**The American Patient**

Reporting on the state of healthcare in the United States

By Katja Ridderbusch (Burns 1999)

First, the hospital closed. The stores and restaurants followed, and finally, the residents moved away. “Once the doctor retires, this place may be a ghost town,” said Willie Hawkins, a patient of Dr. Alluri Raju, in the small southwest Georgia town of Richland. Indeed, Raju is the only physician left in a geographic area that is roughly half the size of Rhode Island.

Looking at the state of American society through the lens of healthcare has been the focus of my reporting for the past 10 years. The United States spends more than any other country on healthcare, yet has overall poorer outcomes than most other industrialized nations.

This summer, with the support of a Holbrooke Grant, I embarked on a journey that took me from big cities to small towns, to rural areas and deserted places. I looked at different healthcare challenges and solutions, and spoke with doctors, patients and community members. Some of what I saw left me sad, some hopeful and some, simply surprised.

I started my journey in my home state of Georgia—in Richland, where the local hospital closed five years ago. Along with the dwindling healthcare, the town’s economy also died, with resuscitation seeming unlikely.

Some 250 miles north in Hartwell, Georgia, I met Dr. Daniel Gordon, a young primary care physician who actually *likes* being a country doctor. Many young physicians today steer clear of careers in primary care, particularly in rural areas, because the pay is less than certain specialties and the work hours are long. None of this was a deterrent for Gordon. “Even if I had the lowest paying physician’s salary in the world,” he told me, “It’s probably more than anybody I take care of will ever make.”

For decades, one strategy against the doctor shortage has been to send foreign-born and -trained physicians to underserved areas. About 25 percent of all practicing physicians in the U.S. are foreign-trained. I met with a group of Muslim doctors in middle Georgia whose attitudes were amazingly pragmatic. “People get sick, and people need care,” said Dr. Mohammad Al-Shroof, who practices internal medicine in the town of Warner Robins. He was baffled when one of his long-time patients mentioned to his nurse that he hated Muslims. But overall, he told me that he and his family have enjoyed living in the community for the past 20 years because of the good schools, low crime rates, and light traffic. Besides, he said he doesn’t have much competition. “As a doctor, you can really prosper here.”

I traveled to the small town of Bay Minette, Alabama, where I met Dr. Nicole Arthur, the only obstetrician/gynecologist in a 200-mile radius. Infant mortality in the U.S. is among the highest in developing countries, and Alabama has the second highest rate after Mississippi. Arthur told me that she often has to be an obstetrician, a surgeon and a neonatologist all at the same time, “because we do not have subspecialists here.”

Mental health is another aspect I wanted to explore. The Centers for Disease Control (CDC) says one in five Americans suffers from mental illness. Because there are not enough treatment options available in communities, many who are mentally ill end up in jails and prisons, which have become the largest de facto mental health care facilities in the U.S.

I visited the infamous Cook County Jail in Chicago and spoke with Sheriff Tom Dart, who has taken an unusual and innovative approach to dealing with the problem. “If we happen to be the largest mental health hospital, why not be a good one?” he told me. He began to model his jail after a psychiatric hospital, and initial data show the recidivism rate among mentally ill inmates is slightly down.

My last trip took me to South Dakota. The state of healthcare on most of the Northern Plains Indian reservations is that of a third world nation. Life expectancy among Native Americans in this area is up to 20 years shorter than the national average. Rates of diabetes, addiction and suicide are high. The Indian Health Service (IHS), a federal agency that runs most hospitals and clinics, is chronically underfunded. “It’s impossible to attract good doctors and nurses to work here,” said one member of the Rosebud Indian Reservation. The devastating state of healthcare has also increased the demand for traditional healers, like Rick Two Dogs, one of the last remaining medicine men with the Oglala Lakota tribe on the Pine Ridge Reservation. “We’re on call 24/7,” he told me. “We’re teachers, doctors, psychologists, psychiatrists and counselors.”

My journey forced me to challenge my preconceptions about healthcare in the United States. I used to get somewhat annoyed when Americans commented on ‘the’ European healthcare system, simply because there is not one single European approach to healthcare. During the three months that I traveled through the U.S., it became clear to me that there isn’t one in America, either. Healthcare in the United States is multilayered and multifaceted—with a kaleidoscope of concepts, conditions, ideas, intentions, people and places.

My series of radio features about the state of healthcare in America aired on German national public radio, *Deutschlandfunk*, between August and November 2018.

*Katja Ridderbusch is an Atlanta, Ga.-based independent journalist, who reports for newspapers, magazines and public radio stations in her native Germany and the United States. She spent her Burns Fellowship in 1999 at* TheSan Diego Union-Tribune*.*