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CIVIC VENTURES **1** **INNOVATIONS**

Photographs by Alex Harris

Essay by Rob Gurwitt

The Art of Medicine: Samaritan House Free Clinic

INTRODUCTION BY MARC FREEDMAN

INNOVATIONS profiles the work of creative organizations that engage older Americans in new and compelling ways to revitalize their communities. The series—part of the documentary project REINVENTING AGE—is published by Civic Ventures, a nonprofit organization dedicated to transforming the aging of America into a source of individual and social renewal.

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*The Art of Medicine: Samaritan House
Free Clinic*

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We would like to thank the volunteers, staff, and patients of Samaritan House for opening their doors to us and sharing the vital work of the free clinic, especially doctors Bill Schwartz, Denise Gonzalez, Adriana Valdovinos-Campa, and Tim Trompeter, who gave generously of their time to help us.

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MARC FREEDMAN, founder and president of Civic Ventures, is the author of *Prime Time* and *The Kindness of Strangers*.



After a distinguished medical career spanning five decades, Dr. Dorothea Glass retired to Palm Beach County, Florida, to take a well-deserved rest. She had, after all, served as department chair at a major medical school, directed the largest rehabilitation medicine clinic in a major Northeastern city, and played a leadership role in the professional society of physicians practicing rehabilitation medicine. Six months later, Glass was feeling rested—and restless. So she approached the local hospital with an offer too good to refuse: Put me to work in a way that makes use of my capacities, and you can have my services free of charge. The hospital's response to the opportunity: offering Glass an assignment refilling water pitchers.

The gerontologists have a phrase for this phenomenon. They call it “structural lag.” They also argue that the aging of America constitutes a vivid example of lag gone wild. The 60-plus population in this country today has not only grown rapidly but also constitutes the healthiest, most vigorous, and best-educated group of older women and men in our nation's his-

tory—perhaps in the history of any nation. Yet our society remains stuck in shopworn stereotypes about the capacity of these citizens, while continuing to offer roles that are all too often both insulting to the individual and a tragic waste for the community.

Fortunately, in this sea of structural lag there are a growing number of new examples pointing out a dramatically different prospect, flagships for a radically different kind of aging. Sociologist Phyllis Moen of Cornell University calls these new inventions “structural lead.” Indeed, many are the handiwork of Americans themselves entering later life, unimpressed by those opportunities available to them and determined to take change into their own hands. These social entrepreneurs are at the forefront of a new wave of innovation aimed at bringing together the vast untapped talents of America's older population with the most urgent unmet needs of this country.

The Art of Medicine tells the story of the Samaritan House Free Clinic and one such entrepreneur, “retired” physician and clinic co-founder Bill Schwartz. Together, Schwartz and his colleagues are creating

a medical miracle in a small California city that offers a glimpse of how we might make the most of the aging society. They are simultaneously turning on its head F. Scott Fitzgerald's outdated adage that “there are no second acts in American lives.”

With *The Art of Medicine*, Civic Ventures launches Innovations, an ongoing series by some of America's foremost photographers, writers, and radio producers to bring to life, and to light, the work of creative organizations with the potential to reshape what it means to grow older in this country, and to transform the aging of America into a new source of civic renewal.

The Art of Medicine

SHE IS A WOMAN UNACCUSTOMED TO BEING NOTICED, with a delicate face, large, dark eyes and a gentle, almost passive air. Sitting quietly in the corner of the examining room she seems turned inward, away from the world, and when Charles Lobel comes in and takes her wrist to look at it, she has to gather herself before she can answer his questions.

Her name is Geneva. Dr. Lobel has been treating her for rheumatoid arthritis, a nasty illness in which the body's immune defenses attack tissue in the joints, eventually degrading cartilage and even bone. Hers is not a bad case, yet even turning a doorknob is painful, and sometimes she just gives up. Still, Lobel is pleased by what he sees. "Believe it or not," he tells her, "you're doing quite well." Even better, he tells her, there is a drug he can now get for her that should help. Geneva's mood doesn't lift. She is here, it seems, for other reasons.

One of the things you can count on at the Samaritan House Free Clinic of San Mateo is that there will always be "other reasons." The clinic sits a few blocks from downtown San Mateo, California, in a small, unadorned, one-story office building that it shares with a couple of other medical practices; it looks just like all the other doctors' offices that line the street. The difference is that none of the other offices would welcome its patients, who cannot afford medical care. To be a patient at Samaritan House you have to be uninsured and your income has to be so low that seeing a doctor would be a financial burden; once you're approved, your care is free. Almost by definition,

They have seized the chance to practice as they believe medicine ought to be practiced: with attention to the inmost nuances that patients bring with them into the examining room.

then, the patients Dr. Lobel and his colleagues see will demand more from the healing arts than a prescription alone.

