

# THE NEW PHYSICIAN

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AMERICAN MEDICAL STUDENT ASSOCIATION

## Wierna CINEM



# Taking it to the streets

Physician activists make their voices heard

Plus:

- M.D.-Ph.D. programs under the microscope
- AMSA's annual report and convention preview



lobby, the rise of health maintenance organizations (HMOs) and fear of the pharmaceutical industry, the dominant image in the country's popular imagination of the physician—Marcus Welby, M.D.—has been replaced by a social-climbing lawyer-with-a-stethoscope.

But the wound's not mortal. Who knows better than physicians that what goes down can come back up? In ways large and small, a growing group of activist doctors are breathing life back into the notion that physicians can help cure many of America's social problems. In fact, activist physicians—and socially conscious medical students, in particular—contend that they *must* be part of the solution.

**M**edical students have always catalyzed physician activism. In the 1940s, the Association of Interns and Medical Students (AIMS) made a name for itself by taking on issues that would become enormous, including racial exclusion in access to health care. AIMS members were early proponents of national health insurance. The American Medical Association (AMA), then much more conservative than it is now and infinitely more powerful, was a veritable monopoly group with the will and resources to stamp out diverging opinions. The AMA could tell a medical school it didn't want an AIMS chapter on campus, and frequently did so. Still, AIMS etched out its turf in the medical-political landscape, prodding more physicians into Southern black neighborhoods (important since only two black colleges in the United States, Meharry and Howard, even had medical schools).

Then came the 1950s, and McCarthyism. The AMA pulled the rug out from under AIMS by creating the Student American Medical Association (SAMA), a wholly owned subsidiary of the AMA that attracted medical students with a journal and perks.

The '60s ushered in two new organizations that dealt a lasting blow to AMA hegemony. They trained the future leaders who would

spearhead the medical community's first truly meaningful forays into activism. One of these groups came from within the AMA itself: SAMA broke off and became the American Medical Student Association (AMSA). While AMSA started as a trade organization, an independent alternative to SAMA, it quickly evolved into more, pioneering projects that sent students into areas of the country where most doctors refused to set up shop, including the in-

Members of DOC's "Barfboro" team—part of its "Barf on Marlboro" campaign—in Houston last February.



PHOTO COURTESY OF DOC

nermost reaches of Appalachia.

Another new group, the Student Health Organization, was a medical extension of the turbulent days of '60s radicalism that quickly merged with the civil-rights and anti-war movements. It sent students deep into the South and produced physicians who seeded the region with non-church-based free clinics.

Amid this outbreak of idealism among budding physicians, the '70s saw a continuing rise in the social, economic and professional authority of doctors. It crested in the early 1980s with the dawn of corporate medicine, which paid the skyrocketing salaries of doctors and created jobs for the burgeoning numbers of medical students choosing specialties over family medicine, but would later become a prime source of society's eroding confidence in medical professionals. Doctors, many people thought, were becoming more interested in how much money they could make than the lifesaving nature of their work.

Against this backdrop, the pendulum seems ready to swing again, as physicians move to counter Hurd's Rolls-Royce-driving stereotype. Today, even the AMA is cultivating an activist image, beginning to tackle the root social causes of

many health problems physicians treat, such as violence and smoking. The most significant role models for the next generation of physician activists, however, can be found not within organized medicine but among individuals.

**D**r. Alan Blum is acutely aware of the power of role models—especially the negative kind, and especially in the popular media (think Marlboro Man or the woman who's come a

long way, baby). Blum, a primary care physician and associate professor of family medicine at Houston's Baylor College of Medicine, has been taking on the Goliaths of the tobacco and alcohol industries since the mid-'70s. His activism was kick-started when he realized that while the negative health effects of smoking were becoming scientific fact, no physicians were doing anything to counteract the promotion of tobacco products.

In the greatest of American traditions, Blum decided to do it himself and founded Doctors Ought to Care (DOC). Today, DOC has about 2,000 dues-paying members, a 50-percent increase over two years ago. Its 85 chapters are based mostly at medical schools and residency programs.

