

# From I-80 to the Information Superhighway

In one of my classes the other day, we were talking about where we thought the next hypothetical veterinary college should be located. One of the things that we discussed was whether it should be affiliated with and in close proximity to a public health or medical school. One Health is a current popular movement in veterinary medicine and is the idea that we can only create and maintain a sustainable planet if we integrate various medical and scientific fields, such as veterinary medicine, human medicine and environmental science. In the natural world, organisms and ecosystems coexist and interact with each other, and this is how we should approach the various sciences that are working to improve the health of the planet. If a veterinary school were closely affiliated with a medical school, we could easily put the idea of One Health into practice — collaborations between the two fields would require just walking into the building across the street.

Currently, out of the top seven ranked vet schools in the U.S. only two of them — Penn and Cornell — have medical schools that are ranked in the top 20 for research. Though looking at rankings to evaluate schools is fraught with problems, it at least gives us some statistics we can use. Out of these two universities, only Penn's two schools are on the same campus. Does the fact that Cornell's aren't hinder us from fully embracing One Health?

Initially, I thought that in our Internet generation, the importance of physical proximity had faded. For example, a friend and I used to watch *Bones* together in college, and now that she's left Ithaca we stream the show simultaneously and Gchat about it on the side. I've had friends in long distance relationships who have actual dates on Skype where they decide to do something fun together (dinner, board game, etc.). And haven't you ever messaged your roommate on the computer because it was easier than getting up and walking into the next room? If we can digitize our social lives, shouldn't it be even easier to do the same with our professional ones?

There are a handful of things that made me think twice about this, however. First of all, although the Internet has made it possible to maintain much more intimate long-distance relationships, it still doesn't compare to the real thing. Watching *Bones* with my friend in person is infinitely better than via the Internet. Second, an article by Jonah Lehrer in the *New Yorker*

referenced several studies indicating that the most productive interdepartmental work is done when people of different departments bump into each other randomly. Two notable references were MIT's "Building 20" and the Pixar headquarters.

MIT constructed Building 20 for temporary use during World War II, and over the years it came to house a hodgepodge of misplaced departments that had free reign to do whatever they wanted because it wasn't supposed to be permanent. The layout of the building and the variety of people that were in it meant that people often encountered others who were in completely different fields which resulted in an incredible overall creative output. According to Lehrer, Noam Chomsky pioneered revolutions in the field of linguistics in Building 20, and Amar Bose developed revolutionary speakers and later started the Bose Corporation as a result of time he spent in the building. It was finally torn down a little over a decade ago, but people have such fond memories of it that MIT has a website full of anecdotal stories about Building 20.

Similarly, Lehrer discussed how when Steve Jobs was designing Pixar headquarters, he tried to make the Atrium the central location that everyone had to go through several times a day so that all of the people in the different departments would run into each other and be able to randomly exchange ideas. As the article explains, studies support the idea that chance encounters result in the most collaborative success. All of this indicates that no matter how good Cornell's vet and med schools are on their own, because they're four hours apart from each other they won't be able to achieve the level of collaborative success that they would otherwise.

That being said, Weill is not moving to Ithaca and the vet school is not moving to New York, but I think we still have the potential to embrace One Health while at the same time quietly tweaking the creative process. If it's been shown that chance encounters are important in maximizing creativity, then we should make those chance encounters happen.

What if the Campus to Campus bus fare were free for med and vet school students and faculty, and each school hosted events that were interesting and relevant to members of the other school on a regular basis? This would mean that people across fields would meet and be able to maintain relationships through the Internet — an option that people didn't have in the World War II era. Or, to embrace technology even further, we could have chat rooms where procrastinating students and faculty from both schools could log in and strike up conversations, or even have to pass through to access email.

I'm not talking about an Isaac Asimovian future — in his novel *The Naked Sun* he writes about a world where people fear



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*Hoof in Mouth*

and hate human contact and interact solely through technology — but I do think that Cornell's potential for the complete integration and furthering of the One Health initiative should not be discounted. As older faculty retire and younger faculty who are more fluent with technology take their place, and as each field begins to realize the importance of the other in preserving our planet, the four-hour distance between Cornell's two campuses might become even more insignificant than the four-minute distance between Penn's.

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## The Dangers of Safety Net Based Healthcare

“We wish there was no such thing as the Weill Cornell Community Clinic.”

That may seem like a surprising statement coming from the current directors of the student-run clinic affiliated with Weill Cornell Medical College in New York City, but let us explain.

