



# PAMELA WIBLE:

## Dream Unrestrained



**M**y dream was to be a doctor like my mom and dad. I wasn't sure they loved each other, but they loved work. So I tagged along.

Raised in the morgue, I spent my childhood playing in the hospital halls. My father made it fun. He even talked to the dead people in the coolers. So I did too. From the morgue, we made our rounds to the city jail, methadone clinic, and the psychiatric hospital. Introduced as a doctor-in-training, I was set loose on inmates, heroin addicts, and schizophrenics while most girls my age were playing with Barbies.

I was going to be one of those doctors who could do everything. I'd deliver babies and help people die, plus treat criminals and people on drugs and people nobody else could help. I'd be a superhero and save a whole town. So I went to medical school and then graduated from residency in family and community medicine.

My first job was at a small clinic in Oregon. I didn't feel heroic. I felt like a factory worker. I tried other clinics, but they were the same: assembly-line medicine. People were often excluded if they had no insurance, or neglected if they took too long to express themselves or were shy, or different, or addicted to heroin, or in jail, or were not easy, simple, healthy, English-speaking patients with good insurance.

But I quit those jobs to pursue a dream.

This is the story of my dream come true and seven lessons to help your dream come true even when it seems impossible.

*Lesson 1: Never, never give up on your dream.*

**Pamela Wible, MD, is a family physician born into a family of physicians. Her parents warned her not to pursue medicine. She followed her heart only to discover that to heal her patients she had first to heal her profession. So she invited citizens to design the clinic of their dreams. Celebrated since 2005, Dr. Wible's pioneering model has sparked a populist movement that has inspired Americans to create ideal clinics and hospitals nationwide. Dr. Wible is coauthor of *Goddess Shift: Women Leading for a Change*. [www.idealmedicalcare.org](http://www.idealmedicalcare.org). Photo credit: Digital Latte 2010**

## Dreaming an Ideal Clinic

What if Americans were free to dream their wildest dreams? And what if ordinary people across America joined together to dream an ideal health-care system—a system not designed by experts, lobbyists, or politicians? And what if I promise to bring that dream to life?

*Lesson 2: All revolutionary new ideas start as a dream.*

From a stack of handmade flyers sprinkled with glitter, a series of e-mail blasts, and a blurb in the newspaper is born a movement: Health care of, by, and for the people. It begins in Eugene, Oregon—in my bedroom. Early December 2004, I jump out of bed with a vision of thousands of people gathering in churches and community centers: doctors, preachers, grandmothers holding grandchildren, masses of hands, every size and color, palm-to-palm, fingers interlaced—the universal symbol of solidarity.

With no time to wait for politician-saviors, I host a town hall meeting and challenge citizens to do something extraordinary: create the clinic of their dreams.

Housewives and hippies, bus drivers and businessmen, artisans, farmers, and folks of all ages convene to design a new model, a template for the nation. I welcome their wildest fantasies. Every off-the-wall idea is now on the table.

Pages overflow with floor plans, diagrams and doodles, poetry and prose as townspeople share their dreams unrestrained.

Mimi, a free-spirited mother of two reads, “An ideal clinic is a sanctuary, a safe place, a place of wisdom where we learn to live harmlessly, listen with empathy, observe without judgment. It’s a place where a revolution starts, where we rediscover our priorities.”

Then Lynette, a Chinese woman with an Australian accent, interjects, “No front counters separating people from people, complimentary massage while waiting, fun surgical gowns!”

Jacob, a soft-spoken young man with dreadlocks, imagines “intriguing magazines” and a “pet cat that greets people at the door” plus “a big garden and a running stream where you come over for lunch and play with the pet goats who inadvertently heal your broken leg.”

I drift away on a montage of images: fairies and fountains, fizzy peppermint foot baths, physicians on house calls...when Anjali, a shy East-Indian college student, summarizes, “Most importantly, the doctor would be someone with a big heart and a great love for people and service, someone whose presence itself is enough to cheer a patient...”

In their words I rediscover myself, but I'm wondering how one doctor might manifest a community's dream when Nancy, an elder, clarifies that an ideal doctor is "a relatively relaxed physician in a calm space, someone who has plenty of time off." Ahh...I begin to imagine what's possible...

From living rooms and Main Street cafes to yoga studios and neighborhood centers—nine town hall meetings in six weeks—I collect one hundred pages of written testimony. Finally, my job description is written by patients, not administrators. I organize the papers scattered across my bed, bind them into a book, and carry it with me everywhere.

During the day, I purchase equipment, negotiate contracts, but at night under my comforter I enter a sanctuary with joyful, peaceful music ...I see the steam rising from the hot tub...and the clinic cat rubs his face against my leg as I open the door to a Caribbean-themed exam room filled with balloons...and each night I return to this place where nobody is turned away for lack of money, where the doctor answers the phone, says come right over, and is waiting when you arrive...

One month later we're open. Minus the pet goats.

