by Joel Thomas Adler, Med 1

We walk into the waiting room to the expectant gaze of the day’s patients. I call the name of our patient and greet him as he joins us. We walk back, take the patient’s height and weight and escort him to the exam room. “What brings you to clinic today?” I ask. He proceeds to tell us his back hurts. My partner and I evaluate the patient more thoroughly. We're in luck—my colleague is rather knowledgeable about joint injuries. She gives him instructions for exercises to strengthen his arm. Better yet, the patient has no health insurance and uninsured is the goal of MEDiC. Under the guidance and direction of Ted Goodfriend, MD, now a professor emeritus of pharmacology at UW School of Medicine and Public Health (SMPH), seven UW medical students founded this program in 1990 out of a desire to improve the health of underserved people in Madison.

They began with a medical information center (from which MEDiC derives its name) at a homeless men’s shelter in Madison, which later was converted to the Grace Clinic. The founding of the Salvation Army Clinic by Murray Katcher, MD ’75, PhD, SMPH professor of pediatrics, followed shortly thereafter. Since then, MEDiC has flourished to six clinics throughout Madison, now also including ARC House, Michele Tracy, Safe Haven and Southside.

Our patient works three jobs, all of which involve intense manual labor. He has four kids, speaks Spanish, understands very little English and simply cannot afford time away from his job. This actual scenario is taking place not in a normal clinic, but rather at one of the free MEDiC clinics staffed entirely by volunteers. And while the shoulder is an immediate concern, it doesn’t begin to address the core problem—that the patient has no health insurance and experiences complete inadequate access to healthcare.

Finding ways to address the health problems of the underserved and uninsured is the goal of MEDiC. We report to the physician in charge of the free MEDiC clinics staffed entirely by volunteers. And while the shoulder is an immediate concern, it doesn’t begin to address the core problem—that the patient has no health insurance and experiences complete inadequate access to healthcare.

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Grace, Salvation Army and Southside operate weekly and treat mainly acute concerns. Grace is still at a homeless men’s shelter, Salvation Army treats women and families and Southside serves an ethnically diverse population. The other three clinics are more specialized in their care. Michele Tracy, named in honor of the UW medical student who tragically passed away on an outreach trip to Africa in 2002, is a multi-disciplinary clinic focused on prevention and education. ARC House works with women transitioning through the legal system and Safe Haven treats psychiatric illnesses.

Imagine the earlier clinical scene with a mix of additional problems—bronchitis, depression, rashes, headaches, fatigue and even tuberculosis once in a while—and you can begin to understand a typical shift at a MEDiC clinic. Normally, between six and 12 patients are seen. The clinics are staffed entirely by volunteers, including physicians, residents and an array of health professions students.

Expanding the variety of students involved in the program, which stresses the importance of working on teams. Joel Adler talked recently with a patient at Grace Clinic, the first MEDiC clinic created in 1990. The MEDiC program now consists of a total of six clinics throughout Madison, also including Salvation Army, ARC House, Michele Tracy, Safe Haven and Southside.
importance of reading aloud
brief instruction on the
second, parents are provided
in clinic waiting areas. In the
important components.
The program involves three
children between the ages
and Read, a national literacy
participate in Reach Out
community outreach efforts.
we can provide.
MEDiC clinics serve patients with a variety of problems, such as bronchitis, depression, rashes, headaches, fatigue and at times tuberculosis. Between six and 12 patients are seen on a typical shift.

Furthermore, MEDiC has partnered with the UW sports medicine department to offer free sports physicals to uninsured high school athletes each fall. Last year, 37 students took advantage of this program. In addition, faculty from dermatology and physical therapy hold monthly seminars on lunchtime.

In the first component, MEDiC representatives also attend health fairs throughout the area to promote our clinics, which helps us better identify and define our patient population, the illnesses we most frequently see and the medications we most frequently prescribe. The donation of a laptop computer from the SMPH Department of Anatomy has helped us implement this “data project,” the goal of which is to refine our services to better target our community’s needs. In the end, MEDiC could not exist and function without the enormous generosity and dedication of its volunteers and donors. The combined efforts of many people who genuinely care about the health of the underserved and uninsured have resulted in an organization that will provide care to over 1,200 underinsured and underserved patients this year. Working with MEDiC is both rewarding and challenging. Because of this, many students identify their MEDiC experience as a highlight of their medical education.

Returning to our patient mentioned earlier, he was able to see a specialist and receive necessary follow-up care. Like many of our patients, he is without adequate access to healthcare. As students, we work relentlessly to help people such as him.

With thoughtful planning and consideration, MEDiC continues to expand and improve its services to fulfill its mission—to educate UW health professions students and, most importantly, to improve the health of the underserved.

For more information about the program, stop by the office, room 4236 in the Medical Education Building or go to http://www.uwmedstudents.com/studentsinfo/MEDiC/.

PHOTO: MICHELLE STOCKER

Doctor and Survivor
Jacqueline Busse, MD ‘06

by Susan Troller

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Jackie Busse has lived in the valley of the shadow of death, and she believes her experience will make her a better doctor.

Busse, 27, is one of 17 Madison high school graduates who earned their medical degrees from the University of Wisconsin on May 13, 2006, the day after Jacqueline Busse graduated from UW School of Medicine and Public Health. Busse now is enmeshed in her pediatrics residency at Rush University Medical Center in Chicago.

Despite her diagnosis with acute lymphoblastic leukemia just a week before she was scheduled to begin medical school, with her cancer in remission and the rigor of four years of medical school behind her, she is planning to begin a residency in pediatrics at Rush University Medical Center in Chicago next month.

She can’t wait, she said with a radiant smile in an interview this week.

Although her cancer diagnosis and treatment did not significantly alter her career plans—Busse talked about becoming a pediatrician when she was in fourth grade—her life-threatening illness, not surprisingly, has changed her outlook.

“To have death shoved in your face at age 22 gets your attention,” Busse said.

Furthermore, the way she was told she had leukemia provided a grim lesson in how not to deliver bad news to a patient.

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