

Healing in the Harbor

Leonard Kuan–Pei Wang

AUTHOR AFFILIATION:

John Sealy School of Medicine, The University of Texas Medical Branch, Galveston, TX

CORRESPONDING AUTHOR:

Leonard Kuan–Pei Wang, John Sealy School of Medicine, The University of Texas Medical Branch, Galveston, TX, lkwang@utmb.edu

HOW TO CITE: Wang LKP. Healing in the Harbor. *Fam Med.* 2023;X(X):1–2. doi: [10.22454/FamMed.2023.501851](https://doi.org/10.22454/FamMed.2023.501851)

PUBLISHED: 11 December 2023

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The docks were a bustling, industrial area, filled with boats and the sounds of seagulls and the crashing of waves in the background. The shrimping boats were a common sight, their decks covered with nets and piles of fresh catch. Occasionally, I would catch a glimpse of dolphins swimming alongside the boats, a reminder of the rich marine life that surrounded us.

Walking down the docks, I could not help but notice the ground, littered with cigarette butts and beer cans. On this chilly morning, several men were huddled around a cooler drinking beer. The smell of cigarettes and dead fish hung heavy in the air. I was struck by the contrast between the disarray of where they were working and the sterile nature of the clinics and hospitals only a block away. I felt out of place—like a guest entering a stranger’s home—but I was eager to work with the fishermen who lived there.

Through our free mobile health clinic, the Docside Clinic, at the harbor docks, I had the opportunity as a medical student to work with a community that is often overlooked and underserved. One day, I was working at the clinic when Mr Nguyen¹ came in for a checkup. He was in his late 50s and had been working as a fisherman for most of his life. His hands were rough and battered, a testament to his life at sea. When he smiled, I got a glimpse of the wide gaps between the few discolored and chipped teeth he had left. His skin was weathered from years of exposure to the sun, but he had a lively sparkle in his eyes. Clearly, while his profession had taken a physical toll on him, he remained full of life and spirit.

Mr Nguyen had come to the clinic because his finger had been sliced open in a fishing accident. “Too much . . . money,” he mumbled in broken English, gesturing toward the hospital. To see fishermen like Mr Nguyen, who lived just a stone’s throw away from a world-class medical center, unable to afford or access the health care they needed to treat their injuries and maintain their health was heart-wrenching. Our systems had failed them.

Among the fishermen who visited our Docside Clinic, nearly 30% were unhoused.¹ In medical school, we learned about social determinants of health, like housing, as nonbiomedical factors that influence health outcomes. But we did this from the comfort of our didactic lectures. These social determinants of health often remain abstract, tucked away from our realities. At the clinic, when I interacted with persons such as Mr Nguyen, I learned far more than what could be conveyed by any textbook or lecture. I saw the condition of Mr Nguyen’s living space: a broken-down car in the field, its once shiny exterior now dull and rusted. The tires were flat, and the windows were cracked, giving the car an abandoned and forgotten appearance, similar to how many of the fishermen had described feeling abandoned and forgotten by societies and systems that benefitted from their dangerous work. Despite the car’s rough exterior, he had made it as cozy as possible inside. There was a makeshift bed in the back seat, and the front was cluttered with clothes, bags, and other items he had collected over the years. It was a place he called home.

Commercial fishing is one of the most dangerous industries in the United States, especially in the Gulf of Mexico.² Many fishermen face significant health inequities, stemming from structural violence, harsh working conditions, and barriers to resources, among other factors.^{1,3} Founded in July 2021 through the University of Texas Medical Branch’s Health Equity Lab (Guillot–Wright, principal investigator), the Docside Clinic is the result of community-based participatory research (CBPR), a partnership approach that equitably

¹ The patient’s name is a pseudonym, and certain details have been changed to support confidentiality.

involves participants as equal partners.^{1,4} Volunteer faculty, staff, and students provide basic medical care, screening for hypertension and diabetes, giving vaccinations, providing wound care supplies, and offering social service resources. Compared to other clinical experiences available to medical students, this clinic is uniquely positioned because it strives to address structural and social challenges faced by low-income workers in hazardous environments, while also prioritizing their personal needs and knowledge. For me, working at the Docside Clinic was my first time outside the familiar confines of a traditional clinic setting.

My experiences working with the fishermen at our free mobile health clinic facilitated my understanding of and sensitivity toward the realities of our world. I learned firsthand the importance of “boots on the ground” work and the need to provide care to underserved populations. This work was a sobering reminder that health care is not only about the sterile conditions of a hospital or clinic, but also about meeting people where they are and providing the care and resources they need.

Similar to how CBPR challenges traditional research paradigms that frequently marginalize the perspectives of underserved communities, community-led free health clinics can disrupt traditional models of health care delivery and education that often fail to meet the needs of underserved communities. Through free health clinics, we can see firsthand the gaps in health care delivery and are challenged to address those gaps, both in the moment by meeting people where they are and in the future by working toward health policy that is equitable and inclusive. Each of these approaches allows us to work toward health equity by addressing root causes, developing relationships built on trust, and educating health care professionals and trainees. Medical students, residents, and practicing physicians may benefit from serving in community-led clinical experiences where they can actively listen to and center the needs of the people they care for.

FUNDING

Leonard Kuan-Pei Wang is funded by the John P. McGovern Academy of Oslerian Medicine. The Docside Clinic is funded through an intergovernmental personnel agreement between the National Institute for Occupational Safety and Health (NIOSH) and Shannon Guillot-Wright, PhD; the Southwest Center for Agricultural Health, Injury Prevention, and Education Cooperative Agreement #U54-OH007541 from CDC/NIOSH (Guillot-Wright, principal investigator); as well as the University of Texas Medical Branch’s Center for Violence Prevention (Guillot-Wright, principal investigator).

ACKNOWLEDGMENTS

I thank the John P. McGovern Academy of Oslerian Medicine for its generous support. I am also indebted to Shannon Guillot-Wright, PhD, for her mentorship, Praneet Paidisetty for his thoughtful comments on this essay, and the journal reviewers for their constructive feedback.

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