*Lesson 3: A dream is a prerequisite for a dream come true.*

## Doctors Who Dare to Dream

Some doctors accuse me of practicing "Alice-in-Wonderland" medicine. Others believe I live in "La-La Land" or on "Planet Oregon." When our community clinic is ridiculed, I often wonder why. After all, who could be against ideal health care?

Even the *Journal of Family Practice* praises our innovative community-focused model. And now our clinic is featured in Harvard School of Public Health's *Renegotiating Health Care*, a text that examines major trends with the potential to change the dynamics of health care. Yet some journals reject ideal care. Why? One editor responds: It's "too utopian." But Americans are ready for utopian health care, so why the resistance?

Robert F. Kennedy acknowledged: "One-fifth of people are against everything all of the time." I want to know why.

In 2007, I'm crisscrossing the country to recruit naysayers after *Physicians Practice*, America's top practice management journal, invites me on a seven-city speaking tour. My medical keynotes are declared "gospel revivals" by docs who envelop the stage and line the hall where I answer questions for hours...

But not all docs are so inspired. Center stage at the Houston Convention Center, I proclaim: "Doctors deserve to be happy" and three old white men run out of the room.

Why resist happiness? What are physicians thinking? To discover, I review hundreds of comment cards: “She’s a nut; Too ideal; Excellent & informative; Complete waste of time; Thoroughly enjoyed her talk and will start a similar practice; Charming, sweet, encouraging, and completely impractical; Oh my! Love and peace! No help at all with reality!”

Most feedback is appreciative; some is skeptical. I’m drawn to the comments that sting, the ones that ridicule me, the docs who don’t believe in happily-ever-after endings. The most common response goes something like this: “Okay in Eugene, Oregon, but would never work in fill-in-the-blank city – Beverly Hills, Chicago, Manhattan...”

The reality: community-designed clinics are thriving in small towns and large cities all across America.

Take Dr. Amy Solomon, a blond-haired, blue-eyed mother of two who spends a weekend in front of Johnnie’s Supermarket in Boulder Creek, California, surveying citizens about how she can serve them. Six months later, Amy leaves corporate medicine and enters her town’s beautiful new integrative medical center, complete with massage therapist, life coach, and yoga teacher. Amy believes in her community’s dream. Now she lives it every day.

Dr. Soma Mandal’s small high-tech, high-touch office is a dream come true in a large metropolis like Manhattan. With no answering service, she’s available directly to patients who enjoy online scheduling and same-day appointments. Average office wait time: one minute. When busy patients can’t come by, Dr. Soma checks in on them at their workplace. A Web review by *sickandlovingit*: “If you want the mind of a scientist, the efficiency of the Tokyo metro and the caring of Doc Baker from *Little House on the Prairie*, this is your woman.”

Meet Dr. Bob Forester who leaves a lucrative practice in Modesto, California, to serve migrant farmworkers. He hosts three community meetings and develops a “Benefactor Model.” Half the clients are benefactors who pay a modest yearly fee to cover all their office visits, house calls, and 24/7-physician access, but their fee also fully subsidizes primary care for recipients who receive unlimited care at no charge. Townspeople volunteer to jump-start the clinic. Anonymous donors drop off unsolicited checks. Since opening in 2004, the clinic has provided more than one million dollars in free care to the community. Dr. Bob says, “We pretty much have the local market cornered on giving away services to the uninsured for free!”

I love Dr. Megan Lewis of Durango, Colorado. Like her patients, she’s tough and resourceful. When Dr. Lewis needs help, she hosts a town hall meeting. Turnout exceeds capacity so people cram into the cafe next door where Dr. Lewis recounts recent hassles, asks for solutions, and closes the meeting with a call to action: “Speak to your neighbors,

elected officials, anyone who will listen, and return with ideas, implementation strategies." Citizens arrange meetings for Dr. Lewis with State of Colorado representatives who are most intrigued that physicians and patients are collaborating to design ideal health care.

And here's Dr. Myria Emeny's "Cinderella Story:" Burdened with \$273,000 of student loans while single parenting a daughter with cerebral palsy, Myria wants off the hamster wheel. She dreams of life as a country doc. After two town hall meetings with the citizens of Westerlo, New York, Myria's dream comes true. Townspeople raise \$2,500 with bake sales, spaghetti dinners, ice cream socials; they sew gowns and blankets; donate a washer and dryer, snow tires for her car, remodel an apartment for her family, and post "Doc Myria's Health Care Center" on the building she pays one dollar per year to lease. Patients volunteer to do billing and office work; one is teaching her horseback riding. Despite oppressive insurance regulations and layers of bureaucracy, Doc Myria keeps smiling as strangers snowplow her driveway and patients arrive with her favorite triple-chocolate cake on her birthday.

What's important, Myria says, is "believing it is possible. Most people give up on dreams like this."

*Lesson 4: Believe all is possible.*

## Dream Your Hospital

It's July 2010. This guy Bob is driving to his farm in Wisconsin when he hears my interview on public radio. Turns out Bob is the chairman of the board of a local hospital. Suddenly, the CEO of a Wisconsin hospital system is calling to tell me: "You are the answer to all of our dreams." I welcome him to the movement; he invites me to Wisconsin.

