

A Question of Trust

Category: Stories

written by Syed M. Ahmed | July 7, 2020



Years ago, when I first joined the family-medicine faculty of the Medical College of Wisconsin (MCW), I spearheaded a project to build stronger connections with the surrounding communities, primarily made up of people of color and low-income individuals. Deepening our ties with these communities would, we hoped, give us more understanding of our patients' health needs, and might help them to feel more receptive to our efforts.

Our first step was to form personal connections with individuals within the community. The most direct way to do that, I decided, was to get to know the local church leaders and churchgoers—so I began attending Sunday services at various houses of worship.

At first, the congregants thought that I was there to do research or recruit African-American subjects for a medical study. But once they saw that I was just trying to get to know them and learn about their communities' needs and aspirations, they welcomed me warmly.

Soon, MCW began partnering with churches and community-based organizations (CBOs) to address health issues. For example, with ten churches, we set up a cancer education/prevention program; with a CBO in the Latinx community, a diabetes education program; with veterans, a peer-to-peer opioid prevention program.

Our community connections have been tremendously helpful for everyone involved—but never more than now, amid the COVID-19 crisis.

As the numbers make starkly clear, COVID-19 kills vastly greater numbers of people of color. These tragedies highlight another disease: healthcare disparities suffered by communities of color.

I've been talking about the pandemic with my patients and community partners. These conversations have underscored for me how much our relationships influence the way we act. With COVID-19, that can make a life-or-death difference.

And I've been struck by the overriding importance of one factor: trust.

Here are excerpts from some of these conversations.

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My patient Rodney Marsh, an eighty-seven-year-old African-American man who lives alone, leaves a message on my personal phone: "I need a face mask. I have nobody to help me get groceries, and I'm scared to go out to the store without a mask."

I call him. He talks about how fearful he feels about COVID-19. He's watching TV all day long and getting confused by the conflicting messages in the media. We talk for thirty minutes, during which he never mentions masks.

"You left me a message about a face mask," I say finally.

"Oh, yes. I cannot find one anywhere."

"Yes, we're short on masks everywhere, including in our clinic."

"My neighbor gave me a mask—but it's small. It covers my nose and mouth."

"That's good enough. Anything else?"

"No, thanks for calling me back."

Mr. Marsh is a lovely gentleman caught in the midst of the worst pandemic of our lifetime. He needed someone to help him sort out the garbled mixture of fact and fiction on the news and social media.

He *does* need a mask, but he also needs simple human connection—and straight talk from his physician. I, too, come away feeling a stronger sense of connection and purpose.

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One of my Latinx community partners is Juanita Rodriguez. I've known her for twenty years, and we've become friends. Although holding no official position, she commands the respect of folks in the community, having earned their trust over many years. Now, this long history is paying off: When she says that the pandemic is serious, people listen.

"How are you doing? You, your family, the community?" I ask.

"We're okay. Our leaders have been working hard to pass the right messages to our community."

"How are they taking it?"

"Folks are worried, but trying to stay calm."

"You'll have lots of hardship, given what's going on with losing jobs," I observe.

"Yes, that will be an even bigger problem. If COVID does not kill you, poverty may."

"Let's see how we can work together."

She asks if we can create a COVID-19 information pamphlet in Spanish, for use within the Latinx community. Our medical students, when asked, enthusiastically take on this much-needed project.

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I came to know Yvonne Washington, a fiftysomething African-American woman, through a diabetes project in her community. We're both diehard football fans—she's for the Patriots, and I'm for the Packers. During football season, we banter with each other. But not now.

"How are things going?" I ask.

"Not too good. Folks are dying."

"Yes, I know. Any ideas why so many?"

"People aren't taking it seriously," she says in exasperation. "They're still holding gatherings...Some folks believe we're being picked on."

"Did you talk to them?"

"Oh, yes. Everyone needs to take responsibility to stop the virus from spreading."

"Can you pass this message along to lots of people?"

"Yes, that's exactly what I'm doing."

As a grassroots leader, Ms. Washington has power—potentially more power than many politicians do—to influence her community members' views and actions. Why? Because she has their trust.

Similarly, since the onset of the pandemic, my fellow caregivers and I have found that our relationships with patients and community leaders make the strongest platform for our efforts. We're more than their caregivers; we're also their partners and friends. In this time of need, that makes it easier for us to reach out and offer our help.

To be clear, it's not that we have mountains of resources to share; we don't. What we *do* have is an urgent wish to let our communities know that we're here, and we're thinking about them. We're giving them evidence-based medical information and modest amounts of supplies—food, masks, cleaning agents, a laptop for someone in need. But this material support is negligible. The biggest thing we offer is our collective concern—and our shared hope that, together, we can and will overcome this crisis.

From the start of the COVID-19 pandemic, some of our nation's leaders have issued highly misleading statements about the virus and how to avoid catching or spreading it. This misinformation has confused people across the country—and as a result, in many states the COVID rates are surging to frightening new heights.

My colleagues and I are fighting this virus with all the medical tools in our arsenal. I believe that we must fight the pandemic of misinformation just as hard.

Physicians' responsibilities go beyond our role as clinicians. We're also educators, patient advocates and sources of credible, scientifically sound medical information. Our patients need to trust that their health and well-being is our core mission, and that we won't let ourselves be deflected by politics.

In the midst of this crisis, I believe that we owe our patients the same things we wish for in our nation's leaders: honesty, clear communication and collaboration.

The most vital ingredient, though, is trust.