Heart specialists

BY AMANDA GARDNER

ADJUSTING TO A NEW CLIENTELE Volunteer chiropractor An Morgenstern ministers Rosane Thompson at S Francis Xavier Church

> izmo woke up one recent morning with a searing pain stretching from his ear to the bottom of his shoulder. The pain wasn't all that surprising, given that the 34-year-old homeless man had spent the night sleeping

outside on 24th St. What was surprising: Gizmo - who has no job, and thus no income or insurance - was treated that day by a chiropractor, who got rid of the pain in less than two minutes.

The practitioner who treated Gizmo is a volunteer with Chiropractic for Humanity, a group founded by Westchester chiropractor Anita Morgenstern to minister to the homeless and needy at St. Francis Xavier Church's soup kitchen. For the past two and a half years, two or more volunteer chiropractors have shown up at the church on 16th St. every Sunday afternoon.

These are just a few of the many health-care professionals who spend their supposed off-hours volunteering around the city - at detention centers, in homeless shelters or in their own offices.

Why do they do it? "A lot of the time, the doctors are trying to harken back to the idealism that started their careers," says Maria Dugan, who oversees recruiting at Doctors of the World, an organization that last year drew upon 2,000 volunteer physicians to serve more than

Chiropractors and M.D.'s are volunteering their time to serve the poor

100,000 people around the world. "Sometimes they find great satisfaction in having a very direct relationship [to patients] that doesn't have a lot of bureaucracy."

AIDING BONE-WEARY & HOMELESS

At first, the patrons of St. Francis Xavier's soup kitchen, many of whom are homeless, were skeptical about chiropractic treatments.

"I never paid this any attention," says Gizmo, who had his first spinal adjustment about three weeks ago, even though he's been coming to the soup kitchen for years. "I thought it was mumbo jumbo."

But now Chiropractic for Humanity has a loval following, and the volunteer chiropractors may adjust as many as 200 men, women and children on Sunday afternoons. "It's the most gratifying thing," says Morgenstern, "When I adjust, I can sense the trauma, incredible sadness that a person had to go through. To release any of that -I'm so grateful."

Over the years, Morgenstern and the other chiropractors believe, they have seen astounding changes in the people they've worked on. Migraines disappear, back pain vanishes. Clients come back looking cleaner and communicating better. Some people report that their drug and alcohol recovery programs are going better.

For others, the changes are more subtle but still important. True, 34, a bike messenger, comes almost every week because "it's good on the back." Tersa walks all the way from a shelter on the upper West Side. "Homeless walk like invalids," she says in a Polish accent. "If you walk 100 blocks, your legs are finished. Here this is really treatment. I feel better every time."

Three months ago, Chiropractic for Humanity started taking its services to Housing Works, the not-for-profit corporation that provides services to homeless New Yorkers with HIV. Morgenstern hopes that eventually there will be chiropractors in every shelter in New York.

"It's a wonderful way to touch people in a healing kind of way," says the Rev. John Bucki, a priest at St. Francis Xavier. "People on the streets don't often get touched."

VALIDATING TALES OF TORTURE

Dr. Lisa Adams, an internist, usually meets political asylum-seekers at Wackenhut Detention Center in Queens - in a tiny, windowless room furnished only with a table and two chairs. The detainees - with tales of torture from the Sudan, Ethiopia, the Dominican Republic, Sri Lanka and elsewhere - arrive clad in neon-orange prison overalls.

Some of the physicians who volunteer with this Doctors of the World project bring cameras to document their findings. Adams takes just a ruler and magnifying glass and jots her findings on a pad of paper. If the evidence adds up, these notes play a big role in whether or not the U.S. government grants asylum to the refugee.

"Basically I do a history, but it's not even so much medical," says Adams, who has been examining detainees in New York for two and a half years. "It's really hearing the person tell their story one more time "

Adams solicits these grueling narratives in painstaking detail. even apologizing for her questions beforehand. What kind of instrument were they struck with? Were they cut with a razor (in which case the scar should be a thin one) or a piece of metal (in which case the scar should be jagged and uneven)? Was it a rusty razor? Did the wound get infected? Did they get medical care? Adams' job is to make sure the scars on their bodies match the stories of torture and mistreatment

Those are the physical scars. The emotional scars can't be measured. "It's very painful for people to retell their stories," says Adams, who has seen countless victims break down.

Adams examined one woman who was raped repeatedly after she was arrested for taking part in a student demonstration in her home country. She had told virtually no one of the rapes until she met Adams, "She could barely talk about it, there was so much shame," says Adams. So far, Adams has examined

four cases, and two have already been decided. Both these individuals were granted asvlum, based largely on the affidavits Adams provided. "It did feel great," she says.

HELPING THE UNINSURED IN CHINATOWN

Community service was the furthest thing from Dr. Garman Ho's mind when he started his ear, nose and throat practice in Chinatown two years ago. He just wanted an interesting career that would provide a comfortable living. But he's gotten a whole lot more.

Ho has become a voluntary medical "consultant" to dozens of cancer patients who have no insurance and may not even have legal status. Ordinarily, you might



get Western cancer treatmen



PATRICK ANDRADE Then there is the widespread fear of Western medicine among Chinese people, particularly a fear of biopsies. Many Chinese think that cutting will disturb the cancer and make it spread. a misconception that can have dire consequences.

Ho recounts the story of a patient who had a growth in the nasopharynx area but would not let him perform a biopsy - even though the tumor continued to grow. "You can't believe how frustrating it was," says Ho. "It's an ongoing problem. I don't have a solution.

In July, which has been designated Nasopharyngeal Cancer Awareness Month by the American Cancer Society, Ho will be speaking around Chinatown so that "Chinese people won't wait for care." .

not expect an ear, nose and throat specialist to see so many cancer cases, but Cantonese-speaking Chinese have an exceptionally high incidence (up to 20 times higher than Caucasians) of nasopharyngeal cancer, which develops at the back of the nose and throat.

In China, says Ho, half the cancer wards are taken up by nasopharyngeal cases. In New York, these patients flood his office. "After the diagnosis, if they have insurance we send them on through the pipeline," says Ho. "If they have no insurance, we get stuck, especially with the restaurant

But for Ho, "stuck" simply means being creative. He bargains for services, obtaining \$400 CT scans for only \$200 and getting discounts on biopsies. If it's a rare diagnosis, it may be easier to find care via a teaching hospital. One of Ho's patients, an illegal worker, has glomus vagale, a type of benign tumor in the neck that's hardly ever seen in New York. Because of Ho's intervention, Bellevue, a teaching hospital, has agreed to take the case.

These are the daily battles. A bigger war is against insurance companies that don't pay for necessary services because they aren't familiar with the Chinese population. (For example, many insurers won't pay for nasal endoscopies if a patient has a middle-ear infection, saying the procedure isn't medically indicated. But a middle-ear infection can be a red flag for nasopharyngeal cancer among Cantonesespeaking Chinese.)