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Free area clinics provide care for working poor

By LJ Anderson / Daily News Columnist

Friendly faces and a discernible lack of time pressure greet the person who enters the Samaritan House Free Medical Clinic in Redwood City. The uninsured, working poor have sought care at this clinic since 2001, and at the first Samaritan House clinic started in San Mateo in 1992. Dozens of volunteers, a few paid staff members, and a broad community donor base enable primary and specialty services to be provided at both locations. Samaritan House is a nonprofit agency that provides food, shelter and other services to low-income county residents (www.samaritanhouse.com).

Internist William Schwartz, MD, co-founded the original Samaritan House Free Medical Clinic in San Mateo with radiologist Dr. Walter Gains, and was instrumental in starting the second free clinic in Redwood City 11 years later. Schwartz practiced internal medicine in San Mateo for 32 years.

Q: What prompted you and Dr. Gains to start the first clinic?

A: In 1988 John Kelly, the (former) executive director of the Samaritan House, felt that folks who were receiving their services also badly needed medical services. He put a note in the medical association bulletin, and I read it - and was taken by it. While practicing in San Mateo, I had taken care of some patients for free, but I knew there were a lot of people out there who weren't getting medical care. So I started working with John and others, and in 1992, we opened the first clinic in San Mateo. Almost all of the work was done by volunteers, and it continues to be that way. The first clinic thrived, and then people in the Sequoia Hospital area wanted to do the same thing so we set up a clinic in Redwood City. The clinics are for basic medical and dental problems, and we also do some sub-specialty medicine. It seems to have sustainability in that people come and others go, but it just carries on. There's kind of an interesting quality - what I call "automaticity." And, the environment of working with the other doctors and volunteers is a wonderful one. If they didn't want to be there, they wouldn't be there. They self-select out to be happy campers who are gratified to be working with the patients.

Q: What are the greatest health needs, and have those changed over the years?

A: We see about 9,000 patients per year between both clinics for the same kinds of problems that a private doctor would see - (such as) bronchitis, irritable bowel, strained backs. We also provide medicines to our patients, and it's very expensive - even though we use generic medicines and accept samples from docs. We have a lot of diabetics whose meds are very expensive.

I would say that needs are getting greater, but it fluctuates and depends on how the economy is doing. Most of our patients are working poor. We have a great variety in our clientele, and it shifts. A study showed that the average person came to Samaritan House and stayed for 1 year. After that time, they either found a better job with insurance or moved.

Mills-Peninsula and Sequoia hospitals do our labs and X-ray work at both clinics for free. We're very grateful, but we do something that helps to balance that out. For example, we treat early illnesses like acute bronchitis. If we weren't there, they might wait until they got sicker and then go to the hospital with pneumonia. That would be expensive for the hospital because the patient wouldn't be able to pay the bill. We see people who might otherwise end up in the ER. Also, we see people who may have untreated diseases that we wouldn't want walking around the community. They might wait six months, and infect other people before going to the hospital.

Q: What is the difference, if any, between the San Mateo and the Redwood Clinic clientele?

A: It's a little heavier on the Latino side in Redwood City, but otherwise, it's very similar. Most of our people are gardeners, house cleaners, motel cleaners, and things like that. Many have very difficult lives, and their life situation often contributes to their medical problems. For example, someone may have a back strain, and also work as a gardener and have to lift 100-pound planters. I had one fellow who worked two restaurant shifts in one day - one here and one over in Hayward. He was very tired, and I told him that he needed to change something before he had an accident. (It's inspiring) particularly, when they are able to build themselves up. One may start out as a gardener and a year or two later, have his own gardening business and no longer need us.

Q: What would you say to health care professionals who might consider this type of volunteerism?

A: It's a totally pleasant experience, and it's different from private practice. We don't have the paperwork that docs do on the outside, you can take your time, and all of the patients are appreciative. As a doctor, we have an obligation to take care of everybody. If you live in a community where some people aren't being taken care of, the doctor has a problem. Even though it's not a direct problem, it is, as I see it, a moral problem. This is a way of filling in that part of our medical practice that makes us, in some ways, a complete doctor.