

# DOCTORS

## Do Good

**Volunteer physicians are keeping the uninsured from falling through the cracks.**

**Not only do the patients benefit from the health care they receive, the doctors say their entire communities reap the rewards of healthier, more productive citizens.**



PHOTO/ ©2001 BILL LITTELL

*After retiring from his career, Dr. Jack McConnell (above with his wife, Mary Ellen) started a clinic staffed by volunteers to care for the uninsured. “We have 100,000 educated, experienced, dedicated physicians available. That could almost take care of the 44 million uninsured who have been left out of the system.”*

# AFTER

AN ILLUSTRIOUS CAREER IN MEDICAL RESEARCH that included overseeing the development of Tylenol tablets and co-founding the [Institute for Genomic Research](#), Jack McConnell, MD fol-

lowed the path of many physicians who reach their “golden years.” He retired to Hilton Head, a resort island off the coast of South Carolina. There, he thought he’d spend his remaining days improving his golf game, traveling when the mood struck, and dining at the finest restaurants. And for a few years, that’s what he did. But the leisurely lifestyle quickly lost its luster for McConnell, now 76 years old. “There was nothing coming back to me. For a time I just sort of floundered,” he says. Then, on the morning of New Year’s Day in 1992, a serendipitous meeting with a native of Hilton Head changed forever the course of his retirement, and the health of uninsured residents on the island, for the better.

On that fateful New Year’s Day in 1992, McConnell suddenly awakened to how the “other half”—or one third, to be precise—of the Hilton Head residents lived. He offered a ride to an unemployed local construction worker hitchhiking to area sites in search of work. During their brief ride, McConnell learned that the man, his wife, and their two children had no health insurance, and hadn’t for many years. When McConnell asked what happened when any of the family members required medical care, he responded “We have to take care of ourselves.” McConnell was moved by the man’s story. Then and there, he decided that this man and others on the island in his predicament would one day acquire access to free, quality medical care. That day marked the end of McConnell’s leisurely retirement, and the beginning of an idea that evolved into the [Volunteers in Medicine \(VIM\) Clinic](#).

## A vision becomes reality

A man of action, McConnell immediately began to turn his vision into a reality. But before a clinic could be erected to take care of the estimated 10,000 uninsured on the Island, funds had to be raised. The clinic’s first financial support came from a local church, First Presbyterian, in the amount of \$2,000. A \$50,000 grant from the Robert Wood

Johnson Foundation followed shortly after. Then other grants came tumbling in, between \$2,000 and \$350,000. Local residents also gave generously, both in dollars and in-kind donations. A local architect designed the building pro bono; the owner of a commercial carpet store donated carpet for the building. Some individual donations even came from out of state. As for the property on which the clinic was to

be built—1.1 acres of prime Hilton Head Island land—the Town of Hilton Head agreed to lease the land for \$1 per year for 30 and a half years. On March 5, 1993, barely a year after McConnell devised the idea for the clinic, the groundbreaking for the 7,000 square-foot facility took place. In July 1994, the clinic was open and fully operational.

Word of VIM spread quickly. Soon the clinic was fielding hundreds of

## Resource Rx

### Volunteer Opportunities Abound

Perhaps you practice psychiatry in New York City, dentistry in the Appalachian Mountains, or primary care in a California suburb. Maybe you're a medical student, or at the height of your professional career, or thinking about retirement. Whatever the case may be, chances are that many people in your community could benefit immensely from your care, but can't afford it. Have you thought about reaching out to those community members in need but don't know where to begin? Whether you want to volunteer at an existing clinic or establish a new one, the following resources can point you in the right direction.

### Practical Considerations

Before you make the commitment to volunteer, ask yourself the following questions:

- What type of commitment do you want to give (short- or long-term, part-time or full-time)?
- Are you prepared to practice medicine in less-than-ideal situations (e.g., with limited access to pharmaceuticals, technological support, etc.)?
- Are you committed to providing culturally competent care to patients of various ethnic backgrounds?
- Are you prepared to educate patients of all backgrounds on how to manage chronic disease?

### Nationwide Resources

FREE CLINIC FOUNDATION OF AMERICA publishes a list of many free clinics in the nation and a manual on how to start free clinics.

