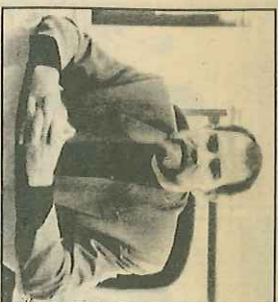


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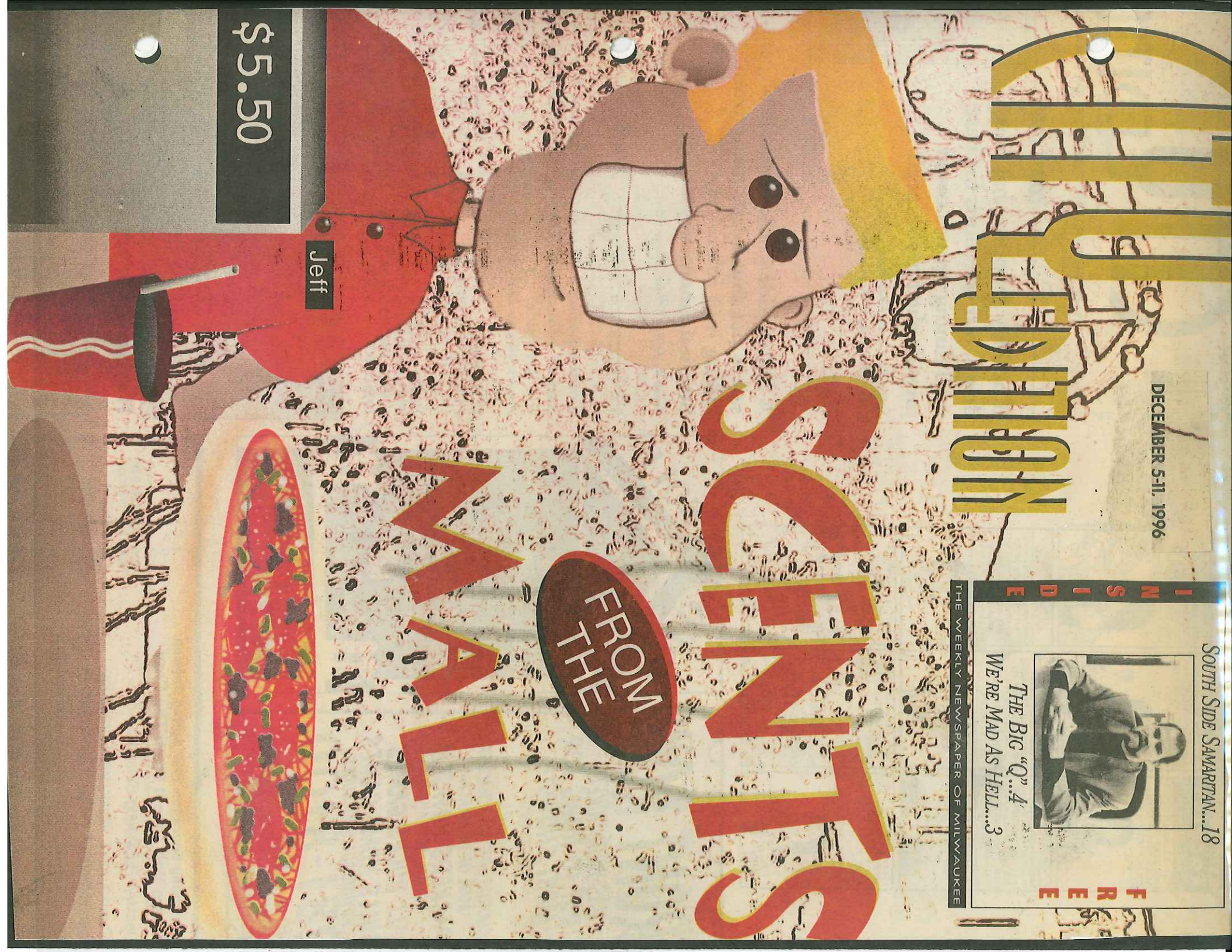
THE WEEKLY NEWSPAPER OF MILWAUKEE

# SENTS FROM THE MALL



Jeff

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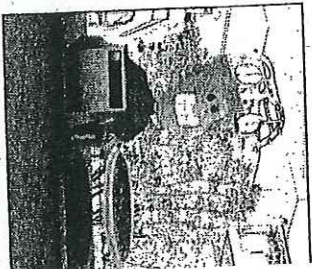
# CITY EDITION

THE WEEKLY NEWSPAPER OF MILWAUKEE

*cover story*

If holiday shopping has you down, our selections for best mall dining venues could provide the lift you need.

