

For the multicultural clients of the Joseph M. Smith Community Health Center, the Allston clinic is a refuge with thorough, inexpensive med treatment. For the staff, it is a place to practice enlightened health care.

By MADELINE DREXLER

SAH H

CAROL LANGFORD, A PEDIATRICIAN AT THE JOSEPH M. SMITH COMMUNITY HEALTH CENTER, OFTEN USES A SPEcial diagnostic trick with her young patients. She asks them to draw crayon pictures of themselves. These drawings may reveal such medical problems as hyperactivity or concussion. They may also portray the child's inner world. One image particularly struck Langford: A picture by a 12-year-old Vietnamese girl showed her family in a boat, escaping their homeland. What the girl said she left out seems as crucial as what she put in: her vision of Buddha, leading the group to safety.

The health center, located since 1974 in a concrete housing project around the corner from Harvard's stadium, is the intersection of thousands of such journeys and dreams. "Everyone has their story," says Maria Elena Munoz, the family planning coordinator there.

Named for Joseph Maitland Smith, an ardent neighborhood advocate from Allston who died during the Kevin White administration, the clinic began as a typical public health outpost, serving the Irish and Italian enclave of Allston-Brighton. But as the neighborhood changed, so did the clinic's mission. By hiring bicultural and bilingual staff, it acquired a reputation among the city's 24 community health centers for understanding the problems, medical and otherwise, of recent immigrants and refugees. "It's probably the leading edge of health providers who recognize we must rapidly adapt to the needs of those populations," says Dr. Alonzo Plough, deputy commissioner of Boston's Department of Health and Hospitals.

Today, the facility draws scores of different ethnic groups surging into Boston. It is also a prism through which to view the changing face of the city. Over half of the clients carry no health insurance. A quarter or more are undocumented aliens. Sitting in the center's three waiting rooms on

busy day - surrounded by ayon drawings, family anning and AIDS pamlets in English and Span-, and handwritten notices nouncing flu vaccinations Vacuna Contra la Gripe") -: patients from Guatemala, Salvador, Haiti, Ukraine, bet, Cambodia, or Ireland. The staff is equally glo-I. There's a Nigerian dent, a Vietnamese dental astant (as well as a Russian e), a Colombian caseworkand a social worker from e Dominican Republic.

cause nearly half of the ents are Hispanic, reflectg population trends in the lston-Brighton area, all ctors on the mostly female edical team are fluent in anish. Other staff memrs are also largely Spanisheaking. And they, too, have their

ories. Family-planning ordinator Munoz, for inince, arrived from El Saldor in 1976 "on the ourth of July. I remember at." Her first job in this untry was stabbing frozen ickens onto a revolving set of hooks. Later, she worked in an office at the Prudential Center, where she wasn't permitted to speak to the only other Hispanic worker on the floor. All immigrants, she says, "are in . . I guess you could call it the same boat. It's hard. It's hard. I tell patients, if they need me, I'll be here for them."

For clients, the center is a safe haven, with thorough, inexpensive treatment and people who won't ask too many questions. For doctors and other staff, it is a place to practice enlightened health care, partly through direct service, partly through pulling bureaucratic strings on the outside to find the specialized care their clients wouldn't otherwise receive. It's no wonder the hallways often feel like an agora of personal drama.

N 1987, A TEEN-AGER was working in her famlily's tortilla shop in Colombia when a machine exploded. Her chin, neck, upper torso, and arms were severely burned. A local doctor arranged for her surgery at Boston's Shriners Burns Institute. But when the girl neglected follow-up therapy, her scar tissue contracted.

By the time she walked into the Smith center, earlier this year, she was partly disabled. She couldn't straighten her arms. She couldn't make a fist or comfortably hold a pencil. So misshapen had she become that her family disowned her, convinced she was cursed. Without insurance, a valid visa, or command of English, the woman was alone and suffering.

Nurse practitioner Janis Puibello saw her and headed for the phone. "I can't tell you how many calls I made," Puibello says. She implored Shriners to perform more surgery, but the institute replied that the woman, now in her early 20s, was too old to qualify for free care. She tried other institutions in Boston without success. Finally, she found a plastic surgeon at Boston City Hospital who would do the operation for free. Last month,

the first of several needed reconstructive surgeries took place, "This woman deserved a second chance," says Puibello, a lean, darkeyed woman. "But the only way she was going to get a second chance was for someone to help her access the system."

Because the clinic serves a relatively young population, its most common medical efforts include treatment for viral or parasitic infections, advice on birth control, prenatal care, and childhood and adult vaccinations. Patients living under the federal poverty standards pay a nominal \$7 charge; those making more pay on a sliding scale. Even with these leniencies, doctors often make an impromptu decision not to charge for treatment. "People come to us as a last resort," says executive director Pamela Helmold. "You don't want money to be a barrier." The center's low fees are underwritten by city, state, and federal grants and by the privately and government-insured patients who use the facility.

Clients seem grateful for the arrangement. "Have good people here," says Marca Prata. Once a Seventh Day Adventist pastor in his native Brazil, Prata now is a house-cleaner in Framingham. "The doctor is good, is friend. Communication is good here. About the price - I look for insurance, but it's very expensive. Here, I pay according to my condition."

