The Right to Health Care: The Role of Free Clinics

Case Study on The Schenectady Free Health Clinic and the Campaign to Keep It Open

By

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ABSTRACT

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This thesis explores the right to health care and the role of free clinics through a case study on the Schenectady Free Health Clinic located in Schenectady, NY. With the current health care reform and the economic crisis, the Schenectady Free Health Clinic was facing closure. This thesis aimed to study how the services provided by the clinic impacted the local community in order to better understand what would happen if the clinic was forced to close. Over the past year, the clinic has been struggling due to lack of funding from the state government. This lack of funding stems mainly from the idea that the state and the country do not posses the same ideals as the volunteers of the clinic: that is, health care as a human right. This thesis aimed to understand the bridge created between health care as a human right and free clinic's.

This thesis focused on the Schenectady Free Health Clinic because of its status as a well established community health care organization as well as because of the current financial situation it faces. In order to better understand the clinic, several different methods of research were implemented. Research included reading articles and books, conducting a patient survey, talking to community residents, participant observation at the clinic, and conducting interviews with doctors and patients. Additionally, an ongoing campaign was held in order to raise awareness and restore funding to the clinic. Overall, it was understood that the clinic is an invaluable community resource.

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I. Preface

A. Introduction

Imagine that you are one of the 47 Million Americans[1] currently living without healthcare. That is one in five people. You've been healthy your whole life, so living without health care doesn't seem like a big deal, right? No, it doesn't. At least not until you begin feeling extremely tired and experience increased urination and numbness in your extremities. You visit the local emergency room and pay several hundred dollars out of pocket for tests to find out that you have diabetes.[2] The doctors at the hospital give you several prescriptions for medications, but you can't afford them. You've lived this long without them; nothing will happen if you don't take the medications. Eventually you get blisters on your feet that don't heal and become infected. You oddly begin loosing weight and often feel dizzy throughout the day. All of these symptoms cause you to begin missing work more and more often until your boss decides to fire you. Now you are sick, getting worse, and have no income to pay for hospital care, medications, food, or rent. You know you need to get better in order to work, but how? The entire world seems to have turned its back on you and all you need are several prescription medications so that you can get better and begin working again. Where can you turn? Is there anyplace in the American Health Care system that will care for you?

While this case may seem extreme, 47 million uninsured Americans and an additional 16 million underinsured Americans face this reality. The American health care system, including health insurance, is currently run, for the most part, by the private sector; health care is a for profit enterprise. While there are several public programs such

[1] The Common Wealth Fund
[2] American Diabetes Association

as Medicare, Medicaid, the Children's Health Insurance Program, and the Veterans Health Administration, millions of Americans continue to fall through the cracks in regards to health care and preventative medicine. One type of organization that has been around to account for those people falling through the cracks has been Free Health Clinics. These clinics tend to be not for profit, community based, volunteer run organizations which offer free health care services and free prescription medications to people who cannot afford health care. They create a "public option" in a country where there is none. As health care currently stands in the United States, the need for clinics has been increasing due to the rise in unemployment and thus less access to employer health care. However, even with this rise in unemployment, clinics are receiving less and less funding from states, grants, and philanthropy organizations. This puts these extremely important organizations at risk for closure in a time when they are most needed.

This is the current situation of the Schenectady Free Health Clinic located in Schenectady, NY. I came across the Schenectady Free Health Clinic last year when I first became interested in studying community oriented health care. Upon my return to school this year, I found that the clinic was in danger of closing and I decided to follow the story of the clinic in order to learn more about its importance, why it was in danger of shutting down, the services it provided the community, and what would happen if it did shut down. I was also interested in learning what the fate of the clinic would be with the current possibility of health care reform. After talking with several board members at the clinic, including Director William Spolyar, it became apparent that to these people, health care is not a privilege; it is not a for profit enterprise; nor is it only for those that can

afford it. Rather this group of health care directors, doctors, nurses, and professors see health care as a human right; one that applies to all people who are citizens of the United States and of every other country in the world. This lead me to wonder why, out of all developed countries in the world, the United States is the only country without a working health care system; a system in which people are left without care and often fall through the cracks without being helped. Is health care a human right? If so, how do free clinics play the role of fulfilling the view of health care as a right? I will address these questions through research based on health care and free clinics as well as a case study of the Schenectady Free Health Clinic. Additionally, I will be documenting my own campaign aimed at increasing awareness of the plight of the clinic while also aiming to restore a constant source of funding to allow the clinic to stay open. Why, in a time of greatest need, are Free Clinics put in a position where they cannot provide health care, a human right, to those with nowhere else to turn? How can we find a way to allow such clinics to remain open?

II. Health Care as a Human Right

Before we dive into free clinics it is important to understand the underlying ideology that led to the creation of the Schenectady Free Health Clinic in the first place: health care as a human right. One of the first conversations I had with William Spolyar (Bill), the clinics executive director, involved the reasons surrounding the creation of the clinic. Bill mentioned that "one of the main reasons the clinic was created was because the doctors in the community noticed a need among the people of Schenectady. They needed health care and the doctors that created the clinic knew that they could provide it free of charge." The volunteers at the Schenectady Free Health Clinic all believe in health care as a human right. While this issue is quite large in scope, the ideology is the main reasoning for the doctors that created the clinic to come together in the first place. This chapter will aim to take a broader look at the idea of health care as a human right and how this right plays into the inner functions of the clinic. It will aim to take a step back and consider health care as a human right in general (at a community, national, and international level) and how it is fulfilled and then how the idea of health care as a human right is fulfilled within the clinic and thus within the Schenectady community.

According to Gregory Weiss in his book *Grassroots Medicine,* "all modern countries – with the United States being the only exception – share the belief that people who are sick, regardless of personal resources, should be able to get medical care – that is, medical care is a right."[3] This right is exactly what the clinic aims to fuilfill. As it currently stands, health care is a "for profit" system in the United States.[4] With health

[3] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print
[4] Ibid

care costs going up five times faster than wages[5], not all people have access to proper health care or health insurance; yet, access to legitimate health care is important in providing preventative care which keeps all people healthier in the long run. The Schenectady Free Health Clinic along with other free clinics around the country are taking the important steps to make the right to health care accessible in the United States. But what does it mean for health care to be a human right? How is health care as a human right actually implemented? Why is health care not viewed as a human right? Why and how should we support those who do not have access to health care as a human right?

It's not a matter of creating the perfect system. People will always fall through the cracks, not receive proper care, or not seek care at all.[6] The point of viewing health care as a human right is to increase the availability of preventative health care and health care in general to those who need it and those who seek it. Over forty seven million people in the United States are uninsured or underinsured[7] and 1 in 3 people go without health care at some point in their lives.[8] If health care was implemented as a human right in the United States, access to health care would be given to those millions of people who currently cannot afford it. Less people would be spending time fighting off sicknesses or suffering from chronic diseases; more people would be spending time with their families and working or pursuing jobs. CEOs should not be making money off of the health status of somebody else. Healthcare should not be a "for profit" enterprise. It should be a

[5] The Common Wealth Fund
[6] Sicko
[7] The Common Wealth Fund
[8] Obama's Speech Addressing Health Care

system accessible by all people who need it thus setting the fundamental layout to begin to succeed.

As a free clinic, the Schenectady Free Health Clinic aims to address these issues. The volunteers at the clinic aim to provide the preventative care that our country currently lacks for many, keeping more low-income people – the group of people who tend to be the sickest – healthier and helps these people be more productive in society. In order to further understand how free clinics encompass the right to health, we will first consider where the idea of a right to health stems from by considering documents and declarations that address such a right.

A. Articles and Declarations

Internationally, there is a right to health, but no real clear right to health care. Several articles address the right to health care but their intentions are not very clear. This is what allows the United States to get away with a for profit medical care system. The question that arises is that, without a right to health care, how can one truly achieve the right to health? To go further, without access to health care, a person becomes unhealthy. When a person is unhealthy, they often cannot work, have or provide for a family, live comfortably, or contribute to society in a productive way. These people are seen as draining resources. But it all stems from the fact that the person may not have had access to health care and could not pursue a chance of getting better. The following two declarations contain articles which address the right to health, and briefly, the right to health care. There is a difference between these two rights. The right to health means that one has the right to pursue a healthy life without negative environmental or social

factors playing into their lives. In other words, no one has to live in a smog ridden city, live in a cockroach infested house, or come in close contact with people who are sick or carrying life threatening diseases. The right to health care is the right more prevalent to the case of the Schenectady Free Health Clinic. A right to health care means that one has the right to receive preventative health care and care for accidents, sicknesses, and diseases, regardless of income, social status, or their ability to afford it.

Article 25 of the Universal Declaration of Independence contains a statement about the right to health. This is the only article in the entire declaration that mentions health. And what it aims to imply through the article is extremely unclear. The article states that:

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.[9]

When analyzed, this article could be understood as a right to a comfortable livelihood with health as one aspect which helps to achieve this right. The article also briefly mentions the right to medical care but no specifics are made as to how this right should be achieved. As a hegemonic power, the United States has the option not to sign any treaties that impede on its autonomy and ability to make decisions. The ambiguity in this article lies in the fact that the right only alludes to "a standard of living adequate for the health and well-being of himself and of his family…" This could be interpreted in many ways that do not include having health care as a human right. In such a case the United

[9] Universal Declaration on Human Rights

States has chosen to understand this right in a way that does not require our country to provide health care as a human right to its citizens. Because health care has become a "for profit" multi-payer system, the costs of health care continue to rise because there is not cost control on the private organizations and more and more people continue to loose their health insurance.

When the Universal Declaration of Human Rights was written, it stated civil, social, cultural and economic rights as equal rights that should have equal aspirations. However, in the years that followed, different regions strongly emphasized different sets of rights. The West viewed civil and political rights as more important while the East (Soviet Union) viewed economic and social rights as more important. Health would fall under the economic and social rights sets of rights.[10]

This skewed emphasis on the importance of certain rights led to the creation of the International Covenant on the Economic, Social and Cultural Rights which focused on expanding and clarifying economic, social, and cultural rights. Article 12 of the declaration focuses on health and the right to the highest attainable form of health care. According to the article:

> 1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of

[10] Nygren-Krug, Helena. "Health and Human Rights - A Historical Perspective." *World Health Organization* (2008): 1-2. *World Health Organization*. Web. <www.who.int/hhr>

> conditions which would assure to all medical service and medical attention in the event of sickness. [11]

This covenant was the first to recognize a right to health care in order to achieve a right to health. It leads to the notion that states must provide equal access to the highest attainable form of health care available for all people who are citizens of their country.

B. The United States Health Care System

Now that the international view of health and health care as a human right has been considered we can move on to understand how health care in the United States works and what role the Schenectady Free Health Clinic and free clinic in general play in providing health care.

Currently, the United States is the only industrialized country without a comprehensive health care system.[12] What this means is that our health care system does not provide health care to all its citizens nor does it require all its citizens to have health insurance. Yet, the United States spends more money every year on health care than any other country in the world. We spend $7,421 per capita on health care, which amounted to 16.3% of our GDP in 2007[13]. The distribution of this spending has the sickest 10% accounting for 64% of total health care costs and healthiest 50% accounting for 3% of the cost.[14] According to the World Health Organization rankings of the Worlds Health

[11] International Covenant on Social, Economic, and Cultural Rights
[12] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print
[13] Presentation on Health Care
[14] Presentation on Health Care

Systems, The United States was ranked at number 37, coming in after Costa Rica and just before Slovenia and Cuba.[15]

As stated in the introduction, health care costs are going up five time faster then wages. In the United States, high costs of health care account for 50% of all bankruptcies.[16] In fact, it is not uncommon for people to have to sell their homes and cars in order to pay out of pocket for the cost of certain health services. According to the Common Wealth Fund, a foundation aimed at creating a high performance health system in the United States, the number of uninsured people in America is about 47 Million. And with rising unemployment in our country, the figure is doomed to grow. At a presentation on Health Care, the presenter claimed that the latest statistics put the number of uninsured Americans up at 53.9 million. The increase is due, obviously, to the economic crisis and the rise in unemployment. Many people are losing their jobs and without jobs, they either no longer receive employer health care or can no longer afford to buy their own insurance. Thus, the current health care reform is coming at a time when it really is needed most. 47 million people without health care would factor out to be about one in five Americans without health insurance. The Common Wealth Fund also figures that another 16 million people are underinsured meaning that patients have high out of pocket expenses which they often cannot afford. This often translates to high costs for prescription medications. More often then not, patients will forgo purchasing prescription medications due to the high costs, further delaying their ability to get better in a reasonable amount of time. In his speech to the senate about health care reform,

[15] http://www.photius.com/rankings/healthranks.html
[16] Presentation on Health care

Obama stated that at any given time, 1 in 3 Americans could go without health care due to layoffs and transitions between jobs.[17]

It is evident that there is a huge gap in our health care system through which nearly 50 million people have fallen. Health care as a human right can be viewed at three different levels: community, national, and international. After a brief overview of health care as a right at a national and international level, the rest of this chapter will focus on implementations of health care as a right at the community level with a focus on free clinics in general. The next chapter will narrow to focus on the Schenectady Free Health Clinic in particular.

C. Implementations of Health Care as a Human Right at the National and International Levels

Countries throughout the world use different systems to provide health care to their citizens. The United States system of private insurance companies is only one of many different systems in place. Other types of systems include universal health care, a single payer plan, socialized health care, etc. This gives the citizens of the United States other plans to compare to when it comes to understanding the successes and failing of our own health care system.

International Level. At the international level there are multiple countries that view health care as a human right. These countries employ this right through a number of different systems, all of which include universal access to care. These countries include, but are not limited to, Canada, Germany, Britain, France, and Cuba. Fundamentally,

[17] Obama's Speech to Congress

what it comes down to, are different cultural values. The United States was built on a different value system. Our country values individual achievement through hard work. In addition to our values, citizens in our country tend to suspect the government rather than trust the government. As such, we are more comfortable with insurance programs, such as health care, being in the hands of private companies rather than in the hands of the government. Other countries are more comfortable with "socialized plans." While not fully socialized medicine, countries that have universal health care systems tend to trust their governments with running their health care and often have other government run other programs as well; for example, in Germany and France, the governments fund higher education ventures. While these systems do provide all levels of health care for all of their citizens (even non-citizens can receive "free" health care while they are travelling), they also have their flaws. For example, in Canada, universal health care may lead to longer waits for health care services, higher taxes, and less high tech pieces of medical equipment. The interesting aspect is that, while there are less high tech pieces of equipment, due to the fact that all people in Canada have access to preventative care, there are probably less people needing to use this kind of equipment. Additionally, the government controls taxes by using Prospective Budgeting. What this means is that the federal government sets a limit on the amount of money they want to spend on health care every year; all health care providers are asked to function within this limit while providing care to their patients. In terms of the "long waits" that Canadians must endure to seek health care service, several sources[18] have claimed this to be false. While waits may be a bit longer, this may all come down to the fundamental cultural difference

[18] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print.

mentioned earlier. Canadians are willing to wait longer because they could not imagine living without Universal Coverage. Besides, most Americans can spend up to an hour waiting in a private physician's office. I know I have.

National Level. While health care has not been fully accepted as something that should be free to all people, the United States has noticed a gap in the health care system and has taken steps to reduce this gap. From this has arisen a welfare system through which Medicare, Medicaid, and the Children's Health care program are operated.

Currently in the United States 202 Million people are privately insured, 177.4 of which are covered by their employers and 26.7 million of which have private insurance. 83 million people are covered by public health insurance, 41.4 million on Medicare, 39.6 million on Medicaid, and 11 million on military insurance. According to this chart, 45.7 million people have no insurance.[19]

Medicare. Medicare is a federally funded single payer plan that partners with private insurance companies to offer affordable health care to retired people ages 65 and up, people with severe disabilities, and people with end-stage renal disease. A single payer plan is one in which all health related costs are paid by a single governing body or source. It aims to provide universal or near universal coverage to all people of a certain age, sex, population, or country.

Medicare is divided into four parts, each with varying levels of provided services and different costs for premiums, deductibles, and co-pays. A premium is the amount of money a person spends on a health care insurance plan. A deductable is a certain amount

[19] Presentation on Health Care

a patient must pay before their health insurance begins covering them. Co-pay is the certain percentage the patient may pay for healthcare.

1. Part A provides insurance for hospital care and is paid for through a mandatory tax paid by wage earners. Recipients of Part A Medicare are responsible for paying deductibles and copayments.
2. Part B provides insurance for physicians fees and is paid for by a premium paid by those eligible for this program
3. Part C offers Part and B together
4. In 2004, Congress passed Part D of Medicare, a prescription drug benefit program to help cover the costs of prescription medications.

Through these four parts, Medicare has been successful at accomplishing two major goals—providing beneficiaries with access to basic medical care and providing stable, predictable coverage over time.

However, there are several issues with the Medicare program.[20] The increasing number of retired people compared to the number of people in the work force combined with the rising costs of health care has left finances of Medicare on shaky ground. To compensate for this, out of pocket expenses for Medicare recipients have gone way up. Another issue with Medicare surrounds prescription medications. Medications for illnesses and chronic diseases can get extremely expensive, especially when patients are on multiple medications. Although Congress has tried to compensate for this through Part D of Medicare, out of pocket expenses are still extremely high.

Medicaid. Medicaid is another federally funded social insurance plan that covers poor Americans who cannot afford their own health care. Poverty is not the only indicator for

[20] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print

coverage under Medicaid and as such, a large percentage of people who cannot afford health insurance or health care may not qualify for Medicaid. This is where community health programs come into play (discussed later). Medicaid is targeted not only to those in dire poverty, but also to recipients of public assistance programs, and target groups of pregnant women, children, disabled, and aged. The United States Department of Health and Human Services has the following description of Medicaid on their website:

> "Medicaid is available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. Medicaid does not pay money to you; instead, it sends payments directly to your health care providers. Depending on your state's rules, you may also be asked to pay a small part of the cost (co-payment) for some medical services…Medicaid is a state administered program and each state sets its own guidelines regarding eligibility and services…Many groups of people are covered by Medicaid. Even within these groups, though, certain requirements must be met. These may include your age, whether you are pregnant, disabled, blind, or aged; your income and resources (like bank accounts, real property, or other items that can be sold for cash); and whether you are a U.S. citizen or a lawfully admitted immigrant. The rules for counting your income and resources vary from state to state and from group to group."[21]

Throughout the years, for those receiving Medicaid, there has been an apparent improvement in health outcomes. Low-income and uninsured people who qualify for Medicaid have been healthier and have had more access to care. It has provided information and access to nearly 40 million people who would otherwise have none.

Although Medicaid provides a lot of good care, it is also extremely expensive. It occupies about 12% of all state government spending, mainly due to the high costs of

[21] Website on Medicaid: http://www.cms.hhs.gov/home/medicaid.asp

prescription medications. However, only 40% of people below the federal poverty limit qualify for Medicaid.[22] The other 60% as well as those just above the poverty line receive no help from Medicaid or any other benefit programs. These are the people that often make too much money to qualify for Medicaid but too little to afford health insurance. They are the population of people who fall through the safety net and look to programs offered by free clinics and project access for access to health care. Also, as mentioned before, that information was found on the Medicaid website. Many people may lack internet access or may struggle with literacy and not have access to the Medicaid site.

Children's Health Insurance Program. This program was created in 1997 in an effort to expand health insurance coverage to children in low-income and uninsured families. The program is similar to Medicaid but is aimed specifically for children. Each state is free to set up its own program with its own requirements. Generally, eligibility is set at 200% of the poverty level. Issues surrounding this program are similar to those surrounding Medicaid, which include high expenses for the government, due mainly to prescription drugs. Because of the expenses, many states have tried to limit enrollment or even freeze it.

