

# St. Luke's Free Medical Clinic

## *Serving the Working Poor of Warren County, VA*

By **Connie Marshner**

Warren County, Virginia sits at the confluence of the North and South Forks of the Shenandoah River in the rocky hills of the Blue Ridge Mountains. In colonial days its main industry was the transfer of agriculture products from the Shenandoah Valley onto river barges to go down the river.

Unlike its neighbors, Warren County has neither the rolling hills of horse country nor the fertile plains of the Shenandoah Valley. It does have the site of the oldest known inhabitants on the eastern coast of the continent – Indians, eleven or twelve thousand years ago – but such archaeological gems do not improve the quality of life in modern times.

The county seat, Front Royal, changed hands six times during the Civil War, a conflict that destroyed almost every building in the county. By 1937, though, things looked bright: the American Viscose plant in Front Royal was the world's largest producer of rayon. However in 1989 the plant, ultimately known as Avtex, closed after losing a decades-long fight with the EPA, leaving over eight hundred workers jobless.

The completion of Interstate 66 from Washington D.C. in 1984 and the arrival of the "Third Wave" of exurbanites put the county back on the road to prosperity. The number of single-family homes in the county increased 25% between 1990 and 2000. The adjusted gross income of married couples in Warren County increased 27.4% between 1990 and 1999.

It is still at least an hour and a half commute to Washington, but 60% of the county works somewhere other than Warren County.

Today, Warren County property values are twice or thrice what they were in 2000; two new high schools opened this year. Front Royal's first mall opened outside town this summer, bringing the first Starbucks to the county along with other chain stores. Old downtown Front Royal is doing its best to survive by attracting high-tech business and turning itself into a destination location for tourists headed to the Skyline Drive and Shenandoah National Park.

Like any other county in the nation, Warren County, Virginia, has its ups and downs—it also has an estimated 6,000 uninsured individuals. When uninsured people get sick, they need medical care. Typically, such people go to emergency rooms—an inefficient and costly way of delivering primary medical care.

But Warren County has an answer. Thanks to the initiative of some local Christians and the help of a national association, the uninsured in Warren County can go to the St. Luke Community Clinic for help. In 2006, 2,633 uninsured people did just that.

### **"God has been kind to me"**

St. Luke Clinic is one of an estimated two thousand free clinics around the country.

Free clinics are private, non-profit organizations that provide medical, dental, pharmaceutical and mental health services at little or no cost to low-income, uninsured and underinsured people. Each free clinic is unique, with a history and profile based on the particular needs and resources of the local community. Some are mobile, some are in church basements, some are massive and occupy their own buildings. Frequently, as is the case with St. Luke, there is a religious impetus behind its founding. In the words of Nicole Lamoureux, executive director of the National Association of Free Clinics, "When you've seen one free clinic, you've seen one free clinic."

These organizations survive with the help of donated time, talent, and treasure: doctors, medications, supplies,

*continued on page 2*



*Connie Marshner,  
a Visiting Fellow in  
Domestic Policy at The  
Heritage Foundation,  
lives in Front Royal,  
Virginia.*

## St. Luke

(continued from page 1)

volunteers, and even physical plant. Funding is raised on the local level—any government funding or support comes from local sources.

It is important to distinguish between the authentic free clinics, such as St. Luke, and other, federally-chartered clinics that are often referred to as “free clinics.”

The federally-qualified clinics also provide health care to the indigent and the unemployed, but there the resemblance ends. Federally chartered “free clinics” or “community clinics” receive charters and start-up money from the federal government, and submit bills to Medicare and Medicaid for reimbursement.

St. Luke and the other 49 authentic Free Clinics in Virginia receive no reimbursement.

The impetus in Front Royal, Virginia, for this quintessentially American idea came, interestingly enough, from an immigrant. Dr. Furadoon Irani, the son of Persian parents grew up in India. His ancestral faith was Zoroastrianism. He studied in England, Canada, and Baltimore before finally making his way to Front Royal several decades ago.

In 1995, he wrote a letter to Rev. C. Thomas Rhyne, of the Front Royal Presbyterian (PCUSA) Church, who had recently baptized him: “God has been kind to me. You and the church gave me strength through the difficult times. After giving due thought, I feel there is a need for medical assistance for some unfortunate people who cannot afford medical care.

“I could not think of anything better than to see a ... free clinic established. If the church is willing, we could meet and see how we can work out the details.”

In Pastor Rhyne’s words, he felt like David with Goliath standing right before him. But he responded to the call. The Witness and Service Committee took up the task and began to research the need for, and feasibility of, such a clinic.

They were soon overwhelmed by the enormity of the task before them.

But Dr. Irani wouldn’t let the idea die. He pushed forward a little bit at a time, and brought others along into the project. It took the expertise of many to make it happen.

Eight months later, an ecumenical Steering Committee was formed to begin the process. The clinic was incorporated on June 26, 1996, and applied for its 501 (c)(3) tax-exempt status. It opened its doors in the basement of the Marlow Heights Baptist Church on November 7, 1996, and served ten patients that night.

Fifteen months from idea to actualization, and still going strong—a time frame many industrialists would envy. And no federal funds are involved. Today, the Clinic holds a mortgage on its own building—a former nursing home—on Royal Avenue, one of Front Royal’s two major traffic arteries, and serves the needy four days a week.

### Services Offered

Pastor Tom Rhyne has served as Chairman of the Board from the beginning, and at the moment is filling in as executive director, while searching for a permanent replacement. In his view, “We succeeded because from the beginning we branched out. At one point, we hoped the Front Royal Presbyterian Church could do it, but we quickly realized the job was too big for just us. We involved every church in town as soon as we could. At one point we had three different pastors on the board at the same time, Al Woods and Harvey Skinner, both Baptists, and Bob Jones, a Lutheran.”

