

DIVERSION

FOR PHYSICIANS AT LEISURE APRIL 15, 2004

Mobilizing for Kids

The co-founder of the Children's Health Fund makes sure medical care gets where it's most needed

by Tom Callahan

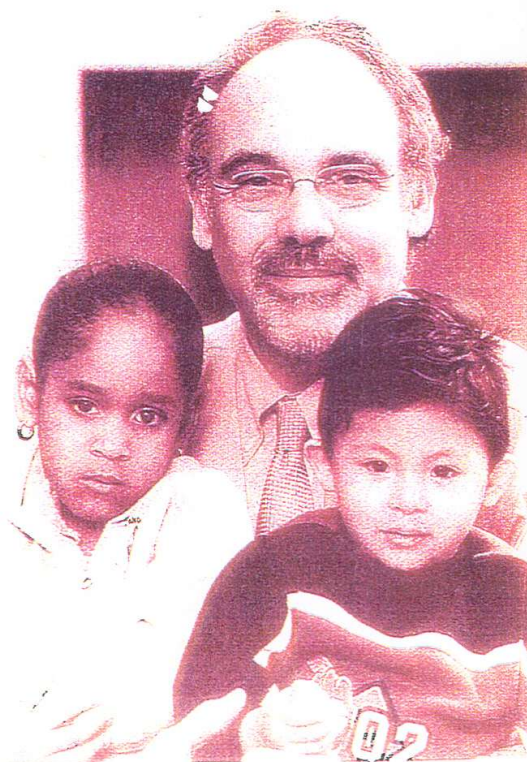
There is an old VISTA (Volunteers in Service to America) poster on the wall of the New York City office of Irwin Redlener, M.D. Its significance is more than decorative.

Dr. Redlener, 59, co-founder and president of the Children's Health Fund, saw that poster when he was training in pediatrics at the Children's Hospital of Denver at the University of Colorado Medical Center in 1971, and it changed his life. The poster says "If you're not part of the solution, you're part of the problem."

Dr. Redlener spent two years working for VISTA in rural Arkansas. So began a career dedicated to bringing medical care to underserved children. He received his M.D. from the University of Miami in 1969, and after his stint in Arkansas, he returned to Florida to become director of the pediatric intensive care unit at Miami's Jackson Memorial Hospital. He worked on earthquake relief in Guatemala and later became medical director of USA for Africa, which led to his meeting singer Paul Simon. In 1987 they founded the Children's Health Fund (CHF) to help homeless kids in New York City.

The CHF created the Children's Health Project, which sends RV-sized mobile medical units to homeless shelters and other locations. Over the years, the organization has evolved into a national network, operating in 16 locations across the United States. The program's doctors have treated over 350,000 children in more than one million medical visits.

Dr. Redlener has served as president of the CHF since



Fund president Dr. Irwin Redlener and patients.

its inception, while at the same time wearing many other hats. He has been head of outpatient pediatrics at Cornell/New York Hospital, head of community pediatrics at New York's Montefiore Medical Center, and president of The Children's Hospital at Montefiore, which he helped found. In May 2003 he joined Columbia University's Mailman School of Public Health

as the first director of the National Center for Disaster Preparedness.

The distinctive CHF medical vans have become a fixture not only in economically depressed neighborhoods, but also in front of places such as Yankee Stadium, where athletes like Don Mattingly and Bernie Williams have raised money for the nonprofit organization. Dr. Redlener is determined to keep the vans rolling forever, if necessary. And he has no intention of ever taking down that VISTA poster.



A mobile medical unit always draws a crowd.

Q How did the Children's Health Fund start?

A I was working for USA for Africa, setting up the grant office in New York City. Paul Simon, who was on the *We Are the World* record, wanted to do something for the homeless. We visited a number of welfare hotels. In the Hotel Martinique [in Times Square] a thousand children and their families were warehoused. Somebody suggested that we should get a van and bring doctors there. Paul and I recruited my wife, Karen, to help with the program, and she is now the executive director of the CHF.

Q What does the Children's Health Fund do?

A The CHF is focused on children who are severely disenfranchised and lack medical care. It does two things. First, it provides and supports direct health services. Second, it functions as an advocate on the children's behalf.

Q Bringing health care to children in their neighborhoods requires vast amounts of equipment. Do you negotiate at the corporate level to secure contributions of vans?

A We are often able to negotiate good deals for things like build-

ing the mobile medical units. They are based on a design created mostly by my wife in 1986, when we were first starting the program. That model has been modified over the years, but it has remained relatively constant. Because of that consistency, the price of assembling the mobile units has stayed fairly reasonable. The first one cost about \$85,000. And although the prices have risen to almost double that now, we are usually about 20% to 25% below comparable units you would buy in the marketplace.

Q What nuts-and-bolts advice would you give a physician who wants to get a program like this started?

A What I say to medical students is that it is very possible to have a life filled with the satisfaction of doing clinical practice and at the same time make a difference on the issues that count. Now, the people who are most successful at working with underserved populations are people who are working with colleagues of like mind. So finding an environment where you are working in a mission-driven organization is critical. This is not a job for a lone ranger, because you can get burned out.

