

Stephen Deweese
West Side Photovoice Project

The West Side “Photovoice” project turned out to be extremely eye-opening for me in that it involved an area close to where I grow [grew] up and live now and, for the first time in my life, gave me the opportunity to explore this area in ways that I never have before. Growing up in South Charleston, WV, I have lived within minutes of the West Side of Charleston my entire life but, for reasons that will be explored below, never got the opportunity to see what this area is all about nor consider ways that I, with the community, could bring change to this area. When retrospectively looking at all parts of the project, I would therefore have to say that the tour of the area was the most beneficial and eye-opening part of the experience.

When comparing the area of the West Side of Charleston to the area I was raised in South Charleston, the differences are truly night and day. Throughout my childhood, most of the adults in my community (as well as peers that attended school with me) would constantly advise me to stay away from the West Side due to the high rate of crime and drugs in the area. Therefore, because I was indoctrinated with such a tunnel-visioned view early in life, I never had a desire to go to this area and explore the people and the community. Therefore, needless to say, the first time I ever actually “explored” about the area was during the Photovoice tour when I had the great privilege to learn about the West Side and some great community action projects currently taking place from my tour leader, Reverend Watts.

Exploring and learning about this area, as well as personally comparing the area to the area in which I train/grew up, allowed me to think about what I can do in order to assist the great people of the West Side of Charleston as well as the hundreds of other “West Sides” in the country. I was honestly flabbergasted at the health disparities in this one area of Charleston, especially when considering that I train at a major teaching hospital just about 1 mile away. Furthermore, it caused me to realize how lucky I personally am for that if I grew up just about 5 miles away from my childhood home, I too would have had unequal health privileges and undoubtedly not had the same experiences and opportunities I had that shaped me in to the individual I am today.

For me, the most sobering experience of the entire Photovoice project was being able to see the myriad of condemned drug houses in the area. This caused me to think about the people who previously lived there (particularly the children) and what happened to them after they were evicted. In addition, in reference to the condemned houses that are still standing, I thought about the large amount of drug use that most likely occurs behind the doors on a daily basis, in an area that is just minutes to the town I have called home my entire life. Not only did this make me realize how lucky I had in during my own childhood, but it also led me to think of various ways I personally can make a difference in this community as well as other similar communities I will experience later in life as a practicing physician.

First, the most important thing we as healthcare providers need to do, is recognize and set aside our own personal biases regarding low-income areas. Too many physicians, as I did growing up, simply ignore these areas and do whatever possible to “tune out” the obvious disparities that exist with the residents who live

there. This is absolutely unacceptable; if we want change to occur we have to realize and accept the differences and know that, as members of the healthcare community who devote our lives to assisting those in need, it is 100% our responsibility and duty to care for these people, even if they don't reach out to us first. Second, the healthcare community needs to make healthcare more accessible to people in these communities. Access is a particular problem here because many of the families on the West Side do not own a vehicle and the public transportation system in Charleston is a nuisance, to say the least. Some possible strategies to make healthcare more accessible here would be to possibly open up a community clinic within walking distance to most of the residents there (possibly a school) or implement a "traveling clinic" that actually goes to the patients' homes (regardless of time/work schedule) and treats them and their families at home. Third, another thing that needs to happen is to implement more policies for primary prevention in these areas. Because many of these residents never see a doctor until they are finally sick (whether it be due to lack of transportation, lack of personal health education, or simply lack of faith in the healthcare field itself), primary prevention, or preventing a disease in high risk individuals before it actually becomes a disease, is essentially non-existent here. Therefore, life style modifiers, such as diet and exercise, are no longer options for many of these people and, instead, they will be forced to be on medication for the rest of their lives due to a disease that could have been easily prevented if it was caught earlier. Some possible ways to address this issue would be to, once again, implement a traveling clinic/more accessible clinics in the area, hold regular health fairs in the area, and possibly go door-to-door and ask the various residents if they would like to be screened for certain conditions and, should they be at high risk, make an appointment to see a doctor as soon as possible (and provide transportation to this appointment).