

MEDICAL MENSCH

Medical educators nowadays strive to develop new ways to incorporate “humanism” or “professionalism” into the curriculum but these abstract terms mean different things to different people. True, they endorse virtuous behavior, but don’t necessarily provide a useful prescription of how to do it. Generalizations are not enough. What’s needed is to find meaningful new language to pass on the best traditions of medical practice that are culturally diverse and authentic to individual physicians of different backgrounds.

Several years ago, as an alternative to abstraction, I proposed a concept which although rooted in Ashkenazic Jewish culture is easily understood by all and has become part of our common vernacular – the mensch. You don’t have to be Jewish to be a mensch – you don’t even have to be a man. Whether in Yiddish or in German, mensch means “man” in the universal sense, like in “All men are created equal.” Being a mensch is very much in the eye of the beholder. When someone’s behavior is described as being menschlichkeit, it suggests that their actions speak louder than their words. When we call someone a mensch, we mean that they are a person of high character, admirable, trustworthy, human in the best sense of the word.

When applied to physicians this concept is particularly suitable. As I see it, medical menschen are specialists in what often is called “the art of medicine.” It’s not the kind of specialty that one learns in school; a mensch’s training comes long before that. A doctor can be a Nobel Prize winner or a distinguished department head yet not be a mensch. Conversely, we all know of physicians whose careers may be undistinguished in terms of material or academic success, but whom are admired nonetheless; sometimes you hear them described as “a doctor’s doctor.” They may not be the most prestigious, but they are the ones whom you would trust with your own or your family’s life. Why? Because he or she is a mensch.

Medical menschen are sensitive to relationships. They take the time to listen. They look beyond the patient to the person, treat sickness not disease. When I appropriate this familiar Yiddish term to use in a medical context, it is intended to serve as a behavioral model for any doctor. That the moral framework in which a medical mensch works is not specific to Judaism was brought home to me several years ago when I spoke at Grand Rounds at a hospital none of whose house staff were Jewish, nor probably born in this country. After I finished giving

my pitch about medical menschen, several of the young doctors came up and enthusiastically endorsed the concept as an appropriate role model for themselves. What follows here (written in 2013) describes an individual who to my mind is a perfect example of what I mean - "DR. RICK" HODES.

The biographical facts are conventional enough: Richard M. Hodes grew up in Syosset L.I., majored in geography at Middlebury, graduated from the University of Rochester School of Medicine in 1982 followed by internal medicine residency at Johns Hopkins. Other than that, the narrative is extraordinary.

Now 60 years old, Dr. Hodes has served since 1990 as medical director of the American Jewish Joint Distribution Committee's operation in Ethiopia, one of the world's poorest countries where there's about one doctor per 30,000 people and about 40% of the population live on less than \$1.25 a day. His primary responsibility has been the medical welfare of the Falash Mura, those Ethiopians who claimed to be descendants of the Ten Lost Tribes. By now more than 70,000 have immigrated to Israel and Dr. Hodes likes to say that about one percent of Israel's current population once were his patients; he's known to them all as "Doctor Rick."

Several days each week Rick Hodes volunteers at Mother Teresa's Mission for Sick and Dying Destitutes in Addis Ababa. When he makes hospital rounds, people crowd around asking for help; children jump on his shoulders, laughing and calling "Musa," their pet name for him. He jokes with the kids and has a kind word and a smile for everyone. During times of crisis and genocide he has led JDC medical teams to care for refugees in Rwanda, Congo, Sudan, Zaire, Tanzania and Albania. Once when Hodes told a Rwandan that he was "yehudi" (Jewish) and was sent to Africa by American Jews, the man was incredulous, bent over and kissed him. As Rick explained, "There are no Rwandan Jews. I'm trying to show that we really do care about what's going on in parts of the world where there are no Jews whatsoever."

From an early age Rick Hodes was interested in distant places and after college he took off for awhile to travel-- his grandmother called him a "vagrant" -- before deciding on a medical career. While in Rochester he became interested in international medicine and spent some time studying tropical medicine in Bangladesh and India -- where he once briefly saw Mother Theresa in Calcutta. After completing medical school he visited Ethiopia for the first time to visit

friends he'd made in India. Then after residency he returned to teach medicine at Addis Ababa University funded by a Fulbright Fellowship and McGill University. During this time he learned Amharic which is one of some eighty indigenous languages or dialects in Ethiopia. He returned to Maryland for a year of practice and then moved to Israel to study Hebrew at a yeshiva.

