

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, I know we were both very impressed last week with our guest Congressman Cao. His life's journey was quite remarkable coming to America as a young child at the height of the Vietnam Conflict.

Margaret Flinter: And growing up to defeat the Democratic incumbent in the City of New Orleans, the most Democratic District in America.

Mark Masselli: Well, he is only 42, he's really accomplished so much.

Margaret Flinter: And he hasn't been in lockstep with the Republicans on many issues. He was one of seven to vote to Center Representative Joe Wilson for his outburst against the President during the State of the Union address.

Mark Masselli: And he made headline news everywhere as the lone Republican to vote in favor of the Affordable Health Care Act for America on November 7th. He is differentiating himself and attracting lots of attention. It's hard to believe that he was only sworn into office in January of this year.

Margaret Flinter: We heard from many listeners about our interview but the sentiments were best captured by Dr. Manohar, President of the Asian American Caucus of the American Psychiatric Association. He was worthy of inclusion in a new addition of profiles and courage.

Mark Masselli: We couldn't agree and we'll be keeping our close eye on Congressman Cao.

Margaret Flinter: Now, let's take a moment and reflect on that Historic House Vote for Health Care Reform. Charlie Cook, the political analyst, had a piece in his weekly blog and he said "No matter how you view the vote, you have to give credit to the Speaker of the House Nancy Pelosi and White House Chief of Staff Rahm Emanuel."

Mark Masselli: Yes, he made the observation that few of Pelosi's detractors understand that behind her big smile and stylish looks is a Baltimore-bred pol who is tough as nails and knows which veteran Blue

Dog can ultimately be persuaded to vote her way on any given piece of legislation.

Margaret Flinter: She is tenacious. And credit also goes to Rahm Emanuel. It's not just that he has the all powerful Chief of Staff position, more importantly, he was chairman of the Democratic Congressional Campaign Committee and helped to get many of the house members elected and he still knows their districts. That's a very important part of the puzzle when you are asking members to take votes that will have an impact on their reelection.

Mark Masselli: But the chess match moves back to Senator Harry Reid and he is contemplating his next move. He is awaiting that all important financial scorecard of his proposed legislation from the Congressional Budget Office.

Margaret Flinter: The role of the CBO looms large. As the budget deficit increases, their scoring is all the more critical as public mood seems to be shifting to controlling spending. Reid's going to have to thread the eye of the needle and time is working against them.

Mark Masselli: It might be but there are many within the Democratic Party saying that if we want to win in 2010, they will need to get things accomplished this year.

Margaret Flinter: Right, and we saw the former president Bill Clinton talking behind closed doors to democratic senators reminding them they lost control of the House in '94, he believes they lost in part because they failed to get Health Care Reform done in that first term.

Mark Masselli: But they have to worry about the filibuster in the senate. And without the consent of 60 senators, a super majority of the chamber, any senator can object by filibustering to halt the bill with the Republicans nearly lockstep in their opposition to the largely Democratic Health Care Reform bill. Senator Reid is crafting, the majority of leader needs every vote at his disposal from a 60-senator caucus.

Margaret Flinter: Mark, I think most Americans would be surprised to know that the first big hurdle is that Senator Reid needs to get the senate to agree to debate the bill, it's called the Motion to Proceed and that vote hopefully will be coming up this week. Conversations on Health Care will keep you informed.

Mark Masselli: And now we turn our attention to this week's topic, the Free Clinic Movement, which was in the news this weekend when thousands turned out for a free clinic in New Orleans, just another example of growing population of uninsured Americans.

Margaret Flinter: This week, we interviewed the Executive Director of the National Association of Free Clinics, Nicole Lamoureux.

Mark Masselli: Founded in 2001 and headquartered in Washington, DC, the National Association is an advocate for the issues and concerns of free clinics.

Margaret Flinter: Mark, this must seem like déjà vu to you. In your younger days, weren't you involved in the formation of an earlier free clinic association?

Mark Masselli: It's still a vivid memory. It was January 1972. A group of free clinics from around the country convened in Washington, DC, the most well known of them was the Haight Ashbury Free Clinic from San Francisco. But there were free clinics that identified with all of the forces that were on the rise within our society, Women's Clinics, Farm Workers, the Black Panther Party and groups like our own from Middletown, Connecticut where a group of Wesleyan University students and Middletown community activists came together in 1971 to start a free clinic. We came with no financial resources but shared larger vision that health care was a right and not a privilege. The time had come for people to demand a voice in their own health care.

