

BY WAYNE A. CONAWAY

A little bit of **Everything**



If variety is something you like in your work life,
airport medicine may be right for you.

With patients from every culture and the
challenge of distinguishing everyday
ailments from exotic illness, the hours may
be the only thing about the job that's routine.

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A physician employed by an airport clinic should be expect three things:

- A typical day can include anything from mundane minor accidents to exotic diseases.
- The job is not very secure. When airline traffic is down, clinics cut hours and employees.
- Worst-case scenario: You may be among the first responders to an airline crash.

If those challenges stretch beyond your comfort zone, an airport clinic probably isn't the best place for you. If, however, the idea of treating a wide variety of illnesses, having a fairly predictable schedule, and coming into contact with people from various cultures appeals to you, working in an airport clinic may be the perfect career destination.

As you would expect, most of the exotic diseases that arrive on our shores come from airline passengers, who may have arrived from anywhere in the world. But passengers make up only a small percentage of the patients at most clinics. The majority of patients in most airport clinics are airport employees. Baggage handlers strain their backs; the cleaning crew cut themselves on sharp objects; mechanics suffer scrapes and burns; pilots and

flight attendants pick up minor illnesses overseas and wait until they return to their home airport for treatment. And, in every airport under repair or undergoing new construction, construction workers get cuts, bruises, and broken bones. Every time a new terminal is built, the local clinic stocks extra laceration kits.

Many clinics also employ physician assistants or nurse practitioners, and some of the routine drug testing undergone by airport personnel is handled by other clinic employees. However, urgent care needs can arise at any time, so most airport clinics have a physician on duty for all or most of the scheduled hours.

Not all airports have clinics. Airports without clinics refer all medical needs to local hospitals. Even those airports with large, well-equipped clinics do not take the place of hospitals. New York City's [John F. Kennedy Airport](#) has the largest clinic in the United States, but its physicians send many patients to local hospitals. The current health scare, Severe Acute Respiratory Syndrome (SARS), is not treated at clinics. Suspected SARS pa-

◀ **Dr. Arnold Traynis, a native of Lithuania who came to the United States in 1989, has been at the San Francisco Airport Clinic for three years. He sees more than just travelers. "Illegal immigrants who want to get a green card come to us for a physical. Some of them have never seen a doctor before. Sometimes we diagnose immigrants with a serious illness, like TB or HIV. Those cases are very sad."**

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tients are sent directly to hospitals, which have the space to isolate them.

It is the owners of airport clinics who determine what services the site will offer. Airport clinics can be owned by the airport or by an individual airline, such as the Dallas/Fort Worth clinic, which is owned by [American Airlines](#). Sometimes the center is part of a hospital system; such is the case at JFK Airport in New York. And sometimes the clinics are freestanding organizations that simply rent space from the airport.

The airline-owned clinic

The most basic type of clinic is one owned by an airline and run solely for airline employees. Dr. Lily Ramphal is the sole physician at the clinic in the Dallas-Fort Worth International Airport. This clinic is owned by American Airlines, which has its hub at DFW Airport. Dr. Ramphal is an employee of American Airlines and sees only the airline's employees. Much of the clinic's work involves fulfilling OSHA mandates, such as mandatory drug screenings for the employees of American Airlines.

Dr. Ramphal is also on call for emergencies. "I'm called about once every four or five weeks for an emergency in the air," she explains. "Usually it's just a sick passenger, and the crew is calling me for advice." Each American Airlines plane carries an emergency medical kit. Ramphal is proud that American was the first U.S. airline to carry a defibrillator on board each flight. She also answers medical questions



PHOTO/ © 2003 JEFF SHAFFER

Dr. Steven Garner, trained in radiology and emergency medicine, reads X-rays of suspected drug smugglers at the Kennedy Medical Center at JFK Airport. "We can not only tell if someone's swallowed drugs, but we can usually tell if it's heroin or cocaine. We even see people smuggling money by swallowing it. We had one woman who swallowed about \$150,000."

posed by passengers. "People don't seem to realize that an airplane is a potentially destabilizing environment for passengers with medical problems." She has occasionally refused to allow passengers with serious medical conditions to board, including a man under treatment for deep vein thrombosis who wanted to take a long intercontinental flight.