This pleases the people who run the clinic. They are, most of them, retired from their careers — doctors, nurses, translators, and front-office staff alike. The clinic's medical director is young and fresh out of her residency, and she is paid; so are the clinic's administrator and four part-time staff members. Otherwise, its 35 doctors, 10 nurses, and sundry other staff are volunteers, and most of them are getting along in years. Charles Lobel is 80; Bill Schwartz, who founded the clinic, is 70; Janice Katz, who set up the clinic's volunteer operations, is 65. Freed from the constraints of contending with insurance companies or worrying about whether their patients can pay, they have seized the chance to practice as they believe medicine ought to be practiced: with attention to the inmost nuances that patients bring with them into the examining room.

Only four percent of the country's uninsured have a clinic they can turn to when the need arises.

So it is with Geneva. She has rheumatoid arthritis and is depressed, and both can be treated with medication. But really, her problem is this: She is in this country alone and illegally, working at menial jobs that strain her health so that she can send money home to the Philippines to support her three children in college. “It is my hope, my children,” she explains. She hasn’t seen any of them in the nine years she has lived in the United States, and cries every time she thinks of them. Lobel has her on an anti-depressant, without which she cannot sleep, but since mostly what she does is care for frail elderly women—who often are up for hours during the night—a regular good night’s sleep is a luxury anyway.

At the age of 51 she lives in half of a tiny playroom at the back of a small house not far from the clinic. It takes her four separate bus rides to get to one of the families she works for, and that, it turns out, is what she wants Lobel to help her with today. “Please give me a note,” she blurts. “I want to quit.” The long bus rides and physical burdens of the job are too taxing. But she also doesn’t want her

employers to think ill of her—if nothing else, she needs their good word to find another job. Lobel, however, sees a chance for her to find a way past her meekness. He refuses to write the note. “You’re not a prisoner,” he insists as he writes out a prescription. “Do not be afraid. Tell your employer, ‘I quit because my doctor will not let me do it.’ If they need to call me, give them my number. But you need to speak up for your rights.”

Geneva is dubious, but she also seems buttressed by Lobel’s faith in her. As she leaves, she smiles for the first time since she walked into the clinic. “Eat well,” he tells her fondly. “And I want to see you more often than I have been lately. I don’t want you disappearing.” She nods and heads for the waiting room. Lobel turns to her medical chart and starts writing down the details of her visit. “It’s sad,” he muses. “She hires herself out to the same people over and over, people who mistreat her and pay her nothing. Employers are not very kind to people like her. They know they’ve got them. . . .” He stops writing, raises his hand, stretches his fingers out, and squeezes them as if around a neck.



Samaritan House Free Clinic of San Mateo

The Samaritan House Free Clinic opened in 1992 to provide medical services for families unable to afford care in California's north central San Mateo County, an ethnically and economically mixed area on the peninsula between San Francisco and San Jose. The clinic, operated principally by volunteers, offers primary and specialty care services, including dental care, five days and one evening each week. A group of retired doctors form the backbone of the clinic, handling approximately 500 appointments a month.

Getting Started

The clinic started as a one-night-a-week operation in the conference room of Samaritan House, a nonsectarian, privately funded nonprofit that provides food, clothing, limited housing, education, and other services to low-income residents in parts of San Mateo County. Seeing the urgent need for free medical services in the area, John Kelly, director of Samaritan House at the time, placed an ad in the county

medical society's bulletin asking for volunteer physicians to start a clinic. Dr. Bill Schwartz, then a 57-year-old internist in private practice, responded to the call.

Schwartz tried for three long years to establish a relationship with the local county hospital and get the clinic off the ground. When it finally became clear that the hospital had no intention of collaborating on the project, Schwartz enlisted the help of Dr. Walter Gaines, a retired radiologist with an aptitude for navigating paperwork. Schwartz and Gaines began with the 50-page application necessary to gain a state license for operating a medical facility. After they turned in the forms and accompanying \$30 fee, a state inspector visited for two days and later issued a license, which Samaritan House now renews annually.

In summer 1992, a handful of physicians—most of them still active in their own practice—began seeing patients one evening a week at Samaritan House, the community organization that also was key in referring patients and raising private funds for the clinic's ongoing operations. Demand for the free medical services soon pushed the clinic doors open six nights a month, then eight; further expansion led

to weekday hours in a facility separate from the parent organization.

Less than four years after the clinic opened, Samaritan House leased an 1,850-square-foot facility among a row of other doctor's offices in the city of San Mateo. The site needed renovation, and a local apartment building project manager volunteered to organize the repairs; she convinced firefighters, carpenters, electricians, and painters to donate their time to complete the project.