Story By Carol Shadlock .. page 6  
Cover Design by T. Koprowski



*feature*

A South Side clinic provides a safety net that keeps many from falling into calamitous hospital emergency rooms.

Story by Jeffrey White...page 18



*music*

Contemporary jazz saxophonist Tom Scott is part of a foursome bringing winter jazz to the Riverside.  
*Preview on page 25*



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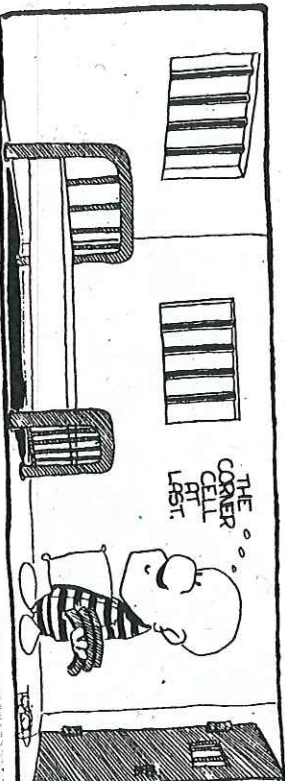
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**Finnigan's Wake**

By Jont Tysoi





By Jeffrey White

It's shortly before 10 a.m. on a late-November Thursday and the lobby of the Sixteenth Street Community Health Center is fully staffed with people. Many wait patiently to see physicians while others attempt to verify appointments or update files. The television blares the soap squabbles of a Spanish language station.

An administrator notes the volume isn't what she considers "busy" at this point.

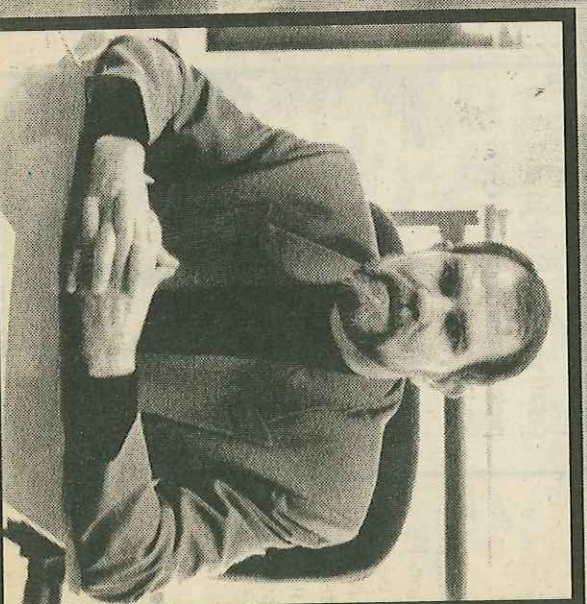
About 600 patients will pass through the lobby today, and each day of the year as the Sixteenth Street Community Health Center, with two other Milwaukee primary care clinics, attempts to meet the needs of people who, in their absence, likely would enter the health care system at later stages of illness and disease through the bursting doors of hospital emergency rooms.

Emergency rooms, center stages for popular drama, are glamorized in that venue, staffed with lustful doctors and nurses who, while working super-human shifts, seemingly eradicate sickness while placing tourniquets on the vapors of urban violence. Reality's emergency rooms aren't efficient or cost-effective means of dispensing health. Preventive care is, and it's practiced at clinics.

Clinics also provide the settings in which cutting-edge medicine is employed. In the case of Sixteenth Street Community Health Center, that takes the form of an environmental health program that's attempting to link illnesses to hazardous wastes in the area and in a door-to-door screening program for elevated lead levels in children that serves as a national model.

Sixteenth Street Community Health Center recorded 75,000 patient visits in 1995. According to Dr. John Bartkowski, the center's executive director since 1989, the total will be higher this year, in part because welfare reform will cause many to lose Medicaid coverage and either they won't be able to afford insurance or it won't be provided by employers.

"We're already seeing a great increase because of the closing of Doyme [Hospital]. We're taking up some of the slack," says Bartkowski. "They can get some indigent care at Froedter [Memorial Lutheran Hospital, formerly Doynel], but they would prefer to get it in the community."



DR. JOHN BARTKOWSKI



The Sixteenth Street Community Health Center's "community," as designated by the federal government, which provides 20 percent of the clinic's funding through the U.S. Public Health Service, ranges from Lincoln Avenue to the Menomonee Valley, and from Lake Michigan to South 39th Street. It's one of the poorest and most highly populated areas of the city, and includes two of the highest density census tracts in the state.