Since this clinic is only for American Airlines employees, when passengers of American or another airline become ill at DFW Airport, they are sent to one of several nearby hospitals. Dr. Ramphal works regular hours from Monday to Friday. The clinic is open Saturdays and Sundays as well, but during the weekend, it is staffed by a nurse.

For a physician with board certifi-

cation in occupational medicine and a master's degree in public health, Ramphal earns less in airport medicine than she could in other settings. "The pay is toward the medium to low range for a specialist in occupational medicine," she admits. "You don't do this job just for the money. You have to love it." Typically for such clinics, her employer covers her malpractice insurance.

The freestanding clinic on airport property

The next type of practice is a freestanding clinic that happens to locate on airport property, but is not owned either by the airport or an airline. The [Honolulu Airport Medical Corner](#) is one of a chain of four freestanding clinics. This one just happens to be on airport prop-

erty, where they lease space from the airport. (They are not the only medical facility in that airport, but the [Queens Medical Clinic](#) is staffed solely by nurses.) If someone—passenger, airport employee, construction worker, or local resident—needs to see a physician, the Airport Medical Corner is the closest place.

Dr. Darwin Chan works at several of the Medical Corners, including the airport location. He and his colleagues see 10 to 15 urgent care cases from the airport a week. Most are lacerations or other injuries from airport personnel, especially mechanics, baggage handlers, and the airplane cleaning staff, although they have also treated pilots and flight attendants. They rarely see passengers, but when they do, it's generally someone who became sick on the flight. "Usually it's just gastroenteritis," says Dr. Chan. "And we've yet to see a passenger with deep vein thrombosis or SARS, thank God."

The Honolulu Airport Medical Corner is open seven days a week, from 8 a.m. to 8 p.m. The clinic also serves many patients from the surrounding community. Their non-airport work includes a lot of drug testing, especially for local construction companies.

Curiously, although the Honolulu Airport is not adjacent to the harbor, the [Immigration and Naturalization Service](#) occasionally transports sick seamen to the Medical Corner for treatment. They don't bring passengers from cruise ships, they just bring sailors from freighters—the ones who don't have papers to legally enter the country. Sailors are driven to the Airport Medical Corner for treatment, bypassing several closer hospi-

tals. Many of these sailors don't speak English, but they are usually accompanied by a shipmate who speaks their language and has some proficiency in English.

The airport-owned clinic

Another type of clinic is the one owned by the airport itself. [The clinic at San Francisco International Airport](#) (SFO) is an example of this type, although it is managed by St. Mary's Medical Center. This clinic sees some 12,000 patients a year, over half of which are occupational health clients. About 15 percent of patient visits are for urgent care, and patients might be either airline passengers or employees. (Until the new international terminal was completed a couple of years ago, clinic staff treated a lot of injured construction workers.)

The majority of sick passengers need treatment for fever or gastroenteritis. Dehydration is also a problem in the dry, low-pressure air on long, trans-Pacific flights; many passengers substitute alcohol for the water they need. And there are always people who come to the clinic with chest pains. A physician at the airport can get an EKG on site, but patients who prove to have heart problems are transferred to a local hospital. Despite receiving passengers from areas of Asia afflicted by SARS, the clinic has seen no confirmed cases of SARS at this writing. Suspected cases are transferred to inpatient services at either Mills Peninsula or St. Mary's Hospital.

The clinic at SFO has a single physician available at all hours. Usually that doctor is Arnold Traynis, a native of Lithuania who came to the United States in 1989. He has been at the SFO Airport Clinic for three

years, after a stint working at community health clinics. Although trained as a physician in his homeland, he needed certification at the University of California in order to practice medicine here. In addition to English, Dr. Traynis speaks Lithuanian and Russian. Interpreters are usually available at the airport for him to communicate with the many Asian and Hispanic patients he sees.

