FNP Serves the Under-Resourced and Underserved Here and Abroad

By Katherine Ritz Hahn

Valerie Dzubur, EdD, FNP-C, had only ever considered two career options—teaching and nursing. Now she does both, as the health center director at Ritter Health Center in San Rafael, California, and as an assistant professor at Samuel Merritt College in Oakland, California.
Her career in the medical field started in 1970, before she entered college, when she got a job as a clerk in Oakland Hospital’s emergency department. “I was captured by the role of the nurse in the emergency department and felt a deep sense of being called to nursing,” she remembers. “I made up my mind, then and there, to pursue a nursing education and career and never looked back. For me, the combination of physical labor, being of service, and healthcare was perfect. I wanted very much to contribute to others through service.”

After earning her bachelor’s degree in nursing, she continued to work at Oakland Hospital for 10 years while she pursued her master’s degree. With a master’s from the family nurse practitioner program, she worked in a methadone clinic and treated patients suffering from perinatal addiction, in addition to her emergency room work.

In 1986, she began working with the San Francisco Department of Public Health AIDS Outreach Program for the Homeless, which provided street-based primary HIV care for people who had unstable housing and were often drug-addicted. She then continued her work at UCSF by working in its AIDS clinic.

Her first teaching experience came in 2001, when she started educating students in the family nurse practitioner program at Samuel Merritt College, a small private college with a mission to train primary care family nurse practitioners to provide healthcare services to underserved people. Currently she teaches family nursing, a ‘roles class’ called “Nurse Practitioner Seminar I,” and a primary healthcare class focusing on health screening, preventive care and advanced health assessment.

She also brings FNP interns from SMC to work at Ritter Health Center, a non-profit day service center providing free services to low income, homeless, undocumented or uninsured people in Marin, California. “The mission of the FNP program fits like hand and glove with the Ritter Health Center,” she says. “Teaching and nursing are ‘heart work’ so I am very fortunate to have these opportunities.”

Dzubur began providing primary care services at the Ritter Center in July of 2006. There, she provides day-to-day primary healthcare, diagnosing and managing a wide variety of outpatient healthcare problems such as diabetes, hypertension, chronic pain, anxiety and depression. The center also provides health screenings such as pap smears, STI screens, cholesterol check, TB testing and vaccinations—particularly for flu. In addition to primary care, the center provides urgent care, treating small lacerations, skin infections, allergies, asthma treatments, cold and flu. “We really provide primary and urgent care healthcare services that range from soup to nuts,” she says.

“We do not treat children, or manage pregnancy; otherwise our community comes in all shapes and sizes.”

Services at the Ritter Center extend beyond healthcare to include shower and laundry facilities, case management, counseling, a food pantry and a clothing bank. “The environment is supportive and at the same time provides structure and practical support to help people to build a better life,” she says. “Much of the work we do provides a bridge to better times.”

Of the most common cases Dzubur sees are people with diabetes who are unable to access healthcare, like one couple that came in when she was giving flu shots last year. She did a health screening on the man only to discover that his glucose level was very high. He had lived in the United States for 40 years, but had no documentation as a citizen or a legal immigrant. He had been treated for diabetes in San Francisco. But after moving, he was unable to get care and ended up “in the gap.”

Dzubur also discovered the man’s wife was legally blind, even though she didn’t have to be. She had poor eyesight in one eye and a cataract in the other, which could have been repaired if they had health coverage. Dzubur has been working for a year to arrange surgery to get the woman’s eyesight fixed.

Another patient Dzubur saw was homeless and had come in asking for pain medication. While many would have stereotyped the man as a drug addict, she dug a little further. The man had been seen at another medical center and given Vicodin. On his second visit, a cancer was discovered on his neck. It had been overlooked before because the man’s long beard covered it.
That doctor referred him to a pathologist, who denied him treatment. He went to another center which wanted $20—money the man didn’t have. So he came to Ritter. “We pursued getting him a needle biopsy and a referral to somewhere he would be treated,” she recalls.

His goal in life, she remembers, was to live long enough to help the children of his drug-addicted partner grow a little older before he was no longer there to help them. “He’s now in the system, so that’s good news,” Dzubur says.

At Ritter, Dzubur follows her cases through resolution, and she hopes her students and interns learn to do the same. After she referred the man with the cancer for treatment, she set up a follow up visit to find out what happened at the referral facility. If the treatment doesn’t work, she doesn’t want the patient going somewhere else; she wants him to return to her for a different approach to the problem. “One of the things I want to teach students is to develop their own ethical integrity in care,” she says. “Once you decide you are going to engage in their problem, you are going to have to do what you can to fix their problem.”