1240 Third Street SW, Roanoke, VA, 540-344-8242 [www.freeclinic.net](http://www.freeclinic.net)

VOLUNTEERS IN HEALTHCARE is a national resource for organizations and clinicians caring for the uninsured.

111 Brewster Street, Pawtucket, RI 02860 Toll free: 1-877-844-VIHC [www.volunteersinhealthcare.org](http://www.volunteersinhealthcare.org)

VOLUNTEERS IN MEDICINE INSTITUTE assists individuals, organizations, hospitals and communities throughout the United States in the development of health-care clinics for the medically underserved. PO Box 24126, Hilton Head Island, SC 29925-4126, 843-342-5700 [www.vimi.org](http://www.vimi.org)

THE VOLUNTEER CLINIC RESOURCE CENTER provides information on practical aspects of volunteer clinics.

310 Culbertson Hall, Montana State University, Bozeman, MT 59717 406-994-6001 [sak@montana.edu](mailto:sak@montana.edu) <http://ahcc.msu.montana.edu/volclin/>

**Click on "Resource Library"**

### Local Resources

To find local volunteer opportunities in medicine, check with your:

- County medical association
- City or county department of health
- Chamber of Commerce
- Association affiliate (e.g., the Cystic Fibrosis Foundation, the Diabetes Association, etc.)
- Church's clergy or denomination's nearest office
- Medical school and/or affiliated hospital

calls from folks around the country who wanted advice on how to start their own clinics. In response, McConnell created the [VIM Institute](#), a nonprofit organization dedicated to helping others address, in an organized fashion, the medical needs of the working poor. Today, there are 17 similar clinics open around the country and another 17 underway. And the original VIM clinic at Hilton Head continues to thrive. "We saw 5,000 patients the first year, 10,000 the next. It has leveled off at 16,000. But with layoffs and the uncertain economy, we expect to see 17,500 or more patients next year," says McConnell, for whom improving his golf handicap remains a distant memory.

### Turning a town into a community

The immediate benefits of Hilton Head's VIM clinic are obvious: access to medical care for all the Island's residents. But they run deeper than that. "A clinic like this transforms a town into a community," says McConnell. Since they have access to comprehensive care and patient education (many patients take advantage of a VIM diabetes clinic, for example, which teaches patients how to give themselves injections, monitor their blood sugar, and eat healthfully), Hilton Head residents once prohibited from full-time employment due to chronic conditions have now returned to work. Hence, the town's economy has improved. So, too, has that of the local 64-bed hospital. McConnell estimates that the presence of the clinic has reduced the number of non-paying primary-care patients to the ER by about one-half, a savings for the hospital of between \$650,000 and \$750,000 per year.

The local economy is not the only thing that's gotten a boost as the result of the VIM clinic—so have many of the Island's retired health professionals. "With essentially no effort, we recruited 55 physicians, 64 nurses, and 15 dentists, all of whom were retired. They tell us this is what they always wanted to do: just practice their professions in a 'hassle-free' environment," says McConnell. Void of the complications inherent to a managed care environment, the VIM clinic allows volunteer health-care personnel the opportunity to focus more fully on enjoying what they do best: taking care of patients.

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### Overcoming hurdles to recruit retirees

Based on his experience at the VIM clinic, McConnell believes that two thirds of the nation's approximately 150,000 retired physicians would be willing to perform medicine volunteer if obstacles, such as re-licensing and the high cost of malpractice insurance, didn't stand in their way. "We have 100,000 educated, experienced, dedicated physicians available. That could almost take care of the 44 million uninsured who have been left out of the system," he says. These obstacles prove daunting, as McConnell can attest to first-hand.

To get his clinic up and running, McConnell personally went to battle to overcome the challenges of re-licensing

**Dr. Ken Williams, an internist with a private practice in Baltimore, Maryland provides volunteer care within his regular practice. "We have a policy that we never deny care for financial reasons. We never make an appointment based on insurance or a person's ability to pay. This is an open policy with which all of the physicians in our practice unanimously agree."**

health-care professionals and ensuring their immunity from lawsuits. After an unsuccessful attempt to get the South Carolina Board of Medical Licensure (SCBML) to waive the re-licensing requirement for retired physicians performing volunteer medicine, McConnell took his case directly to the General Assembly. There, he lobbied successfully for the passing of an ad-

dendum that created a Special Volunteer License. The license waives all associated fees and tests for uncompensated, retired physicians delivering medical care to the under-served.