The United States also has Military and Veteran health care programs. People in prison, Guantanamo Bay, and other detainment centers also receive comprehensive health care from the United States Government.

[22] Frisof, Ken. "Affordable Health Care for All." *Democratic Socialist of America*. Print

D. Implementations of Health Care as a Human Right at the Community Level

While it is apparent that the United States has aimed to close the health insurance gap, with nearly 50 million people living without health insurance, it is apparent that we as a country are still lacking. This is where community health organizations come into play. These organizations have understood and targeted this particular issue as it applied to their community and have set up programs to try and tackle the health care problem. Specifically addressed will be three different types of community health organizations: Federally Qualified Health Care Centers, Project Access, and free clinics.

Federally Qualified Health Care Centers. The first are federally qualified health centers. Currently in the United States there are over 3,000 Community Health Care clinics which are funded by the federal government as a result of the US Public Health Service Act.[23] These types of organizations aim to provide "high quality, cost-effective and comprehensive primary and preventive care to medically underserved and uninsured people." As federally funded health centers, these organizations are also qualified to see patients who have Medicare and Medicaid. Four types of centers that provide federally funded health care include:

1. Community Health Centers which aim to serve people with Medicare and Medicaid
2. Migrant Health Care Centers which aim to serve immigrants living in working in out country
3. Healthcare for the homeless Programs which serves the homeless population
4. Public Housing Primary Care programs which offers primary care to people living in government sponsored housing.

[23] http://www.cms.hhs.gov/center/fqhc.asp

However, there are several issues that surround federally qualified health centers. Due to federal funding they are forced to follow certain policies that may not necessarily allow these centers to meet community needs. Meeting community needs is essential in attending to the safety net population. It is people from this population that usually need access to health care center with low cost or free care. Another issue is that these centers tend to provide services on a sliding scale and often do not provide free or affordable prescription medications. Small Fees may not seem like a huge deal, but consider this: if a visit to the doctor and a prescription medication costs $20, a low income individual may have to choose between several options. Does the individual pay $20 for the medical care or use that same $20 to put food on the table for the next week? This is the predicament many low-income individuals and families are left in.

There are several examples of Federally Qualified Health Centers in Schenectady: St. Clare's Family Health Center and Hometown Health Center. Many of the clinic patients usually move from one of these health centers to the clinic because the clinic is the only organization to offer completely free health care and free prescription medications to patients who don't have any health insurance. Both of these organizations also recognize the importance of the clinic and do support its endeavors in trying to remain open during this difficult financial time.

Project Access. The type of community care is a program called Project Access. Where communities lacked federally qualified health centers and free clinics, doctors had to fend for themselves in providing care to uninsured and underinsured people. In 1995, doctors began to team up in order to volunteer their services.[24] They wanted to create a network

[24] Adams, Damon. "Opening the Door to Health Care: Project Access." *American Medical News* 45.3 (2002): 11-12. Print

of physicians who could cooperatively offer free care to uninsured patients in their community; Project Access was created with the aim of coordinating doctors in providing free care to individuals who could not afford it. Physicians in a community agree to see a certain number of patients for free every year and referrals are made between doctors, thus creating a comprehensive program that allows for easy patient access. It is essentially what the Schenectady Free Health Clinic does with its specialists who work outside of the clinic.

The first Project Access program started in Asheville, North Carolina in 1995 and has since spread to many other communities in the United States. Not all Project Access groups work together. They are independent organizations which model their programs after the original program in North Carolina.[25] Not all programs are identical and are able to accommodate to the needs of their communities. They are consistently trying to recruit new volunteer medical professionals to participate in the programs.

Free Clinics. The last type of community program is the free clinic. Free Clinics are non-profit, independent health care providers. They differ from federally funded clinics based primarily on the fact that they do not receive federal funding and thus are not subject to policies instilled by this funding. Free clinics are able to accommodate to the needs of the community they serve and are often run exclusively by volunteers. These organizations aim to provide free health care to people without any types of insurance. This population is called the working poor; they have jobs and earn an income which means they make too much money to qualify for Medicaid, but they make too little to purchase their own health insurance.

[25] www.projectaccess.net

Free clinics offer a multitude of different care options, usually all for free, at a suggested donation, or for a small fee. Regardless of whether charging is standard or not, most clinics never turn away a patient who cannot pay. The issue surrounding free clinics is their occasional instability and view as offering unacceptable services of care. Free clinics often struggle to stay open and may not offer the same level of care as that provided by hospitals and private physicians. Free clinics are usually staffed by part-time or retired doctors who enjoy spending their time taking care of others. These doctors give the free clinic patients the same type of care they would give anybody else. The only complaint by patients is that they have to wait fifteen minutes in order to see a doctor. Most doctors' offices, even the private ones, usually have wait times of fifteen minutes or more.

Currently in the United States there are roughly 1,200 free clinics open for service.[26] These clinics serve over two million of the nation's uninsured people. With a small local impact, free clinics are able to make a difference in helping the nations forty seven million uninsured. The Schenectady Free Health Clinic is a free clinic located in Schenectady, NY. It is a non-profit, volunteer run, community based clinic which functions off of support from the community. Before we delve much further into the Schenectady Free Health Clinic, the next section focuses on free clinics in general to give a better overall understanding of the Schenectady Free Health Clinic later on in the thesis.

[26] National Association of Free Clinics

III. Free Clinics

There is not a large amount of literature that exists on free clinics. This is what makes my study so important. Most of the literature comes in the form of news paper or journal articles which tend to focus on the efforts of one particular clinic or another; there is one comprehensive book written about the history and evolution of free clinics. In his book, *Grassroots Medicine: The Story of Americas Free Health Clinics*, Gregory Weiss chronicles the history and transformation of free clinics from when they first opened in the 1960's to the purpose they serve today. Currently in our nation there are about 1,200 free clinics open for services. This statistic, provided by the National Association of Free Clinics, has increased 50% since Weiss' 2006 prediction of 800 existing clinics. This statistic alone shows that the need for free clinics is increased in demand, pushing for the opening of more free clinics.

A. Free Clinic Background

Weiss brings up six key traits of free clinics which will be used to outline this section on free clinics. Weiss' six key traits have shown up in almost all of the articles I read on free clinics in one form or another and due to his extensive knowledge on the subject it seems like a great way to structure this section. The six key traits are as follows:

1. Community Based: Clinics are created from within the community with the ultimate decision making done by people from the community. Funding comes from community sources mainly because the community takes pride in its clinic

2. Private and Non-Profit: Clinics are 510(3)(c) agencies typically run by boards of professionals and lay people from within the community.
3. Volunteer Driven: Clinics have a small number of paid staff and a large number of volunteers. They are a type of organization that can receive $1 and turn it into $5
4. Services offered for free or token payment: Many clinics are opposed to eligibility requirements (thus limiting "red tape"). However, some clinics now charge a small fee for expensive services. They aim to maximize service to people without access to care and those without private care
5. Emphasis on compassionate care and patient dignity: Clinics offer more then just free care; they center around a "culture of caring."
6. Targeted at-risk groups: Clinics aim to focus on the "most at-risk" by targeting homeless people, people unable to purchase meds, substance abusers, and the working poor. Clinics are at the fore front of dealing with effects of extremely high prices of medicine in this country.[27]

One thing not emphasized in these six key traits is that the services provided by clinics are extremely unique. While most free clinics share these six key traits, each clinic is also extremely unique in conforming to its own community. No two clinics are alike nor are they limited to only these six traits. But through this review of free clinics, it will become obvious that these six traits are the limits of what is shared between and among them.

Before we move into the six key traits on clinics, let's consider the definition of free clinics. The National Association of Free Clinics states that "free clinics are volunteer-based, safety-net health care organizations that provide a range of medical, dental, pharmacy, and/or behavioral health services to economically disadvantaged

[27] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print. Pg. 2

individuals who are predominately uninsured. Free clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization. Entities that otherwise meet the above definition, but charge a nominal fee to patients, may still be considered free clinics provided essential services are delivered regardless of the patient's ability to pay."[28] In this definition target population, free or low cost of service, and private, non-profit characteristics are all addressed. Jerome L. Schwartz, author of "First National Survey of Free Clinics (1967-1969)" claims that free clinics can be defined by several main aspects: direct delivery of medical care, presence of a professional staff, services available to all people without red tape, no direct charges, volunteer professional staff, specific hours of service, and provide care from a facility.[29] Many of these aspects are similar to Weiss' six key traits of free clinics. Authors Gellar, Taylor and Scott define free clinics based on the Free Clinic of the Great Lakes Region. Their definition states that it is a volunteer based organization that provides free or low-cost medical care people who are uninsured or underinsured.[30] All three definitions are similar and different in their own ways, alluding to the fact that free clinic are quite similar according to Weiss' six key traits but also differ to include their unique community oriented attributes and services.

Community Based. According to Weiss, community based essentially means that free clinics are created to fulfill those services that are lacking in a particular community.

[28] National Association of Free Clinics
[29] Schwartz, Jerome L. "First National Survey of Free Clinics." *HSMHA Health Reports* 86.9 (1971): 775-87. *JSTOR*. Web. 12 Oct. 2009. <http://www.jstor.org/stable/4594292>
[30] Gellar, Stephanie, Buck M. Taylor, and H. Denman Scott. "Free Clinics Helping to Patch the Safety Net." *Journal of Health Care for the Poor and Underserved* 15.1 (2004): 42-51. Print

They are created within their communities and run, supported, and prided by it.[31] Clinics aim to fulfill whatever health care services and needs are lacking in the area they serve. They are an integral medical resource for their community. Additionally, clinics acknowledge other weak areas in their community, typically involving health, and then act as a community liaison for its patients and other services in the community.[32] Over all clinics are able to positively transform their volunteers, their patients, and essentially the community they are based in.

According to Kelleher (1991), clinics are based in neighborhoods where there is a need; a strong identification occurs between the neighborhood and the clinic from which responsibility, pride and volunteerism emerge. Additionally, free clinics are flexible in structure which makes them extremely efficient and inexpensive to run and maintain.[33] Taylor, Cunningham and McKenzie (2006) claim that the community support allows clinics to "tailor efforts to local needs and desires, such as addressing care for subgroups or providing specific services." The communities in which free clinics are located perceived a lack of action on the part of the state and governments which led to the growth of those clinics.[34] Essentially the services between clinics and their communities come full circle; they are created in order to address a lack in healthcare services in their communities and benefit their community, and on the other hand, community support allows clinic to better serve their neighborhoods.

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[31] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print Pg. 3
[32] Ibid pg 179
[33]Kelleher, Kevin C. "Free Clinics: A Solution that Can Work...Now!" *Caring for the Uninsured and Underinsured* 266.6 (1991): 838-40. *JAMA*. Web. 2 Oct. 2009. <http://www.jama.com>
[34] Taylor, Eric Fries, Peter Cunningham, and Kelly McKenzie. "Community Approaches to Providing Care for the Uninsured." *Health Affairs* Web Exlusive (2006): W173-182. Print

As free clinics continue to grow in number and size, it is inevitable that states and governments will push for more legitimate free clinic regulation. However, Weiss claims that clinic must avoid this pressure "to be homogenized because then [free clinics] would loose their great strength." That strength is the free clinics ability to unconditionally serve its community.

Private and Non-Profit. Most free clinics are categorized as 501(c)(3) non-profit agencies by the Internal Revenue Service.[35] This means that clinics are focused on serving the public over making money. Benefits of this status include exemption from taxes; donors receive a tax deduction; ability to apply for grants; and limited liability for employees and volunteers. While free clinics usually have a paid medical director, all functions and decisions regarding the clinic are decided upon by boards. This is the beauty of free clinics. According to Weiss, an organization in which profit is the main goal is likely to put the interests of its own organization ahead of the interest of its patients. As such, people who could not afford medical care will continue to go without services. The United States Health Care system currently functions on such a set up. Many people who cannot afford health care services go unseen and fall through the cracks; free clinics are there to save them. Their ability to maintain their private and non-profit status allows them to accommodate to the needs of the community they serve without having to conform to state or federal policies that may hinder their service. As part of its non profit status clinic aims to address some sort of social issue, in this case, the right to health care. Due to the non profit status, any staff the clinic may have is paid very little; this status also leads to a need for volunteers. This will be address in the next

[35] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print pg. 10

section. According to Gellar, Taylor, and Scott (2004) "free clinics generally operate on a small budget. Well over half [of the clinics studied] reported annual budgets of less then $200,000." However, clinics can then use this small budget to provide services that are valued at nearly five times as much.[36] While non profit status may lead to a smaller staff, what they loose by having fewer employees, they gain by having volunteers.

Volunteer Driven. A free clinic would not be able to provide services without its large number of volunteers. These volunteers allow for a large amount of work to be done at relatively little cost to the clinic. In turn, this allows for more of the money to go towards patient care. Volunteers are the most common aspect of free clinics – say Gellar, Taylor, and Scott – because all clinics rely on them.[37] As mentioned in the previous section on clinics as non-profit, they often have budgets too small to afford a large number, if any, paid staff members. Usually, there is at least one paid staff member, the executive medical director.[38] According to Weiss, executive directors need to be organized, persuasive, and willing to ask anyone for anything that would help the clinic. While they usually do not help with the actual medical treatment, these directors help keep the clinics functioning as a cohesive, organized whole. It is the volunteers who help with the actual giving of services. Volunteers range from professional doctors, nurses, and other medical professions to lay people who help with cleaning the clinic, reception, or answering phones. While there are no actually statistics on the number of people that volunteer their time to clinics, Weiss estimates that the number is around 50,000. What is special about free clinics is that all volunteers are equal – doctors, lay people, patients who help out.

[36] Interview with Willaim Spolyar; Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print
[37] Gellar, Stephanie, Buck M. Taylor, and H. Denman Scott. "Free Clinics Helping to Patch the Safety Net." *Journal of Health Care for the Poor and Underserved* 15.1 (2004): 42-51. Print. Pg. 42
[38] Interview with William Spolyar

According to Kelleher (1991) no one wears uniforms or white coats; professionals help maintain the cleanliness of the clinic, and lay people help get patients settled.[39] Even patients will lend a hand with cleaning and organizing. The First National Survey of Free Clinics, conducted by Schwartz (1967), found that when clinics first formed, they did so without any budget, and with all staff members as volunteers. Clinics would not be able to function, or provide its free services, without the large number of volunteers willing to give their time and skills.

Free or Low Cost Services. The most amazing aspect about free clinics is that they are able to offer generally very expensive care for free. According to an Associated Press article, the main purpose of clinics is allows access to health care for people that fall through the cracks.[40] According to Nadkarni and Philbrick (2002), clinics provide services for people with chronic diseases and who are uninsured.[41] Gellar, Taylor, and Scott claim that nationwide, clinics offer medical, dental, and pharmaceutical services to over 200,000 people; this is done through primary care and pharmaceutical services.[42] As such, they are helping a large number of the uninsured population who would otherwise have no access to care. Bibeau, Taylor, Rife, and Howell (1997) believe that these health promotion and disease prevention services offered by clinics are important for underserved populations.[43] A group of people recognized the impact that clinics could have and decided to create a National Association of Free Clinics. The Statement

[39] Kelleher, Kevin C. "Free Clinics: A Solution that Can Work...Now!" *Caring for the Uninsured and Underinsured* 266.6 (1991): 838-40. *JAMA*. Web. 2 Oct. 2009. <http://www.jama.com>. Pg. 287.
[40] Associated Press. "Free Clinics Hit With More Patients, Less Funding." *Www.msnbsc.msn.com*. MSNBC, 20 July 2009. Web. 30 Sept. 2009. <http://www.msnbc.msn.com/id/32011901>. Pg. 2
[41] Nadkarni, Mohan M., and John T. Philbrick. "Free Clinics and the Uninsured: The Increasing Demands of Chronic Illness." *Journal of Health Care for the Poor and Underserved* 14.2 (2003): 165-73. Print
[42] Gellar, Stephanie, Buck M. Taylor, and H. Denman Scott. "Free Clinics Helping to Patch the Safety Net." *Journal of Health Care for the Poor and Underserved* 15.1 (2004): 42-51. Print
[43] Bibeau, Daniel L., Martha L. Taylor, John C. Rife, and Keith A. Howell. "Reaching the Poor With Health Promotion Through Free Clinics." *The Science of Health Promotion* 12.2 (1997): 87-89. Print

Of Purpose includes a paragraph on the fact that "quality of healthcare is a right of every individual, not a privilege dependent upon socioeconomic status, social ethic, or geographical location."[44]

Clinics do not usually rely on charging a fee but will often receive a small donation from patients. Weiss told the story of one patient, a young boy who had received care from a doctor at a free clinic, who chose to give the money he received for Christmas to the free clinic. According to an article published by the Associated Press, free clinics cut costs by providing free care to a population that would generally be unable to afford traditional health care.[45] Otherwise, these patients would end up visiting the emergency room, a much more expensive alternative. The presence of free clinics and the fact that they provide free care is a draw to people who would otherwise not seek care because of inability to pay. The study conducted by Gellar, Taylor, and Scott support this claim; clinics see all patients regardless of their insurance status, for free or for a small fee.[46] Many clinics don't even ask about insurance or financial status, eliminating the red tape hospitals are notorious for. This creates an atmosphere that provides the compassionate care for its patients, discussed in the next section.

Compassionate Care. However, as amazing as it is that clinics can offer free services to its patients, it is more than just a location for free medical care. Clinics aim to work with the patients to provide the most caring, compassionate services possible. What this means is that clinics try to function with as little red tape as possible in order to make the medical process accessible and easy to understand for the patients. One of the free clinic

[44] The National Association of Free Clinic Council Statement of Purpose
[45] Barbassa, Juliana. "Community Clinics have Key Role in Health Reform." *Yahoo! News*. Associated Press Writer, 14 Oct. 2009. Web. 19 Oct. 2009 Pg .1
[46] Gellar, Stephanie, Buck M. Taylor, and H. Denman Scott. "Free Clinics Helping to Patch the Safety Net." *Journal of Health Care for the Poor and Underserved* 15.1 (2004): 42-51. Print. Pg. 45

staff members that Weiss interviews calls this type of care a "culture of caring."[47] What this means is that the clinic staff aims to develop a relationship with the patient beyond that of just medical purposes. Clinic staff and volunteers want to know the patients they serve so that they can better serve them in all aspects. Weiss claims that "what it means to be free is when you are sick, to be free of eligibility requirements, means tests, and questions about personal finances."[48] In other words, it is a place where patients can come to get medications, get better, find a job, and eventually afford their own health care. In an article about free clinics, Amenta (1974) discusses the main differences between free clinics and hospitals. The author claims that red tape and long waits are inevitable at hospitals which can be intimidating to patients who will then be likely to avoid care. By contrast, the author claims that free clinics run on an evening, walk in basis where service is free and there is very little red tape and waiting. Rather, clinics provide dignity and confidentiality to their patients. "The whole staff focuses on the patient and on helping him solve his health problems."[49] Schwartz's 1967 study on Free Clinics supports this claim, outright, stating that volunteer professionals, staff members, and community members all work together to provide compassionate care for clinic patients.[50] By not delving into the private life, financial or insurance status, or employment records, clinics are able to provide an atmosphere that is welcoming and comforting for the patients they serve. Often these patients do not have much and clinics are able to offer them a bit of respect in a world where they may not receive much.