Her interns also gain other valuable learning experiences while they are providing a service to the community. Recently one of Dzubur’s students removed a toenail on a diabetic patient at Ritter Center. While it might not seem like a significant treatment, she says, it’s important in training the next generation of nurse practitioners. Another student drained and packed an abscess that one female patient had on her back and followed up to see that it healed.

Dzubur’s commitment to treating the underserved extends beyond the walls of Ritter, and even beyond the boundaries of the US. She is the president of Windhorse Development Project Foundations, a non-profit organization involved in several different projects in southeast Asia, including providing primary healthcare in a village, building a preschool, building and supporting a small orphanage of eight children and helping local people in purchasing land and to learn rice farming.

“I am very interested in international healthcare,” Dzubur says. “I’ve always wanted to travel, and, ever since I was a kid, I wanted to go to Africa.” Windhorse allows her the opportunity to go abroad for two to three weeks at a time to offer services, while programs like Doctors Without Borders require longer time commitments—usually a minimum of six months. In the village, she provides a clinic and serves as many villagers’ only source of healthcare. “Some people walk three days when they hear through word of mouth that the nurse will be there,” she says.

She remembers one woman who arrived carrying a scrawny, unclothed baby in a soaking wet cloth. Dzubur thought it was a newborn because of its size and was shocked to discover the infant was four months old. The child couldn’t nurse, the mother’s milk had dried up, and the woman had no money for food, so the baby was starving. Since the village had electricity, Windhorse was able to donate a small refrigerator and a six-month supply of formula. When Dzubur returned to the village six months later, the baby was thriving and the mother had cooked a chicken for her as a gesture of appreciation.

“In some ways, it’s always been what I’ve done,” says Dzubur, whose career has been spent treating people in under resourced areas. The difference is, when she’s in the village, she’s providing treatment from a medical kit, rather than a hospital room.

In the village, she says, it’s that same as in clinics in the US. If something is needed like a hysterectomy or treatment for a hernia, it takes money.
There, it’s common for people to have their eye poked out by a stick. One little boy she saw had an infection from an eye injury and Dzubur took him to get medicine, which cleared it up. Eventually, she says, he’ll need to have eye removed and replaced with an artificial eye, but that will mean a $1,000 surgery and trip to the capital city.

Even in the US with Operation Access (donated outpatient surgery for the uninsured), barriers to treatment still exist because staffers at the facilities need to contact the patients, who sometimes speak a different language, do not have a phone or are homeless.

“One of the big problems is access to care and our health insurance programs,” Dzubur says. “It’s not always more money; it’s sometimes making more out of the resources we have. We can do a lot more with our money if we just spend our money differently.” Having witnessed these challenges, Dzubur is actively involved in healthcare reform through the California Association of Nurse Practitioners.

“In addition to healthcare reform, there is a pressing need to create a national healthcare record for individuals that utilizes technology and all its benefits to create efficiency and accuracy in managing the personal healthcare record,” she adds. “Finally, I would say reducing medical errors and educating the next generation of healthcare providers are urgent concerns.”

Beyond her efforts to help fix problems in the health system, Dzubur continues to explore her interest in international healthcare. This fall, a new course debuted at SMC: “Interpreting Health Care in a Global World,” which Dzubur developed over the past couple years as part of her graduate studies and teaching duties. “I think there is a great interest in international healthcare both in my peer group and with students, so I enjoy sharing my experiences with healthcare in Southeast Asia with colleagues,” she says. “I am currently pursuing a research project that will explore the experience of FNP students who travel with me to Laos in 2008 as a medium for developing cultural understandings important in international healthcare.”

With all of the work that she does within her profession, Dzubur’s biggest dilemma is keeping her hands in so many pies without being overwhelmed. “This has always been a problem in nursing because there are so many opportunities,” she says. “But for me, this is my life’s work, so I approach it as an artist who must paint, or a musician who must sing.”

Valerie Gall Dzubur, EdD, FNP-C, graduated from San Francisco State University in 1981 with a bachelor of science in nursing. She earned a master of science in nursing from the Family Nurse Practitioner program at Sonoma State University in 1985. In 2006, she graduated from the University of San Francisco as a doctor of education. She is nationally certified as an FNP through the American Academy of Nurse Practitioners and certified in basic life support (BLS).

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