Blum's approach avoids spot-color pamphlets and righteous sermons. Instead, he appeals to the jaded sensibilities of his primary audience—young adults—with satire, humor and irony. He lampoons specific brand names, he says, using the

"consumerist vocabulary that is created by Madison Avenue." A typical DOC magazine ad featured a photo of a '70s-chic stud with the words "Emphysema Slims" and the slogan "You've coughed up long enough, baby."

Blum's technique is reminiscent of a "Saturday Night Live" commercial parody—back when that meant something good. But he doesn't hesitate to resort to more traditional street-activist tactics when appropriate. He has organized chant-and-picket demonstrations against newspapers to denounce their acceptance of tobacco advertising. He once commissioned a miniature version of the Statue of Liberty (this one holding a cigarette box), christened her "Nicotina," and followed the Philip Morris Bill of Rights Tour across the country. Philip Morris had to change its tour route to avoid Nicotina's smiling face at every rest stop.

Once, after finding out that Virginia Slims was sponsoring a concert to benefit AIDS research, he paid full price for four floor seats at the benefit. He, his wife and a friend, in formal attire, took three seats, and in the fourth Blum placed a three-foot Virginia Slims box made up like a tombstone. Statement made. "We're closer to finding a cure for AIDS than finding a solution to the tobacco pandemic," he says, adding that he was told in 1987—before anti-tobacco activism became chic—that to get a job he should get into a more acceptable form of activism such as anti-cocaine abuse.

**B**lum is a grandfather of activism compared to Chris Behrens and Valentine Paredes. They are fourth-year medical students at the University of California, San Francisco, who this year started an elective course on violence issues. "Mortality rates are high in violence-related emergencies," Behrens says. "Guns are the leading cause of death for adolescents between the ages of 15 and 24, and yet we have no formal instruction on the issues. Violence, including domestic violence, is addressed only occasional-

**"As a physician, I can impact larger numbers of patients by being an advocate for health-care policies," says Dr. Miguel Rodriguez, a member of Physicians for a Violence-Free Society. "Physicians need to lead communities."**

causes. Paredes, on the other hand, understands the causes and effects of violence on a more personal level. "Growing up in Los Angeles County, I saw all kinds of trouble," she says. "Violence is really a public-health problem greater than many diseases in the already underserved inner city. A lot of young people are hurt or killed by gunshot wounds."

To take their course, Paredes and Behrens recruited Dr. Michael A. Rodriguez, a family physician at San Francisco General Hospital and a prominent member of the two-year-old Physicians for a Violence-Free Society, an activist group committed to raising awareness of violence as a health-care issue rather than simply a problem for the police.

"It's typically helpful to compare a physician's response to a suicide attempt to his or her response to a victim of domestic violence," Rodriguez says. "If someone attempts suicide, we ask a person why they attempted it, we hospitalize him,

and offer him a spectrum of other resources, including social and psychiatric services. We know that suicide signals major problems in one's life and that if left alone, there is a high likelihood of another attempt.

"Now let's look at a person with a gunshot wound," he continues. "They are typically hospitalized and their injuries taken care of. But then they are discharged. Nothing else is done. But what in that person's life put them in the path of a bullet? Spousal abuse? Gang violence? People who are victims of gunshots often return as well because their root problems are not treated, or even analyzed. A systematic approach based in the health-care system is needed. We need to recognize the critical role that guns play, just as we recognize the role cigarettes have in cancer."

Rodriguez, who grew up in a

ERIC STOVER, PHYSICIANS FOR HUMAN RIGHTS



NYU associate professor of medicine Dr. Allen Keller interviewed land-mine victims during a Physicians for Human Rights (PHR) mission to Cambodia in 1992.

ly in the curriculum. I don't think it gets the attention it deserves."

Behrens took a year off to study youth violence and saw the practical nature of offering a course on violence to other students. After all, he figured, before physicians can become involved in community-based efforts to reduce violence, they need to understand its social

**F**ortunately, becoming a physician activist doesn't require extra tuition, a special residency or a tie-dyed mentor. What many activist physicians seem to share is a sense of commitment to their community, an ability to marry idealism with pragmatism and, often, personal experience with the issue with which they want to become involved.