Margaret Flinter: Let me read a section from a book *The Story of the American Free Clinic Movement* by Greg Weiss. It sets a stage for the struggle that you and everyone else faced. He writes "Imagine what it would have been like to create a free clinic in the late 1960s and early 70s. You recognize that there is a significant problem in the country and that many young people feel unable to access or to trust the private health care system or you recognize that many members of racial or ethnic minority groups are unable to afford or find accessible primary care in their community. Perhaps you have one or two allies or a small group of activists who share your belief that this is wrong, and you all want to do something about it. You conclude, yes, you lack the power to change the entire system but you think it might be feasible to create small cases within communities to provide care to those left out of the private system. You are committed to the idea, you are passionate about it. But to start with, there is no money, no location for the clinic, no

equipment and no providers. Perhaps just as importantly, no models to emulate, no one with experience or expertise to offer guidance, no manuals or literature on the subject. What a daunting task!"

Mark Masselli: Right on, George. He is right. We were a passionate group but we were also optimistic. We believed that whatever we did we would be successful at because the need was so great. It's clear that out of those early days, you can hear the voices few in number that are laying the groundwork that is now being heard in the nation's capital around Reform.

Margaret Flinter: And we'll hear more about that in our free clinic story later in the show.

Mark Masselli: No matter what the story, you can hear all of our shows on our website Chcradio.com. Download the podcast or get transcripts of our show and we have some interesting links on the folks we interview.

Margaret Flinter: And as always, if you have feedback, email us at conversations@chc1.com, we'd love to hear from you.

Mark Masselli: Now, let's hear background report from Margaret on free clinics.

Margaret Flinter: The notion of providing charity care has been with us almost as long as organized medicine. America has a tradition of health care services organized for the poor that have ranged from public health clinics to the hospital dispensaries that also serve these training sites for young physicians. Religious orders have often made health care their focus. And of course providers have often quietly provided free care to their own patients as they fell on hard economic times. The modern notion of what we now call free clinics represents something different, not just free care in terms of dollars but also what Dr. David Smith describes as free of red tape, free of bureaucracy, free of judgment.

David Smith: I first went to the city and then the city said "Well, you can't have a clinic for hippies." So this was an old Dennis office and it was licensed properly. And I said "Well, the city won't let us, as we start giving ourselves these outlaws civil rights doctors trying to take care of the poor, police were against this, government was against this, we will do it on our own."

Margaret Flinter: Dr. Smith is considered the Founder of the Modern Free Clinic Movement, a young physician who is also studying pharmacology and toxicology in San Francisco during the 1967 Summer of Love. He was a firsthand witness to the explosion of young people who moved into Haight Ashbury and frequently ran into health problems. 40 years later, Dr. Smith talks about why he started the free clinics and what it represents.

David Smith: To deal with the acute medical problems, we are operating 24 hours a day. It's about 100 volunteers. There was a line around the street of people who found out about the clinic because we were a community's clinic.

Margaret Flinter: Free clinics quickly spread to other California cities and to the rest of the United States. In 1972, a meeting was held at the Shoreham Hotel in Washington, DC where organizations and staff from all over the country gathered to listen to speakers, including Dr. Smith. It was at this meeting that the slogan "Health Care is a Right and Not a Privilege" emerged as a central theme for the Free Clinic Movement. Over the next 20 years, individual communities continued to establish free clinics. Well, some survived the lack of any reliable funding made long-term success iffy at best. And over time, many transformed from the original free clinic model into clinics with sliding fee schedules and the ability to bill insurance. Others took the path of becoming community health centers, later federally qualified health centers. This allowed clinics to receive some federal grant funds and to bill Medicaid and other payers, but it also met a much more traditional organized approach to health care than that envisioned by Dr. Smith. But the Free Clinic Movement never faded from the scene. Driven by the commitment of volunteer staff and an open door policy for patients, the National Association of Free Clinics, the successor organization to that one founded in 1972 says that there are now 1,200 free clinics operating in America. They are defined as private nonprofit community-based organizations that provide free medical care, sometimes dental and behavioral health care as well, at little or no cost to low-income, uninsured and underinsured people. They accomplish this through the use of volunteer health professionals and community volunteers along with partnership with other health care providers, and they range from small storefronts to multimillion-dollar organizations. Free clinics have caught the attention of the media recently in part because of their sponsorship of large public free clinic events held in cities around the country. MSNBC's Keith Olbermann was so impressed by the Houston Free Clinic event that he announced on his show he was contributing

\$50,000 to the cause and he was not shy about making the connection between the site of hundreds of Americans needing to line up for free health care and the current Health Reform debate.