But after reading in a newspaper about the problems of Ethiopian Jews, Rick volunteered his services to the JDC. He told them, "I'm an Orthodox Jew. I speak Amharic and I just spent two and a half years in Addis. Can you use me?" They certainly could – hiring him initially for six weeks to help deliver medical care for more than 20,000 Falash Mura Jews who were migrating en masse to Israel, but being delayed as political pawns. The month before the JDC clinic opened 39 refugees died; before long the monthly mortality was down to three, mostly as a result of successfully treating TB. After the six weeks was up, he stayed on, by now, for more than twenty-three years.

The Falash tradition holds that they are descended from a tribe of Jews who were exiled from their Holy Land in the time of King Solomon and by the late 20th century there were some 200,000 of these primitive people who retained vestiges of ancient Jewish practice. Although officially accepted by the Israeli government in 1975, they were required to undergo *pro forma* orthodox conversion to remove any doubt as to their Jewish origins. When they first met Dr. Hodes many had never seen a white man before; some had walked for two weeks to reach the nearest main road.

In May 1991 at the time of civil war and famine, in a dramatic rescue airlift known as Operation Solomon, El Al flew more than 14,000 refugees to Israel in just over 36 hours in 34 cargo planes. The seats were removed to make more space and on one 747, whose usual capacity was 760, 1,122 emaciated adults and children squeezed in – as they sat on the floor some tried to light fires in order to cook; most had never seen a flush toilet. On the day that permission finally was granted for them to leave, Rick looked up and saw two long rows of white clouds with bright blue sky between. Recalling the parting of the Red Sea, he mused that whereas the Jews of ancient Egypt had departed through the sea, this exodus would be through the sky!

As a matter of course, Rick Hodes treats the maladies of the Third World: tuberculosis, malaria, cholera, malnutrition as well as more familiar cases of

heart disease, hepatitis and cancer. In 1988 he co-authored a paper on Health and Medical Care in Ethiopia in the *New England Journal of Medicine* (Oct. 6, 1988.) His approach is a hybrid of basic and sophisticated medical science – vaccinations, preventive medicine, IV chemotherapy administered on his back porch. He does web-based literature searches and corresponds with a worldwide network of specialists who provide free advice and sometimes accept his patients for complex surgery in places like Atlanta, Dallas, New York, Minnesota, Israel, India, Germany -- free of charge or at a fraction of the usual cost.

In 2006 JDC launched a spine program which became a magnet for patients from all over Ethiopia with incredible curvatures – most of them due to tuberculosis. By now he's seen more than 1,100 of "the most deformed kids on the planet." Over 200 of the worst cases have been sent to Ghana where surgery is performed by a visiting New York spine surgeon, Dr. Boachie, whom Rick describes as "the best in the world." Some who were paralyzed, now walk. On a recent return trip from New York, Rick stopped off in Ghana to check on 35 of his patients awaiting or recovering from surgery. Before and after photographs are stunning.

In a letter to a colleague written in 2006, Rick summed up several things which he'd learned from working in Africa:

Treat empirically but smartly. Learn to fly on your own. Be able to read the literature and find out how things are being treated in good hospitals, and then think about what might be done where you are.

Be open to learning new diseases. Before coming here, I had treated a handful of TB cases, had rarely seen rheumatic heart disease or appreciated intestinal parasites. Now these are common. I've treated over 2,000 TB cases, hundreds of rheumatic hearts and deal with parasites every day.

Learn the culture, the beliefs, the traditions. People see the world differently. In highland Ethiopia, blowing winds are felt to be potentially fatal. A uvula is an invitation to an early death and many babies undergo uvulectomy. A woman with a clitoris risks becoming hyperactive and hypersexual and the female circumcision rate is 80%. Stomach discomfort is expressed as, "My heart."

Rick Hodes lives in a modest three-bedroom cottage which lacks gas -- electricity or running water are unreliable. He remains single -- despite his sons' solicitations on his behalf -- few women would take on such a life. By now his extended "family" -- has grown to 19 boys and girls, distributed in four houses. Most are orthodox Christians, a few Muslim, one Jewish. In 1999 he adopted two orphan boys with tuberculosis of the spine who needed surgery. He realized that if he adopted them he could put them on his health insurance; so he did and later this was followed by three more adoptions, the maximum allowed. "At first I didn't feel like a father. I just felt like they were living in my house but we really have come together like a family with all the happiness and stresses of family life."

In the early days, when Rick visited the United States he was relatively obscure, but no more. His work has been described in a documentary film, a book, numerous newspaper articles and now when he comes he collects honorary degrees (Middlebury, Brandeis, the Jewish Theological Seminary of America) and awards (American College of Physicians, CNN.) When he speaks at medical schools and universities or to small groups, his message is usually the same -- he describes a few of his patients and shows their pictures on his laptop. The pictures are amazing: tumors the size of melons, disfigured faces, backs twisted like pretzels. But before displaying the MRIs and X-rays, he always shows their smiling faces. After seeing that, many listeners ask how they can help? A few generous people even have followed his example of taking in the orphans -- and once their doors open, they remain so.

