

Interview with Dr. Samir Al-Nabolsi, DO, a Family Medicine Physician in Kalamazoo, Michigan.

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Dr. Al-Nabolsi was certified as a family medicine physician in 2016, after studying Biology at Michigan State University, graduating from the Oakland University William Beaumont School of Medicine, and completing residency in Corewell Health Farmington Hills Hospital. He mainly specializes in mental health treatment, hoping to look out for his patients' "body and spirit." During the pandemic, he also spearheaded public health initiatives within the community. The Stanford Journal of Public Health asked Dr. Al-Nabolsi a couple of questions about his career and his outlook on the future of public health: below is a transcription of the interview, edited for clarity and conciseness.

Q. Can you give us a rundown of your career so far – I'm especially interested in hearing the "why medicine" answer and how it relates to family medicine, how it relates to your pandemic initiatives.

A. Yeah, that's a great question. I started becoming interested in medicine after I lost my father due to cancer. His doctor at the time, from when he started chemo and his passing, showed so much care for me and our family, and really became someone we could rely on. The fact that he took time out of his super busy schedule to comfort us, is something I still can't forget. I started seeing doctors as not just people who mechanically repair the body, but rather people that are trusted when others are most vulnerable. When I went to medical school, I was even more inspired by how family medicine physicians build this little "community" around them with all the patients that they see, and I wanted to fill that role of this trusted community leader. Let's see...about the pandemic initiatives, I think I started doing them after I saw a problem within the community, and again as that quote "trusted leader," felt some sort of responsibility.

Q. Can I ask, what exactly did those "pandemic initiatives" look like?

A. There were a couple of things that we did. I think the most notable one was how we organized info-sessions to raise awareness about COVID. Obviously in-person info-sessions were not a good idea during the

pandemic, so instead we hung up posters around the community and hosted this zoom meeting. We – sorry, that’s me and then a couple of other family doctors from the area – hosted 5 info sessions, and there were usually like 50ish people attending each one? That number might not seem too big, but we actually got a couple of emails from seniors who mentioned something about how confused they were about the whole situation and how much our zoom sessions helped. I remember there was also this issue with masks and school restrictions that our city wasn’t handling properly: I don’t think it’s appropriate to talk too much about those issues, but we did schedule meetings with the city council to implement some policy changes. Obviously we didn’t make any money off of all of this. I think family doctors have a very unique job, where a lot of us have flexibility and time to devote to improving our communities, and better yet, all the training we did makes it so that people actually listen to us haha.

Q. Now that we are moving past the height of the pandemic, are you planning on continuing these community initiatives, perhaps for a different issue?

A. Yeah that’s a great question. I’ve been kind of laying low for now after the pandemic, but there are obviously A LOT of public health issues that need to be tackled, or worked on. Let’s see...one of the topics I am interested in is mental health in youths, particularly with drug abuse, so that’s something that I might put effort in. Actually, a teacher at the local high school is a friend of mine, and I might end up going in and giving a talk to the class.

Q. Can you tell me more about the “lots of public health issues?” What issues should our country focus on?

A. There’s for sure a lot of problems. I guess to be more specific, the particular topics I’ve looked into in the past is the effect of redlining on African American communities. Have you heard anything about this? I’m pretty sure there is data out there that shows that African Americans have first, higher rates of heart disease, and also a higher mortality rate from heart disease. I mean, it’s just a very unfair? No, that’s the wrong word: unjustified problem that seems overlooked. There’s also a lot of problems with rural healthcare, and how people aren’t receiving the medical attention that they deserve. Again, those are just problems that I’ve looked into in the past. But I also believe that a lot of these issues stem from the lack of primary care physicians. I’m sure you’ve heard this too, but America is in a shortage of primary care physicians, and this is

going to get worse and worse as more doctors retire. I think this is the problem that we need to focus on right now, because more physicians means more people that get the medical help they need.

This might be a coincidence with the examples I brought up, but think about it! If we have more doctors, more will go to rural areas, and we won't have to rely so much on telemedicine. If we have more doctors, we can also have more primary care in African American communities with marginalized healthcare, and then heart disease mortality rates will go down with more people changing their lifestyle habits before it's too late. The family doctors can also lead information initiatives to help out with their community. Or, what if we have another pandemic – and this time with less physicians! I think this is the problem that needs more attention.