Keith Olbermann: In doing so, we can get us closer to health care for all, but we can also support an organization that stages some of these fairs in cities where they can do, not just medical good, humanitarian good, but, as a sidebar, political good for the entire nation. Specifically, if these fairs were to occur in states represented by those Democratic Senators, like leader Harry Reid, not yet committed to opposing a Republican filibuster of the public option, to ensuring that the public option gets an up-or-down vote, so they can see for themselves what is at stake, the faces of Americans, their Americans, their constituents, who need their help.

Margaret Flinter: Just a few days ago and exactly one week after the House of Representatives passed HR 3962, the Health Reform bill designed to create universal insurance coverage and access to affordable health care for all Americans, the City of New Orleans was the site of a massive free clinic day of care. As in Houston, hundreds lined up in advance, this time at the site of the New Orleans Convention Center to see one of 720 volunteer physicians, nurses and health care workers that day.

And the Louisiana is the place to shine the spotlight because 869,000 people in this state do not have insurance and fully more than one out of every four of the non-elderly adults don't have insurance. We're looking at half a million people who work in this state who do not have insurance.

Margaret Flinter: Who sponsors free clinics? It's all over the map. AmeriCares, a Connecticut-based nonprofit organization best known for its relief efforts during natural disasters around the globe, also sponsors three free clinics right here in Connecticut, often noted as the wealthiest state in the country. Many free clinics are organized by university schools of medicine and nursing such as the ECHO Free Clinic in the Bronx or the University of Kentucky Salvation Army Clinic. Across the country, state dental associations have teamed up to sponsor huge missions of mercy for dental care, setting up hundreds of dental operatories and school auditoriums, recruiting local dentists and hygienists, and providing a full range of dental care to up to 2,000 people in a single weekend. A logical question is, "Will free clinic still be needed if National Health Reform passes?" That question will be answered in the coming years. But for now, free clinics appear to

continue to deliver on what Dr. Smith envisioned, not just free in dollars, but free of bureaucracy, red tape and judgment. We'll learn more about free clinics in America from Nicole Lamoureux, Executive Director of the National Association of Free Clinics.

Mark Masselli: Welcome Nicole to Conversations on Health Care. You're the Director of the National Association of Free Clinics, sounds like equal parts health care community organizing and service, it's probably an organization that most of our listeners aren't so familiar with. Tell us about your members, who they are and what the goal of the association is.

Nicole Lamoureux: Sure. Thank you again so much for having me. The National Association of Free Clinics is comprised of 1,200 free clinics across the United States and free clinics are 501(c)(3) organizations, volunteer health care organizations, and we provide quality health care to the nation's uninsured, those living 100% to 300% below the poverty level, they have no insurance. So we also don't accept any state or federal funds. And 83% of our patients have a job, so uninsured does not equal unemployed. And our clinics, in 2008, serviced four million patients. In 2009, we will service eight million patients and we do that with six million volunteers.

Margaret Flinter: Nicole, the free clinics have such an interesting past, but what do you think about the future? We know you and your members must be following the Health Care Reform debate very closely and to the best of my knowledge, this notes specific mention of the free clinics in the Health Reform bills that we have seen so far. So, what do you see for the future? If Health Reform does come to pass, will the free clinics still be needed?

Nicole Lamoureux: We will still be needed, I think that what we are finding, you're correct. We were not in the Stimulus Package nor our free clinics included in definitely in the Health Bill and the House Health Bill. So we're hoping that in the senate, there will be some mention of free clinics. From many of the uninsured in this country, the free clinics are their medical home. So what we are trying to educate and work with Congress about is saying that, by taking little to no state or federal fund, this is a home and a place that patients can go. But even if Health Care Reform goes through, we do know it's going to take some time to implement the program. We also know that by 2019, by Congress's own estimation, there still will be 25 million uninsured and that's based on a zero population growth. So we do know that there will still be a need.