That is the whole idea of our

national network. It's not just to plunk a program here, plunk a program there. We create a network, and we meet twice a year with the whole group of CHF doctors. This is the ultimate sort of group activity where you are part of something larger than you self. That's the secret.

Q A number of high-profile entertainers and athletes have supported the CHF's work with their time and money. Just recently Simon & Garfunkel announced a \$1 million donation.

A Yes. Half of it is going to the fund, and the other half is going to support our pediatric preparedness program at Columbia.

Q How have you come to enlist people like that?

A My first experience of this sort was when I was in charge of the VISTA clinic in east Arkansas, and it was running out of money. Out of the blue, I was looking at a magazine, and there was a little Q&A thing with some reference to singer Joan Baez and her manager.

So I called the manager and told him that I was running this clinic in a very impoverished community, and the clinic was running out of its federal grant. I wondered if Joan

might be interested in helping. He was fairly gruff but said, "Why don't you write her a letter, send it to me, and I'll get it to her." So I wrote her a letter and sent some photographs of the children we were taking care of.

About three weeks later, I was seeing a patient when a nurse said, "Call for you." And I said, "Who is it?" And the nurse said, "Joan Baez."

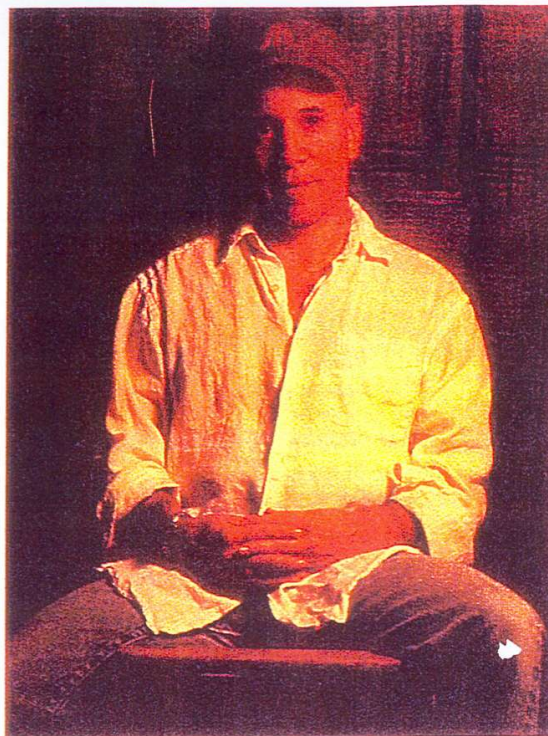
I thought it was a joke, but Joan really was on the phone. She had seen the letter and was moved by it. She came down, I showed her around, and she decided that she would do a benefit concert in Memphis for the clinic. She rescued the clinic, and we became fast friends.

That was my first experience in getting assistance from people who have some prominence and resources. Joan next did a benefit for a child abuse program that I set up in Miami. Later I was on the board of USA for Africa and worked with Harry Belafonte, Lionel Richie, Michael Jackson, and others.

Q Paul Simon was unique in that he came looking to help?

A Yes, he did, and that was good. I am very susceptible to serendipity. For example, I just sort of happened to see that piece about Joan Baez, and I made the phone call. And Paul Simon said that he wanted to help homeless people, even though I wasn't dealing with that issue then. I said, "Let's talk, and let's see what develops."

It's a question of opportunities and contacts and networking. Don



Singer Paul Simon, co-founder of the Children's Health Fund.

Mattingly, for example, happened to come to the CHF benefit concert that Paul Simon gave in 1987, so I met Don. I don't normally deal with people's agents and all that stuff.

Q How about Yankees outfielder Bernie Williams?

A When Don Mattingly retired, I asked him who we should speak to, and Bernie was Don's suggestion.

The other thing is that we have been very comfortable with publicity and media coverage, and that has led to people finding out about us.

Q How would you describe your vision of medicine?

A An important motivation in my life has been working with kids whose situation makes them vulnerable for reasons out of their control.

They are desperately ill, or living in extreme poverty, or disconnected from medical care. I feel most energized by trying to help children who have the fewest resources.

Q Can you recall a specific case of a child helped by the fund?

A Yes. I was working on a mobile unit about 1991. I'm at a shelter for unadoptable, unplaceable foster children, and they bring in an 11-year-old. The worker tells me that this child is failing in school and has behavioral problems and speech difficulties. So I examine him, and he has a complete cleft palate. This is a kid born in New York, and obviously, people should have seen

he had no palate.

We quickly assembled his medical records, and this child had had no medical care except when he was born in a hospital and a few times at emergency rooms. There was never any follow-up. He personified what the CHF is about: lack of health care, lack of advocacy, lack of connection, and a profound disenfranchisement. This one child was a school failure, a developmental disaster, and a life wasted by his disconnection from the system. We see that and say, "We are going to fix not only this child, but the conditions that brought him to us this way." ■

Tom Callahan's work appears regularly in publications including The New York Times, Parade, and American Way.