

# WHAT DO YOU DO IN THIS BRIEF TIME?

## AN INTERVIEW WITH DR. RICHARD LEVINE

by David Schneider

*I met Rick Levine in 1969, when I was a freshman at Reed College in Portland Oregon; that year, he introduced me to Zen meditation, and the teachings of Suzuki-roshi. We've practiced together for many years, and in 1977 were ordained together in a large ceremony. Shortly after that in his late 20's, Rick commenced pre-med course work. Ten or so bruising years later, he emerged a doctor. I am proud to say I consider him my doctor, but he has also devoted a great deal of his time to working with the neediest people in San Francisco.*

**David Schneider:** You're a doctor, you could be doing a lot of lucrative work, glamorous work. What brought you to be doing this kind of work?

**Dr. Richard Levine:** Can I tell you what I do? I work for Saint Anthony's clinic 20 hours a week. I work for the Department of Public Health of the City of San Francisco as the physician in the AIDS Outreach Project of the Healthcare for the Homeless Program. I have a lot of discretion as to how many hours I do that. I originally signed on with the agreement that I would work about 10 to 15 hours a week, because I wanted to kind of keep it down.

The other thing I do, is that I'm medical director of the Maitri Hospice. Since Maitri takes care of homeless people, that fits into my work for the Outreach program. I'll also be spending one or two half days per week at SF General, where some of the most seminal research and model clinical care systems for the AIDS epidemic is happening.

I'm over there doing two things: I'm learning, because the community there is far more experienced than I am; and I'm also in a position where from our modest facilities in the clinic downtown, I can refer

people and continue to follow them at the hospital. That's just starting to happen, but it's my intention to be a liaison so I can send patients to a more full-service clinical situation. Part of that may be in a new clinic there where people with AIDS who are drug users are specifically targeted. These are the people who represent the future of the AIDS epidemic.

Then on the weekends I sometimes work at Kaiser, where I make a few more dollars per hour, and see patients who brush their teeth, change their clothes regularly, have jobs, and are more generally "citizen participants" in society. It's a refreshing experience to take care of people who take care of themselves.

**DS:** That sounds like 40 — 50 hours a week. Are most of these people homeless?

**RL:** At St Anthony's, one third of the people we see are homeless; another third are refugees from Southeast Asia. At the Tom Waddell clinic of the AIDS Outreach Program, virtually everybody is homeless. "Homeless" includes people living in low-income hotels, in situations that are not stable.

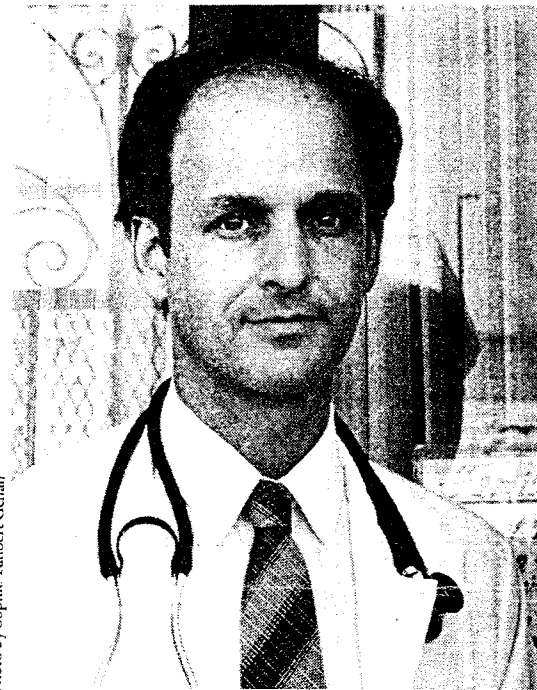
**DS:** You must have lots of thoughts about this situation.

**RL:** Yes.

**DS:** I'm interested in anything you want to say about it, but I'm also particularly interested in how your Buddhist training has affected your work; how your medical vows and your Buddhist vows

interact. I'm also interested in what you think Buddhists might do about the homeless situation, especially what organized Buddhist groups might do.