There is always going to be a place for some person that unfortunately falls to the cracks.

Mark Masselli: Very good observation. Nicole, as we speak, we understand you're traveling from New Orleans to Little Rock, and in New Orleans, the National Association sponsored a one-day free clinic attended by over 1,000 New Orleaners. One news report said that 90% of the people who came left with the diagnoses. They hadn't previously had either blood pressure or diabetes, being two of the most common. These are chronic conditions that need follow-up. What do you say to people after they get these diagnoses of how to manage their health care?

Nicole Lamoureux: Well, one of the things that's so very, very important to the National Association of Free Clinic is what we spoke about at the beginning when we started talking. There are 1,200 clinics there doing this every single day across the United States. So these day clinics that they are part of, we did one in Houston in September, this one in New Orleans and now we are doing in Little Rock, just highlights what free clinics do every day, what's still critical to us. However, the one day free clinics get people started on the first type of the help. But when every single patient leaves this our clinic, they receive resources for those follow-up cares, either appointments or information on how to get appointments on one of the safety net providers in their state.

Margaret Flinter: Nicole, the free clinics certainly tap into a deep spirit of volunteers in the community and I have noticed many seem to be run by faith-based organizations, also quite a few sponsored by students, especially health professional students at universities. As you know, health care can be pretty complex, we would like to hear how you deal with issues like malpractice, accreditation, standards of care. This is a voluntary part time job, not a full time commitment for most of the staff.

Nicole Lamoureux: Well, I think those are great questions for us. First and foremost, I think again, we have been doing this since the 1960s and the one thing that I think is the beauty of the Free Clinic Movement is that we are the community's response to the health care need in that area. So for example, in Biloxi, Mississippi, we had a clinic open right after Hurricane Katrina and they understood that respiratory issues are going to be their #1 issue. So it works with their community and now they are a full-scale clinic. Some of the things that we talk about is that under the Federal Tort Claims Act, all volunteers are covered under the Federal Tort Claims Act for malpractice and we are hoping that that will change in our site and our staff so the actual building in the people if we have someone

pay that they can get covered as well. But that is how we're covered for malpractice. But even more so the amazing part of this is many of our physicians extend their own coverage to themselves, to the places where they are volunteering. We obviously work with HIPAA and OSHA and all of the other things that are requirements for a medical provider. That's what we do. And our standards of care, since we're dealing with some of the world's leading specialists and we have a board that works with us, many of us work with hospitals and the National Association of Free Clinics has guidelines for each of our clinics when they get started as well.

Mark Masselli: Nicole, free clinics may be the best example of community organizing in health care that we have, tell us what you see as critical to the success at the community level for your clinic members. And if there is one of our listeners out there who wants to start a free clinic or who wants you to come to their community, what should they do?

Nicole Lamoureux: Well, first and foremost, if he'd like information on how to start a free clinic in your area, because again, as we talked about before, these one day clinics are just the start of getting people healthy. It's the existing structures that are there every single day they will make a difference in their lives. On our website Freeclinics.us, under Resource Publications, there is a way to start either how you can start a free clinic or a free dental clinic. And that success is making sure you read those documents because they give you some step-by-step ways to go about working with your communities, your hospitals, even getting some donors to come and help you. And then obviously, you call me and we help you to get connected with your state association, but we have some wonderful board members that help start free clinics when we have the opportunity.

Margaret Flinter: Nicole, that's spoken like a true community organizer. Let me ask you this. A patient comes to one of the free clinics and then needs care at the emergency room or in another practice in town. It seems like free clinics would benefit from Electronic Health Records even more than most doctors' offices given the need to transfer health information and coordinate care. Can you tell us what the free clinics are doing in that arena? Do you have any plans or anticipate any support under the stimulus funds for Electronic Health Records for free clinics?