But when problems go beyond the expertise or wherewithal of doctors there, the Smith center becomes a bridge between its foreignborn clients and the behemoth medical bureaucracy. A staff member's worst nightmare is of having to deliver bad news to a patient, such as a cancer diagnosis, without being able to set up outside help.

Another fear is losing dependent patients because of purely bureaucratic constraints. Family practitioner Leora Fishman recently faced such a "system problem," as she called it. One of



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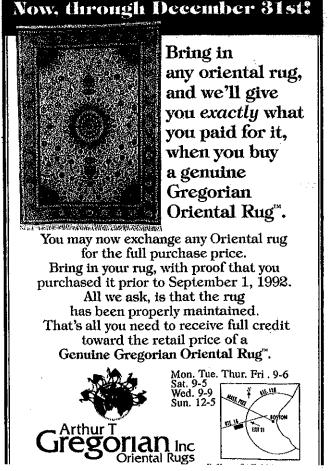
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her patients, a shy Cambodian woman with nonactive tuberculosis, was no longer eligible for the center's care, because she had received coverage through her husband's insurance plan. But Fishman feared that under the new plan - one that even the most savvy locals find hard to negotiate - the woman would miss the close attention she needed to encourage her to continue her regimen. "It would take weeks for her to see someone, who wouldn't even know why she was coming in," she said.

Indeed, when asked how she felt about leaving the center, the Cambodian woman began to sob. "She's petrified," Fishman said later. "I told her, 'If you don't understand what someone is saying, just say: "I don't understand. Please say that again."'" In an empty hallway, at the end of the day, she added, "There are a lot of patients you want to handhold. That's why some people burn out in community health."

ANY OF THE STORIES the staff hears hinge on native traditions. When Cambodians are sick, for example, they scrape a coin over the painful area over the forehead for headaches, the chest for colds, the stomach for stomachaches. The-resulting red marks might alarm an unsuspecting doctor, but in such a situation, says Janis Puibello, "the last thing you want to do is put down someone's belief system."

This attitude of respect for cultural differences explains why staff members, even while administering standard antibiotics, may also encourage Tibetans to take their herbal remedies. It's why they won't argue if a Central American mother wraps a cloth around her baby's abdomen to prevent the infant's belly button from protruding when the child cries. And it informs pediatrician Carol Langford's decision to consult a Chinese acupuncturist when a 6-yearold Burmese girl, clutching a

of pain and tingling in her feet, cracking the knuckles in her toes to emphasize the point.

Like all the practitioners at the center, Langford listens as well as prescribes. For burn patients, she snips branches from an aloe plant in her office, because the potent sap from aloes is a common remedy in Central America, Langford tells mothers of colicky babies to boil dill in water, another effective treatment from the region. And she has become a staunch believer in cod liver oil - aceite de bacalau in Spanish, as Langford has written in big letters on the brown glass bottle - to prevent colds and ear infections in susceptible children.

Some of the strongest ethnic traditions center on the table. For nutritionist Carol Shlossman, the challenge is to educate immigrants, especially pregnant women, about healthy eating habits without disparaging their own culinary traditions. It's a humbling assignment. "Many of these women never had medical care in their countries; they had home births," she says. "So they don't know what a nutritionist is. They never had anyone ask them, 'What's the first thing you eat in the morning?" "

Shlossman's desk resembles a marketing display from the US Department of Agriculture, crowded with empty containers of cereal, low-fat yogurt and cottage cheese, and juices, all used to demonstrate nutritious American products. But she knows her cultural limits. "They really do miss the foods from home" - spicy Mexican tortillas, fried meat, native root vegetables. She tells clients to go slow, urging Hispanics who are at risk for heart disease, for instance, to roast their chicken instead of frying it. She praises fresh fruits and vegetables and warns against the canned spaghetti, bottled peanut butter, and other processed foods that tempt newcomers.

Sometimes, she just lets things slide: "A pregnant

ny that she eats two to three w eggs with Pepsi every orning; in Mexico, she had with beer instead of epsi." Below the border, is decidedly un-American past is believed to make e baby stronger. Fingering e bow on her red silk louse, Shlossman says, ithout a trace of judgment, No white nutritionist will ave any influence on that."

The cultural disjunctions ten go beyond beer and ggs. Like most staff memers here, social worker Jay ega sees the darker chasms etween the old life and the ew. If he can gain his cliits' trust, he may hear out immigrant children uning from their parents, astering English as a way gaining power. He comorts young mothers crying this office, with their tales f husbands or partners leavig them or going back ome because of the dismal b market.

Domestic violence is ommon. Asked about it, ega resorts to the neutral ngo of his profession: "Of-



Leslie Brown, a physician's assistant, examines 16-month-old Franck Hubert Billom. The boy's mother is from Haiti.

ten, this behavior is quite acceptable in their countries. And there's a value conflict when they come to this culture." But in practice, he does everything he can to show frightened and bruised women that there's another

way, that battered women's shelters and support groups exist, and that other women from similar backgrounds have escaped this fate.