To many students, simply being a member of the American Medical Student Association (AMSA) constitutes a move toward activism. AMSA's 19 task forces and standing committees tackle issues ranging from community health to the normalization of lesbians and gays in the profession to coping with death and dying.

To get started, here is some general information about several national medical-activist organizations:

**Doctors Ought to Care (DOC)**, an anti-tobacco and -alcohol group that seeks to influence public opinion on these public-health issues, can be reached at (718) 528-2146. Address: 5615 Kirby Drive, Suite 440, Houston, TX 77005.

**Physicians for a Violence-Free Society (PVFS)**, which educates students and physicians about treating victims of violence and lobbies to have violence considered a public-health matter, can be reached at (214) 590-8807. Address: P.O. Box 35528, Dallas, TX 75235-0528.

**Médecins Sans Frontières (MSF)**, an international rapid-response, disaster-relief



organization, can be reached at (212) 679-6800. Address: 11 E. 26th Street, Suite 1904, New York, NY 10010.

**Physicians for Social Responsibility (PSR)** is the U.S. affiliate of International Physicians for the Prevention of Nuclear War. It has 20,000 American member physicians at more than 90 chapters. PSR, which is also

committed to preserving a sustainable environment and reducing the root causes of violence, can be reached at (202) 898-0150. Address: 1101 14th Street, N.W., Suite 700, Washington, DC 20005.

**Physicians for Human Rights (PHR)** believes that physicians can play a unique role in investigating and exposing violations of international human rights by gathering medical evidence of torture, rape and other abuse. They can be reached at (617) 695-0041. Address: 100 Boylston Street, Suite 702, Boston, MA 02116.

The membership of **Physicians for a National Health Program (PNHP)** includes doctors of widely differing political views who are united in their "dismay at the nation's widening gaps in income and access to medical care, the deteriorating public-health infrastructure and the corporate takeover of the health sector." PNHP, which advocates health-care reform based on tenets of social justice and medical need as opposed to Wall Street-driven market demands, can be reached at (312) 554-0382. Address: 332 S. Michigan Avenue, Suite 500, Chicago, IL 60604.

Latin American immigrant community in San Francisco, understands these issues because he's lived through them. Some of his family members have not. "I'm drawn to public-health issues," he says. "I get a tremendous amount of satisfaction working with patients on an individual level. And as a physician, I can impact larger numbers of patients by being an advocate for health-care policies. Physicians need to lead communities."

**F**or some physician activists, a sense of community extends halfway around

the world. Physicians for Human Rights (PHR), for example, has reported on the physical and psychological effects of torture in Chile and Tibet, health conditions in Haiti's prisons, violations of medical neutrality during El Salvador's civil war, and excessive use of police force in Panama, Israel, South Korea and the former Soviet Union. Another globe-trotting organization, *Médecins Sans Frontières* (MSF, or in English, Doctors Without Borders), is a French-based activist group that is the subject of an upcoming movie starring Keanu Reeves. It's also perhaps the most clear-cut way physi-

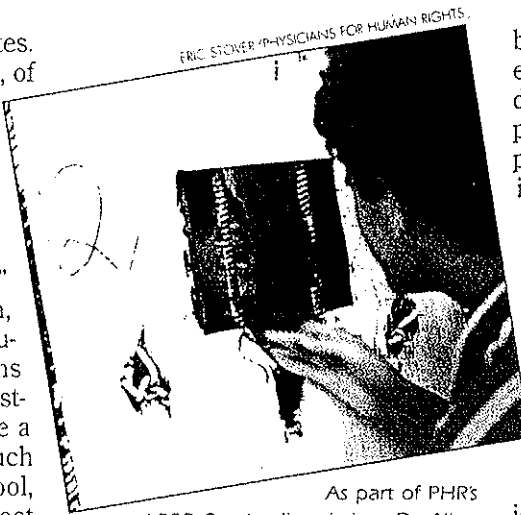
cians can show they want to practice medicine for the purest humanitarian reasons. MSF is the world's largest private emergency medical relief organization, a kind of medical Peace Corps whose specialty is rapid response to natural disasters or refugee situations in some of the world's most blazing hot spots.

