spanish was limited I was still offered a window into these patients' lives and get a glimpse of the pressures in their lives and the obstacles of living faraway from their native country.



Lastly I spent two weeks in Peekskill, one of which I shadowed Margaret Ogrodnik, a nutritionist at WIC, which is the public health side to healthcare that most medical students do not get to see firsthand. I learned from Margaret as she counseled mothers with infants and young children on the benefits of breastfeeding and the importance of a healthy diet. WIC is a governmental supplemental food program that assists low-income families, especially pregnant and breastfeeding mothers, with access to healthy foods and guidance on

nutrition given their limited resources. While it is crucial that physicians monitor and maintain the healthy development of growing children, programs like WIC aim to address some of the socioeconomic barriers to healthy living.

I spent my last week in pediatrics with Dr. Vergenia Simpkins, Dr. Angela Sanchez, and Dr. Romulo Guzman, each of whom have a strong passion for working with children yet had their own unique style of care. All of these pediatricians were quick on their feet as they shuffled from one patient to the next, yet they talked to the children and parents as human beings with patience and understanding. They took time to explain the process of each child's illness and treatment, quelling the concerns of many anxious parents. With these doctors I learned the intricacies of child development and the variety of health problems that pediatric patients experience, including infections like Coxsackie virus (hand, food, and mouth disease) and ear infections to childhood obesity. More importantly, I learned the significance of health education between the healthcare provider and the patient. These doctors took tremendous care of their patients and truly loved working with children; therefore, learning from them and their various styles had been a joy.



The Michele Tracy Externship has reinvigorated my excitement in medicine and community healthcare in ways I can't even put to words. I am sincerely grateful to the providers and staff at HRHC as well as the UW-Madison Department of Family Medicine and the Tracy family for this experience. After leaving New York I felt calmed that I am in the right field and that my desire to work in community health has been strongly reinforced. It was comforting to know that there are many healthcare providers out there like ones at HRHC that share my passion in working with underserved populations and do so with immense humility and humanity. I sincerely hope that the externship continues for many summers since I am certain that this has played a remarkable role in my career in medicine.