**RL:** When I decided to study medicine, a lot what of I got from my Buddhist comrades was the cold shoulder. I got cold-shouldered for having the gall to do anything outside of the community. After I had been doing it for a year or two; people kind of came around



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Photo by Sophie Tanbert Gehan

and said "Gee, that's great. Holistic medicine."

While I resonate with certain overtones of that term, I don't identify myself as "holistic", partly because the term is insulting; it implies that everyone else is just "partial."

Just because someone practices one of the alternative interventions, or doesn't wear a white coat, or declines take on the conventions of Western medicine, doesn't make him necessarily closer to the bodhisattva spirit than, say, a cosmetic surgeon in Beverly Hills.

What I'm getting at here is that I think it's important to be cautious about conceptualizing the notion of "doing good."

I don't really cherish the idea of "helping others" — it's like if you think you are "helping others" you should be extra careful.

DS: Yet you're not a cosmetic surgeon in Beverly Hills. You're working in the trenches.

RL: Yes, but I don't congratulate myself for it. I don't want congratulations for it. If anyone looks at what I do, and says "Oh, so that's what a Buddhist doctor does. He serves the poor," or something like that, then I'd like to say "Not necessarily."

DS: On the other hand...

RL: Yes, there is always the other hand.

DS:...when you get back and look at it, that's what you're doing.

RL: (Long pause) I'm doing what I'm doing as a result of the accumulated necessity of my life. It works for me. I like what I do. At every fork, I chose the alternative that engages me.

DS: So it would seem, logically, that what engages you, at least predominantly, is working with people in pretty dire straits.

RL: Yes, with the caveat that I reserve the right to throw that over, utterly, overnight and try something entirely new; you know, go off into some other territory of experience.

But I am particularly engaged by people who — how did you put it?

DS: Dire straits?

RL: Yes, by people in dire straits. One of my main cultural informants is the Holocaust experience. The experience of holocaust, of mass cruelty, of atomic annihilation, of terrorism, all these things — this remains very much a part of our experience, and of our collective human psyche in its evolutionary sense.

When you vow to delay your own salvation until all sentient beings are saved — well there's the train of all sentient beings, and the people in the first 30 cars look like they have a pretty good chance of getting through. They don't need so much help. I mean, they do too,

they need help too, but you know that if you get back behind the caboose, and push from there, you know, with the most lost people, the most lost part of myself — when I clean my kitchen, I start with the dirtiest part — that kind of feeling. It's very clearly not the only work to be done, but it does indeed engage me.

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DS: Is Mother Teresa a sort of model for you?

RL: She is, in the sense that she's someone who

appears from the outside to be doing social action, but from her own point of view is doing nothing but worshipping God.

DS: So how do you see yourself? Are you worshipping God, are you pushing the train?

RL: Yes, I'm comfortable, as a Buddhist, with the idea of "worshipping God." This is an era of syncretism. The great insight that is available to us is, as Gary Snyder put it in 1967 or 68, "the mercy of the West is social revolution, the mercy of the East is individual insight into the basic nature of the self. We need both." We're under compulsion to do both.

I don't feel there have to be either-ors. You don't have to be Jewish or Buddhist, you can be both. You can be a social revolutionary and a deeply religious person, in a mutually harmonious and mutually informing sort of way.

DS: You keep up an active meditation practice.

RL: Most definitely.

DS: Generally you sit in the afternoon, after working all day.

RL: Right, because I don't like to get up early. I'm not good at it. Once a month I do a one-day sitting.

DS: When you sit, you must have just come from a clinic where you were working with people who were dying, or suffering in horrible ways. Does that affect your practice? In the Buddhist tradition, as you know, death, illness and so on are considered to be very helpful reminders...

RL: Right. In a way, though, my life is so pervaded with it that it's very second nature, familiar scenery.