An immigrant himself, Traynis has great empathy for the foreign patients he sees. "Travelers from poor countries in Asia and Africa have unrealistic expectations of what Western medicine can do for them, but they are very grateful to be treated by us," he says. As a refugee from the former Soviet Union, Traynis has a particular affinity for patients from Eastern Europe. "I have treated many patients from totalitarian countries, like the former U.S.S.R. and Yugoslavia. I know they often have distrust for the medical and psychiatric establishment." Such countries have a history of placing dissidents in asylums and forcing unnecessary drugs on them.

The San Francisco Airport Clinic has seen its share of psychiatric cases, according to its staff. "Most cases are travelers with anxiety or panic attacks," Traynis says. "We try to accommodate them. But we have also seen passengers with more serious psychological conditions, even schizophrenia."

Unlike some other airport clinics, the SFO Airport Clinic has relatively little to do with the [U.S. Customs Service](#), except when a passenger arrives with an unfamiliar medication and no doctor's note. "Then a Customs agent brings us the medication," Traynis explains, "and we identify it in the PDR." Thanks to the INS,

Emergency Interpreters

Even when both physician and patient are native speakers of English, communication can be a problem. The patient may be embarrassed, or confused, or list complaints in a hard-to-follow sequence. The job of the physician becomes vastly more difficult when the physician and patient do not speak a common tongue.

In large airports, there are often interpreters at hand. Of necessity, the airlines employ a multilingual staff. When a passenger becomes ill, an airline employee often escorts the patient to the clinic to act as an interpreter. Dr. Arnold Traynis, the medical director of the San Francisco International Airport Medical Clinic, notes that the airlines can always provide an interpreter who speaks Mandarin, Cantonese, or Vietnamese. But what happens when the patient speaks a language for which no interpreter is available?

In that circumstance, Dr. Traynis uses CyraCom, a telephone interpretation service contracted by St. Mary's Hospital, which runs San

Francisco's airport-owned clinic. CyraCom provides a special telephone with two handset-receivers. Dr. Traynis pushes a single button and is connected to CyraCom. He enters his PIN code and identifies the patient's language from a menu. An interpreter comes on the



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line, usually within 45 seconds. The patient then speaks in his native language into one receiver and a simultaneous translation into English is heard by Traynis on the other receiver.

CyraCom marketing executive Steven Cook states that his company specializes in interpretation for medicine, government, and social services. They offer interpreters and translators in some 150 languages. Although the dual-handset phones are easy to use, CyraCom sends out trainers to instruct clients in their use. CyraCom invented the dual-handset phone

years ago, and Cook points out that it allows the physician to hear the interpretation while observing the patient's body language. CyraCom can also send interpreters to client facilities. "There's no one solution that fits every client," he says. "It's really about customer service."

New HIPAA privacy laws may impact how English-speaking physicians treat patients who do not speak English. "Often a family member acts as interpreter," Cook says, "but that requires that the patient give permission for the interpreting relative to know his medical problems." Furthermore, the interpreting relative is often a child educated in the United States. "A child may be embarrassed, or simply not understand," Cook says. "Of course, in an airport, a sick passenger may be traveling without an English-speaking family member. Cook touts interpretation via a two-handset phone as second only to the presence of an expert interpreter. "Even the old technique of doctor, patient, and

interpreter communicating over a speakerphone might violate privacy laws."

The best known telephone interpretation service is AT&T's Language Line, which is available 24 hours a day, 365 days a year. This is the service used by the Kennedy Medical Center. Language Line offers interpretations in more than 140 different languages. AT&T can also provide a telephone with two receivers, eliminating the need to set up a conference call on multiple lines. Although some Language Line clients still use standard telephones, the service now offers a free dual-handset phone.

Costs for interpretation range from \$1.50 to \$2.50 per minute. Both Language Line and CyraCom offer services 24 hours a day, 365 days a year. For people who don't have an account and need a one-time interpreter, both companies can charge their fees to a credit card. For more information, log on to www.cyacom.net or www.languageline.com. ■

they also see a number of non-traveling patients. "Illegal immigrants who want to get a green card come to us for a physical. Some of them have never seen a doctor before," he says. "Sometimes we diagnose immigrants with a serious illness, like TB or HIV. Those cases are very sad."

