**The Other Side of my Stethoscope**

**By: Densey Matthew**

It’s amazing to me that I’ve lived in this city for almost 2 years and am only now beginning to realize the divide that separates the well to do who live in secure neighborhoods from those barely making it in their crime ridden streets and communities; all less than 3 miles from my front door. As I drove down Broadway and passed the unwritten divide between the east and west end, I was a little afraid and very intrigued. The streets and shops began to look more and more run down, and families and friends would be gathered together on front porches of homes that were in dire need of remodel. I passed several liquor stores, fast food restaurants, and gas stations with food marts attached selling “groceries.” There were also corner grocery stores that were heavily advertised with signs for various brands of beer and liquor along with other food products. The further I drove, the more I felt like I was in a whole different city: one that was in the midst of a struggle. Citizens struggling each and every day to find a job, support a family, keep children out of gangs and away from drugs, live healthy and happily, and ultimately, escape the never-ending cycle of poverty.

 Then again, what is poverty? This is the question I was asked before starting this rotation and now I understand it is so much more than a lack of money or things. It is a fight for “human and social capital” which entails a good education, a job that supports the family, access to the library and a fully stocked grocery store, churches, good schools, and of course decent healthcare, all of which also provide healthy social networks for further personal and community growth and development. As I drove through the streets on the West End and explored the supermarkets, I was saddened that my experiment was a daily reality for so many people. I think about my patients in continuity clinic, most of whom are overweight and engaging in high-risk behaviors. They are just one of the statistics of children living in food deserts, whose parents work but cannot afford the high prices of fruits and vegetables much less the gas to drive the miles to a fully stocked grocery store. They are truly just surviving between minimum wage jobs all the while making sure their kids stay out of gangs and the poor influences that saturate their surroundings.

 I recently saw a Hispanic family whose very adorable 2-year-old child had some speech delay and behavior problems. I was making my way through the anticipatory guidance and realized that he wasn’t getting enough uninterrupted sleep at night. Dad told me the child was only sleeping from 11 pm to 6 am and when asked why, he said it was because he had to pick mom up from work at 6am so he’d take the child with him and when they would come home the child would go back to sleep. I encouraged dad to try and put the child to bed earlier so he could get as much uninterrupted sleep as possible and maybe that would help with his behavior, automatically assuming that dad just wasn’t doing a good job of making sure his child had an earlier bedtime or was being too lenient and letting him stay up late. It was only after I left the room and read more of the chart that I realized that dad had to take the child with him in their only car to drop mom off for her night shift, and then had to drive back home and put him to bed which ended up being about 11 pm. I felt terrible because I had assumed the worst of a parent who was trying his hardest to raise a healthy child while making sure he and his wife had a stable source of income even if that meant working the third shift. I had become the insensitive oblivious white coat who instead of empathizing with their struggle had merely spewed out rules and regulations thinking I was doing my job, when in fact I was just adding to their stress.

 Leaving that day from Iroquois FHC, I stood at the corner of Taylor and Bicknell waiting for the #6 Bus to Main Street. I had taken the bus that morning for the first time since I moved to Louisville, hoping that I wouldn’t end up lost somewhere in a strange part of town, and at the same time excited to experience in a small way what some of my patients go through every day. Thankfully, I made it safely and early to the clinic and now just had to get home the same way. The exercise, although a simple task was eye opening in that I felt a sense of loss of my independence without having my car and going wherever I pleased. This was a wakeup call to the reality that transportation is one social determinant of health that prohibits families from accessing supermarkets, doctors’ appointments, or even a nice sit down restaurant. I remember thinking as I walked down the street to the Dairy Queen for lunch that day, how my options for restaurants were very limited. As I scanned the menu, I noticed that there were maybe 1-2 things that were a little healthier than the 10-15 things that were not healthy by any means (although they looked delicious I might add). I thought to myself how hard it must be for the people who live in some of these areas to even find healthy eating options, much less resist the temptation of the aggressive marketing geared towards comfort foods and high fat meals.

 Then there was the experience of actually providing healthcare, and I was amazed and honored to work at the system of family health centers with the compassionate doctors, NP’s, and nurses at each of the different sites who serve the poor of this city day in and day out. I don’t know if many of these patients would be able to afford going anywhere else if this system wasn’t in place. One particular event that impacted me was the dedication of the outreach team at Phoenix who go into places where homeless men, women, and children live and provide medical care, referrals, and refills on medications. Sitting on a chair at the Baptist Church annex where most of the homeless in that area gather for coffee and breakfast, I listened to a young man about 19 years old tell us that he had been living on the streets since he was a child. Another lady who looked to be in her 30’s with scabs on her face from a recent fall and crutches under each arm, recently lost her kids because of a drug addiction and told us this was the first time she was homeless. What surprised me the most was the number of young healthy teenagers who were homeless. I wondered to myself what their stories were and how they ended up in such destitution at such a young age. Some were struggling with addiction, some were trying to find jobs, and sadly some chose to stay homeless despite having families in nearby cities. I sat across from each patient that day, thankful for the family and upbringing I had been granted and saddened that so many people were missing out on that very important structure in their lives.

 One of my favorite experiences of the rotation was at Americana. The services for the refugees that come through KRM or Catholic Charities are truly amazing. In addition to ESL classes for children and adults, life skills such as sewing and gardening were taught to families who were interested and provided them not only a method of making expendable income for their families, but also gave them a support system of individuals who were in the same shoes as them. The health center itself is amazing in the care it provides for these families with ongoing sensitivity to their cultures and traditions.

 I will never forget meeting one patient, an Iraqi man who was a journalist in his home country with severe diabetes and other chronic illnesses that were not being controlled because of the excessive amounts of stress in his life. No doubt he had witnessed unthinkable torture and violence in his own country and would rather be here, but this place was foreign to him both in language and culture, and he struggled with his loss of independence and income. He started smoking heavier (3 packs per day) and agonized his deep desire to quit but was overwhelmed by the inability to pay his rent which was $600 a month, reportedly double the amount of income he was given. “I just want to live in peace, pay my rent, and eat, that’s all” he said. He spoke with a frustrated and raised tone in Arabic via an interpreter as he sat in an exam room across from the Nurse Practitioner. We spent almost 1 hour in that room discussing his rent situation and the painstaking rate of proceedings with his case manager. It was distressing to watch a man who was someone in his country having everything ripped from him, and starting over with no true control of the process. He ended the conversation with a humble request to just “give me what I deserve”. A carefully crafted request that implied so much more than what was said.

 This month has given me a better understanding of what good healthcare truly means. Sitting across from my patients now in clinic or at the hospital, I realize how little of an impact I’m making when I don’t take the time to understand their social situation. Where do they live? Are they struggling to find healthy foods and do the parents or parent work almost all day to barely make ends meet? Does that mean other children who may not be good influences supervise their children? How are they travelling to get to their appointments, and am I the only encouragement and advocate their children have every year for a 20 minute slot of time? In the words of the German physician Dr. Rudolph Virchow, “Physicians are the natural attorneys of the poor and the social problems should largely be solved by them.”

 The more I think about these issues the more I realize that good health and the social determinants of health are inseparable. Health inequities are a result of a lack of certain key determinants that must be eliminated so that the gap between the insured and un-insured is non-existent. Already, I am inspired by the work that is occurring in the various communities I’ve visited, and the many initiatives that have started in the city. These are seeds of hope and change in a system that has seemingly failed the neediest of our patients, and inspiration to residents like me to do all I can to take part in this effort to serve the underserved but equally deserving people on the other side of my stethoscope.