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[47] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print Pg. 15
[48] Ibid pg. 17
[49] Amenta, Madalon M. "Free Clinics Changing the Scene." *The American Journal of Nursing* 74.2 (1974): 284-88. *JSTOR*. Web. 12 Oct. 2009. <http://www.jstor.org/stable/3469732> Pg. 284-286.
[50] Schwartz, Jerome L. "First National Survey of Free Clinics." *HSMHA Health Reports* 86.9 (1971): 775-87. *JSTOR*. Web. 12 Oct. 2009. <http://www.jstor.org/stable/4594292>

Target Population. Because clinics are non-profit organizations that can offer free care based on what their communities need, they can target the at-risk populations who are often left behind. According to Weiss, the characteristics of the population of people who use the clinic are as follows: age is between 20 and 64; gender tends to be female; generally target people who make too little to afford insurance but too much to be on Medicaid; race and ethnicity generally reflects the community population; and occupations vary from working full or part time to temporary displaced.[51] According to Nadkarni and Philbrick (2002) free clinics have been added to the list of safety net providers who provide services to the at-risk people in communities. For free clinics, these at-risk people are patients who are usually uninsured and unemployed, a quarter of who would have otherwise not sought care. They expand by including age as a factor to determining the type of patient that visits free clinics; low-income children and elderly individuals tend to qualify for federal insurance so clinics tend to draw in the middle aged crowd.[52] William Spolyar, executive director of the Schenectady Free Health Clinic, believes that many of these unemployed patients do not have the resources to apply for Medicaid, which many of them may qualify for. Gellar, Taylor and Scott also support the fact that clinics provide care to low income, uninsured people.[53] Taylor, Cunningham, and McKenzie claim that this at-risk population usually generates incomes up to 200% below the poverty level and have at least one family member who works full time.[54] Bibeau, Taylor, Rife, and Howell point out that the low-income, at risk population is

[51] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print Pg. 68
[52] Nadkarni, Mohan M., and John T. Philbrick. "Free Clinics and the Uninsured: The Increasing Demands of Chronic Illness." *Journal of Health Care for the Poor and Underserved* 14.2 (2003): 165-73. Print
[53] Gellar, Stephanie, Buck M. Taylor, and H. Denman Scott. "Free Clinics Helping to Patch the Safety Net." *Journal of Health Care for the Poor and Underserved* 15.1 (2004): 42-51. Print
[54] Taylor, Eric Fries, Peter Cunningham, and Kelly McKenzie. "Community Approaches to Providing Care for the Uninsured." *Health Affairs* Web Exlusive (2006): W173-182. Print

usually less healthy then the rest of the population due to lack of access to "preventative health care, health educators, and health maintenance goods and services."[55] Their study showed that low-income individuals are 60% more likely to die of a preventative disease. They also have high occurrences of dental issues and disabilities. This makes the services provided by free clinics even more valuable to maintaining the health of this population of people.

Consensus between many studies on free clinics alludes to the fact that they generally serve at-risk populations within their communities. These are the people who, without the services provided by free clinics, would have very limited options as to what they could do. This thesis focuses on one clinic in particular, the Schenectady Free Health Clinic, and aims to understand how it confines the characteristics of free clinics in general.

B. Methods and Techniques

I chose to study the Schenectady Free Health Clinic because of the invaluable services it offers to the community as well as because of the situation it faces. Through studying the Schenectady Free Health Clinic and other clinics in the nation, my goals are two fold. First, I hope to create a better understanding and awareness of free clinics and their importance in our country in general and in the Schenectady community in particular. Second, I hope to use this data and greater general understand to help find a solution for the clinic so that it may stay open and continue to serve the community. In order to best understand the clinic and its role in the community, I needed to involve

[55] Bibeau, Daniel L., Martha L. Taylor, John C. Rife, and Keith A. Howell. "Reaching the Poor With Health Promotion Through Free Clinics." *The Science of Health Promotion* 12.2 (1997): 87-89. Print

myself with the clinic, its patients, and its volunteers. I did this through volunteering with the clinic (participant observation), interviewing patients, interviewing volunteers, and campaigning in the community.

The first step was to conduct surveys of patients in the waiting room of the clinic. In order to minimize inconvenience for the patient, the survey was one page front and back and contained fourteen questions; a mix of multiple choice and short answer questions. The goal will be to allow them sufficient time to complete the survey while waiting to see the doctor. The last question of the survey will ask the patient if they would like to be interviewed for the research project and will ask for contact information. About fifteen patients offered to be interviewed, though I was able to contact only four of the patients.

The second step was to conduct interviews of patients and Schenectady Free Health Clinic volunteers. Patients who took the survey and agreed to interview were contacted. For the volunteers, I posted a sign up asking for their help with a project and those who were interested were welcome to sign up for interviews. Seven volunteers (a mix of receptionists, nurses, specialist, and doctors) signed up to be interviewed. In total I was able to interview three patients and three volunteers. Among both the volunteers and patients I experienced a snow ball effect of sorts in which interviewees would recommend other people I should talk to. In addition to patient and volunteer interviews, an effort was made to get interviews of people within the community. However, rather then interview individual community members I took the time to speak with them at local tabling events I held at the local farmers market. Last, I tried to gain as much

information as possible about two other local health organizations which offered similar services to those that the Schenectady Free Health Clinic offers.

In order to connect with patients and volunteers and learn more about the Schenectady Free Health Clinics operations, I volunteered at the clinic daily for a month. Following this month, I spent at least one day a week at the clinic observing and participating as a volunteer. I used this time as my chance to conduct participant observation. I kept a diary of my experiences and noted anything that was interesting or seemed to pertain to my thesis. By volunteering at the clinic everyday for a month I had the chance to observe both service and non-service days. On service days I had the chance to interact with patients and watch volunteers in action. On non-service days I had a better chance to understand the inner workings of the clinic as a non-profit organization. The participant observation helped me create relationships with patients and clinic staff while also helping me understand what allows the clinic to function on a daily basis.

The last part was the action research associated with the Campaign to spread awareness about the clinic and to try and help it stay open. While the campaign was not part of the original research plan, it has exploded into a large effort with many people behind it. As part of my thesis, my goal was not only to further my knowledge about free clinics and their importance but also to help save the Schenectady Free Health Clinic, which had lost a substantial amount of its state funding. From the beginning, it wasn't hard to tell that the clinic was an integral and invaluable part of the community. In return for their help with my thesis, I felt that I should offer my help to spread the word about the fate of the clinic and help them raise money. The campaign not only allowed me to

help the clinic but it also allowed me to learn more about the importance and effects student involvement can have in the local community.

C. Significance of the Research

The research I conducted is extremely important in regards to understanding clinics all over the country. Many scholars have noted that not much has been studied in regards to free clinics and that more needs to be done in order to allow for sustained growth and acceptance of such clinics. In the article "Free Clinics Helping to Patch the Safety Net" authors Gellar, Taylor, and Scott stated that further studies on free clinics "should examine how volunteer-based clinics interact with other safety net providers, including federally qualified health centers, public health clinics, hospitals, and the like. It is not yet clear whether free clinics most often exist in communities that are lacking other safety net providers or whether they simply provide another access point for patients in communities that have established resources."[56] Part of the aim of my research involved gathering information about two other safety net providers as well as volunteering with the clinic in order to analyze and better understand the services it offers. I believe that the Schenectady Free Health Clinic arose alongside these other safety net providers and provides similar care but with added services. While the other resources may charge (on a sliding scale) for services and prescription medications, the Schenectady Free Health Clinic charges nothing at all. This includes the cost of prescription medications. My research helped understand some of the over laps that exist between the Schenectady Free Health Clinic and the other safety net providers in the community; mainly Hometown Health.

[56] Gellar, Stephanie, Buck M. Taylor, and H. Denman Scott. "Free Clinics Helping to Patch the Safety Net." *Journal of Health Care for the Poor and Underserved* 15.1 (2004): 42-51. Print.

On a slightly larger scale, the action research done through my campaign has helped spread awareness of the clinic both on the Union College campus and in the community. At the time this thesis was written, financial uneasiness of the Schenectady Free Health Clinic and its lack of funding from the state had put the clinic in a position of potentially shutting down. Through my campaign to save the clinic, I was able raise awareness about the importance of the clinic in the community and potential consequences if it shutting down. In addition to awareness, I was able to put in place the setting for a large campaign aimed at restoring funding to the clinic. Through this awareness, two things happened: (a) private donations for unlikely resources increased and (b) there was an increase of prescription medications. Overall, the entire campaign was successful and results thus far show continued success in the future.

On the national scale, the research on the Schenectady Free Health Clinic and its role in fulfilling the right to health care will help understand the role of clinics nation-wide in fulfilling this right. Additionally it has the potential to help other clinics understand what to do in the case of a potential closure. Clinics around the world often have trouble remaining open. In fact, less then ten of the original free clinics that opened in the 1960's are still open today.[57] In a country that does not join together to support the right to health care, it is not surprising that the one self sustaining organization that aims to fulfill this right can't stay open. In addition to lack of support outside from their own communities, it is often difficult to find funding that will remain constant year to year. Studying the Schenectady Free Health Clinic and its struggle to remain open has helped

[57] Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print

reveal what works best for this local clinic. Other clinics around the nation facing similar fates could potentially learn from what the Schenectady Free Health Clinic has done.

This study aims to understand how clinics are able to fulfill this right. By understanding the types of people the Schenectady Free Health Clinic cares for and the role of the clinic within the community, a better understanding of what lacks in the current US health care system was established. In addition, the role of health in allowing the achievement of other human rights became clear. These are aspects that, while being inferred from studying the Schenectady Free Health Clinic, are relevant for understanding these processes in the rest of the nation.

Free clinics as organizations have been studied in numerous articles previous to this one, demonstrating the role of free clinics in filling the cracks of the United States Health care system. However, not much has been studied in the role of free clinics in fulfilling the right to health. That is what this paper has aimed to do through a case study on the Schenectady Free Health Clinic. Because access to health care is a basic human right and closing the clinic would prevent people from fulfilling this right, the fight to save the clinic should be seen as a struggle for human rights. In order to understand and support this argument, I examine what would happen to the safety net population in the community if the Schenectady Free Health Clinic did shut down; in other words, what is the role of the clinic in community? Who are the types of patients who use it? Who are the doctors that work for it? How is the clinic important to these patients? How do the patients and doctors value it? What would patients do if the clinic shut down? What other resources would be available in the community if the clinic did shut down? Can the campaign help save the clinic? Can patients play a role in saving the clinic through the

campaign? Will people from all walks of life in the community realize what importance the clinic holds and aim to help it through the campaign? Will a fight for human rights be realized through the campaign efforts? Answering this narrow, though not exhaustive, list of questions will help answer what role the clinic plays in the community which will in turn help understand what role the clinic play in fulfilling the human right to health care.

As can be inferred from the previous section, free clinics are relatively unknown, though priceless commodities in our communities. They provide services to people who would have no where else to turn for healthcare. Through the existence of free clinics, patients who use them are able to fulfill a fundamental social right by receiving access to health care. Fulfillment of this right then leads to access and fulfillment of other rights. A person who is able to maintain good health through preventative care and treatment for chronic diseases is then fit and able to find a job, work, support a family, and fulfill their lives. Through all these activities, a person is then able to better contribute to society as a family member, neighbor, citizen, and friend. If the clinic was forced to shut down, important access to care for these individuals would be difficult to find. Though other safety net organizations exist in the community, it is doubtful that they would be able to take on the sudden influx of patients. Additionally, patients would find that the free care and prescription medications they received from the clinic are not available elsewhere in the community. There would be an increase in visits to hospital emergency rooms (for non-emergency treatment) and a decrease in employment. Clinics in general and the Schenectady Free Health Clinic in particular provide invaluable services to their communities through providing basic access to a fundamental social and human right.

IV. Schenectady Free Health Clinic

Mission. The Schenectady Free Health Clinic began in 2003 as an offshoot to the Volunteer Physicians of Schenectady Project, a group of retired doctors who wanted to give back to the Schenectady Community. Out of this project arose the clinic, which first opened its doors at the Bethesda House near downtown Schenectady. The following is the mission statement of the clinic:

> The Primary Mission of the Schenectady Free Health Clinic is to understand and serve the health and wellness needs of the medically uninsured of Schenectady by providing free access to medical care services to persons not otherwise receiving medical care through established programs.

As such, the clinic aims to increase the amount of safety nets available in the community for low income or uninsured residents through indiscriminate care, collaboration with other medical care providers, narrowing access to care gaps, and essentially removing patients from unnecessary visits to the emergency room.[58] According to the Bureau of Health Statistics, health insurance is the 6th leading cause of death in the United States and the Schenectady Free Health Clinic aims to confront this issue and provide a solution.

In the news. While searching for more information about the Schenectady Free Health Clinic, I fell upon many articles, some from up to four years ago, about the Schenectady Free Health Clinic. Most of these articles were about the clinics financial troubles amidst the invaluable services they offered to the Schenectady community. One Schenectady Community Leader I talked to about these articles call them "sympathy articles" aimed at

[58] Project Overview/Mission/Benefits and Value of the Schenectady Free Health Clinic

getting people to donate money to the clinic, not aimed at getting people to mobilize in order to make a change.[59] I was aware that the clinic had had a lot of financial issues in the past, but I had no idea to what extent they were. It appears that the Schenectady Free Health Clinic has been struggling with funding since its opening. One article written in 2005 states that the Schenectady Free Health Clinic used a budget of $180,000 to provide $1 Million in care to its patients.[60] Several articles from 2007 discuss a drop in funding from the state. This was the year the state government cut discretionary funding which meant that the clinic would no longer receive money from the state.[61] An article from Times Union New Paper encouraged government support stating that the clinic provided an important public service to the community.

> "The reforms surrounding discretionary funds were intended to hold sponsors accountable for unjustified spending on pet projects. But the clinic is a vital public service, not a pork barrel project, and it deserves public support. If it closes, the patients who once relied on it for health care will grow sicker and one day wind up in a hospital emergency room. Thus keeping the clinic open saves money in the long run."[62]

Once people started hearing about the troubles the clinic was experiencing, support came from many directions, including then New York Assembly Minority Leader, James Tedisco. In a New York State Press Release, Tedisco stated his support of the Schenectady Free Health Clinic even though then governor, Eliot Spitzer, had decided to

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[59] Interview with Harold Miller from ACORN in Schenectady

[60] Associated Press. "Uninsured Depend on Free Clinics." Www.auburnpuc.com. 27 Dec. 2005. Web. 4 Nov. 2009.

[61] Bragdon, Terren. "N.Y. Needs More Volunteer Clinics." *New York Post*. New York Post, 5 Nov. 2007. Web. 4 Nov. 2009. <www.newyorkpost.com>

[62] "Save the Clinic." *Times Union*. 20 June 2007. Web. 4 Nov. 2009. <www.timesunion.com/AspStories/storyprint.asp?StoryID=599402>

cut funding to the clinic. Tedisco was able to provide $100,000 (from Member Item Funding) out of the $350,000 the clinic once received.[63]

The next set of articles appear in 2009, mainly documenting the current crisis faced by the clinic. Due to the shift from a republican majority to a democratic majority in the New York State Government, the clinic lost the funding it had originally received from Tedisco.[64] When the Republicans had the majority, they had more access and freedom to spending sources of funding. However, after Eliot Spitzer cut discretionary spending and the republicans lost their majority, there was no where left to turn for free clinic funds. As such, William Spolyar, the executive director of the Schenectady Free Health Clinic began contacting papers to raise awareness of the crisis of the clinic in an effort to raise private donation. The Schenectady Free Health Clinic is an important organization for the people in its community. Many people stretching from Schenectady to Albany and beyond are willing to put an effort in to keep it open.

Patient Survey. As part of my research and participant observation at the clinic, I conducted my own survey based on patient experience at the clinic. A copy of this survey is available in the appendix. The survey questioned patients about their ages, medications, reasons for visits, knowledge about the clinic, etc. It was amazing what some of the patients thought. I spent a month volunteering at the clinic and during this month I was able to survey roughly 50 patients. Not all the patients answered all the questions, but overall the survey was quite successful.

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[63] New York State Assembly. Minority Press Release. *Tedisco Stands With Volunteer Doctors of the Schenectady Free Health Clinic*. *News From New York States Assembly Minority Leader James N. Tedisco*. The New York State Assembly, 19 Oct. 2007. Web. 4 Nov. 2009. <http://assembly.state.ny.us/Minority/20071019>

[64] Interview with William Spolyar, Executive Director of Schenectady Free Health Clinic

There was no particular method as to how patients were selected to take the survey. It was done randomly based on when they came in. The first stop for patients is the reception desk, so the receptionists were responsible for handing out the surveys to patients and then collecting them when the patients were done. Several patients only filled out half the survey, some did not fill out the short answer questions, and some did not elaborate on their short answer questions. My findings will be intertwined with those given to me by Bill in order to understand the population of people that used the clinic during the time I have been there. According to the executive director, since the clinic first opened its doors, there have been three separate quality of service surveys handed out to the patients. The following information available about the clinic is from a mix of the previous quality of service surveys and my own surveys.

***Aesthetics*.** The clinic itself is located in an office building in downtown Schenectady. When it originally opened to serve patients, the clinic was run out of Bethesda House, a main shelter in Schenectady. After several years, the clinic was able to raise enough money and make enough connections to move to its current location on Franklin Street in downtown Schenectady. Don Austin, a community development leader associated with the Kenney Center at Union College, commented that the current location of the clinic is extremely ideal. It is located downtown where most buses stop at some point. It is close to several pharmacies and is central to almost all of Schenectady.

The office building itself is home to an outpatient rehab center, a dentist office, and several other community outreach offices. According to Gregory Weiss, clinics are often located in any open space available free of rent. This includes church basements, empty homes, porches, renovated stores, and, like the Schenectady Clinic, office

buildings. The clinic is located on the second floor of this building and takes up half the floor. When the clinic originally opened in this location it had a waiting room, an office, and four exam rooms. The bathroom had to be built into the clinic and several walls had to be put up. After a year, the clinic expanded into the adjacent office, pushing down the walls and opening a lounge for the doctors, a classroom, a pharmacy, two more exams rooms, two nurse interview rooms, and two psychiatrist offices. This is the current state of the clinic. For the future, Bill (the executive director) hopes to expand even more and make the current classroom the clinic pharmacy with the psychiatric offices becoming waiting rooms for the pharmacy in order to decrease the amount of people waiting in the main waiting room.

Upon entering the clinic, the receptionist desk is directly to the right of the door. Patients must sign in at this desk so that receptionists can find their charts. The active charts (for patients who have visited the clinic within the past year) are located next to the receptionist desks. The rest of the charts (about 4,000 or so) are located in the back classroom. Until recently, these charts were stored in open boxes; storing charts like this are against the policies of the State Health Department. According to Bill, the clinic is (luckily) pretty low on the radar of the health department which allows the clinic to get away with insubordinations such as this one. In January of 2009, after the fundraising efforts of Union College students, the clinic raised enough money to purchase four filing cabinets (which can cost up to $1,000 a piece) for $1,000. After devoting so much time to fundraising for the clinic, it was amazing to see something tangible come out of it.

Once the patients sign up with the receptionists, they are seated in a waiting room. The waiting room looks as if it was designed in the 1970's. Like everything else in the

clinic, the waiting room furniture is donated from patients, churches, and local businesses. Everything in the exam rooms from beds to clocks to scales, etc have been donated from local doctor's offices and hospitals. Each exam room is required to have a sink as well as cleanable floor. The walls of the clinic are covered with art work, some made by patients and purchased by doctors.

Further inside the clinic, the pharmacy is filled with prescription medications and samples all donated from people in the community, doctors offices, and pharmaceutical companies. The drugs *must* be locked up in cabinets, and the pharmacy itself is the only room with a door that is kept locked and shut. Adjacent to the pharmacy is a room where blood is drawn and shots are given. Lining the walls of this room are gauze, blood pressure cuffs, band aids, ace bandages, and other necessary items for the clinic and health care.

