

Beginnings & Passages



Above: Heidi Baines celebrates winning the local triathlon. Below: Dave Baines shows off a king crab he caught near Dutch Harbor. He fishes weekly.

Typically our rural health rookie and seasoned professional featured in Beginnings and Passages are strangers who only share a common interest in improving the lives of rural Americans. This time, Beginnings and Passages share an island clinic, two children and a wedding album.

Couple leads clinic on remote Alaskan island

In her first job out of residency, Heidi Baines, MD, serves as medical director of the community health center in Unalaska, Alaska, where the nearest hospital is 800 miles away.

It was a package deal. She got husband Dave Baines, MD, a position there. He's worked in rural health for 30 years, the last three and a half in the town of 3,800.

How did you end up being two of the six health care providers in Unalaska?

Dave: Heidi is a lot younger than me, and I'd done most of the stuff I set out to with my career, so when she got ready to graduate with her residency, I said she could pick where we'd go. She's from Hawaii so I was sort of counting on that. I'd always worked in rural health, but this is my first time in

the bush. I was a bit of a pill, but I promised so here we are, and it's actually worked out really well.

Heidi: After a two-week rotation in this clinic, I knew I wanted to work here, so when something opened up, I dragged him out here. I was ready for an adventure.

Dave: And I'm a bit of an adrenaline junkie, so it's great out here. I'm always trying to get on a boat to go fishing.

What's the best part of the community?

Dave: The population gets up to 10,000 during fishing season, and it's very diverse. The wonderful thing about small towns is the sense of community that doesn't exist in urban settings. It doesn't take long to get friends who are like family.

Innovative rookies and seasoned professionals share their experiences.



Heidi, Alexander "Sasha," Dave and Cooper Baines enjoy a hike near Unalaska

Heidi: This community is really open to new people, which is unique for a small town. But people come and go – 30 percent of the population turns over every year – so people are very open and welcoming. People come for the adventure and eventually go back. It's \$1,000 just to get to Anchorage so there's a lot of turnover, but it brings interesting people from all different walks of life.

Over half the population speaks English as a second language, which isn't typical for a rural town, but there are wonderful events around those cultures.

And Unalaska has a good tax base thanks to the fishing industry, so we have wonderful resources. It's remote but doesn't feel isolated.

There are social events almost every weekend. Our whole family has been to 10 one-year birthday parties, and 30 percent of the people in the room are Dave's patients, 30 percent are mine, and the others we don't know. When I did a residency in Anchorage, I went to one funeral of a patient, and that was the extent of social interaction with patients.

And the downside of life in Unalaska?

Heidi: The hardest part is being so far from family. Travel coordination is difficult. Like now, there's a volcano erupting, so there haven't been planes

for two days. And there are no movie theaters and just six restaurants that we get tired of, but you also realize you don't need all that extra stuff people think they need when they shop. We only have grocery stores.

What surprised you about working on the island?

Dave: I had just got into teaching and wanted to make a difference that way but was afraid we couldn't get any students or residents up here. Instead they've sort of followed us. The first year there were just a couple, but then we had 18 one year when word got out. We've put a ton of work into making it a community rotation and not just medical stuff. They go with the school nurse to work, go on tours of fishing boats and processing plants, go crabbing. It makes recruiting easy.

What challenges do you face providing health care there?

Heidi: There's no hospital or pharmacy, no specialists here. You have to fall back on clinical decision making, looking at patient risks and the environment. Medivac is \$60,000, so there are a lot of weighty decisions. Do you call the Coast Guard helicopter or keep a patient overnight and

ask a nurse to spend the night knowing you'll be short-staffed tomorrow?

A lot of our patients might not live on land. You have to consider whether treatment will work if they're on a boat for three months or working in a factory for 18 hours a day. Pregnant patients are advised to leave a month before their due date because there's no blood or hospital or anesthesia available.

We have to do a lot of shared decision making with patients to discuss risks and benefits. They're all so hardworking and very gracious.

And having a leadership position so early in my career is great, but it's been challenging for me to manage my husband, who's a salty doc that's been around for a long time.

And what's it like working for your wife?

Dave: She's my boss at home, so she might as well be at work too.

*Are you relatively new to rural health or looking back on years of serving rural America?
E-mail editor@NRHArural.org if you'd like to share your story.*