

Health care reform ignores key element

Let me tell you a sad story, then I'll tell you a sadder one (and it affects you).

Sad story: A man in his 40s — I'll call him Joe because he's a "working Joe" — walks in to the Virginia Andres Charity Clinic, which is the only facility in Charlotte County (outside of the Health Department) to serve the underinsured, unemployed, homeless and destitute. Joe seems uncomfortable being there; as it happens, it's his first time at a charity clinic. He's there because he doesn't have insurance. Turns out that until recently, Joe had plenty of insurance, enough to see just about any doctor he needed. But, like so many others in this economy, he unexpectedly lost his job, and his benefits with it. If you had asked him last year if he thought he would need to receive his health care from a charity clinic, he would have said no way.

Sadder story: Soon people like Joe may have nowhere to go, thanks to the federal government. For all the good that free clinics do, the fed has ignored them in its quest for "universal health care" — in a way that may force countless clinics across the United States to close their doors.

Why? Because free clinics were not included as essential providers in the most recent legislation passed out of the Senate HELP committee. In fact, free clinics are not named as "recognized entities" in the stimulus legislation or any of the recent health care reform legislation that has been introduced.

It's nice that the fed is allowing Americans to continue their existing coverage if they want. Of course, they have a choice. Most of the patients in free clinics don't have that option; they don't have coverage at all.

Please don't think the issue is government funding. Free clinics are already used to surviving with little or (usually) no federal or state money. But by not including them as entities, the fed may cause clinics to lose funding from other private sources that have been their only means of survival. Donors will assume the situation for care of the uninsured and underinsured is already covered under a "universal" health care plan and funds for free clinics are no longer needed. And they couldn't be more wrong.

In 2008, America's free clinics — staffed by tens of thousands of volunteers — provided health care to 4 million Americans. With the current economy, the need is growing. There are only about 1,200 free clinics in the nation — yet patient load has increased by as much as 50 percent.

As for funding, 44 percent of free clinics survive with a ludicrously low operating budget of less than \$100,000 a year. Yet for every dollar spent, the clinics provide \$4 in services. I've spoken with some people who believe the majority of patients at free clinics are minorities. Not so. A whopping 51 percent are white — more than twice the amount of the closest minority group. Nor are most patients children or the elderly. The majority — 80 percent — fall between the ages of 18 and 65. And 83 percent come from working households.

Let's look at the local picture. Two years ago, the three hospitals in Charlotte County received about 70,000 emergency room visits per year. Of those, 20 percent — 14,000 people — are not covered by health insurance. The amount these local hospitals lose as a result of people who cannot pay their bills is a staggering \$31 million every year. The Virginia Andres Charity Clinic has been able to provide care for a number of those who would ordinarily wait to see a physician until their condition became an emergency.

And the St. Vincent de Paul Community Pharmacy — which I founded in 1999 as the first freestanding charitable pharmacy in the state of Florida — has thus far dispensed well more than \$4 million in free medications to the poor of our area.

Free clinics are the safety net below the safety net. Can you imagine what would happen if we start flooding a current system that's already full? We are already seeing patients who are much sicker than before — ill with hepatitis, diabetes, in dire need of dental care — who have not seen a doctor in years because they can't afford it.

What can you do? Contact your area senators and representatives, at both their Washington and district offices. Urge them to include America's free clinics as part of the health care reform legislation by naming free clinics as an essential provider of health care in America. Please, do it today — before the House returns from recess in September, with the bill on the floor.

In this government of the people, by the people and for the people, we need to exercise our right to be heard in order to mitigate this potential crisis. Otherwise, the entire health care system will suffer. Not just the patients of the free clinics — all of us.



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