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California Medical Association  
Plessner Award Recipient  
2003

Dr. Ring was this year's recipient of the Plessner Award for being Rural Physician of the year. She was unable to attend the award ceremony, so she sent in her thoughts in writing. She is also sharing those thoughts with us. Congratulations, Dr. Ring.

Thank you very much for recognizing me with the Plessner Award. Due to the death of my mother, I was unable to receive the award in person, but I wanted to share my thoughts after the fact. I feel especially honored to receive this award because two physicians from Humboldt County whom I greatly respect and admire, Ted Loring and Richard Ricklefs, were previous recipients, and I am proud to be continuing their tradition of caring for rural underserved people. One of the things that happen when you get an award is that interviewers show up and start asking you questions. I am not a very introspective person. I'm used to getting up in the morning and going mindlessly to work just like everyone else, and I had to think awhile before I could explain why I do the work I do. My actions are based on two related concepts, one scientific and the other philosophic: the conservation of matter and the obligations of stewardship. With the exception of meteors and moonrocks, what was on this planet in the beginning is all there is and all there ever will be. From a long-term perspective, we don't really own any of it. All we can do is enjoy things for awhile and then pass them on to the next generation.

I believe that medical training, in particular, is not a personal license to go out and make a lot of money but a trust that society places in the individual and collective hands of physicians. In my own story of becoming a doctor, my parents raised me to believe I could accomplish anything if I worked hard enough, a woman cardiologist taught a young EKG tech to read electrocardiograms on her lunch break, neighbors in the ghetto looked after me when I was at college and far from home, a young union organizer drove me halfway across the country to interview for medical school, the federal government gave me a National Health Service Corps scholarship, nurses and orderlies dispensed cocoa and encouragement in the middle of the night, attendings patiently taught and patients graciously let me practice skills and knowledge accumulated and passed down over centuries. When I sit down with a patient in my mobile clinic all of those people are there too. Society has invested in each of us so that we can be its healers, and the role of healer carries responsibilities and challenges that we strive all our professional lives to fulfill.

In the old days, the obligations of a village healer were simple. Care for the people of your village and train someone to take over when you are old and can't do it anymore. Today I struggle to understand my obligations as a healer in a global village where violence is epidemic, infections travel on airplanes, radioactive fallout rides the wind, and children in one country die of malnutrition, infection, and trauma due to economic policies in another. In a global village, death respects no borders and all the smallpox vaccine and duct tape in the world can't keep us from experiencing the consequences of our actions. As doctors, we know this better than most people, and we must speak out and teach as if the survival of the species and the planet depended on it.

In the face of all this, it is easy to feel helpless. What I thought I would do now, instead of depressing you further, is to cheer you up by telling you some success stories from my practice.

The first story I'd like to tell you is about how my clinic got started. I live in rural Humboldt County, which is about a 6-hour drive up a winding two-lane highway north from San Francisco and has an average population density of 35 people per square mile. Back in 1990 when I started the clinic, our county had a severe lack of health services for low-income people.

The mobile clinic idea came to me one day, and I just couldn't get it out of my head. Having previously been the medical director of two small community clinics, I was not naïve about what was involved. I knew I could never do it alone. But I wondered... if I offered to go to underserved areas and provide medical care, would communities want the services enough to provide the resources to make it work? So I bought an old truck and a 24 foot travel trailer, filled a room in my house with medical supplies, and offered my services as a kind of spiritual experiment, or perhaps you could call it a medical stone soup, to see if one person's intention could bring about something larger than herself.

The result of that experiment is an established community clinic on wheels with a staff of 18 including 2 doctors, a nurse practitioner, 3 counselors, 2 case managers, and 2 mobile medical units which provide services to a homeless shelter, a food bank, two soup kitchens, two public high schools, and 3 small towns without physicians. Let me tell you about some of our patients. Last year a social worker from another community agency told our administrator a story. Ten years ago when she was addicted to drugs, prostituting herself for money, and on the verge of losing custody of her children, she came to our clinic. That single encounter in which she was touched and treated with respect reawakened her to her own value and humanity, and inspired her to change her life and ultimately return to work with people like her former self.

Another young woman first came to the clinic in early recovery from methamphetamine addiction. At our first encounter, I was struck by two things, her joyous demeanor and her early hypertensive nephropathy. She had never in her life had an ongoing relationship with a primary care physician and didn't trust doctors because of past encounters where she felt treated like a second class citizen due to being black, female, and poor. Titration of her BP medications brought her to the clinic every two weeks where I was able to note her pressured speech, tangentiality and learn of a life history repeatedly derailed by impulsive bad decisions. After some discussion, we started her on mood leveling medication. Today she is the manager of a halfway house and, after four successful semesters of community college, is transferring to a California State University. She is an outspoken advocate for poor women and an asset to the community. A former needle exchange patient of ours came by recently to thank us. He has been off drugs six months and is employed at a job he loves. He said we "planted a spark in his heart" that helped him get off heroin. Another former patient stopped by to tell us that he's been sober for several years and is now a minister helping others.

Last year a teenaged girl at one of our local high schools came in asking to be tested for sexually transmitted infections. She had been drinking heavily at a party and woke up the next morning naked with a young man she didn't remember. Further discussion revealed that she was drinking to the point of blackout almost every weekend and smoking marijuana daily. She had no coping mechanisms for stress and no ideas about fun that didn't involve substance abuse. I did an exam and some lab work, started her on contraception, and referred her to a counselor. When I saw her in follow-up a few months later, she was another person, vibrant and full of energy and enthusiasm. She had a job, was applying to college, and was involved in a peer outreach program. I don't think she had any idea what kind of future had been narrowly averted.

I particularly remember another patient who first came to the clinic with a prescription he

couldn't afford to fill. He was dirty and ragged from sleeping in the bushes. He told me that he had worked with his hands all his life but had to quit working because he developed painful non-healing sores on his hands from any minor trauma. He had been to the emergency room and the community clinic several times, each time receiving a prescription for antibiotics, which did nothing to alleviate his condition. I pulled a dermatology book off the shelf in the mobile clinic and diagnosed my first case of porphyria cutanea tarda. I referred him to an internist who set him up with the blood bank for phlebotomy. The last time I saw him he was clean and well dressed and had come back not for medical care but to tell me that he was housed and back at work. He said, "Thank you for giving me back my life."

I know these stories sound like Prozac ads, and you're probably wondering when I'm going to start talking about Jesus and asking for contributions. I'm not. I just want to say that when we treat people as if their lives are valuable, they respond by valuing their lives and the lives of other people. If we treat people as if their lives have no worth, it is not surprising that they end up feeling that all human life is cheap. Sometimes this seems like a huge undertaking beyond what any of us can muster, but surprisingly often all it takes is the willingness to see past the problems and differences to the essential humanity of another person. I have learned from my patients that even when the problems seem insurmountable, one person following his or her heart can make a great deal of difference in the world. If we all did it what a different world this would be.