Patient Demographics and Statistics. While visits the first year were meager, the clinic soon outgrew its previous home and moved locations to its current home at 600 Franklin Ave. The clinic currently sees about 90 people every week and 2,500 patients every year; since opening, it has seen nearly 5,000 patients. During the month I spent at the clinic, most days about 35 patients would show up. There was one day where 50 patients showed up and another where 60 patients showed up. However, most days moved relatively quickly and I often found the clinic closing early because they had seen all the patients who had come. Lack of patients maybe have been due to the holiday season but I also felt that the clinics limit on seeing new patients (due to lack of funding) also may turn many potential new patients away. Many patients may have also been under the

assumption that the clinic may have shut down due to all the publicity surrounding its financial crisis.

In order to understand the amount of people the clinic provides for, one must first understand the demographics on the uninsured in Schenectady. According to the state department, there are about 150,000 residents currently living in Schenectady County. About 11.5% of this population is uninsured. However, the executive director of the clinic, William Spolyar, believes that the number is actually higher. Rather than hovering around 6,000 uninsured residents, he believe the number to be around 20,000 residents. About 76% of the residents who use the services of the clinic are from the city of Schenectady. Additionally, 21.1% of the people living in Schenectady are living below the poverty level.[65] This does not take into account the people who live directly above the poverty line and who are the population of people that the clinic aims to serve.[66] People who live below the poverty line and up to 200% above it may qualify to receive Medicaid or assisted health insurance through the government. Table 1 contains the 2009 Federal Poverty Guidelines for families with one to eight people.

Table 1: 2009 Federal Poverty Guidelines[67]

Persons in Family	**Poverty Guidelines**
1	$10,830
2	$14,570
3	$18,310
4	$22,050
5	$25,790
6	$29,530
7	$33,270
8	$37,010

[65] Don Austin

[66] The clinic aims to serve the population of people called "the working poor." According to the US Department of Labor Bureau of Labor Statistics Profile of the Working Poor for 2005, "persons who, during the year spent 27 weeks or more in the labor force (working or looking for work), but whose incomes still fell below the official poverty level" were considered to be the working poor.

[67] http://www.atdn.org/access/poverty.html

Take into consideration a family of four that makes $60,000 per year. They would in no way be able to afford the high costs of medical care and health insurance along with housing, food, school, and other daily necessities. This is an example of a family that would not be able to afford medical care and would be the type of people the clinic aims to serve.

Spolyar was able to provide me with a packet of information about the patients who use the clinic and this packet was the source for the following statistics. As stated before, since opening in 2003, total visits are numbered at exactly 23,703. Out of this total number, 12,014 are female patients and 11,689 are male patients. Because the clinic aims its services towards the working poor it is not surprising to find out that over half its patients are employed (53%) with 47% being unemployed. In my survey, I found that thirty-five people marked that they were employed and seventeen marked that they were unemployed. That is, about 65% of the people I surveyed were employed with 35% being unemployed or between jobs. Two people marked that they were between jobs. Seven patients marked that they were visiting the clinic for work physicals[68] which implies that at least that many out of the seventeen unemployed patients had secured or were looking for employment. This unemployment statistic given to me by Bill could be a bit misleading. Because the clinic offers work physicals (physicals needed in order to pursue employment), many of the unemployed patients seen may have secured a job or are looking for one and may become employed due to the services offered by the clinic.

The following table (Table 2) shows the race break down of free clinic patients.

[68] Work Physicals are routine physicals needed for employment. Most employers require that their employees have work physicals completed prior to starting work. The clinic takes new patients who need work physicals no matter what because if the patient does not receive the physical, there is a high chance that they may be unable to begin or be hired for work.

Table 2: Race break down of the Schenectady Free Health Clinic

Race	Percentage
Asian	4%
Black	20%
White	36%
Hispanic	7%
Other	32%
Unknown	1%

The break down of the population in Schenectady County shows that about 80% of the population is white which explains the high number of white patients that visit the clinic. Only about 8% of the people in the county are black which does not help explain the high number of black patients who attend the clinic. However, in the city of Schenectady, the black population is around 13%, which help better explain the high number of black patients. What helps further explain this statistic is that a higher percentage of black residents are below the poverty level then their white neighbors.[69]

It is important to note one of the largest ethnic groups to visit the Schenectady Free Health Clinic are the Guyanese population. Bill once told me the story behind the large and growing Guyanese population in Schenectady. I am going to quickly paraphrase it here because it is important to understanding the lack of red tape involved in the clinic and the role this plays in providing a right to health care to this particular population. The large Guyanese population is heavily related to Schenectady's history with the closing of General Electric, the loss of jobs, and the downfall of the glories of Schenectady. When Schenectady really hit rock bottom in the late 1990's, the mayor decided to start seeking out Guyanese people from New York City to move to

[69] US Census Bureau

Schenectady and help rebuild and revamp the city. The Guyanese people are well known for being venture oriented, entrepreneurial people and the mayor was hoping that by providing cheap housing for them in Schenectady, they would buy multiple houses, rebuild them, and then sell them for profit. However, the mayor failed to take into consideration certain necessities for this population, namely how they would receive health care. For one thing is that many of the Guyanese people living in Schenectady are not here legally. While they do help rebuild buildings in the community, they lack their citizenship which would allow them to qualify for such programs as Medicaid and the State Children's Health Insurance Program. The Schenectady Free Health Clinic does not take nationality or citizenship into consideration. They accept all people as patients as long as the patients do not have any other type or access to health insurance. This is not unique to the Schenectady Free Health Clinic. One article about free clinics claimed at hospitals "the wait can be long, the red tape longer, and secrecy, anonymity, or human dignity not considered." Hospitals can be "…threatening enough to make him put off treatment even longer."[70] Clinics on the other hand have minimum red tape and waiting and offer much needed dignity and confidentiality. Clinics are free of questions and the red tape that can surround health care.[71] One patient I interviewed mentioned loosing health insurance as something that affected one's dignity. "When you loose health insurance, it's hard to admit that you can't take care of your self. Coming to the clinic makes the process easier because they don't judge you for having lost your insurance. They don't ask questions, they just care for you." Another article claims that "…each person owes it to himself to see that he is treated with respect by everyone, including

[70] Amenta, Madalo M. "Free Clinics Changing the Scene." *The American Journal of Nursing* 74.2 (1974)
[71] First National Survey of Free Clinics

himself, and that he should be a much a part of his own treatment as possible."[72] The Schenectady Free Health Clinic does exactly that. They work with the patient to offer the best possible care without surpassing the patients trust, need of privacy, and personal boundaries.

The only question the Schenectady Free Health Clinic asks its patients when they walk through the door is "Do you have health insurance?" For the volunteers, citizenship and other factors such as income, career, background, etc doesn't matter. They want to treat the person as a human being that deserves a chance to get better. However, this does force a lot of criticism on the clinic. Besides the issue of citizenship, they also fail to comply with many of the State Departments requirements for keeping patient files locked up and following the laws put in place as part of their original establishment. Bill claims that they are lucky because, as a free clinic, that remain below the radar for the health department so minimal issues such as these don't cause such a huge problem. This all leads back to the idea that regardless of a patient's background or laws given by the State Health Department, the clinic aim to give the patient's the proper health care they need to be able to move on with their lives. All because the volunteers believe that health care should be accessible to all people *no matter what*. To the volunteers who make up the clinic, health care *is* a human right.

The age break down of the population is in Table 3. Because many children receive free health care through the State Children's Health Care Program (covered in chapter 5) or through other state programs, the clinic does not usually see many children. Additionally, due to coverage by Medicare, they do not see very many people over the age of 65 either. Out of the fifty-two people that took my survey, none were under 18 or

[72] Free clinics changing the scene

over 65. The majority of the patients who filled out my survey were between the ages of 49-64. The reason for this age discrepancy is probably because most chronic diseases begin showing themselves around the age of 50. These types of patients need more careful and frequent care. A very low percent of the patients who visit the clinic (1-2%) have Private Insurance, Medicare, or Medicaid. This is due to the fact that the clinic aims to attract and tries to see only those patients who have no form of insurance whatsoever. This is due to the fact that people with any other type of insurance can get service elsewhere; thus, the clinic aims to serve only those with no where else to go.

The clinic aims to provide services only to those patients without any source of medical care. As such, it seeks to help individuals who qualify for public programs complete paper work in order to begin accessing care from such programs. This allows the clinic to help those people who do not qualify for public programs, are between programs, and those patients who are underinsured and cannot afford medications. The clinic is not just about helping the people that they are legally required to help. When first created in 2003, they were and still are required by law only to serve those residents of Schenectady County living without any health insurance at all. However, the doctors will often see patients regardless of their insurance status. The beauty of the clinic is that there is no red tape involved; no questions asked, no paper work to fill out, and no questions about legitimacy. While this may raise the issue of people abusing the system, when I questioned Bill about this, he told me that when it comes to health insurance, most people don't cheat the system. Either they get health insurance through their jobs or they don't and when they don't, they don't make enough to purchase it on their own.

The clinic also provides information to patients such as the location of the Public Health Department, a patient bill of rights (available in the appendix), a list of other health related organizations in the area, a list of resources for quitting smoking and cancer testing, who to contact for family health insurance, and other such resources. The volunteers at the clinic are well aware that the patients who visit them often have no idea where to turn when it comes to certain health related needs that the clinic cannot cover so the people who work there do their best to make sure all people, whether they are patients or not, get the help they need.

Table 3: Age Breakdown of the Schenectady Free Health Clinic

Age Breakdown	**Percent**	**My Survey**
0-19	4%	0%
20-30	10%	15%
31-40	16%	13%
41-50	31%	28%
51-60	30%	41%
61-70	8%	3%
71+	1%	0%

Services. The clinic aims to offer free physical and mental care to as many non-insured patients as possible. Services include free medical care for acute and chronic diseases, free work physicals, free prescription medications and free referrals. Services are provided by over 95 volunteers (doctors, registered nurses medical technicians, etc), and an additional 35 local physician specialists who provide services in their own offices. The clinic has one paid employee, its executive director, William Spolyar: "With the pay I get from this job, I wouldn't be doing it if I didn't love it." Ellis Hospital and Sunnyview Hospital offer lab work and x-rays free of charge to Schenectady Free Health Clinic patients.

Table 4: Outline of Services

Type of Care	Amount
On-Site Primary Care Visits	23,769
Referrals (consults, specialty care)	2,621
On-Site Lab Tests	5,732
Off-Site Lab Tests (as area hospitals)	9,647
On-Site Prescriptions (samples)	21,223
Off-Site Prescriptions (area Pharmacy's)	25,005
Diagnostic/Imaging Tests (area Hospitals)	3,275
Hours of Volunteer Medical Services	29,994
Individuals enrolled in Gov't Programs	350

The clinic is open for service Monday and Thursday from 2-5 PM. 55-80 patients are see per session with an average of 120-150 patients per week. While I was at the clinic we saw about 60 patients per week. The time of service is implemented in order to accommodate both physicians, who may work during the day, and patients, who cannot afford to miss work in order to attend the clinic during daytime hours. Additional hours were opened prior to the financial crisis, but due to lack of funding the clinic has to once again limit its hours. Total number of visits since 2003 is numbered at 24,507, 47% of which were for routine visits and physicals. The rest were for brief, extended, or psychiatric visits. Additionally, the clinic offers referrals for all types of care with Psychiatry, Orthopedic, ophthalmology, and dermatology being the most often referred. My survey showed that patients visited the clinic mostly for chronic illness care (routine visit) and prescription pickup. Additional visits were for work physicals, acute illnesses, and other services. All patients surveyed were satisfied with the care that they received. Table 4 (above) outlines the amounts and types of services offered by the clinic since it first opened. The list brings to light the true value presented by the clinic to the

community. In order to better understand what value the services provided by the clinic holds, table 5 outlines the fiscal values of all services.

Table 5: Fiscal Value of Services

Service	**Estimated Value**
Volunteer Services	$616,280
Physicians Services	$2,442,480
Medications	$2,649,700
Lab Work	$842,100
Testing/Images	$524,700
Referral Services	$404,100
Replacement Value of Equipment	$10,000
Total	$7,489,360

As stated by Gregory Weiss in his comprehensive book on free clinics, clinics are the only type of charity where $1 can go into the program and $5 can come out. Since 2003 the clinic has been able to provide a variety of services which have a total value of nearly 7.5 million dollars. This is an amazing feet for an organization which runs mainly off of donations and grants and functions on less then its out put every year.

Funding and Current Financial Status. The clinic takes no charge for seeing patients but often receives suggested donations (usually single dollar bills) from patients who visit them. It used to run off of about $875,000 per year with the majority of funds going towards prescription medications. Other expenses include rent, malpractice insurance, keeping its doctors up to date, and the clinics only paid employee, its executive director. All the medical equipment, beds, chairs, desks, are donated and its doctors, nurses, and receptionists are all volunteers. In addition to these entities, the clinic has an agreement with Ellis Hospital in Schenectady in which all patients from the clinic can receive lab work and x-rays for free at the hospital. The clinic in this sense is a self serving

enterprise. By keeping its doors open and seeing uninsured people for acute and chronic illnesses, those who would normally go to Ellis Emergency room now come to the Schenectady Free Health Clinic. In return for reduced numbers of patients in the Emergency Room, Ellis provides the previously stated free cares to Schenectady Free Health Clinic patients. The care for these patients would be free in the emergency room but tax payers would end up paying the difference. With the clinic seeing non-emergency patients, the burden on tax payers is reduced.

The Clinic used to receive about $350,000 in discretionary state funding every year, roughly half its entire budget. A few years ago the state decided to cut the funding but the clinic continued to operate through funding from the state health department. Due to the current financial crisis, the clinic learned that this year it will not be receiving state funding. Only about half of the patients surveyed knew that the clinic was in danger of shutting down and only fourteen patients new why. Because of the major cut in funding, the clinic has been able to reduce its yearly budget from $875,000 to $400,000. But now, rather than receive any support from the government, they must collect funds themselves through fundraising, grants, and private donations. This is proving to be more difficult than previously thought. Because of the current financial crisis, fewer grants are available and less private donations are coming in. People are also trying to spend less, so fundraisers are often overlooked. Additionally, the clinic used to receive free medications from doctors who did not need them, but more and more doctors are keeping their sample medications because they are inexpensive compared to legitimate prescription medications for patients.

As inferred from the literature review, on the one hand, clinics nation wide have been receiving less funding. On the other hand, more and more people are using free clinics, including the Schenectady Free Health Clinic, due to the rising unemployment rate. People continue to find themselves without a job and without health care and needing to use the services of the clinic. It's odd how, in a time where they are needed more then ever, the clinic itself is in danger of shutting down.

During the time I spent at the clinic, I was able to bear witness to some of the amazing ways the clinic was able to raise money for the upcoming year. One of my jobs was to stuff, address, and send over 1,000 letters to organizations and people in the community. While this only took me two days to complete, the return will speak for itself. While we are unsure as to what the return will be this year, last years return was at 16%, a fairly high rate for such a small non-profit organization. One can only image that this years return rate will be higher because of the improving economy and the publicity the clinic has received over the past few months.

In addition to sending letters to organizations during the holiday season, many people took it upon themselves to send letters and checks to the clinic on their own. While I sat at a table for the clinic at the Schenectady Green Market, at least 15 people asked me for the clinics address because they were planning on mailing checks or donating money to the clinic on behalf of their grand children or other loved ones. Everyday I spent at the clinic during the month of December, Bill would receive at least one monetary donation in the mail. Often he would receive several. One of these checks was a $5,000 check made out to the clinic from a woman none of the doctors knew.

Another check for about $1,000 was given to the clinic in the form of a money order and from an anonymous donor.

Other smaller scale fundraisers and donations were done throughout the community such as my health care campaign that occurred in October of 2009, an art bike motorcycle festival in October of 2009, and a churches choir concert that occurred in December of 2009. There was also a special night at Proctors, the local (and very popular) off Broadway theater, where the theater donated a certain percentage of tickets bought by the local medical association to the clinic. In January, Bill and several of the clinics doctors and nurses organized a dinner and Jazz night at an upscale restaurant which make over $5,000 for the clinic.

Through these events and others it is obvious that the clinic plays a large role in the Schenectady community and the people from the community work hard to give back to it. The role of the clinic in the community will be addressed further later on. The next chapter address the every day roles of the volunteers and doctors in the clinic and how a typical day at the clinic pays out.

V. "A Day in the Life…"

While conducting my literature review and studying previous research on free clinics, it appeared that previous research lacked an in depth look at the inner workings of the clinics at hand. According to one author "despite their long history there is surprisingly little published about them."[73] What type of environments lead to their creation? What sorts of ideologies are present at the creation of the clinic? What ideologies do the clinics continue to follow as they serve their patients? What are the backgrounds of the volunteers? What makes these volunteers come together and make the clinic work? How do clinics function? These are the questions that I aimed to answer. Through my field work, I hoped to fill the gap noted in previous research and write the story of what makes the clinic work from the inside out.

The Schenectady Free Health Clinic functions on two levels. Two days a week, Mondays and Thursdays, from 1 to 5 PM the clinic is open to patients. During these two days, a whole host of volunteers are present, from pharmacists to doctors and nurses to receptionists and of course the executive director. Each volunteer has their job and knows what to do to make things run smoothly. The other three to five days a week the clinic is completely empty – empty except for Bill Spolyar, the executive director of the clinic. He is the man behind the scenes who organizes the doctors, patients, files, communications, funding, donations, programs, and everything else that occurs at the clinic.

[73] Pg. 165. Nadkarni, Mohan M., and John T. Philbrick. "Free Clinics and the Uninsured: The Increasing Demands of Chronic Illness." *Journal of Health Care for the Poor and Underserved* 14.2 (2003): 165-73. Print

Executive Directors and clinic funds. This is a good point in the text to bring up the importance of individuals, such as Bill, to clinics around the nation. The Schenectady Free Health Clinic is not the only clinic in the nation to be facing severe economic difficulties and it is men like Bill, who work as executive directors for the free clinics, which help create awareness and raise charity for the clinics. In February of 2010 the State of New York Department of Health released a *Health Care Preactitioner Volunteer (Free Clinic) Program: Guidance for Applicants and Operators* (only seven years after the clinic first opened…). The Article lists Bills role as the following:

> "The operator is responsible for the operation and management of the Free Clinic program, as well as the Program's ongoing compliance with the rules and regulations… the operator is responsible for establishing the following policies and procedures:
>
> a. Personnel
> b. Medical Staff
> c. Medical Records System
> d. Quality Assurance Program
> e. Patient Rights
> f. Incident Reporting"

While Bill is responsible for covering all these policies and procedures, as the Executive Director of the clinic, he also does so much more aimed at the community level and working towards what the Schenectady Community needs are in particular. According to author Gregory Weiss, there isn't one typical type of clinic director. They come from all sorts of occupation, education, religious, and life backgrounds. Not all have experience in health care related fields though most do. However, there are several traits that distinguish clinic directors, all of which Bill possesses.