For political refugees, the memories are grim. Years after emigrating, "Many still have the symptoms of post-traumatic stress disorder," Vega says. "They have flashbacks of the atrocities, the murders. Wiping out an entire family before their eyes. The military and secret police. Yesterday I

was doing an intake on a Cambodian family, with the Khmer Rouge and the torture and the whole thing."

Such haunting memories can be expressed more easily when caregivers speak one's language and share the same

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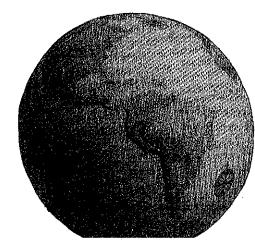
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"You are afraid of everyg," she says, in a voice so a listener must bend toi her to hear. Pulgarin embers toiling as a kitchide and a busgirl, worklong hours for wages far w her co-workers'. She dn't complain about the ie, for fear of deporta-

As a caseworker at the er, Pulgarin can allay the s of recent arrivals and them toward the beneto which they're legally ded. "I know the system " she says. "I explain to n what they can and cando," Among other gs, she informs undocuted residents that they entitled to free medical and to public education. Another part of Pulgarjob is to dispel the myths keep immigrants living ear: rumors that agents the Immigration and

Naturalization Service lurk in subway stations, or that the government takes away babies born to women on welfare. Above all, she reminds clients that they must fight for their place in an indifferent world. "They feel this city is a monster. The majority of them come from the countryside - they have only gone to third grade, fourth grade. It's hard to learn English, because they didn't know Spanish grammar. They don't want to fight for something different. They make progress, but it's very slow. It's little by little."

The promise of shared words, shared pain, and shared hope underlies the center's medical mission. Take Marcia Starikov, a dental assistant from Ukraine. For 17 years in the USSR she taught piano, while her husband acted in a repertory troupe. But as Jews, they felt threatened in the chaos of the Soviet Union's dissolution, when ethnic nationalism divided the country. Worse, they lived near the Chernobyl nuclear plant, where fallout from an explosion has produced high cancer rates in the surrounding cities.

Three years ago, they made their way to Boston. As Starikov says, "It changed everything." Now her husband drives a cab 17 hours a day, and she works in an unfamiliar field, practicing her English. Yet, like everyone here, the passion of her commitment seems to overcome the barrier of language.

"I think about why people came," Starikov says. "I try to make them comfortable. Maybe I understand [Hispanic] patients better than people who speak Spanish very well, because I was in the same situation." Perched on a stool in a vacant exam room, dressed in her blue uniform, she fingers a cord that holds dental napkins in place. She begins sentences only to cut them off, frustrated when she can't find the words. Finally, she leans forward and fixes an eye on her listener. "I very, very want to help." ==

CABLE Continued from Page 16

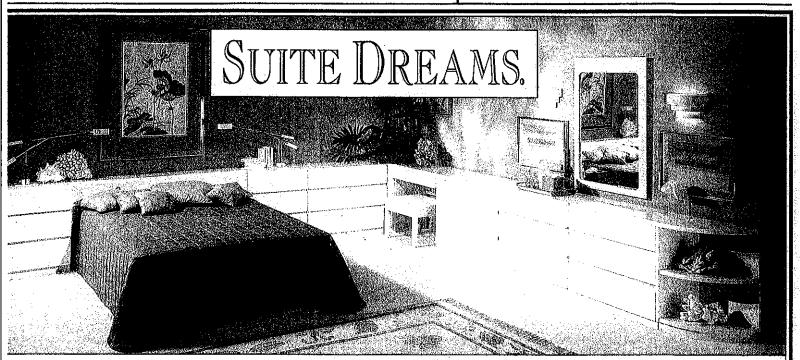
by five, six, eight different people.

And did you catch congressman Ron Dellums as the vote was announced? He was dancing - dancing on the floor! See, Ron and Ed were good friends with Mickey Leland, the congressman from Houston who died in a plane crash trying to call attention to an African famine. Ed hired Larry Irving from his staff, and Larry did the cable bill, and Ron helped him work the black caucus, and, well, it couldn't be sweeter, but it

Who to thank? Chris Shays, for one. Good guy, Republican, but Peace Corps. Fighting for consumers in the finest tradition of the Northeast wing of his party. Represents Greenwich, Bush's old hometown; brought some independent Republicans with him. And then, of course, Ed's chairman, the intimidating leader

of the Energy and Commerce Committee, John Dingell. "Mr. Dingell, I mean, if you don't put it in automatically, like The New York Times," says Ed, laughing nervously: "Ho ho" (gulp). And Dennis Eckart, who's leaving the House and going back to Ohio, after missing one too many Halloweens with his kid, and did a great job holding the broadcasters on board. And did you know why Eckart wanted to stick it to cable? They wouldn't let Channel 61 put Cleveland State basketball on the wire back home, and then they tried to drop C-Span for the Home Shopping Network.

That's what turned it around, really, stories like that. Ed became the cable ombudsman. He called it "cable therapy," out there on the floor. When they took the Yankees off free TV. When the converter didn't work. Or you called for installation, and it took so long you missed the first three rounds of the NCAAs. It happened to constituents,



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