Before enlisting retired physicians to volunteer at the clinic, McConnell knew that he had to ensure they would be provided with low-cost malpractice insurance. To McConnell's surprise, this

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task proved less challenging than that of sidestepping re-licensing. At the suggestion of the president of the South Carolina Medical Association, McConnell contacted the Joint Underwriting Association (JUA), the provider of malpractice insurance for most physicians in the state of South Carolina. With the JUA, he shared his aspiration: to acquire low-cost malpractice insurance for retired physicians so they could treat the poor for free. The JUA generously agreed to provide unlimited malpractice insurance with a 21-year "tail" for all clinic volunteers, both lay and professional, for just under \$5,000. After the first year, during which the clinic had no malpractice claims filed against it, McConnell asked the JUA to cut the premium in half. They graciously agreed. Obtaining low-cost malpractice insurance for volunteers at the VIM clinic served as a strong recruitment tool incentive. Without it, many retired physicians would have opted not to volunteer.

Like VIM, other free clinics around the country face the challenge of how to provide low-cost malpractice insurance to their volunteers, or to grant immunity from malpractice suits altogether. Efforts are underway to enact a federal policy ensuring liability protection for all physicians who give free care at charitable organizations. In the meantime, many individual states have acted independently to pass immunity legislation for clinic volunteers. The State of Virginia set a precedent when it passed a state law in 1983 granting volunteers at free clinics throughout the state freedom from liability. As the need for free care and the interest in providing volunteer care increased, others states soon followed suit. To date, several states offer varying degrees of protection for health-care professionals delivering pro bono

care. And in 1997, the federal [Volunteer Protection Act](#) passed, guaranteeing certain protections against personal liability for physician and nonphysician volunteers of nonprofit organizations except in the event of gross negligence and criminal or reckless misconduct.

### Responding to an overwhelming need

With an aging population in which many of the nation's physicians are nearing retirement age, it's not surprising that an interest in volunteering is on the rise. What is shocking is the number of people who fall through the cracks in the nation's health-care system. In some states, such as California, 25 percent of residents are uninsured.

The various means by which U.S. residents receive free health care—from community-based clinics to referral networks or "clinics without walls" to private physicians' offices—make it impossible to calculate exactly how many people nationwide benefit from free medical care. But Janet Walton, the deputy program director of [Volunteers in Healthcare \(VIH\)](#), a national, nonprofit program funded by the Robert Wood Johnson Foundation to support the efforts of volunteer health-care professionals, provides a glimpse of the overwhelming urge to serve. "Every day we get between five and 10 requests about volunteering," she says.

Although not all the requests Walton and her colleagues field relate directly to how to start a clinic, the continuous stream of inquiries on some aspect of providing free care to patients in need illustrates the enormous demand. The VIH database, which tracks community-based organizations that provide care to the uninsured and underserved, contains over 2,500 entries. They span every state in the country, the District of

Columbia, Puerto Rico, and the Virgin Islands. And by no means do they represent a comprehensive listing of places where free care is dispensed.

For one thing, the VIH database contains no record of the countless physicians across the country who regularly deliver care in their offices, rather than at clinics, free of charge. Dr. Ken Williams, an internist with a private practice in Baltimore, Maryland says, "We have a policy that we never deny care for financial reasons. We never make an appointment based on insurance or a person's ability to pay. This is an open policy with which all of the physicians in our practice unanimously agree." Some of Williams' patients cannot afford to pay for their care in conventional ways, but want to contribute something. "We barter all the time with folks. I've gotten a toilet fixed, and my freezer's been full of homemade pastries on several occasions," says Williams. "Almost daily, I'll say to folks 'don't worry about the bill.'"