> "Organizational Skills. An ability to be persuasive and a willingness to ask anyone for anything that would help the clinic. Being as much at ease in working with low-income individuals and families as with

> health care professionals. An ability to multi-task. Perhaps more then anything, an extraordinary passion for serving free clinic patients and an ability to articulate this passion."[74]

Bill shows an unfettering passion and dedication to the job he has at the clinic.[75] Like many executive directors at clinics around the nation, Bill was once a hospital administrator; he, at one time, worked at a large 300 bed hospital in Indiana and also has had experience working with students at Albany Medical School. He has also spent some time living in Maine where he worked at a clinic for a period of time. All of these previous experiences have prepped him well for the job of executive director at the Schenectady Free Health Clinic. And what is extraordinary about Bill is not that he has had so much experience pertaining to health care administration but rather his complete dedication to the clinic. I often joke with him that he is so dedicated to his job that he never leaves it. He laughs and denies the comment but many times I have heard him talk about bringing work home to do in front of the TV or coming into the clinic over the weekend in order to organize files. He is not only a director but an activist, a teacher, a therapist, a philanthropist, and a fundraiser. Bill is responsible for spreading the word about the clinics financial crisis, and for getting in touch with news paper and tv stations. Once the clinic lost its state funding at the beginning of 2009, Bill was prompt to spread the word about the unfortunate event in an effort to bring in private donations. His efforts worked; at the end of 2009, Schenectady County donated $75,000 to help bail out the clinic and the future looks bright. In his efforts to keep the clinic open, Bill has become an activist for people who cannot afford health care. One executive director of a

[74] Pg. 135 Weiss, Gregory L. Grass Roots Medicine The Story of America's Free Health Clinics. New York: Rowman & Littlefield, Inc., 2006. Print.
[75] Ibid

clinic in Los Angeles, CA comments that he "values being in the position of being a voice for silent voices, for those who don't have the ability or have the connections to talk on their own behalf about what it's like not to have health care."[76] It is more then evident that without executive directors like Bill, clinics around the nation would struggle to remain open and provide care to the at-risk people in their communities.

Bills ability to play many roles in the everyday function of the clinic is not unique, as pointed out by Weiss in the passage above. "The executive director is a pivotal figure," say Weiss, calling them the "indispensible centerpiece[s] of the organization." It goes without saying that clinics around the world would not be able to function without the dedication of this one individual, who is often the only paid employee of the clinic, if they receive any pay at all.[77] Especially in the economic crisis our country is facing now, free clinics are feeling more pressure then ever. One news article explains "as more Americans loose their jobs and the health insurance their employers had provided, they are turning to free health clinics, which are also seeing a drop in financial support." It is executive directors like Bill who are able to accommodate this extra influx of patients while administering the same type of care on a lower budget.

I feel that it is important you know that I could write an entire chapter devoted to clinic executive directors, let alone Bill. However, I am going to restrain myself. Not because I don't want to put the time or effort into writing about Bill, but because this thesis itself is essentially all about him. Bill has devoted his entire post-retirement life to

[76] Joseph Dunn, Executive Director, Los Angeles Free Clinic, Los Angeles, CA. From Grass Roots Medicine: The Story of America's Free Health Clinics. Pg. 136
[77] Pg. 135 Weiss, Gregory L. Grass Roots Medicine The Story of America's Free Health Clinics. New York: Rowman & Littlefield, Inc., 2006. Print.

the clinic. As the nurse alluded to, he *is* the clinic. Now that we have established a bit of a background about Bill, we can move on to understanding what a typical day at the clinic looks like. This typical day is going to be framed around what Bill usually does and the schedule he tends to follow.

Before spending a month volunteering at the clinic, I did not realize all the work that went into such an organization that allowed it to run so smoothly. Even on chaotic days, when things were not running so smoothly, volunteers did the best they could to get patients in and out without them realizing the potential crisis occurring behind the scenes.

When I first began volunteering at the clinic in order to conduct my field work, I was quite disappointed that, more often then not, I was behind the scenes. When I initially thought about learning how the clinic functioned, I thought that I would be in the front interacting with patients, talking to them about their clinic experiences, etc. And while the patients and their experiences play a huge factor in how the clinic functions, I quickly realized that it was all the behind the scenes work I observed Bill doing, and the work I helped him with, that really stood for how the clinic functions on a daily basis.

A lot of the dialogue in this section, as in other sections is going to come from Bill. While at the clinic, I spent most of my time working with him and helping him out with whatever needed to be done in regards to calling patients, organizing files, and filling out charts. There will be other important dialogue from other volunteers and patients but through talking and spending time with Bill I learned a lot about a day in the life of the Schenectady Free Health Clinic.

A. Non-Operating Clinic Days

I was lucky enough to be working at the clinic during the holiday season of 2009. This is the time of year when people are most generous. It is also the time of year when businesses send out letters asking their "friends and neighbors" for support and donations. And the clinic was no different. Two of my most memorable days working at the clinic were the two days I spent stuffing, stamping, labeling, and sending over 1,000 letters to community organizations in Schenectady County and beyond. These days were only memorable because I spent most of the time thinking about how I could make the process more bearable. However, they also symbolize the types of things I was doing for Bill as well as the types of things a non-profit organization such as the Schenectady Free Health Clinic must do in order to stay open.

To give a detailed list of the types of activities I did would be quite difficult, mostly because I helped Bill with anything and everything he needed me to do. I gave myself the title "assistant executive director" though I'm not sure Bill knows this. The reason I focus on the activities and assignments I did is because these relatively insignificant activities allow for the clinic to run as smoothly as possible on a daily basis.

The only person present at the clinic on non-service days is Bill Spolyar. This is because, as the executive director, he is the only paid employee of the clinic and must put in a certain number of hours every week. I hesitate to say "must" because I feel that even if he did not get paid for the time he put into the clinic, he would be doing just as much. Bill is a retired Hospital Administrator and has spent time working in multiple hospitals, the biggest being a 300 bed hospital in the mid west, and most recently working with Albany Med. What I gathered from the volunteers as well as from my own observations

are that the clinic would be nothing without Bill. "He is golden," said one of the nurses. "He is the reason why this place is still open."

Like the doctors and nurses, patients are on a first name basis with Bill, bringing him on a more relatable level with them. One patient called him "a great white person." I would not be surprised if Bill has the name of every single patient that has ever entered the clinic. Ok, maybe that's an exaggeration, but to be honest, every time I asked him about a chart that I could not find, he seemed to know exactly which patient I was talking about. Although he occasionally sounded as if he resented some patients (especially those who abused the services of the clinics), it was quite obvious that he really did care for their well-being. As the director, he deals with so many patient issues and misunderstandings that it is natural for him to feel a bit of resentment towards patients who complain about the services he works so hard to provide them. There was one day while I was at the clinic hanging out (as I call it) with Bill in his office. One of the pharmacists came in and mentioned that there was a patient who could not afford the $5 prescription she was given for her three month supply of medication. The nurse was unsure what to do and was almost convinced that she would have to send the patient away without the medication. Then Bill said "Hold on," and reached in his back pocket. "I'll cover it, it's no big deal." He pulled $5 out of his pocket and handed it to the pharmacist. Now, it could have been that the holiday time of year had Bill in a generous mood, but knowing his as well as I do now, I think that he would do it again (anytime of year) without a second thought. Of course we will never know if the girl actually used that $5 to buy her prescriptions or if she used it to buy a value meal from McDonalds, but what is important here is the compassion being demonstrated. Bill believed that the girl

should at least have the resource and ability to buy her medications, even if, in the end, she did not actually purchase them. "I'll get paid back," he said. "Not directly, but I'll get paid back."

Typical Clinic Day. On a typical, non-service clinic day Bill arrives around 9 AM. He unlocks the doors and turns off the alarm that is meant to protect the clinic. The clinic is required to have the alarm in place due to the fact that it stores over 5,000 files which contain confidential patient information. Once he disarms the alarm, he turns on the door signal which makes a ringing noise every time the door opens. This way, while his is sitting in his office, he knows if people are coming in and out of the clinic. Bill then proceeds to his office where he spends most of his day dealing which patient files and making phone calls.

Now here is where I must make my first side note. Bills office. Like most brilliant and hard working men, Bills office is a place where only he could work on a daily basis. There are papers and patient files stacked all over his desk. There are several file cabinets and even on top of these cabinets are more stacks of papers. Bills desk is located towards the back of the room. At his back is an elaborate system of shelves attached to the wall. On these shelves are stacks of more papers and files as well as boxes of ace bandages, blood pressure cuffs, gauze, band-aids, animal crackers, additional medical supplies that I could not name, and several pictures of his family. I could spend hours looking at these shelves and still find things I had not seen before. Bills desk has stacks and stacks of papers on it, sticky notes all over the place, and a small bit of space for writing. His phone is on the radiator next to his desk and his computer is all the way across the room on another desk (ask covered with stacks of files

and papers). There is a copy machine which constantly gets jammed, and a fax that I have deemed temperamental but Bill just claims it is old. Next to the computer is another phone and (what else) several more stacks of papers, and (unexpectedly!) a printer. On the wall next to the computer is a bulletin board which contains sign ups for the doctor's, nurses, and receptionists as well as Christmas cards, family pictures, drawings, and news paper articles about the clinic. Four chairs are scattered around the room and jackets and stethoscopes hang behind the door. This is the room where all the magic happens. Where phone calls are made, where grants are written, where letters are opened and checks received, where meetings occur, and where the metaphorical brain of the clinic is located.

Once Bill is settled into his office, he starts by checking his e-mail, listening to messages, and returning phone calls. Once he takes the phone off direct answering machine, it starts ringing off the hook. Around 10 AM I would come in and usually it would be just Bill and I for the rest of the day. Bill would often take care of a lot of the technical issues and organizational agenda items. He often makes himself a list of things he needs to accomplish each day, which he almost always looses among the stack of charts and papers on his desk. I would not be surprised if several patient charts contain one of Bills to-do lists. Many of his agenda items include calling patients to remind them of upcoming appointments, make appointments for new patients, coordinate appointments for patients seeing specialists, writing thank you letters, speaking with hospital and health care representatives, and maintaining finances. One of the most important things Bill does is regulate expenses for patients using clinic funds. Often patients will go to Ellis for some sort of x-ray or blood test and they end up getting billed.

Bill has the patients e-mail him these statements which he then pays off using the clinics budget.

Once a month or so, Bill will go through all of the donations received for the month and tally them up, double checking both his spread sheets and adding the checks by hand. Bill once had me help him double check his math and I found that during the month of November 2009 the clinic received over $105,000 in donations! And less then a week into December 2009, he had already tallied funds for that month at close to $95,000 in donations. Because he is often dealing with money, his is always in and out of the clinic running to the bank to deposit checks, checking patient appointments, and dealing with financial obligations.

Another important task Bill conducts throughout the day at the clinic is evaluate all of the charts of patients that had been seen. He separates those who came in for simple check ups from those who are new patients. He separates both of these from those who need to set appointments with specialists. Then he double checks his list of patients who had signed in with those whose charts he has and, finally, he either re-files the charts or takes them back to his office in order to make phone calls.

It often seemed that throughout the day Bill way always busy. Occasionally he would make some personal phone calls (one time he nearly bought insurance from a phone sales man before concluding he needed to speak with his wife) but more often then not he is focused 100% on the clinic. He would often tell me that he hoped to leave before three in the afternoon. As the day wore on, three would turn to three-thirty which would then turn to four o'clock. There were some days where he would stay until five or later. And often whatever work he did not finish at the clinic would be completed at

home during the evening or even on weekends. One may be inclined to think that perhaps, with all this work he is doing as the executive director of the clinic (and the only paid employee, might I remind you), he must make a lot of money. But this is surely not the case. More then once I have heard he comment about how much he makes. I asked him if he loved what he was doing at the clinic and he said "Well now, of course I love it. With what I get paid, you really have to love what you're doing in order to stick with it." On another occasion he mentioned "thank god I have my retirement funds because without it I would never be able to hold this job on the income I make." I never inquired as to how much he actually makes (I thought it would be too rude, especially given his age and the generation he is from) but I assume that in the scope of the clinics actually budget, it is quite modest.

On any given day, I was apt to be found doing any of the things Bill would usually do – with the exception of dealing with finances. My first day volunteering on a non-operating clinic day Bill had me go through the process of double checking the patients from the day before, separating them into piles of who needed to see which specialist, and then re-filing the charts that were no longer needed. He seemed to be amazed at how fast I was able to complete this task (if I may toot my own horn). I would also answer phones, though most of the time I had to defer the patients to Bill. Over time I learned what to say to them myself but most of the time they asked questions that I couldn't or didn't know how to answer. I would also call patient to remind them about upcoming appoints they had scheduled with specialists or to follow up on some blood work or exam they had at Ellis. Additionally, one of the major things I helped the clinic with was grant writing. As part of grant writing I spent a substantial amount of time

researching different foundations, pharmaceutical organizations, and grant organizations to see which types of organizations would fit with the goals of the clinic. Bill would then have me write out rough drafts of grants which he would read over, edit, and send in. During my month at the clinic I probably researched nearly 30 organizations, half of which Bill was interested in pursing. Grants have become a substantial part, if not the most important source, of clinic funding. According to Bill, the clinic used to function off half government funding and half grant funding and private donations. However, since the Government cut funding this past year, the must function entirely off grants. The only problem with grants is that they require a lot of time, skill, and energy to write, manage, and receive. The organizations often want to send in representatives so they can gage an idea of how the clinic works. They also want to receive updates as to how well the clinic is functioning with the grant they were given. Most grants are also not long term commitments. Often an organization such as the clinic would receive a grant for a year or two before the organization giving the grant requires the clinic to reapply for funding. It is not difficult to infer that grant writing is a long and difficult process and in the end, the organization may not even receive the grant. So by having students and volunteers, like myself, write these grants, Bill is able to devote more of his time to actually running the clinic rather then worrying about which Grants to apply to and when they are due. Bill's daily goal is to try and leave the clinic by 3:30 PM. Not once during the month I spend volunteering with him did he actually leave by that time. More often then now he would find something that kept him occupied or busy well past his self-assigned "curfew" time.

This brings us up to the actual operating days of the clinic. These are the days where all the behind the scenes organizing comes to life and when the clinic can truly shine.

B. Operating Clinic Days

The first day I attended the clinic as a volunteer was a Thursday, a day the clinic was opened for services. I had never attended the clinic during service hours, only in the mornings to talk to Bill before the patients arrived. I approached the receptionist, who apparently knew I was coming. "Oh, you must be the student from Union," she said to me. "Have a seat; I'll go tell Bill you're here." So I sat down in a chair next to one of the patients. When I initially walked into the waiting room, I was surprised to find it already filled with patients. I arrived at the clinic around one in the afternoon, under the assumption that patients would not start arriving until two. The clinics operation hours are Mondays and Thursdays from 2-5 PM. When I questioned Bill about why so many patients were already at the clinic, he said that while most signs say they open at two, they usually begin seeing patients at one, if not earlier. Often patients will arrive quite early in order to avoid long waits to see the doctor. Nurses, doctors, and other volunteers begin arriving around 12. And of course Bill is there at 9, as usual. The doors of the clinic close at 5 PM but the staff is usually there seeing patients until 6:30 or 7. No one goes home until all the patients have been taken care of and are gone.

I remained in the waiting room for about twenty minutes before the receptionist realized I was still waiting for Bill. She looked at me and said "why don't you just head back there. Bill is a busy guy but I'm sure once he sees you he will find something for

you to do." So I headed to Bill's office where he was busy talking to several nurses about a patient. I took a seat by his desk and overheard a bit of their conversation. Many patients, especially diabetics, had been coming in with extremely high blood sugars. "There was a patient who came in last week with a blood sugar of 500," said one nurse. "How is that legally possible?" "They come in here because Ellis sends them here," Bill says. "They are so sick that we have to just send them right back to the emergency room." It's a sad reality, but it seems that the clinic is the place where patients who cannot afford their medical bills are dumped by social services and even Ellis hospital, regardless of how sick they may be.

Typical Clinic Day. For the first few days I was present during clinic operation hours I stayed in the back with Bill doing the usual office business I would do when the clinic wasn't open. While I enjoyed working with Bill and seeing all the volunteering coming in and out of his office looking for files and asking him questions, I was itching to get out into the clinic so that I could interact with patients. Finally, about two weeks after I started volunteering at the clinic, Bill put me up front as a receptionist! One of his volunteers had called in sick so he was down a receptionist. I could not have asked for a better job then that. Being a receptionist not only allowed me to interact with both doctors and nurses, I could also interact with patients as they were coming in and out.

Bill sat me down at the front table and patiently showed me all that I needed to do as the receptionist. As patients came in the front door, they would stop at the table (no glass windows like other doctors offices I had been to) and sign in. Once they had signed in, I would pull their chart which would be located either in the file cabinets next to the reception table, in Bill's office, or (if the patient had not been at the clinic in over a year)

in the back room of the clinic. Once these files were pulled, I would put a dated "patient visit" sheet with the patients name into the chart and then number them in the order that the patients had arrived. Once all this was done, the charts were put in a wire rack for the nurses and doctors to pick up. I would also have to keep a second on-going list of patients as they came in, and check them out once they had left. If a new patient came in, they would have to fill out a quick survey about their health and history. They would also have to sign a sheet attesting to the fact that they did not have health insurance. "We need it in writing that the patient does not have health insurance," said Bill. "Our contract legally binds us to only serve those people without health insurance. Otherwise we can help them find another resource for the health care they need." Additionally, they are bound by the law only to accept patients from Schenectady County. However, as a free clinic, more then once I witnessed the nurses and doctors accept patients who had health insurance or lived outside of Schenectady County. Their main job is to serve patients and make them better, not interrogate them about their lives.

Once patient charts were in the basket nurses would take over. They would each take one chart at a time and take patients into a back room in order to discuss any changes in health or history, any concerns they had, and why they were at the clinic that day. Nurses would then take the height, weight, and blood pressure of the patients before bringing them to one of four exam rooms or, if the exam rooms were full, seating them in the waiting room. Patients would then sit in the waiting room until a doctor called them into an exam room. Doctor exams would vary in length, depending on why the patient was in the clinic that day. Once the patient-doctor visit was completed, the patient would sit in the waiting room and wait for whatever prescription medication she needed from

the pharmacy. Sometimes this could take a while depending on how backed up the pharmacy is with medications and prescriptions. Very few patients leave without receiving at least one medication from the clinic, most leave with more. I have seen patients leave with grocery bags full of medications.

Once the exam was over, the doctors would go sit in their break room in order to complete the write up for their patient or discuss particular patient's issues with another doctor. Once the patient received her medications, she was free to leave and her chart was put in a stack in the doctors break room in order to be sorted and filed the next day by either me or Bill.

The entire process from when the patient walks into the clinic to when she receives her medications and leaves is an extremely efficient, fast moving process. Each volunteer knows his or her job in the realm of the clinic and know where to send patients for what. If ever there is an issue with a patient, the volunteer speaks with Bill who then handles the issue. Usually most patients can be seen within an hour or so, the same as any typical doctor's office I have been to. However, I have seen patients who arrive at 2 when the clinic opens leave several hours later due to all the waiting they had to do for nurses, doctors, and the pharmacy. This usually only occurs if the clinic is short staffed, if the patient has to see multiple doctors, or if the patient has to get blood work done.

On any given day, the clinic see's between thirty and forty patients. I spent time as a receptionist five times during the month I volunteered at the clinic and the craziest day I experienced was the last day I spent volunteering at the clinic. They were extremely short staffed due to the holiday season – Christmas had been the week before and New Years was only a few days away. Even Bill was gone for a ten day vacation to

Florida (though I am quite confident he had taken work with him). I had arrived at the clinic around 12 to find that I would be the only receptionist on that day. The nurses reassured me that it would be fine because we probably would not be busy due to the holidays. They were wrong. By 2:30, I had already signed 30 people in. There were only two nurses seeing patients so the waiting room was packed. We had multiple new patients who needed new charts, there were several patients whose charts I could not find, and Bill's office assistant kept asking me to help her find charts or other items because Bill was not there to help her. It seemed like complete chaos. I was running around so much that I often did not have a chance to sit down. We ended up seeing over 50 patients that day, the most we had ever seen during the month I spent volunteering at the clinic. Once the day was over, everyone was exhausted, but I know that I personally felt satisfied. All the patients had been seen and given the care they needed, regardless of the fact that we were short staffed. Everyone worked together to get through the day without putting any burdens on the patients or turning any of them away.