But the center sees anyone from Milwaukee County, and due to language barriers presented elsewhere, takes in patients from as far away as Racine and Oconomowoc as well. Translators are provided to speak Hmong, Laotian, Spanish and English. One likely will be added for Arabic.

"We believe, and I think the research shows, that using a family member to translate, as a person who's not specifically trained to translate, is not adequate for the provision of health services," says Bartkowski.

The center recently completed a study that sought to define the health status of the Mexican and Puerto Rican populations in Milwaukee and to determine what barriers they face in accessing health services in the community. It's among only a few studies that have focused on Hispanics living in the Midwest, whereas many have looked at Hispanics living on the East and West coasts. Hispanics comprise the fastest growing population group in the U.S. By the year 2000, it is expected to surpass the African-American population.

The 1990 census shows 37,420 persons of Hispanic origin in the City of Milwaukee. Mexicans make up 57 percent of the total with 21,498 individuals. The next largest group is Puerto Ricans, with 12,960 or 35 percent.

"In the wake of welfare and immigration reform, this survey indicates that Hispanic immigrants living in Milwaukee continue to struggle with poverty primarily due to language barriers," says Bartkowski.

Among the study's findings:

- 66 percent of the Hispanics living in the U.S. less than five years do not have a high school diploma, yet have virtually a 0 percent unemployment rate. But Hispanic families are three times as likely as their non-Hispanic white counterparts to live in poverty and earn 43 percent less income. Many work two or even three minimum-wage jobs that don't provide health insurance.

- 63 percent of those Hispanics who have lived in the U.S. for less than five years had no health insurance in the past 12 months, compared to 32 percent who lived in the U.S. for more than five years.

- Nearly 25 percent of the survey respondents said they did not seek preventive medical care because of a lack of insurance and often utilize emergency rooms for their health care.

- Only 56 percent of Hispanic women who lived in the U.S. less than five years reported having breast exams in the previous 12 months, and 57 percent reported they were not able to understand how to do a breast self-exam.

"Language has a high impact on the ability to get health services and on health status," Bartkowski says. "In terms of recency [of immigration], that really jumps out at you. It shows the interaction between language and recency, which is almost a synergistic effect."

An outgrowth of the survey will be consideration of how to make English as a Second Language classes more accessible. It's not uncommon, observers say, to encounter two-year waiting periods for those courses locally.



could be responsible. It's a new diagnostic approach.

"Historically, the last thing physicians look at is an environmental cause," says Bartkowski.

The center's Brown Fields project, undertaken with the City of Milwaukee, Department of City Development, Department of Natural Resources, Medical College of Wisconsin, University of Wisconsin-Milwaukee and environmental lawyers, has identified and reclaimed two abandoned, contaminated properties — the old Tri-Chem plant on National Avenue and a former tannery site on South Third and Lapham streets. Developers are planning businesses for the sites.

Although it's recommended that children be tested for elevated lead levels at six months of age, and every six months until reaching the age of 6, about 60 percent of the children screened through the center's door-to-door program have never been tested. Parents say they either didn't know they should be tested or weren't covered by insurance and couldn't afford to have it done.

If dangerous conditions are found, the screening teams help to clean them up and show residents how to maintain cleanliness. About 60 percent of the children tested have elevated lead levels.

"If we find it early, then they're not in a lot of danger if it's at manageable levels," says Bartkowski. "At the same time, we're teaching them about it. There's no other program like it in the country. It's a model for the EPA and other federal agencies."

The center also is attempting to launch a research study in conjunction with a Medical College of Wisconsin physician that would compare incidence of asthma between inner city and suburban children with a presumption being that higher levels of particulate matter in the air in the inner city are causing a virtual epidemic of asthma there.

Still another area of focus at the Sixteenth Street Community Health Center is immunization. Through the WIC program, which provides women and infants with diet assessment, nutritional information and food vouchers based on income and need, the center's staff has taken advantage of a "captive audience" to determine if the children benefiting from the program are up to date for immunization. Ten WIC sites around the city also are linked to the center by computer. When necessary, the center's staff contacts health care providers to determine why children haven't been immunized or matches children to providers.

According to Bartkowski, 93 percent of the children seen at the clinic have received required immunizations, whereas city-wide compliance is at about 53 percent.

Patricia Villarreal has served as the center's acting board president for more than one year, having been recruited by several board members.

A public sector employee, Villarreal says she was so impressed with the quality of care she received at the Sixteenth Street Community Health Center that she enrolled with an HMO that has the clinic listed among its providers.

