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A different world

Dr. David Waters journeys from the comfort of Shorewood each morning to the chaos of an inner city clinic

"I went in that very afternoon and Community Health Center just across headed to the Mercado "run the Al McGuire Run." Ravenous after had returned home to run the Al McGuire Waters, who was practicing pediatrics at meet a friend for an Waters spotted the Woodburn at the time for migrant workers in federally funded clinic Portland, Ore. and at a extraordinary order himself up an lunch—and

est in other cultures began quite simply—in a high school Spanish class. "I loved the language," he says. "I loved learning about the culture, the food. I wanted to travel, to keep learning I always wanted to do. Imagine finding my life's work in the town I grew up in I was only ten miles away and I neven this place existed!" Waters' inter Waters says. "This was the kind of work talked with the medical director

Knowing that he wanted to continue using his language skills, knowing he wanted to continue experiencing other cultures, Waters sought out opportuni-ties to do both after medical school. He

PHOTOGRAPHY BY LILA C. ARYAN TEXT BY DONNA PINSONEAULT

they would all come together. Before the close of the next decade to escape persecution. And a boy in Whitefish Bay was learning Spanish hundreds of thousands of people to flee ing with U.S. military personnel in an funds for children's medical care. Half a side. Along the lakefront, runners were existence on Milwaukee's near nity health center was struggling into world away, Southeast Asians were join Early in the '70s, a fledging commu

pediatrician, scholar, runner and Shorewood's Dr. David Waters, Spanish One September day in would

community and the decision between the

high-risk clients.
According to Waters, the Center, which has been recognized as a

ty-based care, emphasizes prevention as national model for providing innovative approaches to cost-effective, communi-

length with a nurse.
Waters likes the idea of community. before a patient is sick enough to require expensive treatment." A preghave a home assessment, and talk at her doctor, might take prenatal classes might see a social worker in addition to nant patient at the Center, for example prehensive package, we can intervene approach to care and striving for a com-"Prevention is ultimately more cost fective," Waters says. "By taking a team

something that's wrong, but are encouraged to lead a healthy life. "We tend to where people are not just treated for based health centers and sees the Sixteenth Street Center as a place

the majority of clients deal with linguis As a community-based health center

Milwaukee foundations and businesses.
"These are wonderful people," says from federal, state, and local govern-

been to set up a more lucrative subur-ban practice. "I get a real sense of satispediatrician down the block." vate practice. And I'm not just another worry about the details of running a prifaction in serving them. I don't have to Waters, whose other option would have

percent were under 11 years of age. and gynecology. Of those patients, 45 practice, internal medicine, obstetrics than 33,000 patients, both individuals and families, with pediatric care, family Health education, social service, and Last year, the Center served more

case management programs are also on-one counseling, sup-port groups and refer-rals. available through the

remains on specialized care, constant followlegal issues, unemployment and HIV are stance abuse, housing alcohol and other subup and outreach to al violence

tic, cultural and economic barriers. The population is approximately 72 percent Hispanic, 17 percent white, 7 percent Southeast Asian and 4 percent African American.

Services are offered in English, Spanish, Hmong and Laotian. And that's where David Waters shines. "Even though Hmong refugees have been living in the United States for nearly two decades," he wrote in a 1992 article for the Wisconsin Medical Journal, "many U.S. health care providers know little about the Hmong people and their history, culture, beliefs and practices."

Waters takes seriously what he sees as his responsibility to learn as much as he can about the culture of his clients and to encourage his colleagues in the medical profession to respect cultural differences while treating patients.

The differences to be respected extend to other variables as well. Approximately 70 percent of the Center's clients have incomes below the poverty level. That means they are dealing with problems commonly associated with poverty that affect their need for health care: poor housing conditions, lack of health insurance, environmental health hazards, poor nutrition, crime and violence.

Waters is concerned that decisions to support centers such as Sixteenth Street are often made by legislators and others who may have no contact with the men, women, and children who are served.

"There are a lot of misconceptions about the poor," Waters says. "There are currently not a lot of linkages between the community and the decision makers. Keeping accessible, culturally sensitive on-site care in neighborhoods is healthy and is a key to solving some of our urban problems."

Waters and the Sixteenth Street Community Center seem to be a perfect match. The Center, according to Waters, grew out of the Great Society movement of the '60s and the intention to offer health and social services to a very ne patient population— with-

out adequate doctors. Waters was growing up at that same time, experiencing rampant idealism and a strong sentiment for making positive changes in the world. Both the man and the Center are still committed to those goals.

Waters lives in Shorewood with his wife, Ann Brummitt, and daughters Nora and Sara. One reason the family chooses to make its home there is its proximity to the lake where they can run and bike together.

Even more important, Waters sees Shorewood as an open-minded community. "Shorewood has a multicultural, urban feel," Waters says. "It's supportive of education, and seems to value family and children. The residents are very community-minded, not just focused on self-interest."

Yet, as much as he loves his home community, Waters looks forward every day to his drive to the south side. "I used to wonder what would happen if funding were cut, if I would still have a job," Waters says. "But it's been eight years and I'm still here. I'm working with patients that need me, with dedicated volunteers and staff that buy into the cause, the mission of this place. I can't think of any other job that would allow me to immerse myself in language and multiculturalism and keep me working with such a great group of people. I plan to stay."

Waters is still a runner, still a physician, still a lover of the Hispanic language, culture and food. Even more important, at a time of life when many choose the proven path, he is ever exploring new ones, ever expanding what he learned in medical school, ever increasing his knowledge of languages, cultures and people, then sharing what he learns with his patients and his colleagues.

It would seem that, even though many years have passed since that high school Spanish class, Dr. David Waters is still very much a student. And that makes him no ordinary physician. It makes him instead an extraordinary care giver.