Dr. Traynis enjoys the variety of patients he sees at the clinic. "We get a little bit of everything here. All the time, (we see) interesting cases."

As the only full-time physician at the San Francisco Airport Clinic, Dr.

Traynis is paid an amount comparable to a family physician in the area. Part-time physicians who work at the clinic are paid \$70 an hour.

The hospital-owned airport clinic Finally, the airport clinic owned by a hospital is epitomized by the nation's busiest clinic: the Kennedy Medical Center at JFK Airport in New York City. This facility is owned by [St. Vincent's Catholic Medical Centers](#), which includes eight hospitals and 60 ambulatory sites.

The Kennedy Medical Center sees 40,000 patients a year, more than any other airport clinic in the country. It maintains a 24-hour schedule 365 days per year and has a staff of 60 people. Six of the staffers are physicians, and four of them work full-time.

The equipment available at the Kennedy Medical Center is the envy of other clinics. It has portable vascular equipment to detect a deep vein thrombosis. It has top-flight cardiac care equipment. It also has a diverse team of providers, including primary-

care physicians, an ophthalmologist, a podiatrist, a physical therapist, and a chiropractor.

Naturally, the patients of the Kennedy Medical Center come from many populations: passengers, airline employees, construction workers, and residents from surrounding communities. The U.S. Customs Department brings in patients, too. Of the four airport clinics mentioned in this article, the Kennedy Medical Center is the only clinic that X-rays suspected drug smugglers. Usually, the person reading the X-rays is St. Vincent's Chief Medical Officer, Dr. Steven Garner. Trained in radiology and emergency medicine, Garner says the X-rays can reveal more than the mere presence of illegal substances. "We can not only tell if someone's swallowed drugs, but we can usually tell if it's heroin or cocaine," he says. "We even see people smuggling money by swallowing it. We had one woman who swallowed about \$150,000."

Immigration brings business to Dr. Garner as well. Since minors are treated differently than adults under Customs law, it is important to tell if someone is truly underage. "We X-ray their wrists," he says. "The wrist bones are the last to fuse, between age 16 to 18."

The staff of the Kennedy Medical Center treats patients from all walks of life. "When the president comes to New York," says Dr. Garner, "we provide doctors for him and his entourage. When Air Force One lands, we have a team of doctors standing there."

The Medical Center's staff has to be prepared for all kinds of situations, including in-flight emergen-

cies. Pregnant women often arrive in the country near term, knowing that if the baby is born in the United States, the child automatically gains U.S. citizenship. But sometimes the mothers cut it too close. One gave birth on the plane en route to JFK not long ago. Others go into labor in the airport, waiting to get through Customs.

The JFK clinic provides many vaccinations to travelers and treats passengers ill with exotic conditions. Patients often include "people who can't speak English and have very weird diseases," says Garner. Proper diagnosis requires knowing where these passengers have been. "If someone from Florida comes in with gastrointestinal problems, you might think e. coli. But if they just came in from Nigeria, you need to think about what is endemic there."

Despite space limitations and the organized chaos of airport life, Dr. Garner is adamant that patients treated at the clinic should get high-quality medical care. As far as he's concerned, patients at Kennedy Medical Center "should get the same standard of care that they get at St. Vincent's or anywhere else."

As at other airport clinics, the physicians at the Kennedy Medical Center are modestly compensated for their work. The Center pays part-time physicians \$55 to \$65 per hour. Full-time physicians earn from \$95,000 to \$105,000 annually. The Center covers malpractice insurance only for its full-time physicians.

The worst-case scenario:
The air crash

Everyone who works at an airport has to be prepared for the crash of an air-

plane. The crash of an airliner can mean not only the deaths of hundreds of passengers, but fatalities on the ground where the plane or debris hits. There are also the families of the victims to deal with.