D.A Day in the Life

The aim of this chapter was to bring to light the amount of work that goes into a typical day of running the clinic. There is so much more then being open for business and being closed. There is Bill. There are the volunteers. There are the patients. All who play important roles in the survival of the clinic. While Bill plays the invaluable role of executive director, the clinic would not be able to serve its patients without the multitude of volunteers who dedicate their time to the clinic. Beyond this, the free clinic could not operate without the needs and cooperation of patients who respect the mission

of the place that is serving them. Together, these three units of free clinics in general, and the Schenectady Free Clinics in particular, show us the importance of working together within a community to bring a much needed service to people that lack it. Bill and the volunteers and staff would not be putting in the efforts they do to run the clinic if they did not believe that there is a gap in access to health care that the clinic is able to narrow. According to one documentary on United States health care, patients "are not slipping through the cracks. [Rather] somebody made those cracks and is sweeping the [patients] right through them."[78] The clinic and its volunteers are there to catch those patients falling through the cracks and provide them with reliable health care which allows these patients to live healthy lives in their community.

When I first got in contact with Bill in September of 2009 to discuss the possibility of doing my thesis on the clinic, he was quite honest with me about whether this would be realistic or not. "My priority right now is making sure we stay open. I can try to do my best to help you with whatever information you need but to be honest, most of my efforts must go into raising funds for us. Maybe in a month or so I'll be able to give you more time and information, but right now things are pretty hectic. Who knows if we will even be here three months from now?" I could tell through the bit of sadness and apprehension I detected in his voice that he truly could not tell whether or not the clinic would be operating in the future. At that point in time, the clinic was really struggling to remain open. Bill was all over the news pleading for help and spreading awareness about the clinics impending fate. Unfortunately, during this time I was unable to experience much more then a few interviews with Bill. In these interviews, he would discuss his latest attempts at raising money but was constantly dim about the clinics

[78] Sicko

future. I always wondered if the patients could at all sense the struggle the clinic was facing. My guess is that Bill and his staff of extraordinary volunteers did not worry their patients with the financial trouble of the clinic and continued seeing them as usual (with the exception of accepting new patients).

Three months later, in the beginning of November, the clinic received a letter from Schenectady County stating that the county was giving the clinic $75,000; a much needed bail-out for an organization about to go under. "They came through for us before," Bill said. "In 2007 after that whole Spitzer fiasco[79] the county came through when the state didn't. They have been amazing in helping us through bad times." When I questioned whether or not they could give annual funding to the clinic, Bill shook his head. "I like to keep the county on our side as a type of emergency fund. Odds are this isn't the last time we will go through a financial downturn. It's nice to know that if this happens again, they will be there to help us out."

This was around the time that I started volunteering at the clinic on a daily basis. It was obvious that Bill felt much more confident about the fact the clinic would stay open, at least for the next year. He was willing to spend more time on the clinics daily functions and help train a student like me to volunteer. He no longer needed to devote all his time to the clinics financial concerns. While the clinic is not yet 100% safe, they know that they have organizations in the community that support them and are willing to do what they can so the clinic can continue to operate, and perhaps, someday expand.

[79] In 2007 then Governor of New York, Eliot Spitzer, cut all discretionary funds to organizations such as the Schenectady Free Health Clinic. The clinic was extreme financial distress, much worse then the situation it was in this past September. Allegedly, Spitzer had cut discretionary funds in order to help fund his own activities. The true reason why he did cut the funds is still unknown.

VI. Role of the Clinic in the Community

> "The clinics may not yet have transformed the nation's overall medical care systems but they have genuinely had a transforming effect on those who deliver care there, on the communities in which they are based, and most importantly, on the individuals and families who receive needed medical care."[80]

As a free clinic, the Schenectady Free Health Clinic would not be around unless there was a need for it in the community. As such, the clinic must work to serve the community and make it a better place…otherwise what is the point of it even being open? Thus far, it has been established that a group of physicians opened the clinic because they noticed the large poverty stricken population living without health care in Schenectady County. They wanted to address and tackle this issue. But has the clinic really been able to do this? While often collected data and statistics can speak for what the clinic has achieved and how it has been able to improve the community, this paper aims to enable a deeper understanding of these statistics. Who are the patients behind the statistics? What do the patients and volunteers have to say about the clinic? What do other people living in Schenectady think of the clinic? Now that the clinic and the way it functions is understood a bit more clearly, this chapter aims to examine the clinic's role in providing health care to the community and what role it plays in the lives of the people of Schenectady.

[80] pg 155 Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print

A. Other Health Care Organizations in the Community

Over several months of participant observation and research, it has become clear that there are two other "prominent" health care organizations in the community that aim to serve the uninsured and poverty stricken people of Schenectady: Hometown Health Center and The Family Care Center at Ellis Hospital. While all three aim to serve roughly the same population in the area, each is relatively different and can offer different services to the community. In his book on free clinics, Gregory Weiss claims that there are four reasons in explaining the support clinics typically receive from their community. One is that the clinic offers a "non-duplication of services" already offered in the community. According to Weiss, "needs are so great it would be unfortunate to focus on services already being provided."[81] It would be counter intuitive for clinics to try and duplicate the services of other organizations in a community because they would in a sense be trying to compete for the services of the same population of people. The Schenectady Free Health Clinic and the Hometown Health Center are similar on most levels since they both serve roughly the same population and have the same goals in mind.

Hometown Health Center is located in Schenectady several miles away from the Schenectady Free Health Clinic. Hometown health provides the same basic health care necessities as any medical organization would, many of which are also similar to what the Schenectady Free Health Clinic offers. However, there are several crucial differences between Hometown Health Center and the Schenectady Free Health Clinic. As was

[81] 84-94 Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print

addressed in the chapter on health care as a human right, Hometown Health is a Federally Qualified Health Care Center. This means that it is government owned, run, and operated. They see patients who have Medicare and Medicaid and the organization qualifies for economic stimulus funding and funding from the government. Bill applied for stimulus funding for the Schenectady Free Health Clinic and they were denied this much needed funding because they did not see patients with Medicare and Medicaid. This source of definite government funding is one of the main structural differences between the Schenectady Free Health Clinic and Hometown Health. According to a recent article "free clinics, unlike community health centers, receive no stimulus money to take care of the uninsured…Free clinics must do their part to remind elected officials that our work continues, that it is extremely vital, important, and necessary, and that our communities are healthier because of what we do."[82] In a difficult economic situation, community health centers such as Hometown Health qualify for government help and continue to receive government funding where free clinics that once used to receive funding will have it cut because the government cannot afford to support both programs.

Another major difference between the Schenectady Free Health Clinic and Hometown Health is the fact that Hometown Health charges its patients on a sliding scale while as the clinic serves patients free of charge. However, the catch here is that the free clinic only sees patients who have no insurance at all where as the federally qualified health center sees patients with insurance as well as those without. The fact that Hometown Health does charge its patients on a sliding scale makes all the difference. Charging on a sliding scale means that the organization takes into consideration the patient's income and charges the patient based this income as well as the services the

[82] The Free Clinic Times

patient is receiving. "I used to go to Hometown Health," said one patient. "But when I can receive the same type of care and better service for no cost, it's worth it to come to the clinic. The clinic takes cost out of the equation so that it's not something that stops me from getting cared for." A low income patient who unexpectedly gets sick can't always afford to pay for the care they need so when an organization like the Schenectady Free Health Clinic can offer a much needed service for no money, the patient is much more likely to seek out the care he or she needs.

In addition to offering completely free medical care, the Schenectady Free Health Clinic also offers free and extremely low cost prescription medications. According to Bill, this is the largest difference between the Schenectady Free Health Clinic and Hometown Health Center. The free clinic is able to offer its patients free prescription medications when they are available at the clinic pharmacy and give patients prescriptions to purchase medications for a $5 co-pay at a local pharmacy. Hometown Health Center gives prescriptions to its patients but the patients are forced to fend for themselves when it comes to filling these prescriptions. Often, filling just one prescription can cost several hundreds of dollars but many people need more then one medication. This leaves patients in a position where they may not purchase the prescriptions they need because they cannot afford them and thus the patients do not progress towards becoming healthier. Gregory Weiss claims that "almost all free clinics now have a pharmaceutical program that enables their patients to receive most or all of their medications for free or token payment….they use legitimate means available to obtain drugs for dispensing, including (1) use of drug samples; (2) special discount arrangements with local pharmacies; (3) applications to the indigent medication program

sponsored by many pharmaceutical companies; and (4), when all else fails, direct purchases of drugs."[83] As mentioned in an earlier chapter, the clinic does have its own pharmacies. Whatever medications they have available in their pharmacy is free of charge to the patients. The clinic usually gets these drugs either as drug samples from pharmacies, drug samples from local physicians and doctors offices, or medications donated from elderly people who have since passed away (but were left with many unopened, unused, not expired medications). I have also donated some of my family's unused prescriptions to the clinic. When the clinic does not have a specific medication available they either purchase it on their own (as they do with diabetes test strips) or they send patients to a local super market/pharmacy where they can get their prescriptions filled for only a $5 co-pay. The clinic covers the rest of the co-payments for these medications. According to Bill, about half of the clinics annual budget is devoted to purchasing prescription medications and providing them to patients. Many of the patients I interviewed commented on the fact that the clinic provided free prescription medications. One in particular mentioned that she would not be able to lead a functional life without the medications she got from the clinic. This is probably the best service that the Schenectady Free Health Clinic offers the community. Often prescription medications are the only thing that helps keep a patient healthy by helping them control an illness. Without these medications, patients would continue to be sick and continue to suffer. This would prevent them from maintaining jobs and taking care of their families. Because the clinic can provide both medications and health services free of charge, they allow people in the community to maintain their health and continue to be contributing

[83] Pg. 88 Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print

members of the community. In addition to keeping the patients healthy, the clinic also takes cost completely out of the equation for the patients so that they are more likely to get the medical care and medications they need.

It is important to note that Hometown Health Center supports the existence of the Schenectady Free Health Clinic. So do other health care organizations in the community, including Ellis Hospital. They all realize that there is a gap in the community that they alone cannot and have been unable to fill. That gap is serving the working poor: providing health care to the people that do not qualify for federal aid but do not make enough to purchase health insurance for themselves and their family. The Schenectady Free Health Clinic works to narrow that gap. While they are both separate and necessary organizations in the community, they work together to raise the number of uninsured residents receiving the health care they need.

B. The Patients

I have come to believe that the way patients feel about the clinic is important in understanding the effect the clinic can have on improving the community. The Schenectady Free Health Clinic's role in effecting the community is, in a sense, indirect because they are seeing patients and it is then these patients who are testament to what improvement the clinic has been able to make. "Too often you see people take the services offered by the clinic for granted. Some patients they think they deserve what the clinic is giving them, like they've worked for it. I try to be thankful for everything the clinic has given me and I do my best not to take it for granted. I am just so thankful." These are the words of one clinic patient expressing her own views on how others receive the clinic services. She was so passionate about her experiences with the clinic that she

stopped me and told me that I should interview other patients because so many of them love what the clinic has done for them. However, she was quite realistic in mentioning that patients do take the services offered by the clinic for granted. In his book on free clinics, Gregory Weiss does mention that there are some free clinic patients who do take free clinics for granted and feel a sense of entitlement towards the services they receive. However, he goes on to say that there is not just one profile of the free clinic patient.

> "To suggest that there is a single "free clinic patient" profile or response is to over-look the obvious: free clinic patients – like all patients – represent a wide range of personal characteristics, personalities, experiences…[there are] about three patterns of patients' emotional response to this circumstance: (1) some combination of frustration, resignation, and embarrassment; (2) a sense of entitlement and lack of appreciation by a small number; and (3) heartfelt appreciation by many."[84]

While Weiss was able to cover these three patient "profiles" he did so by talking with volunteers at the clinic and hearing their stories. However, what are actual patient reactions and emotions towards free clinics? How do patients in Schenectady see the clinics role in the community? How has the clinic improved the lives of patients? In this section I aim to cover these aspects of patient experience with the clinic and the patient interactions with volunteers in order to understand the clinics role in improving the community.

Patient Characteristics and Volunteer Interactions. As previously mentioned, Weiss outlines three patient profiles seen at many free clinics around the nation. These same profiles were seen at the Schenectady Free Health Clinic. It is not hard to understand why a patient seeking out health care for an illness would feel any combination of

[84] Pg. 155 Weiss, Gregory L. *Grass Roots Medicine The Story of America's Free Health Clinics*. New York: Rowman & Littlefield, Inc., 2006. Print

frustration, resignation, or embarrassment. It is frustrating not to have a legitimate source of health care and to walk into a clinic where you have to fill out a form and wait to see a doctor. A patient may feel resentment towards the fact that the health care system in the United States is against them and that it may never change. And lastly, a patient could feel embarrassment about the fact that they must seek out free health care to begin with and that they cannot find a way to purchase and provide it for them selves. There were a number of patients using clinic services who expressed these emotions. One patient in particular felt the need to mention that it is not the patient who is bad, but rather it is the situation that is bad. She expressed feeling initial embarrassment when she first visited the clinic but now feels comfortable and believes the clinic to be a "great force to help people get on their feet." This is true for many of the patients that use the clinic. While there may be initial embarrassment at using the clinic, many patients realize how welcoming the clinic volunteers are and begin to open up and accept the clinic services. However, as Weiss mentions, this accepting of services may lead to a sense of entitlement and lack of appreciation by clinic patients.

Unfortunately, it is reality that there are patients who take clinic services for granted. This became evident during the month I spent volunteering with the clinic. More often then not patients were cooperative and willing to work with the volunteers, but every so often there would be a patient who made the process of seeing a doctor extremely difficult. There was one patient who, upon walking into the clinic, began making a big deal of which nurse she wanted to see. There was one nurse in particular who she had strongly disliked due to the fact that they both had very strong personalities. This was the nurse the patient had been assigned to. The patient began throwing a fit

because she did not want to be seen by this nurse and only wanted to be seen by a doctor. She was extremely demanding and complained about having to wait. Once she went into an exam room, many of the doctors complained about her attitude but it was quickly recognized that she was an exception rather than the rule when it came to seeing patients who acted that rude to the clinic volunteers.

Volunteers also deal with many impatient patients who feel that they wait too long to see volunteers. A patient once said "I think they forgot about me!" I had to reassure the patient that he was not forgotten; the doctors were just reviewing his chart so they could properly diagnose him. Another patient felt that she had been waiting longer then any other patient and voiced her complaint to the receptionist. The receptionist had to calm her concerns and explain to her that patients are seen in the order that they arrive and that sometime waits are longer then usual.

The most absurd story I heard about a patient was one where Bill drove the patient to the hospital himself. A patient came to the clinic during non operating hours when only Bill was present. The patient appeared so ill that Bill realized he could not wait for medical care and drove the patient to the hospital himself. The patient had a blood sugar level of over 500 and Bill was bewildered at how that could happen to a person. "It's just not right! The government should not let people get that sick!" A few days later, Bill got a call from that same patient. The patient was grateful for the help he received from Bill but complained that he thought he caught some sort of flu from the clinic. Because of this he wanted his prescription medications to be covered by the clinic. All the volunteers were bewildered when they heard this story. Bill just laughed. "It figures that the patient would get angry with me. What am I, a miracle worker?" Bill

and the rest of the volunteers can take solace in the fact that these patients are few and far between. In the month I spent at the clinic, the former stories are the only ones I have in which patients showed a lack of respect towards the clinic and its volunteers. Most of the time, as Weiss claims, patients show large amounts of appreciation towards the clinic services and its volunteers.

As part of the survey I gave to patients at the clinic, I asked them whether they thought the clinic was improving the community. While Bill could offer statistics on the number of patients helped by the clinic and the number of employed patients, etc (available in chapter 2), I wanted to gage what the patients saw as the clinic's role in the community. The following are some of the answers I got to the question on how the clinic is improving the community:

- *It gives low income people a place to get medical treatment and still leaves money for rent, food and other necessities*
- *Many people without insurance now can have the help they need to be healthy and not get critically ill*
- *There are many poor families who do not go to the doctor because they are unable to pay the fees and to pay for medication – the Schenectady Free Health Clinic has indeed helped many families who cannot afford medical treatment*
- *It's the only place that I know that I can find this services and that's like a miracle for me*
- *It helps maintain the wellness of the less fortunate. It keeps the hospital ER less busy.*
- *Many people who are uninsured and couldn't get medical attention were able to seek medical help because of this clinic*
- *A lot of people cannot afford Healthcare and sick with a lot of different things like diabetes and etc. So, so far with the free clinic stopping a lot of sickness from spreading (no spreading means more healthy people)*

Reading through these answers brings to light how much the clinic means for these people. As the last question on the survey, it could have been easily skipped over. Rather, it was the most answered question on my survey which alludes to how important the clinic is to its patients.

Bill once told me a story about one patient in particular who encompasses the type of life changing help the clinic can offer to its patients. In 2003 when the clinic first opened, doctors met a homeless man who showed signs of bi-polar disorder and was living under a bridge. Doctors rallied around this patient and began giving him psychiatric counseling, medications, and did their best to help him find shelter. Over the years, the patient's condition improved greatly. He currently rents out a room in someone's home which he pays for by doing yard work, taking care of homes, shoveling, and gardening. Just on appearance alone, one would never tell that he was at one point homeless. With the clinics help, this patient was able to get on his feet and find employment. "The clinic is sort of like his family," says Bill. "He has adopted us and we have adopted him." This patient is in and out of the clinic almost every day of the week. Usually he stops in to talk to Bill. Other times he will stop in to use the bathroom or store his back pack at the clinic. This patient means so much to the clinic volunteers that over Christmas, Bill created a collection fund for Allen. Doctors and nurses donated money to the collection which they then gave the patient as a Christmas gift. The patient expressed his gratitude to the clinic volunteers by giving them some of his original artwork (he is an AMAZING artist) which is hung up all around the clinic. This patient is not the only one who has been helped to such a large extent by the clinic. All the patients I interviewed also voiced large amounts of gratitude towards the services they

received from the clinic and the great relationships they formed with the volunteers. One patient said "with out the clinic I wouldn't have a job. Bill is a good white man. I was having cardiac problems and he got me the tests I needed. Now, with the medications I get from the clinic and the cardiologist I see through the clinic, I can have a job and maintain my health!" Another patient showing equal enthusiasm towards the clinic said, "my doctor is like my family. He makes my day every time I see him. He makes me want to take better care of myself. At other clinics I feel like I'm a guinea pig. At this clinic, I feel like I'm family."

These connections between volunteers and patients and the patient's positive views of the community translate well in terms of the population the clinic serves. The next section moves beyond the patients and their relationships with volunteers to focus on the volunteers themselves and how they influence the clinic and the role the clinic plays in the community.

C. The Volunteers

The volunteers of the Schenectady Free Health Clinic are amazing people. This section alone cannot do them justice. There are over 90 people who currently volunteer with the clinic, most of whom have been volunteering since the clinic first opened in 2003. The volunteers range from retired and active doctors to retired nurses, other health care professionals, and non health care oriented volunteers.