Celebrity hasn't gone to Rick's head. When visiting New York he usually stays at the YMCA. Once I accompanied him up Broadway on a quest for a shoe store he frequents -- they expected him and had saved up returns and odd sizes. He has a list of sizes that he needs for his boarders-- the style doesn't matter -- that day 19 were needed, including a few singles for his amputees. In addition to honorary degrees and sneakers, Rick collects money to purchase basic equipment or to pay for tests or treatments.

Sometimes he requests samples of the antibiotic azithromycin (Zithromax.) Rick once read that a single high dose was 85% effective for curing trachoma -- the leading cause of blindness in Ethiopia if untreated which effects more than half the adults. But the magic bullet is expensive, 4 tablets cost about \$25; over a quarter of the annual income of the average Ethiopian. So Rick asks friends and drug companies for samples and stuffs them into his car's glove compartment or

his backpack. Once in Lalibella, some 200 miles north of Addis, he set up his “clinic” on a side road and invited peasants over for a look. When he everted their upper eyelids with his car key, about four of five had the tell-tale signs of trachoma. Out came the pills and a water bottle with orders to swallow. Like a Dr. Johnny Appleseed, Rick Hodes travels around distributing Zithro to prevent blindness, one red eye at a time.

Rick Hodes never wanted to have a “normal” suburban practice: “This is just something I wanted to do...I always wanted to be a doctor in some strange place. As a doctor it’s rewarding to go home at night knowing that five or ten people are alive because of what you did that day. You don’t get that feeling treating sinus infections in Roslyn.” His patients inspire him – they teach him about compassion and courage and resilience. When there’s nothing to be done for incurable patients, Rick resorts to the comforting medical tradition of laying on of hands and paying meticulous attention to the etiquette of visitation; sensitive about what to say or not to say:

What is essential in visiting the sick is to pay attention to the needs of the invalid, to see what must be done for his benefit, and to give him the pleasure of one’s company. Also to consider his condition and pray for mercy on his behalf...[As the Talmud instructs] if one visits the sick but fails to pray for mercy, he does not fulfill his religious duty.

Rick believes that his work in Ethiopia has made him a kinder person: “You’re touching so many suffering people...I ask myself how am I responding to this human being; is there anything else I should say; what should I do to make him smile or somehow improve his life? It puts life in perspective.” Although he rejects facile comparisons of him to Albert Schweitzer or Mother Theresa, role models are on his mind. Sometimes he recalls St. Francis of Assisi, “Start by doing what’s necessary, then do what’s possible, and suddenly, you are doing the impossible.” Or Mother Teresa, “I alone cannot change the world. But I can cast a stone across the waters, to create many ripples.” Or the wisdom of the Talmud, “Saving one life is like saving the entire world.” He protests that he’s no saint, that his life style is plush compared to his patients’.

Recently Rick was asked to see an eight year old boy with horrible head wounds from a hyena attack five months before. The boy’s father had risked his life to save him; the boy appeared dead but after many weeks in coma, and with both

parents keeping vigil at his hospital bedside, he began to recover. The family of seven are devout Moslems; they have a tiny farm in a primitive village and make pennies a day. The father believes that this is God's way of testing him. Through friends and the Israeli ambassador, Rick was able to arrange transfer of the boy to Israel where he will undergo plastic surgery at the Western Galilee Hospital in Nahariya. The father says to him, "May the Creator bless you and give you back what you are doing for me. I am not able to." In this case Rick was only a facilitator and in telling the story he writes that it was the father and son who were the true heroes.

Every Friday evening when Rick and his family and visitors from all over gather in his home for Shabbat, they stand in a circle, hold hands and sing Pete Seeger's *If I Had A Hammer* with its familiar closing refrain "I sing out danger, I sing out warning, I sing out love between my brothers and my sisters, all over this land." Then they join in *Shalom Aleichem*, engage in lively discussion and enjoy a vegetarian dinner. His sons especially enjoy Shabbat because it's the one time they're all together: "We hang out and have a nice meal and they like it very much."

By now most of the Ethiopian Jews have emigrated, more than 120,000 in all, and JDC has closed its clinic in Addis, but Rick stays on as part of their non-sectarian outreach program. Eventually he will leave Africa and knows that when that time comes, "I will miss the feeling of connecting with the poor and suffering, if only to get them to smile and raise their spirits, and I will miss the reward in saving the lives of people who would die if I were not there." Another time he expressed the same thought slightly differently:

I perceive my role on this planet as helping people at the margins whom nobody else would help. I'm a believer in the Woody Allen school of thought: showing up is a lot of the job. At the end of the day, what keeps me going is my reward knowing that a few more people may be alive because I went to work that day.

A medical *mensch* indeed!

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