"The clinic serves a very vital function, especially in the era we're in now with increasing punitive-like measures being taken against the poor and people that don't *have*," says Villarreal. "I think health care has always been a critical issue and will be even more important now. Just because the public doesn't have as much to give doesn't mean that health needs are going to go away."

"The whole prevention theory of the clinic is impressive. People in general wait. They don't do a lot of prevention. They come in sick and say, 'Deal with me.' It's one of the things I admire most about the clinic. That, and its accessibility."

Another conclusion that can be drawn from the center's recent study of the Hispanic population, in Bartkowski's view, is that the notion that illegal immigrants flock to the U.S. to exhaust social benefits is "nonsense."

"That population is here and it has needs," says Bartkowski. "It's contributing in terms of paying taxes and Social Security, buying homes — but they also have needs."

In response to a view that has gained in popularity that illegal aliens shouldn't receive benefits such as subsidized medical care, Bartkowski says, "If we don't treat them, then we can suffer the consequences if they become infected with communicable diseases such as tuberculosis and hepatitis, and we'll have an epidemic."

Center staff does not inquire as to whether patients are legal U.S. citizens. They conduct income assessments, which determine how much patients will be charged for services based on a sliding scale. The majority of patients, who are uninsured and self-paying, pay at a rate of 0 to 20 percent.



**S**ixteenth Street Community Health Center was started 27 years ago by community residents and several physicians from Marquette Medical School at South 16th Street and Greenfield Avenue with the goal of helping people new to the community and non-English speaking residents negotiate the health care system.

It moved to its current location in 1974, leasing first-floor space in what had been a jewelry store and second-floor rooming house. The building was purchased in 1984 and renovated. In 1992, an addition increased the size of the facility from 16,000 to 30,000 square feet.

The center operates on an annual budget of \$7 million, the bulk of which is provided by private donations and foundation grants. With the city's other two primary care clinics — Milwaukee Health Service Systems (formerly the Isaac Coggswell Center) and Milwaukee Indian Health Board (familiar to many as Rainbow), the three entities treat about 300,000 patients per year.

"We're pretty much the foundation for health care in the city," says Bartkowski. "Hospitals see these people as they come through their emergency rooms, but that's a poor way to deliver health care and an expensive one."

Sixteenth Street Community Health Center likely is the second largest provider of obstetrics-gynecological services in the city, with its 700 deliveries annually ranking behind only Sinai Samaritan Hospital. The center's staff of 150 includes 15 physicians/providers, augmented in ob/gyn services by nurse practitioners and midwives.

In addition, the center offers preventive health education classes, HIV case management services, the Women Infant Children (WIC) program and school-based health services. Nearly half of the center's patients are under 12 years of age.

The center will be adding 20 exam rooms in a planned renovation and will take on three or so additional physicians. A dental clinic, with the potential to serve persons without insurance as well as those whose insurance doesn't include dental coverage, also is being developed.

**“**Our organization has always believed we need to act as a catalyst for community change,” says Bartkowski of the center, staff and 13-member board of directors — the majority of whom have been former or current patients of the clinic. “We don't believe we should be just a revolving-door medical clinic where you treat them and send them out into the same conditions in which they got sick.”

Hence the existence of the center's Office of Environmental Health, through which a computer map has been developed that shows where hazardous materials, such as mercury and cadmium, have been dumped at factory sites and abandoned properties in the area. Physicians use the map to try and link symptoms presented by patients with chemicals that

Continued on page 28

Bartkowski recently served on a Washington, D.C.-based task force, under Secretary of Health and Human Services Donna Shalala, the purpose of which was to study ways to strengthen the health care system's safety net in light of continued and anticipated changes such as switching to for-profit status and the closing of county hospitals, and formation of giant networks.

"What the population hasn't been willing to do, and what Clinton tried to do, was to have a revolution in health care," says Bartkowski. "We need to look at how we can make incremental change without destroying the system we have. We have the foundation for providing care to the uninsured or for those who can't access care elsewhere, and that's the community health centers. We have support in Congress because they see what we do and the outcomes."

Change is impacting health centers as well. Sixteenth Street Community Health Center administrators are creating an entity with the city's two other health centers to purchase supplies jointly and are putting together an integrated service network to contract with HMOs for patients. They also avail themselves of the specialized areas of service found at each, for example cardiology is a strong suit at Milwaukee Health Service Systems and dermatology is highly rated at Sixteenth Street Community Health Center.

"But let's not lose sight of the mission and reasons we're in the community in the first place — to treat people who can't obtain access to traditional health care," says Bartkowski.