The volunteers of the clinic take many different roles. They act as doctors, nurses, pharmacists, receptionists, office assistants, the cleaning crew, teachers, and any other position that the clinic may need. Two of the volunteer doctors are responsible for the clinic opening in the first place:

> "Many of the community programs we studied [free clinics] – especially the more recent programs – were initiated in response to the communities concerns about their growing uninsured populations and the perceived lack of action by state and federal government."[85]

> "…no one wears a uniform or a white coat, or even a shirt or tied…professional workers empty ash trays, collect scattered Coke bottles, and sweep the floor at the end of the clinic session, along with anyone else who happens to be around."[86]

> "The common thread binding free clinics together is their dependence on volunteers. A small clinic might operate with a handful of physicians who come together one evening a week to see patients in a borrowed space."[87]

All three of the quotes perfectly describe the volunteers of the Schenectady Free Health Clinic. Beyond their relaxed attitude about clothes and running the clinic, they are all very serious about the care they give their patients. The two doctors I mentioned earlier came together because they noticed a large gap in health care coverage among the cities low income population. This gap along with a strong desire to improve the community was the incentive they needed to push the state into approving their free clinic. One of the doctors justified his desire to volunteer at the clinic: "The world's been good to us," he said. "It doesn't hurt to give back a little." All of the people volunteering at the clinic love what they do. They love the patients they see (as is apparent with the patient mentioned in the previous section) and they volunteer in order to improve the community they live in.

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[85] Pg. W181 Taylor, Eric Fries, Peter Cunningham, and Kelly McKenzie. "Community Approaches to Providing Care for the Uninsured." *Health Affairs* Web Exlusive (2006): W173-182. Print

[86] pg 287 Amenta, Madalon M. "Free Clinics Changing the Scene." *The American Journal of Nursing* 74.2 (1974): 284-88. *JSTOR*. Web. 12 Oct. 2009. <http://www.jstor.org/stable/3469732>

[87] pg 42 Gellar, Stephanie, Buck M. Taylor, and H. Denman Scott. "Free Clinics Helping to Patch the Safety Net." *Journal of Health Care for the Poor and Underserved* 15.1 (2004): 42-51. Print

Out of the volunteerism present at the clinic have emerged three aspects that influence the community: (1) because community members are volunteering at the clinic, they are able to spread a large about of community pride towards the clinic; (2) they are testament to the fact that there are people within the Schenectady Community that believe in health care as a human right; and (3) the volunteers help create cooperation between the clinic and other community organizations that the clinic may have relations with. The patients and volunteers act as the bridge between the clinic and the role it plays in the community. Without them, the clinic would be an organization with no aim and no way of serving and influencing its community. The patients and the volunteers give the clinic purpose and spread the word of the clinic into the Schenectady Community. The next section will focus on the community itself and how people outside of the clinic understand the services provided by the clinic and whether they agree with it or not.

D. The Community

It is obvious that patients and volunteers who attend the Schenectady Free Health Clinic would hold positive attitudes about the clinic and how they believe it has improved the community. But what about the community itself? How do people unaffiliated with the clinic feel about such an organization in their community? Do they agree with the services it provides? Do they believe it makes Schenectady a better place? My work on campus and within the clinic has been extensive and I have done a fair amount of work within the community. As I will elaborate on in the conclusion, I plan to bring a health care campaign (described in the next chapter) into the Schenectady community in order to spread awareness about the clinic's services and to try and restore funding to the clinic.

Since the clinic lost its government funding in April of 2009, Bill and the members of the Board of directors have put a lot of effort into spreading awareness about the clinic and its current financial situation. "Our main goal is to create awareness," said Bill. "And hopefully through this awareness, people in the community will realize how important we are and that we are in danger of shutting down and will do what they can to help us stay open." By targeting the community for help, Bill was calling on a major source of help stemming from the relationship between the clinic and its community. One article claims that "clinics are based in neighborhoods where there is a need. In response, a strong identification occurs with a neighborhood clinic that encourages responsibility, pride, and additional volunteerism."[88] This quote describes perfectly how I see the Schenectady Community in rallying around the clinic. The volunteers and patients who make the clinic what it is come from Schenectady. Their roots are based in the city that the clinic is working so hard to improve. But how does the clinic come across to people unaffiliated with the Schenectady Free Health Clinic? I was able to gain an understanding of the community perspective on the clinic through spending two days at the local farmers market discussing the clinic with the market attendees.

As part of my campaign to spread awareness about the clinic, I reserved the community table at the Schenectady Green Market for two weeks. At this table I had a poster with information about the clinic as well as a variety of handouts. In addition to handing out information, I collected donations from those who were willing to give them. I was initially expecting to have to explain the clinic and its financial situation to a large amount of people. However, this was not the case. About 75% of the people I spoke to

[88] Pg. 838 Kelleher, Kevin C. "Free Clinics: A Solution that Can Work...Now!" *Caring for the Uninsured and Underinsured* 266.6 (1991): 838-40. *JAMA*. Web. 2 Oct. 2009. <http://www.jama.com>

had heard about the clinic before, either through the TV news or the news paper, and they were well aware of the financial situation the clinic was facing. They were all curious as to the current situation of the clinic and were very willing to show support and try and help. Many people noted that it was wrong for the government to deny funding to an organization that provided such an important service to the community. Many people donated their spare change. Others wanted to send larger donations or un-needed prescription medications directly to the clinic. There were a handful that talked to me about how they had lost their jobs or did not have health care at one point. These people seemed the most distressed about the financial situation of the clinic because they had once been in a position where they did not have health insurance. "You loose a bit of your self-dignity," one person told me. "It's embarrassing to have to rely on others when you get sick. All I wanted to do was be able to provide for myself and I couldn't even do that." Overall, I believe that there was a large amount of support for the clinic and a recognition that it plays an important role in the community in terms of providing health care to low income people and keeping them healthy and working.

Schenectady's view of the clinic can also be gauged through the amount of support that came from other organizations. During the winter holiday season, Bill sent out over 1,000 letters to local organizations asking for donations and support. He had a 19% return rate, an extremely high rate considering that average is usually about 5-6% returns. Through this letter campaign he was able to raise about $5,000. Other organizations decided to hold concerts or dinners to benefit the clinic. A local church held a caroling concert with all proceeds going directly to the clinic. The local physicians association held a night with the local theater that included dinner and a show, with all

proceeds going to the clinic. In fact, in lieu of the clinic financial situation, they have decided to direct all donations towards helping the clinic. Another example of community support came about when Bill organized a benefit dinner for the clinic. A local restaurant and band donated their services to the dinner so that the bulk of the proceeds could go to the clinic. However, the largest amount of support came from Schenectady County. The county realized how detrimental it would be to the community if the clinic shut down due to lack of funds. To do what they could to help the clinic, the county donated $75,000 to the clinic to help the volunteers continue operations and continue serving patients. This is the ultimate evidence of community support and alludes to how important the clinics role is in the Schenectady community. The county could have given that money to any number of organizations because many are struggling due to the economic recession. However, they chose to give that money to the clinic because the clinic is able to provide a service to the community that cannot be duplicated and that is unique in so many ways explored through this chapter.

One of the most important roles the clinic plays is as a bridge, not only to close the health care gap in the community, but also as a bridge to connect different organizations in the community. I am a strong believer in the power of community cooperation. Separately, each individual person and each individual organization can strive towards a goal and can make a difference. However, it is important for these people and these organizations to work together. Each individual goal is like a puzzle piece. All the pieces are separate entities but they must all fit together to create the whole picture. If all the separate goals can fit together, they create a greater and improving community. This is exactly what the clinic does. The volunteers have individual goals

which they used to create the clinic. The clinic as a whole then works to serve their patients, the low income population of the community. The clinic, its volunteers, and its patients all come together with other community organizations to help one another strive towards their individual goals. Together they all work towards the central goal of improving the community of Schenectady and making it a better place to live for all its residents. The Schenectady Free Health Clinic plays a central and basic role in the community by working with other community organizations and by filling a threatening health care gap.

VII. Campaign

I initially "fell" upon the Schenectady Free Health Clinic in June of 2009 when I was exploring Schenectady with a friend. I noticed the words "health clinic" and I wrote the name of the clinic down in my phone. I knew I had wanted to focus on a health center that focused on community health, so I wanted the name "just in case." The idea of working with the free clinic sat on the backburner all summer while I interned at a community health center in Hartford, CT, hoping to do my thesis research on this health center. Upon returning to school in the fall, I realized that my idea of working with the health center in Hartford was not going to work out, so I decided to e-mail Don Austin from Union's Kenney Center to learn how to get involved with the clinic. To my surprise I received a message back from him saying that the clinic was in danger of shutting down and that as much I may want to help, what the clinic really needed was money. For a while I was let down by the fact that my plans of working with the clinic would not work out. But I decided to try and work with the clinic anyway while also doing a fundraiser with one of my clubs in order to give them an incentive to work with me. And this is how the Campaign began.

I approached the presidents of one of my clubs, Campus Action, with the idea of doing a campaign and fundraiser on campus to raise awareness and money for the Schenectady Free Health Clinic. Before I knew it, the campaign for the clinic had spiraled into a campaign about health care, with fundraising benefiting the clinic. As part of the campaign, I helped a member of the club design a brochure with information about how people at Union and in the Community could help the free clinic. Additionally, we

order over 2,000 medicine bottle which we filled with an eraser and a note which said the following:

> "Has your prescription been filled? If so, help erase the healthcare problem. If not, then you are among the 426 Union Students who represent the 47 million Americans who do not have health insurance. Help those in our Community who are in need of healthcare by returning this bottle to our table in Reamer with a donation for the Schenectady Free Health Clinic. Sponsored by Campus Action."

Needless to say, this raised a lot of funds for the clinic and even more awareness about the fate of the clinic. In addition to the prescription bottle and the brochures, we sat at a table in the student center all week as well as outside the homecoming football game. During the week of tabling, the club also co-sponsored a discussion on Healthcare in which students discussed the issue of health care reform and the fate of the clinic with Dr. Paul Sorum from Albany Medical School, Professor Marty Strosberg for Union Graduate College, and William Spolyar, the executive director of the Schenectady Free Health Clinic. Through the course of these events, we were able to raise about $1,045 for the clinic. Maybe not enough to keep the clinic open in the long run, but at least enough to help the clinic in the short run.

Following this week of health care awareness, student and community interest in the clinic has seemed to grow exponentially. This last chapter is devoted to the important campaign that has grown out of the initial spark of keeping the clinic open. It will also

focus on the future of the clinic as well as future endeavors to take place surrounding the clinic campaign.

A. Campus Involvement

As a Union College student I found no better place for the support I needed then through my own school. Not only were students extremely passionate about helping this community resource but faculty, staff, alumni, and other student organizations appeared to be as well. As mentioned before, the entire campaign began when I approached one of my on campus clubs about doing a fundraiser for the clinic. Because of the health care system overhaul that began during September of 2009, we all decided it would be a great cause to address while also educating students about the importance of health care and the United States own health care failings. It was amazing to see the amount of students who showed interest in the local clinic as well as the nationwide health care debate. At a discussion held on the topic, over 50 people showed up, quite a large number for the small and apathetic school that Union is. It was this week of campaigning that sparked the campus involvement in helping the clinic.

Following the campaign week, the club worked with several other student organizations to put on a benefit concert for the clinic. The concert took place in January of 2009 and raised a little over $150. While not a large amount of money, when the clinic is offering patients prescription medications for $5, $150 could purchase 30 prescriptions for patients.

In addition to the benefit concert, Union's community outreach center held a volunteer fair centered around the clinic. The Schenectady Free Health Clinic was not only a volunteer organization present at the fair but they were also the beneficiary of the

funds from a fundraiser the community center held. The community center purchased two tickets to a sold out concert which they raffled off at $2 per ticket. This raffle alone raised over $700. Even more amazing about the raffle was that Bill and I were able to take it out of Union and into the community. Tickets were sold at other local colleges, the clinic, and volunteers family and friends. Ironically enough, Bill's future daughter in law won the tickets. Regardless of who won, what was amazing was the support and the number of people willing to buy raffle tickets. Multiple people spent $20 or more on purchasing a raffle ticket solely because it gave them a change to win the concert tickets and because it all went towards a great cause. With the money from the campaign and from the raffle, Bill was able to purchase four slightly used filing cabinets for patient files. This was something the clinic had needed for sometime and was required to have by the State Health Department. Before purchasing the filing cabinets, most of the patient files were either in broken cabinets or in boxes on the floor. It was often difficult to find any patient files because patients with a last name that started with "A" could be found in three or four different places.

In addition to the raffle that took place at the fair, it was amazing to see the amount of student interest in volunteering with the clinic. This term alone Bill has three students working with him on different tasks. Two of the students are researching grant organizations and pharmaceutical companies in order to apply for possible grants, another student is helping him create spread sheets for the clinic based on number of patient visits and the amount the clinic raises in donations, I continue visiting the clinic on service days in order to offer my help to Bill in his office or to his receptionists. At the volunteer fair, I became the unofficial student representative for the clinic. Bill has put any student

interested in learning more about the clinic in touch with me, and there have been many of them. Often the students want to learn more about how they can help the clinic or how they can volunteer with the clinic. Most of these students are pre-med students who have a background in health oriented activities and want to learn more about how health care as a human right is fulfilled in their local communities. The students helping Bill often help his write and apply for grants, one way of achieving stable funding for the clinic. By using student help, Bill is tapping into a local community resource of talented student writers willing to put their skills towards something productive. To say the least, I am absolutely touched and extremely happy about the amount of student interest in the clinic and how word of the clinic has spread through the student body.

One other amazing organization that sprung out of the intitial health care campaign is a student run club called Change for Change. After the health care campaign, two students involved with Campus Action created this club in which they would with the bookstore, the frats, and other organizations to hold change drives and penny wars to raise money for organizations in the community. Currently, one of the main organizations benefiting from the clubs activities is the Schenectady Free Health Clinic.

The last and probably most long term position to rise out of the campaign for the clinic is the possibility of getting an AmeriCorps volunteer to work with the clinic. Don Austin from the Kenney Center has applied for a grant in order to higher a volunteer. This volunteer would help coordinate student volunteers for the clinic as well as any courses involved in service learning. The volunteer would also be involved in creating and maintaining a nutrition program at the Schenectady Free Health Clinic and in the rest

of the community. Even if this position falls through, the Kenney Center has established a connection with the clinic and the clinic has established connections with underclassmen and professors on campus so that when I graduate connections between the school and the clinic will continue. I am very reluctant to graduate and leave the clinic. I hope to find some way to stay around the area and continue working with the clinic (perhaps as the AmeriCorps volunteer), but either way, the clinic has changed my life, and I hope that I can continue to help it. I plan to do so even when my thesis is finished.

B. Community Involvement

Towards the end of my fall term 2009, I had a chance to speak with the director of ACORN, Harold Miller, about taking the Clinic Campaign into the Schenectady Community with the hopes of further raising awareness while also aiming to reinstate government funding for the clinic. At this point in time, ACORN no longer exists in Schenectady but Miller from the organization still works in the community in a new organization with the same potential grassroots aspirations as ACORN. While working with ACORN may no longer be in the books for the clinic campaign, speaking with Miller about what could be done to raise awareness in the community gave me hope that funding to the clinic could be restored.

As can be inferred from Chapter 4, community support for the clinic is high, especially among patients who use the clinic and the volunteers that work with it. In terms of taking the clinic campaign into the community, after speaking with Bill, we both agreed that the best time to do so would be in the spring. Something about the warmer weather brings people outside more and makes people more active in the community.

Additionally, spring is the best time because of the upcoming election cycle occurring in the fall of 2010. By targeting politicians at this time as they are beginning their campaigns, the clinic may have a shot at reinstating its funding from the government. Through all of the uneasiness and crisis the clinic has experienced with the government, they are still extremely willing to work with government officials because the government is the best chance the clinic has at receiving some sort of stable funding.

Through the Anthropology of Poverty course offered at Union during the spring term, I hope to gather a group of students willing to work with the clinic and work with me in spreading word about the clinics financial position. My goal is to create a petition and have people in the community sign it. Additionally I hope to hold information sessions and tables in the community and perhaps even work with the clinic to send out more support letters to the community. Over the past couple months I have had the chance to do something tabling at the local farmers market and the response has been tremendous. Many people in the community have shown interest in the fate of the clinic and are curious as to how they can help. This is encouraging in gaining local support for the clinic. Additionally, I hope to use some of the data I have gathered in my thesis to further lobby government officials into returning some if not all of the funding back to the clinic.

One last endeavor I had for the clinic was the creation of a nutrition program for the clinic and for the community. The idea arose out of the possibility of getting a $10,000 grant from Projects for Peace, a national program funding programs and ideas such as mine. A copy of my proposal is in the Appendix. Many of the chronic diseases the patients from the clinic and in the community (along with the rest of the western

world) tend to be diseases that stem from nutrition and the way we eat. I could go into all the details of how corn negatively affects our diets and the science behind the way we eat but I am going to refrain. The whole idea of the program was to target adults and teach them the importance of nutrition, eating locally, and eating organically so that they could then bring these healthy eating practice home to their families. In doing so it is hoped that people suffering from chronic diseases would see a noticeable improvement in their health. Beyond just a nutrition program, this program would help foster relationships between the clinic and other organizations in the community such as the Union College Kenney Community Center, The Washington Irving Educational Center, Hunger Action Network of New York State, the Schenectady Green Market, and other local organizations. This would be important for the clinic because it means that they would have organizations in the community backing their endeavors and invested in their future.

In the long run, the aim of my campaign will be two fold. My first aim is to reinstate funding from the state government. If this is not possible, sufficient, or reliable enough, my hope is to find a continuous source of funding on which the clinic could rely on without the threat or worry of closing due to lack of private donations. This second goal has already been realized through the students helping Bill apply for grant funding. Additionally, I hope to raise enough awareness in the community about the Free Clinic that people will to take their own steps to help the clinic. Bill is quite hopeful that, with enough pressure from people in the community, the government will reinstate at least a percentage of the funding to the clinic.

The large amount of student and school support that has emerged out of this campaign has led to an unexpected conclusion in my thesis. Besides gaining a better

understanding of free clinics and the role they play in providing health care in their communities, I have also found another conclusion. Student involvement in their community is crucial. Students and colleges are like untapped resources. Within a school there are so many resources a student has access to: from money to paper to venues to fellow students, schools can offer so much to help foster an idea or a campaign. More specifically, students have great ideas and great skills. Using these skills to understand an issue in their community and work with school resources to tackle these issues also leads to a better relationship between the student and the community and the school and the community.

VIII. Conclusion

Imagine that you are a diabetic but because of the high price of prescription medications, you are unable to afford the medications that help control your disease and its symptoms. Because you cannot take the medications, your symptoms worsen to the point where you can no longer work and you loose your job. You loose all sources of income that allowed you to provide for yourself and your family. Now, not only are you stuck without a job, but you have also lost all access to health care and any ability to pay that you once had. Your symptoms worsen to the point that you need to seek care. A friend tells you about this place called a free clinic. It is located a bus ride away in the downtown area of your city. "Free health care?" you think to your self. "Impossible." But your symptoms are so bad and you become so desperate for help that you decide to visit it. You call to make an appointment and right off the bat you speak with the clinics director. He is friendly and works to accommodate you into the next clinic session. Less then a week later you see a doctor who provides you with a thorough medical examination and provides you with literature about diabetes. He makes an appointment with the clinics nutritionist for you and makes a follow up appointment with himself. On your way out the door he hands you five prescription medications, three of which you receive for free from the clinic and the other two which you receive from the local pharmacy for a low cost of $5 for a three month supply. You begin taking the medication and, with the help of your doctor and the nutritionist, loose weight and get your symptoms under control. You feel well enough and eventually find a job again. You can now be a part of your local community, take care of yourself, and take care of your family all thanks to the help of the volunteers at the local free clinic.

This is quite a different scenario compared to the one presented in the introduction of this thesis. The initial scenario alluded to a large and growing health care problem that currently exists in the United States. One that has been brewing and growing for the past several years to the point that now nearly 50 million American's are living without health insurance. It's not so much living without health insurance as it is living without access to preventative care or low cost prescriptions. This is what health care as a human right aims to provide. Considering health care as a right moves beyond the fact that someone can or cannot afford health insurance; it aims to consider their health care needs as a human being. And this is exactly what free clinics aim to do. They fill in those gaps left by the United States health care system and help people get back on their feet. A deeper understanding of free clinics helps understand how they are able to provide care abd why they are so important.