Dr. Evan Lee, a volunteer physician in Zaire, sums up the venture eloquently in an MSF brochure. "The idea of working at Boston City Hospital in the inner city seemed much easier and perhaps equally as worthwhile as trying to understand briefings and meetings in French

and heading off to Africa," Lee notes. "But it was the idea of this voyage, of doing something useful, stretching my resources and this challenge to my ability to adapt that contributed to my choosing to be here."

"Choosing to be here." Sounds simple enough, but with tens of thousands of dollars in student loans not uncommon, do all but trust-fund medical students really have a choice to join an organization such as MSF fresh out of medical school, when their ideals may be most urgent?

Dr. Anamaria Bulatovic, a pediatrician who left her Charlottesville, Virginia, emergency-room job to join MSF in Thailand and Tanzania for separate six-month stints, recognizes the difficulties. She recommends acquiring some clinical experience in general practice or surgery before undertaking an overseas adventure. "There's so much pressure to begin a residency program immediately and to begin paying back med-school loans," Bulatovic says. "But the MSF experience makes you realize how much work there is to be done here



As part of PHR's 1992 Cambodia mission, Dr. Allen Keller investigated prison conditions.

as well, working in clinics with pregnant teens and addicted mothers, taking care of babies. It's all public-health oriented. Public health is just not stressed in the United States."

In fact, public health is just not prestigious in the United States. And more than anything else, physician activists say that the prestige factor has in past years stopped many bright young doctors from pursuing careers or even stints with medical-activist groups.

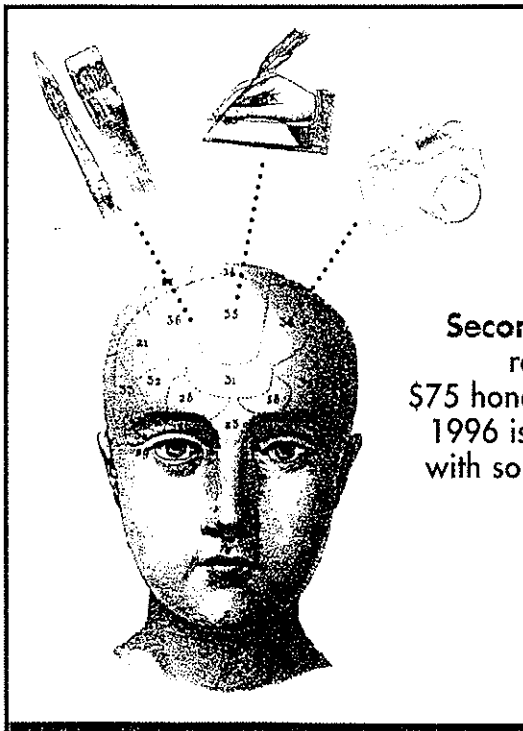
But some of the nation's best and

brightest medical students are eschewing the path to prestige with dramatic suddenness. In 1992, 14.6 percent of medical school seniors planned to become either general internists, general pediatricians or family-practice physicians—the lowest percentage in history. In 1995, however, almost twice that many, 27.6 percent, planned to pursue a generalist practice. Many of those are students whose grades and evaluations could easily land them a plum specialization residency.

Considering the glut of specialists, the general drop in physician incomes and the ascendancy of HMOs, it may be a stretch to hang some of this dramatic turnaround on a trend toward more community-based, public-health-oriented medical students. But the membership rosters of physician-activist groups are swelling. MSF's rose by 23 percent over last year, and PHR saw a 31-percent increase.

And few can deny that at this point in American history, a pendulum is swinging.

*David Thomas is senior editor of Poz magazine.*



## ARE YOU CREATIVE?

Enter your poetry, short stories, artwork, photography or other works of visual art in *The New Physician's Second Annual Creative Arts Contest*. Submissions must be received no later than March 4, 1996. Winners will receive \$75 honoraria, and their works will be featured in the July-August 1996 issue of the magazine. Include a S.A.S.E. and a cover letter with some background on yourself and the entry, as well as your institution and year in medical training. For large-scale, three-dimensional pieces, send high-quality photos.

*The New Physician* Second Annual Creative Arts Contest  
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