Nicole Lamoureux: We received zero funds under the Stimulus Package for Electronic Health Records and you are correct. We understand that Electronic Health Records are critical to the health of our patients because

we have so many partnerships. Do you know that for every dollar given to a free clinic, we can make \$5 worth of services given to our patients because of the wonderful relationships we have? Electronic Medical Records are very, very expensive, quite frankly. 44% of free clinics have an operating budget under \$100,000. So, having some funds to help us have Electronic Medical Records is critical but free clinics can't wait for a Stimulus Package or some money like that, so many of them are raising funds right now or working with their hospitals to have those Electronic Medical Records in-house. We know that they are critical, we understand that they are important and we will be moving to that direction, that is the goal of the organization. Unfortunately, it just takes a little bit of funds to get back going. So, we are finding creative ways to raise money for Electronic Medical Records in-house.

Mark Masselli: Nicole, one of the biggest free clinics that we have seen here in the northeast are the dental free clinics sponsored by the Mission of Mercy. At their last clinic, we saw the all too familiar scene with thousands of people lined up overnight, waiting to be seen by voluntary dental teams, although it's not talked about as much. People face even worse trouble getting dental care than medical, and it doesn't look like that will be addressed initially under Health Reform. Tell us what the National Association of Free Clinics is doing in the area of dental care.

Nicole Lamoureux: Well, our free clinics, many of them have dental care, they have vision care as well. In Kansas City, Missouri, when we are going there for our two-day clinic actually, December 9th and 10th, we actually will be having dental care on sites in Kansas City, Missouri. As you know, if your teeth aren't healthy, then that just is a really pointer to the rest of your health as well. Many of our clinics have dental. We either partner with a dental school or we have it right in-house. It's something that we are talking about. Under the Health Reform legislation, we do know that there are some things that are not addressed and free clinics are looking at how do we expand our services in a way to address things like dental and the mental health component which is very, very important, how do we make sure that we're answering the needs of the patients after a Health Care Reform bill goes through, because it's not just an access to an insurance card that's important, but rather it's access to that quality care, it's that time with the doctor and the dentist that can help you get healthy that we're really looking forward. We're a nonpartisan organization. We just know that they have eight million people right now that come to us for medical care and we want to make sure that they are seen.

Mark Masselli: We have been speaking with Nicole Lamoureux, the Director of the National Association of Free Clinics. Nicole, thanks for speaking with us today.

Nicole Lamoureux: Thank you so much for having me.

Mark Masselli: Each week, conversations highlight a bright idea about how to make wellness a part of our communities into everyday lives. This week's bright idea focuses on improving communication between doctors and patients. But with the new twist, the internet, incorporating virtual communication to health care can simplify the process for both providers and patients. Many doctors have begun to use online applications to facilitate better communication. One such website is Hellohealth.com which connects physicians and patients through e-mail, instant messaging and video chatting. Using this technology, doctors can follow up with patients after appointments, verify treatment plans and even share links to helpful website. Instead of waiting on hold, patients can instant message specific questions to their doctors and receive timely replies. Rather than stopping by their doctor's office to pick up particular health records, patients can submit online request and receive these documents as e-mail attachments. And whether they are out of town or unable to drive, patients who can't get to their doctor's office in person can easily have a face-to-face conference by video chatting. Another company eager to use the internet to bridge the gap between patients and physicians is the Mayo Clinic. On its website, the Mayo Clinic has posted helpful guidelines for patients thinking about using this technology. Patients are urged to go over the specifics of the technology their physicians use before jumping right in. Some physicians ask patients to sign a release form which details the security measures in place to keep health information confidential. In addition to learning about these protections, the site recommends that people keep their online messages concise to ensure that their doctors have time to respond affectively. The Mayo Clinic also reminds people of the limits of this internet technology, telling them to seek traditional, immediate care for severe problems like chest pain rather than their doctor an e-mail. Increased access to their physician gives patients piece of mind. It makes good economic sense too. By eliminating the gap between physicians and patients, programs like Hello Health reduce the need for costly middleman, like receptionists and other administrators. Hello Health now boasts a 50% drop in traditional overhead cost. Many insurance companies have also begun increasing coverage for virtual visits with doctors because they are markedly less expensive than traditional visits,

saving time, money and taking care of your health. Now, that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Margaret Flinter: Conversations on Health Care, broadcast from the Campus of Wesleyan University at WESU, streaming live at Wesufm.org and brought to --