The clinic moved and began operating five days a week, creating an unexpected shift in the physician volunteer pool. Those who were active in their own practice could not afford to leave during weekday hours to work at the clinic. Schwartz, who had since retired from 32 years in practice, began contacting peers who were similarly retired, or approaching that stage, and received an overwhelmingly positive response. Schwartz found that the one-on-one meetings were by far the most effective recruiting strategy. The volunteer pool grew as doctors he convinced to work at the clinic in turn brought in retired colleagues they knew.

In addition to space, state licensing, and volunteers, a few other start-up issues are noteworthy, among them securing liability insurance for both the clinic and the retired physicians, and finding basic equipment, diagnostic testing services, and affordable medications.

Samaritan House worked with nearby private Mills-Peninsula Hospital to assume the clinic premises under its umbrella liability insurance policy. (Since then, Samaritan House has gained its own insurance for the clinic.) With the clinic covered, Walter Gaines once again stepped in to find a way for retired physicians to be covered when they worked at the clinic. He set up a special per doctor rate plan through Norcal Mutual Insurance Company at \$17 for each working day. Liability coverage was secured for volunteer nurses, as well.

Most of the basic equipment needed to open the clinic—examination tables, bandages, stethoscopes, crutches, and the like—were donated from the offices of retiring physicians. For other services, Samaritan House again turned to Mills-Peninsula Hospital; the hospital agreed to provide all x-ray and laboratory services to clinic patients free of charge. Schwartz and his colleagues also determined several ways to provide medications free of charge to patients: For short supplies or particularly expensive medications, pharmaceutical companies offered medication samples or the option to apply for the needed medication through an indigent patient

program; Samaritan House also began buying more affordable generic medications already in prescription doses for patients.

Staffing and Operations

The available staff and range of services offered at the free clinic are extensive. There are only two full-time paid staff members: a medical director and a clinic administrator. In addition, the free clinic's four part-time paid staff include a dentist, dental assistant, breast-care clinic coordinator, and administrative assistant. To this, the clinic adds 89 volunteers. Close to 70 percent of the clinic volunteers are older adults, most of whom are retired from full-time work. Clinic staff use a variety of strategies to recruit the volunteers needed to keep the clinic running: from outreach through the Samaritan House parent organization and local colleges to direct mailings and one-on-one meetings. They usually schedule more volunteers than needed on a given day to allow for someone calling in sick or spending extra time with some patients.

The volunteer list has 35 doctors, 10 nurses, and four dentists. A small group of third-year medical students and internal medicine/primary care residents from the University of California at San Francisco also rotate through the clinic. In addition to primary medical care, the clinic provides dermatology, endocrinology, gynecology, neurology, ophthalmology, optometry, orthopedics, pediatrics, podiatry, and psychiatry.

Typically, primary care appointments are held in the afternoons and every Monday evening, while specialty clinics run weekday mornings. Clinic physicians frequently treat problems such as high blood pressure, diabetes, arthritis, back and neck strain, urinary tract infections, bronchitis, and flu. Dentists provide urgent care services but not routine dental care. When patients need more care than Samaritan House physicians can provide on-site, they may be referred to San Mateo County General Hospital or, as appropriate, to other specialists in private practice willing to provide services *pro bono*.

In addition to these services, volunteers staff the clinic in physical therapy, pharmacy, dental hygiene, nutrition, diabetes health education, and social service counseling. There are receptionists, a handyman, and interpreters who offer language translation—typically in Spanish or Tongan—and convey cultural or religious concerns of patients to their physicians.

News of the free clinic services travels by word-of-mouth or through Samaritan House community workers, who screen patients for eligibility and refer them to the clinic. To be eligible, a person must live in the community (it doesn't matter if they are in the United States illegally) and be unable to afford medical care. Anyone can receive services at the county hospital, but a person is still billed for that care. All services at the Samaritan House clinic, however, are free.

Most new patients have had little medical care in the past, but once they are treated at the clinic, they tend to return for fol-

low-up care. Almost 70 percent of the clinic patients are Hispanic, 75 percent are women, and almost all are adults. (The clinic isn't set up to take many pediatric cases, since children in the area have more no-cost or low-cost options for health care than adults.)

Costs and Funding

The Samaritan House Free Clinic operates on an annual budget of \$450,000, all from private sources. Approximately \$300,000 covers personnel costs, with the remaining \$150,000 used for general operating expenses such as rent, utilities, medical and dental supplies, medications, vaccinations, office supplies, training, and liability insurance. In particular, Samaritan House budgets more than \$13,000 a year to purchase medications and \$10,000 annually to cover liability insurance for retired physicians working at the clinic.

