DR. NELSON ALUYA: STANDING ON THE FRONT LINES OF URBAN MEDICINE

by David Thomas

Doctor Nelson Aluya is currently Assistant Professor of Medicine at the New Jersey Medical School and attending physician at the University Hospital in Newark, New Jersey. He has led multiple local and international medical missions providing his expertise and selfless service to economically disadvantaged populations as well as economically and socially displaced migrant families.

I sat down recently with Dr. Aluya to discuss the particular challenges that come with practicing medicine in an urban center like Newark and also the insights that he has gained from treating disease internationally in countries such as Nigeria and Jamaica.

Q: *Have you noticed any difference in the health needs of patients in the three countries in which you have practiced medicine?*

A: The health needs are basically the same, but the resources and their utilization are different. Diabetes and high blood pressure are huge problems in all the countries in which I have been privileged to provide medical services. However, unlike here in the United States where you have health insurance to cover the costs of your treatment, in countries like Jamaica and Nigeria you have to pay for everything up front, out-of-pocket. If you don't have the money, then you don't get treated.

Patients here are often non-compliant in terms of taking their medicine. In other countries, the noncompliance is often due to the fact that they simply can't afford the medicines. Also, there is a huge difference in access to doctors and hospitals. For instance, over in Nigeria, you may have to drive 1-2 hours from rural areas to go see a doctor, and if you need specialty care, it can even be worse.

Q: *As a doctor who treats both adults and children, please discuss the differing health needs of the two populations.*

A: One great distinction between adults and kids is that in the US, every child that is born here and even most immigrant children have health insurance. There are a variety of systems that have been set up to help ensure the health of every child. There are laws mandating scheduled care and scheduled immunizations. If you do not follow the laws, then your kids can't enroll in school. Also, once they are in school, the children's health is monitored by the school nurse as well as their assigned pediatrician. Whereas, with adults, especially in the immigrant and homeless communities, there is often no insurance coverage or individuals are grossly underinsured. What's more, you cannot force adults to do anything in terms of maintaining their personal health.

Q: *What are some of the challenges of practicing medicine in an urban environment like Newark?*

A: In Newark, we face a host of economic challenges. Many individuals are uninsured and unaware of how to obtain coverage. A large number of persons are underinsured and without regular, assigned primary care physicians. Whenever you have large numbers of low-income residents, they tend to only access the medical system when it is absolutely necessary because their first priority is securing something to eat. The emergency room becomes the means by which they access healthcare. Many individuals depend upon charity care treatment which is provided

Q: *Historically, Newark has had one of the nation's highest rates of HIV infection. However, there have been tremendous advancements in the treatment of HIV/AIDS. Can we now close the door on this chapter in medical history?*

A: It is true that the number of new cases of HIV infection has dropped dramatically from the levels we saw in the 80s and 90s. We have made great strides, but we still have a distance to go before we can close the book. Five to seven years ago, there was a huge upsurge in the number of infections encountered among the elderly population. Also in recent years, there has been an upsurge in the number of infections encountered among young minority kids. This means that we must keep up our education and prevention efforts. We must continue to spread the message about the necessity of practicing safe sex. We must fight the impression that the epidemic is over and that it is okay to go back to practicing unprotected sex. We are not through the woods yet and must continue to remain vigilant.

2018 has been called the year of epidemics. We must remain vigilant about the resurgence of communicable diseases such as measles, tuberculosis and HIV. We have to increase awareness about these diseases and their risks. It is, however, the non-communicable diseases such as diabetes and heart disease that have the most devastating impact upon our communities. Drug abuse, especially the new opioid epidemic, has significantly impacted every facet of our society with over 72,000 deaths occurring from drug overdose in 2017 according to the CDC's report.

Q: *What does the future of medicine look like for young Black males?*

A: The future for Black males in medicine is not encouraging if current trends continue. There has been a dearth of black men in the field of medicine of late. Studies show that over the past 15-20 years, there has been a 25-30% drop in the number of Black males who are becoming doctors. This is very profound because it means that in the next 15-20 years, you will rarely encounter Black male doctors. Our children will not have the benefit of having them as role models and mentors.

Q: *Are there structural barriers that are contributing to the dwindling number of Black male doctors?*

A: I see a couple of factors at play. First, there is a dearth of role models and mentors. If you have a doctor in your family, that is going to spur the interest of the younger ones to follow in his/her footsteps, but if you don't have that exposure to someone you know who is practicing medicine, then you're less likely to see that as a career option for yourself. Secondly, in terms of internships, every other race has pathways set up for their kids to be mentored to become doctors. This is something that is lacking in predominately Black and Brown communities.

We have to start exposing our kids at a very early age. We need volunteers to go into the elementary and high schools and inform the kids about what it takes to become a doctor. Young people need to know what grade point averages are competitive. They also need to be informed about the importance of performing community service. Information about scholarships and programs that are available that can help in the pursuit of their dreams is sorely needed. Medical schools aren't just looking at test scores anymore in terms of admissions. They look at what type of community service have you done. Where have you volunteered? Have you gone on medical missions or made contributions to the larger society? All of these things matter.

College students need guidance with respect to preparing for the MCATs, securing loans and scholarships, and even securing financial aid at the undergraduate level. It takes about $300,000 to $400,000 to train a doctor these days. How many minority kids have parents with the wherewithal to secure loans for that type of money? Our community leaders, athletes, actors, businessmen and women must begin to see the need to donate to predominantly black colleges with medical schools.

Ironically, while the number of Black male doctors has declined, the number of Black female doctors has increased tremendously. The dearth of Black male doctors is not an unsolvable situation however. Schools and parents must begin exposing young Black males to practicing Black male doctors like Dr. Aluya and establishing mentorship programs so that the young men begin to see medicine as a viable career option for themselves. As long as we have dedicated doctors committed to making a difference in their communities like Doctor Aluya, there is yet hope for the future.