The Joys And Struggles Of Practicing Medicine In Rural North Florida
By KATE PAYNE (/PEOPLE/KATE-PAYNE) • JUN 9, 2017

The Florida Panhandle, like many rural areas across the country, is experiencing a shortage of healthcare providers (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071163/). Competitive residencies and high-paying specialties draw graduates toward big cities. WFSU went on the road to find out what it’s like to stay in those rural areas (https://www.theatlantic.com/health/archive/2014/08/why-wont-doctors-move-to-rural-america/379291/).

I board a bus packed with first year medical students from Florida State University. We’re going to Bristol, population 900, and Blountstown, population 2,500, on the banks of the Apalachicola River. It’s only the first week of class and Dean John Fogarty is priming them for rural medicine.

“When we started this med school, as I’ve told some of you, the country didn’t believe we needed more medical schools. Didn’t believe we needed more doctors. We did our own analysis at that time and suggested, even if you believe we have enough doctors, you can’t believe they’re in the right places” he said.

Our first stop is at the dental office of Dr. Laban Bontrager.

“Hi! Hey there! Nice to meet everybody here!” he says, all smiles. “We’ve got some activities planned. We’ve got a panoramic x-ray machine in there and if somebody wants to volunteer we’ll do one…”

He’s also excited to show off his 1952 John Deere tractor. He revs the engine for us.

Bontrager joined the National Health Service Corps (https://www.nhsc.hrsa.gov/) right out of school. That’s a federal loan forgiveness program that encourages grads to practice in rural communities. But not all of them stay. And that can wear on the local community. Bontrager is from Blountstown, but settled down on the other side of the river, in Bristol. The towns are just five miles apart, but he says it still took time for people to get used to him.

“Blountstown actually was home. They call me an outsider here. I’m from across the river," he laughs. "But yeah...this is home.”
But after thirty-nine years, he’s built his life here. His home is right next door to his office, and his daughters live down the road. One has joined the practice. Now his patients rely on him for homemade sauerkraut, as well as checkups.

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I talked with first-year med student Brandon Davila in Bontrager’s garden. He worked as a chiropractor’s assistant in rural Gadsden County.

"I got squash all the time, I got zucchini all the time. I loved it," Davila said.

But it took some adjusting.

“It was learning how to change the way I talked. I didn’t understand anyone because they were ‘talkin like this’ so thick, thick, thick. And understanding that professionalism in that setting wasn’t using big words, it was being able to use a very, very simple way and not sound condescending,” he said.

Looking around at Bontrager’s estate, complete with a pool and citrus orchard, Davila says this is the dream. But it also depends on what his future spouse might want.

“You end up loving it, but you have to find someone who’s in it with you,” Davila said.

Across the river, we meet family practitioner Dr. Laura Davis. She’s from Blountstown, graduated from FSU, and decided to come back to her hometown clinic a year ago.

“It was run by Dr. Bristol who was in this community for twenty-six years before he retired. He was the doctor that delivered me, and the doctor whose practice I took over for. So this is like quintessential family medicine at its finest,” Davis said.

Being in a medically underserved area often means a lack of specialists like dermatologists, oncologists, pediatricians. Davis has to make up for that. The more she can do here, the less her patients have to travel for basic care.

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“If you had to take off to go to Tallahassee to have labs drawn, you have to consider the hour drive there, the hour drive back, the time change. For most people it means a lost day of work, just for a fifteen
minute lab,” Davis said. "So that's something that we can provide that they don't get at every office."

Coming back home means her patients have access to prenatal care again, and she gets generations of patients.

“I saw a baby last week, and then last Wednesday afternoon saw her great, great grandfather at the nursing home. And that's just...you don't get that opportunity to be in somebody's life like that,” she said.

But practicing in her hometown isn't easy. She's deactivated her Facebook. And not everyone is ready to be her patient.

“Being the girl that they changed the diapers of and...all of my teachers from kindergarten to high school will see me for their chronic care, but they may not want to see me for their physical” Davis said.

Davis is also a patient in a rural area, and she's watched outsiders cycle through town on federal grant programs.

“It's hard. Oh, a rural community will break you. If they can't trust you. They're gonna make your life heck. They will!” she said. "That's them coming in every week with the same problem over and over again. Or refusing to see you and wanting to see other people in your office.”

Looking around at a room of eager first years, saddled with hundreds of thousands of dollars of debt, she has some advice.

“Show up to the little league games at the park in the spring. Show up at the football games at the hometown game on Friday night," she said. "Even if you don't live in that place, buy into the community and let them know that they're important enough for you to give your time and invest.”

As the bus heads back to Tallahassee, Dean Fogarty does a quick poll, asking who wants to go into rural medicine now? Just a few hands go up. But it's only the first week of classes. The real decision will come when they choose their specialization and residency in the coming years.

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