The clinic receives about two-thirds of its funding from the general fund of the Samaritan House parent organization. In addition, current funders include the Peninsula Community Foundation, the Peninsula Health Care District, the Tides Foundation for computer networking support, and the Jill Steefel Fund for the breast-care clinic. The clinic also relies heavily on in-kind donations, such as the lab tests and x-ray services at Mills-Peninsula Hospital, medical and dental equipment from retiring professionals, and prescription medications from pharmaceutical companies.

Expansion

After almost 10 years of experience with the clinic, the Samaritan House community organization is expanding its free medical services in two ways: seeking more adequate space for the existing clinic and starting a new clinic to serve another part of the county.

Since its opening, staff at the San Mateo clinic have worked in tight quarters to provide their services. To rectify this problem, Samaritan House recently purchased a building near the county hospital that will eventually mean more space for the clinic. Dr. Denise Gonzalez, medical director for the San Mateo clinic, expects to move to the new site in spring 2002. In the meantime, she and her staff are tackling some difficult issues related to the move—a simple way, for example, to provide transportation to the new location for patients who normally would walk to the existing clinic.

On May 1, 2001, Samaritan House also opened a second free medical clinic in another section of the county. Based on both the success of the San Mateo site and the urgent need for free medical services in other nearby areas, the Sequoia Health Care District provided Samaritan House with funding toward the second clinic. Finding adequate and appropriate space was perhaps the most challenging issue in the start-up phase for the replication effort.

The new site—called the Samaritan House Redwood City Free Clinic—began in a makeshift space about equal to the San

Mateo clinic, with staffing that included a medical director and a few volunteers, and a collection of donated medical equipment that arrived the week before opening. Dr. Tim Trompeter, the medical director hired to get the clinic up and running, described the space as something akin “to a M*A*S*H unit,” with simple curtains to partition the exam areas and boxes stacked in anticipation of a move at any time.

The Redwood City Free Clinic has since moved across the street to a 3,300-square-foot space with seven exam rooms, four offices, and a small conference room. For now, the clinic operates 9 a.m. to 5 p.m., five days a week. Eventually, Trompeter would like to see the clinic open five days and evenings a week plus Saturdays; because of the high need for free medical care in the area, he anticipates serving a larger population than the San Mateo clinic by spring 2002.

By its third month, the Redwood City clinic had a number of primary care physicians on its volunteer roster along with a pediatrician, a dermatologist, an orthopedist, a gynecologist, a general surgeon, and a psychiatrist. Trompeter, a pediatrician himself, will continue to add specialties and expects the clinic will remain mostly volunteer, with no more than three or four paid staff. From the start,

he has been actively recruiting retired physicians — “an incredible wealth of experience” — by attending doctor’s professional meetings, sending letters, and doing one-on-one outreach. He is exploring the possibility of medical student help, and also continues to search for additional volunteer translators in Spanish and Tongan, since only a small percentage of the clinic patients speak English.

The Redwood City clinic is in many ways similar to its San Mateo counterpart: set up as a primary care clinic with several subspecialties, started with limited resources, run largely by volunteers with a special focus on retired physicians. There are, however, a few distinct differences in services. Redwood City does not offer dental care, for example, mainly because of the amount and cost of equipment necessary to provide such services. A second difference, at least at the outset, is in the patient population: The Redwood City clinic is serving far more children. This, Trompeter said, is mostly a function of the clinic’s start-up phase; he and another pediatrician were immediately available to see patients as the clinic opened. As the volunteer physician pool expands, Trompeter expects the clinic will predominantly serve adults.

The most significant difference between the clinics is that the Samaritan House parent organization is not physically close to Redwood City; community workers are not making referrals as they do to the

San Mateo clinic, and services beyond medical care are not readily available in one location. Instead, Trompeter and his staff are working to form relationships with other Redwood City nonprofits and to refer their own patients to additional service providers.

As it begins, the Redwood City Free Clinic is funded by the Sequoia Health Care District and Samaritan House.

Nearby Sequoia Hospital is donating x-ray services; Trompeter is still working on donations for lab tests and additional medical equipment.

Reading

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John Quiñones, “Retirement, ’90s Style: Some Seniors See Period As a New Beginning,” *ABC World News Tonight*, May 12, 1999.

Sara Rimer, “Many Retirees Find It’s Time to Go to Work,” *The New York Times*, Dec. 5, 1999.

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Medical Director: Dr. Timothy Trompeter

OTHER FREE MEDICAL CLINICS INVOLVING OLDER ADULTS

The Samaritan House clinics in San Mateo and Redwood City are part of a larger national movement to establish free medical clinics with a corps of volunteer retired physicians. Two other prominent examples follow:

Volunteers in Medicine
15 Northridge Drive
Hilton Head, SC 29926
843-681-6612
www.vimclinic.org

Senior Friendship Centers Health Services
The Friendship Center
1888 Brother Geenen Way
Sarasota, FL 34236
941-955-2122
www.seniorfriendship.com

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