

EUGENE F. CHESLOCK, MD '65

Lifeline to the Uninsured

By Jill Spotz

NINE years ago on a humid July evening, Eugene Cheslock, MD '65, opened the door to his donated trailer parked in an empty lot in Shrewsbury, NJ, and welcomed three uninsured patients. These three people needed medical care. Unlike millions of Americans without health coverage, they were lucky enough to receive free quality care from a physician who just wanted to make a difference. It was a modest beginning and a glimmer of what was to come for the Parker Family Health Center.

Cheslock was close to retiring from his successful hematology and oncology practice when long-time friend James Parker, Jr., MD, and a small group of concerned community members, walked door-to-door and polled more than 400 homes on the west side of Red Bank in 1999 asking residents whether they had health insurance. The results were overwhelming: 95 percent of the growing Latino population and 40 percent of residents overall lacked health coverage.

The team immediately sprang into action and through assistance from the national organization, Volunteers in Medicine, Cheslock and Parker started the Parker Family Health Center. Today, this booming, free health clinic located minutes from its meager beginning is housed in a beautiful building thanks to donations from the community, foundations and celebrities like the musician Jon Bon Jovi and his family. The center operates solely on grants and is staffed by volunteer physicians and clinical staff who see approximately 10,000 patients each year. "There is a need for communities to respond without government support to issues such as healthcare that affect all of us," explains Cheslock. "Our health center is



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not funded by taxpayers and shows what we can accomplish on our own."

The Center is also a reflection of the status of healthcare today. According to 2007 data from the U.S. Census Bureau, 47 million Americans are without health insurance. This number is growing due to many variables including the fact that health coverage is no longer a guarantee even for those who

are employed. Many small business owners cannot afford to offer health insurance to their employees due to rising premium costs. As a result, the number of free health clinics is growing. There were only six in the U.S. when the Parker Family Health Center was established; now there are 72. As Cheslock explains, "When we first opened our doors nine years ago, 95 percent of our

patients were undocumented immigrants. Today, 60 percent of our patients are American citizens.”

Cheslock credits his time at NJMS with reinforcing his desire to help those in need but acknowledges that his philanthropic drive is connected to his own personal upbringing. “There are altruistic tendencies in all of us,” he says. “We may all have ‘it’ and these tendencies may be tested, tried and hopefully not broken, especially during the arduousness of residency. But the greatest satisfaction that we can gain is helping others.” Cheslock graduated when the medical school was in the process of becoming part of the state university. As a result, medical students traveled in teams to various teaching hospitals in New Jersey and New York

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for their clinical training. He says this experience taught him what it means to be a team member and to depend on others for success.

Following medical school, Cheslock trained at the Cleveland Clinic and Albany Medical Center where he completed a fellowship in hematology. He practiced hematology and oncology for 25 years in Monmouth County before retirement. At the Parker Family Health Center, he’s now the president but that work doesn’t stop at the Red Bank city line. He is in the process of assisting a group in Florida setting up their own volunteer health center. “It has been a marvelous ride for all of us,” he says. “This is what medicine is all about—being able to share expertise, talent and abilities and helping those in need. You can feel the pulse in our center.” ●

Focus on Philanthropy

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Bonilla, the newest navigator who is from Honduras, started just last summer in August and faced a challenge with her very first patient. “Two months after arriving here from the Philippines, she was diagnosed with breast cancer and kept saying, ‘How will I pay?’ I told her, ‘I’m here to help you. Don’t worry. There are decisions you’re going to have to make but I’ll guide you and tell you what you need to do,’” says Bonilla. She shepherded this patient through a lumpectomy, radiation, and chemotherapy, as well as her financial considerations, and then even located a nurse who could speak her Philippine dialect of Tagalog.

“We streamline patients from one department to another, too,” says Bonilla. “There are so many places in the hospital to have an X-ray, for example. I show them where to go. In oncology, patients sometimes forget to have an EKG or PET scan, which holds up treatment. I call to remind them.”

“People can get the best care when they go into clinical trials, so many of our patients, who are minorities, now participate,” Barber adds. However, clinical studies can have rigid parameters that all participants must meet in order to qualify. “It seems crazy, but studies want healthy cancer patients. Depending on the trial, uncontrolled diabetes or cardiovascular disease, for example, can disqualify a patient,” explains Barber.

One male patient broke down and cried when preliminary testing knocked him out of a head and neck cancer trial. “I hugged and assured him, ‘You’re going to get good treatment whether you’re in a trial or not,’” recalls Barber, who guided him through chemotherapy and radiation. A year later while walking down the boardwalk in Atlantic City, she bumped into him and was so happy to see that “he looked well.”

What does it take to become a navigator? The most important job requirements are compassion and a nurturing personality. It’s

also helpful to be bilingual but these navigators just have basic undergraduate college degrees. Kopenski, who is from Brazil, speaks Spanish and Portuguese. All three worked at UH in other capacities before applying for these jobs. The payoff is satisfaction in helping others and the gratitude of people who may have nowhere else to turn. “When I returned after being out ill for five months, it was so rewarding to hear that patients missed me and could see the difference I had made in managing their care,” says Kopenski.

Of course, there are frustrations. Some patients have trouble understanding their diseases so information may have to be repeated over and over again. Sometimes patients don’t read all the material the navigators provide. And not every case has a happy ending. Last September, a young woman suffering with aggressive breast cancer died under their watch. At the end of her life, the patient navigators held her hand, read prayers and stayed by her side...like angels. ●

In Anil Saha’s Memory

THOUGH Anil Saha, PhD, may have retired from the Department of Microbiology and Molecular Genetics almost 20 years ago on Dec. 31, 1990, this long-time professor of microbiology will continue to have a presence at NJMS through a \$70,000 gift made recently from his estate. “The bequest is very nice and was unexpected,” explains Carol S. Newlon, PhD, professor and chair of the department. Saha died in 1995 and “in the years following his retirement, he made several gifts to support our seminar program,” Newlon says. In creating this endowment, his intentions were to continue the distinguished lecture series on an annual or biannual basis and to fund activities beneficial for students who are training in the department. For instance, the Saha Fund will support graduate students who want to travel to professional conferences or to other educational activities.