

The Power of the Story

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In October of 2017, I stepped inside a fluorescent, tiled clinic room and closed the cheap plywood door behind me. Inside, I introduced myself to John and seated myself on the stool opposite his perch on the exam table; I unfurled his paper medical chart from its manila folder. I had spent the week with a Wake Forest-affiliated clinic in Wilkesboro, North Carolina – the Western part of the state, the edge of southern Appalachia, and the heart of the opioid epidemic.¹ He quickly told me, with a chuckle, that he made the clinic appointment today for a checkup on his back pain. He said preaching helped him. He said the community in church helped him.

John's back pain started during the middle of his 20-year career on the road as a long haul trucker.

"How exactly did it start?"

He let out another good-natured laugh and pushed up his glasses. "Couldn't find something decent to eat."

In my mind's eye, I spun through memories from my own long drives on I-80 and I-70. Nebraska, Wyoming, Nevada; the desert, "Little America," Sinclair gas stations with bright lights and neon signs, "HOT SHOWERS" and plastic-wrapped pastries for \$1.50. You have no choice when you're trucking, he explained to me. There are no options.

"I'm a diabetic," he said bluntly. "Couldn't find something decent to eat."

John's story – among countless others – left me voracious. What was happening to our patients – and why? I imagined myself stumbling around in the dark, reaching out; I searched everywhere with no direction. Dr. Dhruv Khullar suggests that "[the] central problem in healthcare is [that] we overestimate benefits of the status quo, and underestimate the need for change."² Shortly after crossing paths with that worldview, I made my decision: I would leave medical school for a public health degree, to disrupt the status quo. I would leave, and in leaving, would find answers.

I arrived at Johns Hopkins School of Public Health, wide-eyed and underqualified. In my quest for answers, I uncovered interests in health care economics and market competition, which led to internships at a nonpartisan think tank and then at the Senate's Health, Education, Labor, and Pensions Committee. Readings from inside and outside the classroom underscored the breadth and depth of experience I discovered.

The greatest insight I received this year, however, did not come from a classroom, and it did not come from an internship. It did not come from a high-powered institution,

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a government agency, or from a renowned professor. It came from John. Awash in a sea of new experiences, far removed from the Wilkesboro clinic room, my time with John revealed a guiding principle – our greatest understanding is nothing without the story.

Without the story, any health care commentary is woefully incomplete; providers chart and prescribe for a present we do not understand. Without the story, policymakers legislate for a future they cannot feel. Without the story, we risk becoming unmoored from our core principles. I left Baptist Medical Center for answers, but the most important answers were right where I left them: with the patients we see.

Through the long lens of time spent away, I realized there is no greater place for these stories than “Baptist”. Here, stories uniquely converge that are otherwise disparate, uncommon, and unseen. This isn’t idealized, unbound conjecture. It is objective, too.

It is difficult to imagine a more diverse patient population than Wake Forest Baptist Medical Center’s.³ No single dimension or measure taken alone appropriately captures this strength. Our catchment area includes four states and three major cities.⁴ Our patients live in a broad spectrum of the built environment, from urban Winston-Salem to northern Alleghany county and the edge of the Great Smoky Mountains National Park, two of the least densely populated areas in the region.⁵ Our patients include some of the wealthiest in North Carolina, and also some of the poorest.⁶ Our patients also represent a broad swath of cultural and ethnic backgrounds, including recently immigrated patients living in the Winston-Salem area and the largest percentage Hispanic and Latinx population in North Carolina.⁷

Pro Humanitate, the Wake Forest University motto, means just that: for humanity. But the classicist James Powell suggests that its true meaning is more complex – that our fundamental commitment is to human cultivation, to human flourishing.⁸ From Cherokee County and the Appalachian foothills to Forsyth, Baptist Medical Center represents *Pro Humanitate* in motion. In no other hospital, educational environment, or city could I have converged with such a unique mixture of stories, including John’s.

While we train here, we have the opportunity to learn from

a diversity of perspectives afforded to few. When I think of Baptist, that is what I remember: the chance to hear powerful stories from untold voices, and the privilege to briefly orbit their corner of the world. If or when we leave, we bring that perspective along – a back-pocket gift, for use in other places that aren’t so lucky.

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References:

1. ODPHP. Reducing Prescription Opioid Misuse in North Carolina [Internet]. News & Events | Health.gov. 2018 [cited 2019 Nov 11]. Available from: <https://health.gov/news/blog/2018/01/reducing-prescription-opioid-misuse-north-carolina>
2. Dhruv Khullar on Twitter: “Many folks asking if there’s evidence for this. Do we really need peer-reviewed papers to treat patients more humanely? And do you have research showing HPI first is better? Central problem in healthcare is we overestimate benefits of status quo & underestimate need for change.” / Twitter [Internet]. Twitter. [cited 2019 Nov 11]. Available from: <https://twitter.com/dhruvkhullar/status/1070094750450098176>
3. U.S. Census Bureau QuickFacts: Winston-Salem city, North Carolina [Internet]. [cited 2019 Nov 11]. Available from: <https://www.census.gov/quickfacts/fact/table/winstonsalemcitynorthcarolina/RHI725218#RHI72521>
4. About the Pediatric Residency Program [Internet]. [cited 2019 Nov 11]. Available from: <https://www.brennerchildrens.org/Residency/About/About-the-Pediatric-Residency-Program.htm>
5. Census - Map Results [Internet]. [cited 2019 Nov 11]. Available from: <https://data.census.gov/cedsci6>. Census - Map Results [Internet]. [cited 2019 Nov 11]. Available from: <https://data.census.gov/cedsci/map?q=population%20density&hidePreview=false&table=DP05&tid=ACSDP5Y2017>.
6. Census - Map Results [Internet]. [cited 2019 Nov 11]. Available from: <https://data.census.gov/cedsci/map?q=population%20density&hidePreview=false&table=DP05&tid=ACSDP5Y2017>.
7. Hispanics in N.C.: Big numbers in small towns | UNC Charlotte Urban Institute [Internet]. [cited 2019 Nov 11]. Available from: <https://ui.uncc.edu/story/hispanic-latino-population-north-carolina-cities-census>
8. Powell J, Contributor G. The Meaning of a Motto [Internet]. Wake Forest Magazine. 2012 [cited 2019 Nov 11]. Available from: <https://magazine.wfu.edu/2012/01/27/the-meaning-of-a-motto/>