But when you are with someone who is dying, the possibilities are stripped down. Your agenda with them becomes crystallized. Richard Baker once suggested that if you can just be with someone who's dying, maybe you can just be with someone who's quite healthy. That may be more difficult, you're both full of possibilities that are flying off the wall. So in many

respects it's very easy to talk to someone who is so constrained by their illness and dying.

**DS:** Do you then find it easy to talk to the people you see, because of their situations?

**RL:** Well, there's a lot that's easy. But in my particular crowd there are a lot of substance abusers and a lot with personality disorders; they're manipulative, they try to get drugs out of you, that sort of thing.

One thing that I find, particularly at St. Anthony's where we see all kinds of illness: someone comes in who is a psycho-social wreck. They've been beaten up this week, they make their living selling their body on the street, they are using drugs, they're HIV-infected, their kids have been taken away from them because they can't take care of them, they are just a wreck, they are on the gutter. They come in with a list of medical problems, an overwhelming list of medical problems. What do you do for them?

You have 15 minutes, maybe a bit longer for a crisis. You could possibly see them back again, but what do you do in this brief period of time?

What you do, and what has the greatest potency is, to acknowledge them, look them in the eye, call them Mr. So and So, you shake their hand, "How are you today?" You offer them, in short, a few moments of some dignity.

One practice I do on occasion with people in this situation is this. They have a persona; they're wearing it, it's flashing on and off and it's called 'Failure.' And I say to myself, "OK, discounting this, what remains?" And what remains is a marvelous story about their Dad, who was a stonemason on Market St. forty years ago. Or they once met so & so, they had a job — some illuminating story, that is still a light for them. I try to talk to that. Talk to that for a little while.

**DS:** Do you find yourself becoming heartbroken, because you can only deal on that level with so many people, and there seems to be an endless line of them?

**RL:** Not so much. I do get burned out sometimes, angry, you know "If one more schizophrenic erupts in anger towards me today I'm going to ... God knows what," but that's just very familiar to me as part of brittle nature of ordinary awareness. Easy irritability and that sort of thing.

But on the very personal level of confronting another person, I have few expectations. If someone does continue to take their blood-pressure medicines, I'm delighted. If they don't, generally speaking, that doesn't disappoint me too much.

There is a level of social legislation wherein decisions are made that affect large groups of people. On that level, I do feel relatively more invested that certain goals be achieved.

**DS:** And that would be...?

**RL:** Oh, well, more equitable care. (pause) I'm not really sure. I don't have easy answers. I don't know —

that's not where I'm expert. I'm becoming somewhat expert around the AIDS issue, but in general, I'm very happy that I don't face the sorts of decisions that legislators face.

Let me add another thought, which also comes from Mr. Snyder. Buddhism has analyzed very thoroughly how our suffering is produced as an intra-psychic phenomena, — from greed, hate, delusion, etc. It does not focus much on the degree to which individual suffering is a function of, say, the armaments industry. It has analyzed suffering within the system of the psyche, but from the point of view of other strata in a systems description of the cosmos, it hasn't addressed that.

**DS:** On those larger levels, do you have any feeling about how Buddhist groups like Hartford St. — any group of people constitutes a political power — how the groups that already exist should exert their power?

**RL:** That's a really tough one for me, because on a personal level, I know what I'm inclined to do, and I see people with whom I resonate: Issan, Steve Allen, Jamvold, the people at Hartford St. It's delightful to work with people I have practiced with for years. But I feel that the Buddhist communities as I know them are heavily shadowed psychologically. I think of the crises in the Buddhist communities over the past 10 or so years — despite the fact that the purported sources of the difficulties have been expunged — the conditions which created the crises still abide. I suspect that over the next 5 — 20 years a number of marvelous things will re-emerge.

My refuge for now is with fellow practitioners held together by mutual and personal intention, outside the rubric of belonging to much of anything.

**DS:** Do you pass a lot of people on the street asking for money?

**RL:** Yeah.

**DS:** What do you do about it?

**RL:** I don't have a rule. Give a quarter, don't give a quarter, make a joke, listen to my shoes creak ... ❖



*Issan Dorsey, founder of MAITRI Hospice, with Richard Levine.*