### Who receives free care

Just who relies on free care and the physicians who deliver it? The working poor whose employers don't cover the cost of health-care insurance, yet who make too much money to qualify for Medicaid, are the primary recipients. As a result of recent downturns in the economy, however, more and more unemployed white-collar workers are seeking free health care. "Some of them have high-paying jobs, and when they have dot.com layoffs, they lose their health insurance," explains Dr. David Smith, founder of the [Haight Ashbury Free Clinic](#) in California, which he started in 1967 with \$500 seed money from a local church and \$100 of his own money. It has since grown into a conglomerate with 22 sites around the Bay Area that treats about 500 patients a day.

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And now, the federal government pays for up to 80 percent of the clinics' \$8 million annual budget. Though not all the patients need free care for long, they're deeply grateful to have access to it, and many show their appreciation. "When they get employed again they donate to the clinics. Some people have put them in their wills," says Smith.

For the most part, recipients of free medical care are not simply between jobs that offer health-care benefits. "Often they've gone without health care for a longer time. By the time they go to a physician, there's often something pretty wrong," says Walton. Dr. Gary Milles echoes Walton's sentiment. Milles, who practices medicine in Howard County, a wealthy suburb of Maryland, founded the Howard County's Physician's Alliance for Patients in Need in 1994. The alliance established a network of free care in the same predominantly wealthy suburb where Milles has a private practice—a suburb that he says "hides the people who are impoverished."

The alliance, which treats an estimated 1,500 patients annually, serves primarily two populations: the working poor and immigrants. "A lot of the patients are working part time; they're limited by chronic illnesses such as diabetes," says Milles. "The second part of who we see are immigrants. Many of these people have never had any health care and, as a result, have uncontrolled hypertension, advanced diabetes, cancers of every sort. These are intensely ill people." Milles and the other physicians who comprise the alliance see it as their responsibility to get these people back on their feet. "First, we put the fires out. They can then begin to fight back," he says.

The driving force behind delivering free care

The reasons people require medical

treatment free of charge vary widely, as do the methods by which care is dispensed to them. But ask any number of physicians who administer care for free why they do it, and more than likely, you will hear the same term surface repeatedly: community. "It's really just a matter of taking care of your own community," says Milles modestly. And through the highly organized alliance he founded, which now comprises more than 30 primary-care physicians and more than 100 specialists working cooperatively to provide a continuum of care for community members in need, Milles and his associates are doing just that.

Because there is currently no national health policy, the burden of guaranteeing that all people have access to health care has fallen largely on individual communities. Many have been tremendously successful in meeting this challenge. Buncombe County in Western North Carolina is a prime example. Established in 1885, the [Buncombe County Medical Society \(BCMS\)](#) has managed to maintain its tradition of ensuring the health of its community members, even in the face of escalating health costs and growing health disparities among various ethnic populations.

"We decided that as a community, we could not wait for the national health policy," says Alan McKenzie, the executive director of the BCMS. In 1994 the BCMS received a grant from the Robert Wood Johnson Foundation and eventually, the commitment of several community resources—local physicians, county commissioners, the community hospital, the department of social services, the area pharmacy, and even a local managed care organization—to serve residents in need for free. The result? One hundred percent of Buncombe County residents now have

access to primary and specialized health care. Now, The BCMS is focusing on eliminating health disparities between the county's various ethnic populations. "A few years ago, the rate of low birth-weight babies for African Americans in our county was 23 percent—twice that of white babies. Through a faith-based initiative administered in partnership with a local church, that rate is down to 13 percent," says McKenzie.

### The fight continues

As heartening as it is to note that efforts of entire communities as well as those of individual physicians are acting as a safety net for the millions of people left out of the health-care system, it's equally frustrating that this need should exist at all. And it's a growing need. "We're talking about working people, retired people, people of all ethnic groups and races—it's across the board," says an exasperated Smith.

Smith and other physicians who volunteer their time to treat patients free of charge may be frustrated, but they refuse to give up. There are simply too many people who rely on them.

"I planned to get this little clinic started and go back to playing golf," says McConnell. His plans have been put on hold—indefinitely. Asked how long he will continue to administer free care to those in need, McConnell responds, "As long as I'm still vertical and alert." ■

*Elizabeth Heubeck is a free-lance writer based in Baltimore, Maryland.*