Since 2006, the Weill Cornell Community Clinic has been providing free or low-cost care to underserved and uninsured New Yorkers who make less than 400 percent of the federal poverty level. Patients approach us for a multitude of reasons: Some have worked their entire lives only to lose their jobs — and insurance —

Safety nets must exist because we currently do not have a universal program for equally insuring everyone who lives in the United States. The most well-known and largest safety net programs in the United States are Medicare and Medicaid. But even these programs can leave patients vulnerable. Public hospitals, willing physicians and local clinics must provide access for these patients.

There are also community-based centers, known as Federally Qualified Health Centers, which are funded by the Health Resources and Services Administration of the Department of Health and Human Services. FQHCs provide comprehensive

remain intact.

Then, there is the very real toll taken on our country due to so many remaining uninsured. Despite the availability of numerous safety net programs there are Americans that continue to fall through the proverbial cracks. A recent *New England Journal of Medicine* article estimated that at least 22,000 deaths in the United States in 2006 were directly related to people being uninsured and not having access to medical care. And alarmingly, the number of deaths related to lack of coverage has been increasing by about 1,000 every year.

Finally, there are the people. We have had to look patients in the eye and say, “I’m sorry, there is nothing more we can do,” simply because they were uninsured. It is hard to tell someone who cannot walk, let alone work, because of debilitating hip pain from severe osteoarthritis that a hip replacement is “elective” and therefore not eligible for charity care.

In an ideal healthcare system, safety net facilities like ours would not exist, because everyone would be insured. It should now be apparent why student-run free clinics like ours exist.

But running the WCCC, like most aspects of healthcare, provides its own set of challenges. The clinic requires a skill set not included in the basic science or clinical curriculum of medical school, yet is completely run by students. We may know the Krebs’ cycle backwards and forwards and the nerves of the brachial and sacral plexuses, but ask most medical students about finances, billing, coding and medication and laboratory pricing, and most will look at you with a blank stare. These are all crucial to ensuring not only that our patients receive the best care but also that our clinic remains in the black.

More importantly, the WCCC is anything but “free.” While we are free to our patients, no clinic is free from time or

monetary constraints. We are fortunate that so many volunteer their time to ensure our patients get care. And we have also been able to negotiate reduced rates for imaging, pathology and referrals. Through grants, private donations and fundraisers, medical students cover the remaining operating costs of the clinic. In fact, a recent event brought artists, who are often plagued with insurance issues, from around New York City together to raise funds for the clinic. Our event, which we aptly titled “Without a Safety Net,” helped us raise over \$25,000 for the WCCC.

Walking through the streets of NYC, watching unemployment rates rise and listening to disconnected politicians discuss the future of healthcare in Washington D.C., it is apparent why safety nets like ours exist. The system is broken, and these work to catch the millions of Americans who pour through the cracks. As the rifts widen and are haphazardly and ineffectively patched up, the need for safety nets will continue to grow. We plan to be there, helping those left behind.

Perhaps, in retrospect, our opening statement was a bit bold and should be rephrased. “We wish there was no need for the Weill Cornell Community Clinic.”

For now, we proudly provide a safety net for those in need of healthcare in New York City. We hope some day a person's income or current employment status will not determine the quality of their health and that no one will have to wait to go to the doctor because they are afraid of being unable to pay.

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*What's Up, Doc?*

during the financial crisis; some have never worked a day in their lives. Some are in their late twenties, recent graduates looking for full-time employment and no longer covered by their parents' insurance; some are just shy of the 65-year-old age requirement to qualify for Medicare. Some speak fluent English; some speak barely a word of it.

What sets organizations such as the WCCC apart is that we provide healthcare to patients regardless of other socioeconomic factors that would limit their access to basic and essential medical needs. The WCCC provides a virtual safety net for our patients in the same way a trapeze performer relies on a real safety net — to catch him or her in case of a fall.

care to those with private, public or no insurance and they offer sliding scale payment options for those who are underinsured or uninsured.

So, if safety net programs exist, why then do people continue to argue for a national, universal healthcare system?

First of all, there are the numbers. Even with recent healthcare reform legislation slated to take full effect in 2014, the most optimistic statistics estimate that at least 20 million, or eight percent of Americans, will remain uninsured. This is assuming that 30 million of the currently 50 million uninsured will qualify under these new laws. Furthermore, given the current political climate, it is in no way guaranteed that healthcare legislation as we see it now will