Of the four airports mentioned here, Kennedy International has seen the most crashes. Three crashes happened at the airport in the 1990s, but there were no fatalities. Planes bound for JFK have crashed with fatalities, but all of them fell many miles away from New York. Then, in November 2001, just weeks after the terrorist attacks of 9/11, came the crash of American Airlines Flight 587, bound for the Dominican Republic.

Flight 587 crashed just minutes after takeoff from JFK, landing right in Queens. All 260 on board were killed.

Although there were no survivors to treat, the staff had to deal with hundreds of grieving relatives, many of whom spoke only Spanish.

Dr. Garner says that, "for many Dominicans, flying back home is a big event. The whole family comes out to the airport to see the departing relative off. They give gifts; it's like a party. So all these relatives were still at the airport when the plane crashed."

The nearby Ramada Plaza Hotel was rented out for the use of the relatives of Flight 587. The facility has been nicknamed the "Heartbreak Hotel," since it has been used to house relatives of four different plane crashes with fatalities.

The Red Cross helped the grieving relatives, but the doctors of the Kennedy Medical Center were the ones who provided medical care. Coming on the heels of 9/11, the shock was immense.

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Economic realities

As we all know, air travel decreased tremendously in the aftermath of the 9/11 terrorist attacks. Between that and the general economic slowdown, both airlines and airports have had to cut expenses. The SFO Medical Clinic, owned by the airport, was once open 24 hours a day. Currently its hours are from 8:30 a.m. to 5 p.m., Monday through Friday, plus 9 a.m. to 1 p.m. on Saturday. Dr. Arnold Traynis is unhappy about the cut-backs. "We have had staff who have been with the clinic for over 20 years who are now working part-time. We should be open at least 12 hours a day." But the staff is making the best of it. "We have been forced to become more productive. We now see as many patients in eight and a half hours as we used to in 10 hours."

Another after-effect of 9/11 is heightened security. The prohibition of sharp objects aboard airplanes includes syringes, unless a passenger thinks to bring along a physician's note. This can pose a serious problem for diabetics. "We provide notes to allow diabetics to bring a syringe on board," says Dr. Traynis. "And we give insulin injections to diabetics who lose their insulin along with their luggage."

With airlines hard hit by the double-whammy of 9/11 and the economy, many are filing for bankruptcy protection. If American Airlines goes under, so will its company-owned clinic in Dallas-Fort Worth Airport. To continue operations, successful airport clinics must broaden their patient base to make up for the patients lost due to the decrease in air traffic.

San Francisco International Airport's Medical Clinic does immi-

gration physicals to bring in extra patients. These are not usually airline passengers, but illegal aliens who have resided in the community for some time before trying to legalize their status and get a green card. But the airport clinic is not the only place to get immigration physicals in San Francisco. Furthermore, illegal aliens are not the most affluent customer base to seek out.

It is the Kennedy Medical Center in NYC that has been the most successful at expanding its customer base. Business was down 10 to 15 percent after 9/11 until aggressive outreach programs were instituted. New patients have been drawn from adjacent neighborhoods in Queens, such as Ozone Park and Howard Beach. Additionally, the Center recently secured a unique city contract to test handicapped people for their ability to use transit buses. The Center has built a mock-up of a city bus, complete with wheelchair lift. People in New York wanting to acquire the right to use buses with lifts must go to the airport to be tested. This is just one of the Kennedy Medical Center's special services. It also has a customized chair designed to simulate a cockpit seat. Pilots sit in that chair to get their eyes examined. The resident optometrist, Dr. Jeffrey Hilowitz, designs trifocals specifically for the needs of pilots.

Dr. Garner attributes the success of the Kennedy Medical Center's outreach programs to its new Executive Director, Tom Laubach. "He works at this job seven days a week," says Dr. Garner. "He really turned this place around." And perhaps that is what makes the difference—having someone on staff dedicated to bringing

more patients into the clinic. Like physicians everywhere, those in airport clinics are being required to get creative in order to survive. ■

Wayne A. Conaway is the co-author of six books for the business traveler, notably [Kiss, Bow or Shake Hands: How to Do Business in 60 Countries](#). Many of his articles can be found at www.getcustoms.com. This is his first article for Unique Opportunities®.