A. Review

As stated previously, the aim of this research was to create a bridge between the right to health care and how this right is fulfilled by free clinics around the nation. On a smaller scale, the aim was to understand the inner functions of the Schenectady Free Health Clinic as a non-profit organization and what would happen to the people of the community if the clinic did shut down. Starting with an overall look at health care as a human right and how it is applied at the international, national, and community level, the reader was able to gain a better understanding of the health care as a human right frame. The next section took an overall look at free clinics in general in order to provide a better understanding of the Schenectady Free Health Clinic, its origins, and its services. This is

all discussed in the third chapter. At the end of this chapter a brief overview of methods and significance is given before moving on to the active research part of this study.

Chapter four focuses on the daily functions of the clinic in order to understand how the clinic functions as a free clinic and to help shed light on the inner workings of a free clinic – something much of the literature lacked. The next chapter opens up a bit to consider the role of the clinic in the community. In other words, what would be lost if the clinic shut down? This chapter was the most important in understanding the significance of the clinic in providing health care to the community, why this health care is important, and how providing this care is an essential human right. Chapter six focuses on the most action based part of this study: the campaign. Because the campaign is an ongoing event, the last section is a work in progress, as is anything that aims to understand what the community is doing to help the clinic. The campaign has also given rise to another very important conclusion in this thesis: the importance of student involvement in their community. Additionally, the importance of community organizations working together was revealed. Overall, this study has filled a large gap in free clinic literature, has exposed the inner functions of free clinics, discovered the importance of free clinics in their communities, and has bridged an understanding of free clinics in providing the fundamental right to health care.

B. The Clinic Today…and in the future?

When I initially started this project, William Spolyar, the clinics executive director, was unsure the clinic would be able to remain open for the next three months. Over the sixth months that I conducted my research on health care and the Schenectady Free

Health Clinic, the clinic was able to secure enough funds to remain open for the next year. Not only was I able to witness the progression from fear of closure to comfort and a bit of financial security, I was also able to play a part in securing funds and awareness for the clinic through the campaign, fundraiser, and grant writing. The clinic had stopped seeing new patients but during the time I volunteered there, they were able to secure enough funds to begin seeing new patients again, an important feat in providing continuing care to the Schenectady community. But will the clinic be able to remain open in the long run? Only time will tell. I hope to use the information gathered through this research to lobby the government into returning at least a fraction of the funding back to the clinic. The Schenectady Free Health Clinic provides such a service to the Schenectady community, a struggling city on the brink of improvement. However, not only does it provide a service, it improves the well-being of the community. Low income residents can secure jobs because the clinic provides them with work physicals or medications that help control their diseases. Residents who make too much to apply for Medicaid and too little to afford their own health care can turn to the clinic when they get sick rather then go to the emergency room. Other health care providers in the community can provide better care to their patients because they do not face an influx of patients without health insurance. However, I believe that through all the struggles the Schenectady Free Health Clinic has been forced to endure over the past several months (and the ongoing struggles it has faced since it first opened), the clinic has grown stronger. Rather then withdraw completely and shut down the clinic when they heard funding was cut, the clinics board of directors did what they could to keep the clinic running. They stopped accepting new patients, they switched to a generic drug program,

they increased community outreach, and they applied for more grants. This all paid off. The clinic was able to cut its annual expenditure in half and raise the money that the government cut. They continue to serve the same people they always have and have achieved such financial security that they accept new patients again. The clinic did all this on its own which shows that community support is strong and the clinic can survive without government funding. While the clinic can survive without state funding, having state funding secures the clinics future free of financial worry. However, now the volunteers know that even if they someday receive state funding again and for some reason it is cut again, they can survive without it.

But how could the state, in the first place, cut funding to an organization that does this much good? The answer lies beyond ethical and is in the political realm of things. Free clinics like the Schenectady Free Health Clinic can never solely focus on providing care to their communities because they must always concern themselves with the political side of things: they are fighters for the establishment of health care as a human right in our country. "I always say, we would love to work ourselves out of business," said Bill in the first interview I had with him. What he means by this is that he would love to see the clinic be shut down because of the establishment of a universal health care system in our country. When I asked him about the Health Care Reform of 2010 he said "this current reform is a great stepping stone to fixing our countries health care problem. It won't solve our countries health care issues entirely. I think there is still going to be a need for free clinics. But you have to walk before you can run, right?"

C. The Schenectady Free Health Clinic, Health Care as a Human Right and the 2010 Health Care Reform

The fact that the United States health care system is in need of a complete overhaul is not a new issue. This study makes the issue even clearer because it exposes some of the faults of the United States government and how they are fixed by community organizations. For years politicians have tried to reform the health care system in the United States and for years they have failed. Most recently, Hillary Clinton campaigned for Universal Health Care in our country. Her campaign was a failure and she withdrew. As part of the 2009 elections, politicians and presidential candidates included health care reform as one of the issues they would aim to address while in office. Since taking office in 2009, President Obama has been no stranger to trying to tackle this large issue. He needs to find the most comfortable balance between Democrats and Republicans, because that is where the issue lies. Yes, health care reform is in the best interest of the United States citizens, but like any political issue, politicians are going to take the sides that get them the vote. That is why this initial reform will only be a stepping stone. It will be a great improvement of the current system in place; however, until we are able to take into consideration the population of people that suffer due to lack of access to health care and what they need and how to target them, the United States health care system will always contain some insufficiencies.

The health care reform proposed by Obama has several goals and includes several different parts to the plan. The goals include security and stability to people with health insurance, provide insurance for people who have none, and slow growth of health care costs. The reform plans to do this though several different ways. The reform will

include an individual mandate; people who can afford insurance must get insurance. This can be done through employer provided insurance companies or by purchasing insurance from an insurance exchange (which will provide health insurance at competitive rates). All employers, with the exception of small businesses, will be expected to provide insurance to their employees. For those with health insurance or on Medicare, not much will change except that there will be no cap on coverage, they can't be denied, and there will be a limit on out of pocket expenses. Additionally, Obama plans to expand public programs for people without health insurance. This will be done through the availability of new, affordable plans aimed at making health care available to low income individuals. There will also be a non-for-profit public option available through the insurance exchange which will be solely for those who cannot afford to purchase their own health care at all.

However, in this program, health care is still not universal. The bill will extend to cover 36 million people[89] who are uninsured which leaves about 11 million people without any health insurance. Additionally, certain controversial procedures may not be covered by the health care bills, such as abortion. The health care reform will occur at the national level, strengthening the overall health care system of the United States. However, at the community level, there will still be a need for free clinics which will continue to provide care to those 11 million people who will be uninsured under Obama's new plan. Free clinics will be there for those who continue to fall through the cracks. Even if no one falls through the cracks, there will be a greater need for physicians which free clinics and federally funded health centers can provide

[89] Obama's Speech on Health Care

While, due to certain American cultural values and mindsets considered in the chapter on Health Care as a Human Right, we may not accept universal health care right now; however, perhaps in the future we can. Fifty years ago, American Citizens would have never elected an African-American to office. Now we have Barack Obama as our president. The changes we make in our health care system with the current reform will help improve the situation, but not solve it completely. There will still be 11 million people without care. This reform is, hopefully, the first of many. And hopefully, eventually, we will find one that both fits what we as a nation believe while also proving universal care to all people. Until that time, the Schenectady Free Health Clinic and other free clinics around the nation will continue to serve America's working poor and will continue to fight for health care as a right.

APPENDIX

1. **Patient Survey**
2. **Patient Interview Questions**
3. **Volunteer Interview Questions**
4. **Community Questionnaire**
5. **Projects for Peace Proposal**
6. **Patient Bill of Rights**
7. **Miscellaneous Clinic Paperwork and Handouts**
    a. **Change in Pharmacy Policy**
    b. **Two-Page New Patient Survey**
    c. **Clinic Handouts**
    d. **Op-Ed Cartoon: April, 2007**
    e. **Op-Ed Cartoon: May, 2007**

Thank you for taking the time to carefully fill out this survey! A Union College Student is conducting a study on the role of the Schenectady Free Health Clinic in the Schenectady Community. Please clearly fill out this short two page survey. The survey and your answers are both confidential and anonymous.

1. Patient Characteristics:

    a. *Age* _____
    b. *Employed*
        i. *Yes*
        ii. *No*
        iii. *Between Jobs*
    c. *Do you receive medications from the clinic?*
        i. *Yes*
            1. *Which types and how many*?
            _____
        ii. *No*
    d. *Do you have a spouse?*
        i. *Yes*
            1. *How does your spouse receive health care*?
            _____
        ii. *No*
    e. *Do you have children?*
        i. *Yes*
            1. *How does your child receive health care*?
            _____
        ii. *No*
    f. *What Country are you from?* _____

2. **Have you been to the clinic before?**

    a. *Yes*
    b. *No*

3. **How did you find out about the Clinic?**
_____
_____
_____

4. **Where did you seek health care before you began attending the clinic?**
_____
_____

5. **Why are you here today?**

    a. *Work Physical*
    b. *Chronic Illness Care (diabetes, high blood pressure, high cholesterol…)*
    c. *Prescription Pickup*
    d. *Acute illness care (flu, infection, cold…)*

e. *Other:* _____

6. **Did you know the Schenectady Free Health Clinic is in danger of shutting down**?

   a. Yes
   b. No
   c. *Do you know why*? _____
   _____

7. **Will you seek health care services elsewhere if the clinic does close down**?
   a. Yes
      i. Where?
   b. No
      i. *Why not*?

8. **Do you know of any organizations that offer health care services in the area?** _____
   _____
   _____

9. **What are your expectations when you step into the clinic**?
   _____
   _____

10. Are you satisfied with the care that you currently receive from the clinic?

   a. Yes
   b. No
   c. *Please elaborate*:

11. **What other services would you like the clinic to offer**?
   _____
   _____

12. **Do you think the clinic has helped improved the Schenectady community? How So?**
   _____
   _____
   _____

13. **Would you be willing to participate in a short phone interview**?

   a. Yes
      i. Please leave your name, telephone number, and best time to reach you in the small notebook by the receptionist. If you are comfortable doing so, you may also write your contact information on this sheet. You will be contacted in a few days.
   b. No

Thank you for taking the time to fill out this survey!

Patient Interview Questions

1. How long have you been using the services of the clinic?
    a. How has it changed since you first began attending it?
2. Do you know why the clinic is in danger of closing?
    a. What do you think could be done to help keep the clinic open?
    b. Are you willing to help keep it open?
3. Has the clinic allowed you to pursue certain activities that you would not have been able to pursue otherwise?
    a. How has it affected your ability to work?
    b. How has it affected your daily life?
4. If the clinic was no longer present in the community, would you seek health care else where?
    a. Where would you seek such care?
    b. Where did you seek health care before you found out about the clinic?
    c. Do you know of any other organizations in the community that offer the same types of care and services as the Schenectady Free Health Clinic?
5. Do you know if you qualify for Medicaid or Medicare?
    a. Do you know how to apply to Medicaid?
    b. Would you apply if you knew you were applicable?
6. Do you feel accepted by the clinic volunteers and other patient?
    a. Do you find the clinic to be a welcoming environment?
    b. Do you feel comfortable with the doctors, nurses and receptionists?
7. What were your initial perceptions of the clinic? Positive or Negative?
    a. What do you know of how others in the community perceive the clinic?
8. What do you see as the role of the clinic in the community?
    a. Do you know the scope of who and how the clinic has helped and improved the community?
9. Do you receive prescription medications from the clinic?
    a. What would you do if you did not receive these medications?
    b. Is there another resource where you could receive free or low cost medications?
    c. Do you know the true cost of the medications you receive?
10. What do you see as the strengths of the clinic?
    a. What are its weaknesses?
11. Are there any services you would like to see the clinic offer?
12. Are you satisfied with the quality of care you have received from the clinic?
13. Are you aware of the current health care debate and where you may stand in the situation of a health care reform?
14. Is there any other information you would like to share with me regarding the clinic?

Volunteer Interview Questions:

1. What is your role in the clinic?
2. How long have you been working with the clinic?
3. How did you find out about the clinic
    a. What made you decide to begin volunteering here?
4. Did you have any prior knowledge of free clinics before volunteering here?
    a. Have you volunteered or visited any other free clinics?
5. What is the most touching thing you've experienced in the clinic?
6. What role do you believe the clinic plays in the community?
    a. What makes it unique within Schenectady?
7. How would things be different if the clinic were not around?
8. Would you continue volunteering your services if the clinic were not available?
9. What are the strengths of the clinic?
    a. What are its weaknesses?
10. If you could expand the programs offered by the clinic, what would you include?
11. What are some of the most frequent cases you see?
    a. What are the most frequent illnesses you treat?
12. Do you believe that there is a culture of free clinics?
    a. Is there a culture to this clinic?
13. Has the clinic changed you in any way since you've begun working here?
    a. If so, how?
14. Do you think the clinic will continue to play a role in the community if health care is reformed?
15. What do you think could be done to help keep the clinic open?
16. Do you believe the clinic has a chance at remaining open?

Community Questionnaire

1. Have you heard of the Schenectady Free Health Clinic?
2. Do you know what types of services it offers to the community?
3. Do you know how the clinic receives funding?
4. Are you aware that the clinic is in danger of shutting down?
5. Do you know why it is in danger of shutting down?
6. Do you believe healthcare should be available to all people?
7. Do you support the existence of such a clinic?
8. What role do you think the Schenectady Free Health Clinic plays in the community?
9. Do you know why the existence of the clinic is important for this community?
10. Are you aware of the number of uninsured people that live in Schenectady? What about the total number of uninsured people in our country?

Project for Peace Proposal

Introduction. The connection between health and peace is clear: when one does not understand the importance and benefits of good nutrition, one is at risk for developing a host of chronic diseases. At least four of the ten leading causes of death in the United States – heart disease, cancer, stroke and diabetes – are chronic diseases directly related to the way we eat. These diseases negatively impact health and, in turn, manifest social and economic consequences such as a decrease in employability, mobility, and ability to care for a family. Loss of employment can lead to a loss of health care coverage. The quality of our lives – physically, emotionally, socially, and financially – is directly connected to our health; by taking preventative measures against chronic diseases, we are helping to minimize the debt incurred by the uninsured. Utilizing a variety of different resources at Union and in Schenectady, this project will offer a free nutrition and wellness program and, in doing so, empower residents to develop healthier lifestyles and decrease hospital visits, ultimately leading to a stronger, safer community.

Background. Access to nutrition and wellness education programs in Schenectady, New York is marginal for unemployed and uninsured residents, leaving a massive void in the provision of local health care. With an official poverty rate of 21.1% (note: the 12307 zip code has a median household income of $18,071 with 43.8% of households below the poverty line), this is an alarming problem. The US Bureau of Labor Statistics recently reported that the number of unemployed residents of the Capital District is now over thirty thousand with a 25% increase since November 2008. Even as the nationwide economy begins to recover slowly from recession, access to free health and wellness programs for unemployed and uninsured residents in Schenectady County appears to be almost nonexistent, as local not-for-profit agencies that target low-income populations continue to struggle with financial burdens and increasing demands. Outside of the department of Social Services, I have identified only two organizations – Catholic Charities of Schenectady and Cornell Cooperative Extension of Schenectady County – that target unemployed and uninsured residents with nutrition and wellness programming. This is clearly not enough to accommodate the large number of unemployed and uninsured residents of Schenectady, as can be inferred from the number of patients with nutritional counseling needs at the Schenectady Free Health Clinic. Therefore, I propose the establishment of an eight week nutrition program open to qualified patients of the Clinic, clients of Washington Irving Educations Center, and program participants at the Kenney Community Center to improve nutrition and wellness education in Schenectady. I will utilize the resources of Union College, the Schenectady Free Health Clinic, the Hunger Action Network of New York State's Healthy Community Harvest Program, local businesses, and the Schenectady Greenmarket outreach program.

Proposal. *Aim*: To develop a nutrition and wellness program for residents who receive assistance at the aforementioned sites. Fifty qualifying residents will complete a series of workshops addressing a variety of health-related topics located at one of three sites. Successful completion of the program will lead to a "package of benefits" that contribute to, maintain, and remain an incentive to achieve good health.
First Phase – Research and Community Organizing – May and June: Research on nutrition will be conducted in order to understand the best practices in offering nutritional

advice. Program advertisement materials will be created and distributed in target areas of Schenectady (Hamilton Hill and Downtown Schenectady). Volunteers from Union College, the Schenectady Free Health Clinic, and the community will be organized to help create and run the program as well as develop a "nutrition binder" for participants.

Second Phase – Project Implementation and Delivery – July and August: The nutrition program will be an eight week program to take place during the summer. The program will have three locations – the Schenectady Free Health Clinic, Washington Irving Educational Center, and the Kenney Community Center. The curriculum created during the first phase will aim to teach not only proper nutrition and wellness but aspects of health important to low-income residents, including how to "price shop" at markets, health food cooking classes, and education about fast food. All eight workshops will be focused on a different topic: nutrition and our health, exercise routines, healthy food preparation, free local resources that promote good health, buying at supermarkets vs. buying from local businesses, dangers of fast food, gardening in an urban environment, and efforts of local organizations. The program will be delivered at the aforementioned locations on weeknights, with each session lasting two hours. Workshop preparation and delivery will receive the assistance of staff and volunteers from the Schenectady Free Health Clinic, Hunger Action Network of New York State, Schenectady Greenmarket, Campus Kitchens of Union College, the Pre-Health Society of Union College, and faculty members of Union College.

Third Phase – Completion of the Program and Sustainability: The last and most important part of the program is completion. Upon successful competition, participants will be presented with a "benefits package" for having attended all eight workshops. The packages will aim at helping create an incentive for the participants, in the first place, as well as help the participant maintain their newly learned nutritional skills. Having developed the curriculum, gathered local expertise and resources, and delivered the program in its first year, I will train students from Union College to coordinate and manage the project in the following year.

Broader Implications. Upon the completion of my project, the nutrition program will ideally be handed off to a Union College AmeriCorps volunteer or a graduate student working through the Kenney Community Center under the federal work study program. All materials used for the project will be donated to the host sites.

This project has the potential to become incorporated in the Leadership in Medicine Program at Union, one of the most selective pre-health career programs in the US. This could lead to consistency in services offered in the future. Additionally, with growth of the project, high school students could be trained in nutrition education to create a peer – to – peer program on nutrition in the local high schools. Ultimately, the aims of this project are twofold. First, it is designed to fill a void: the lack of preventive care programs for unemployed and uninsured residents of Schenectady. Second, it will help foster cooperation and lasting relationships between poverty eradication and health advocacy groups in the area. By living healthier lives, participants will be more suited to work together to make a positive contribution to society.

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Interview with Harold Miller, Director of ACORN

Interview with William Spolyar, Executive Director of the Schenectady Free Health Clinic

Interview with Marty Strosberg, Board Member of the Schenectady Free Health Clinic

Interview with Gregory Weiss, author of *Grassroots Medicine*

Interviews with Schenectady Free Health Clinic Patients

Field Notes from Schenectady Free Health Clinic

US Census Bureau

Country Health Care Ranks: http://www.photius.com/rankings/healthranks.html

Website on Medicaid: http://www.cms.hhs.gov/home/medicaid.asp

Federally Qualified Health Care Centers: http://www.cms.hhs.gov/center/fqhc.asp

Project Access: www.projectaccess.net

The Free Clinic Times of the Great Lakes Region