Citizens in Wisconsin will now lead the nation in health-care reform by designing their own hospitals!

A late-night voicemail confirms the CEO's enthusiasm for our project: "Dr. Wible, I wanted to thank you...You've just opened up my mind and my heart toward so many things, and I'm very excited that you will come to our community and help us become a better place and help our doctors become happier practitioners. I really think this is divinely inspired...and we are all really grateful that you are coming and excited that you will help us. God bless you."

*Lesson 5: To bring big dreams to life, keep company with dreamers, people who believe nothing is impossible.*

*Lesson 6: It's always good to meet a CEO who's more excited about your dream than you are.*



Three months later I'm welcomed to Wisconsin: First a dinner with the hospital team. Then, Peter, a Native American flute player, whisks me away to an impromptu bonfire and powwow where I'm embraced by townspeople. Over the next forty-eight hours, I speak with nearly eight hundred citizens as I lead nine small sessions and two community-wide visioning luncheons packed with three hundred attendees each.

The lights dim in the ballroom...Peter accompanies me on bamboo flute as I invite the audience to close their eyes...to walk into the dream that is called a hospital...Notice how it feels...See the colors...textures... How does your hospital serve the community...and heal the wounds of a nation?

And the voices of the people are heard:

A hospital is energetically sound, every nail pounded with love... It's a place that feels like home...where families can be close...where there is hands-on healing...waterfalls, warm floors, essential oils...with prayer and God's loving light...It's a place where a sick person does not feel alone...where fears are addressed...and life and death are embraced with grace...

At Longfellow Elementary in Eau Claire, kindergartners want dinosaur and princess books in their rooms. A fourth grade girl requests a "mural," a big picture on the side of the hospital building of people who are having fun. Kids see zoo animals and aquariums everywhere and a glass floor under their beds with fish swimming by...

And at Chippewa Falls Middle School, eighth grade boys beg for massage and more kids to share rooms so it won't be so lonely. How about a walk-through garden on the roof so patients can have fresh food?

Down the street, the women at Wissota Springs Assisted Living in Chippewa Falls say an ideal hospital is small and personal, not built like a five-star hotel. Remove the fancy stuff and put the money back into staff salaries. Arrange rooms with glass doors around the nurses' station so patients can see caregivers. Tell greeters to stop the scripted "How can I help you?" and come out from around the welcome desk, embrace guests, and say, "We're so glad you're here!"

Then the CEO and I head southeast to the tiny town of Augusta. Upstairs on the third floor of Unity Bank, we enter an empty conference room and flip on the lights to discover twelve bearded Amish men in matching black work boots, navy-blue pants, shirts, and zip-up jackets. They're seated evenly spaced from eldest to youngest in a slight semi-circle. I smile, introduce myself, and ask them to share their dreams, their visions of ideal health care. Like most Americans, they're stunned by the question itself. No response. I lean forward and ask, "Well, what can we do to make you more comfortable in the hospital?" Silence...

I wait...

They sit quietly. Eventually, an elder states, "We're comfortable now."

I continue with questions about their culture, their views on health, disease, death. Stone-faced silence. No reaction. Nothing. So I get a little frisky, "Well, let me tell you about me...I'm a family doc from Oregon. I got tired of just pushing people through, so I quit and held a town hall meeting to ask people what they want. You know what people want? They want to go back to the 1950s when you could walk to the doctor's office right in the neighborhood..."

And all at once all the men smile the same little smile. So I keep rambling and a moment later they all burst into laughter, some jump up from the sheer force of emotion. Now they're all smiles, big, beautiful smiles... and they share their lives...their hopes and dreams with me...

I learn the Amish are proud. They pay their bills by collecting money door-to-door in their community, but hospitals often write off their debt. That offends them. With the new health-care laws, of course, they'll be covered by insurance, but they inform us: "To have health insurance means one doesn't trust in God." What they request is a "fair bill." Yes, that's what all Americans want: a fair bill. The CEO promises to work on it. I say give 50 percent off at the door for anyone religiously opposed to lawsuits.

Standing up, I approach the twelve men. One by one, I lean over to shake their hands and thank them. The first gentleman looks up and asks, "So you're moving to Wisconsin to be our doctor?" I reply, "No, I'm going home to Oregon," just as the next pleads, "You're not moving here to be our doctor?" I respond, "No." And I pause, hold his hand, and add, "But I'm helping doctors all over the country be the kind of doctors people want."

As we drive away, I wonder what would actually happen if we adopted a few common-sense strategies from the Amish or followed the advice of the wise women of Wisconsin Springs or brought the dreams of kindergartners at Longfellow Elementary to life...

I won't have to wonder for long; it's happening now in Wisconsin...

*Lesson 7: Our greatest healing takes place when we are willing to transcend artificial boundaries, love freely, and embrace each others' dreams as our own.*