Perhaps one effect of that branching out is that St. Luke’s Clinic has no denominational, indeed, no overtly Christian, flavor. Its cheerfully-decorated waiting room does not sport embroidered Bible verses on the wall, for instance, nor do the literature tables include salvation tracts. Clients come to have their medical, not their spiritual, needs met at the Clinic.

And the range of medical needs which are met is very wide. While any patient will be seen the first time, to become a regular



*“We involved every church in town as soon as we could.”*

patient at St. Luke one must be uninsured and have income below 150 percent of the federal poverty level—\$30,975 for a family of four—and not be eligible for any other ongoing federal health program, such as Medicare. Because circumstances change, patients are re-certified every six months. “We’ve had Ph.D’s coming to the clinic,” says Tom Rhyne, though most clients are the working poor who cannot afford their medications.

Basic primary medical care needs are met during walk-in hours at the Clinic, which begin on Thursdays at 5 p.m. On that day, some of the volunteer physicians, who are mainly internists or family practice specialists, serve on a rotating schedule. New patients have to be registered and certified. Returning patients’ charts are pulled. If it has been six months since income certification, patients are re-certified. Everyone is busy, and everyone works until all patients have been seen. It can be a late night for all.

The demand for service has been growing so rapidly that the Clinic will soon open the walk-in clinic on Monday evenings, and it is considering making appointments for Thursday night visits as well, just to manage the time better.

Chronic illnesses such as heart disease, diabetes, and hypertension are treated by appointment Monday through Wednesday from 9:00 a.m. until 5:00 p.m. and Thursday from 9:00 until 3:30 p.m. Mental health needs are met on Tuesdays by appointment with a mental health nurse practitioner. Once a month women between the ages of 40 and 64 can participate in the free breast and cervical cancer screening called Every Woman’s Life. It has operated since 1999. A St. Luke board member’s cancer was first detected at such a screening.

Seasonally, the Clinic offers flu shots for its highest risk patients with chronic diseases, especially pulmonary problems. St. Luke negotiates the best available deal on the vaccines and provides shots only to the 300 highest risk patients. This fall, the Clinic will offer colorectal cancer screenings as well.

Drug and alcohol problems get referred elsewhere. Uninsured pregnant women are referred to Social Services because there is no obstetrical service available. Children under 19 are eligible for FAMIS, the Virginia version of S-CHIP, so no pediatric services are provided either. No social worker is employed by or volunteers at St. Luke: “We are the social workers,” says Cheri Merchant.

At the beginning, some local dentists participated with St. Luke by accepting appointments for people referred by the clinic. However, patients honored their appointments so infrequently that the program was discontinued. Currently, St. Luke is hoping to form a joint partnership with the Shenandoah County Free Clinic and the Free Clinic of the Northern

Shenandoah Valley, in Winchester (a 20-minute drive from Front Royal), to once again provide dental care.

All this is accomplished with a budget of \$265,000.

### **Five Million Dollars’ Worth for \$265,000**

Tom Rhyne takes pride in the statistic that “With our budget of \$265,000, we provided over five million dollars worth of health care. We leveraged \$19 for every \$1 we received through donations.”

Warren Memorial Hospital, part of the Valley Health Sys-

***The combined budget of Virginia’s free clinics was about \$18 million, which they leveraged to a value in excess of \$80 million.***

tem that includes hospitals in the northern Shenandoah Valley in Virginia, West Virginia, and Maryland, donates labwork and diagnostic services such as X-Rays and MRIs. When surgery is indicated, patients are referred to the University of Virginia Medical School, about a two-hour drive away. Only one part-time doctor is paid by the Clinic, while another twenty volunteer.

Specialist physicians to whom the Clinic refers patients also provide their services *pro bono*, though some charge St. Luke’s patients a small fee or put them on a payment plan they can afford. This is done more to encourage compliance on the part of the patient than to cover costs: after all, if you buy pills with your own money you are much more likely to take them.

The lion’s share of leveraged value is in pharmaceuticals. Every major pharmaceutical company has a free donation plan, or Patient Assistance Program. By maximizing those programs, St. Luke was able to dispense 31,134 prescriptions in 2006, (none for narcotics.) However, every company has different medications, different rules, different forms, and different schedules. The process is so complicated that two staff members work on it only slightly less than full-time. “It’s simply too much for volunteers to do,” says Cheri Merchant, St. Luke’s office manager.

In addition, two local pharmacies fill prescriptions for a nominal fee. Target had just opened in Front Royal when this interview took place, and Wal-Mart was due to open soon. It was not yet known if local Wal-Mart stores would participate in the chain’s \$4 prescription program.

Some patients with serious chronic disease get thousands of dollars in free prescriptions every month. Tom Rhyne

*continued on page 4*

## St. Luke

*(continued from page 3)*

knows patients who are able to work today because they are finally taking their prescriptions.

And there is the woman smoker with chronic lung disease, diabetes, and hypertension who became a patient in January, 1997. Let's call her Dottie. At that point in her life, Dottie's prescriptions were costing her over \$200 a month, but she wasn't taking them because she couldn't afford them.

After receiving her prescriptions, along with much encouragement from Clinic personnel, Dottie stopped smoking on her own in March, 1998. After a week, however, she was back at the Clinic seeking medication for her nerves. The Clinic gave her some samples of Habitrol—and those samples were all this smoker of 47 years needed. Dottie has not smoked since. Every time she's at the Clinic, she tells anyone who will listen that she could not have quit without the Clinic's help.

### The Bigger Picture

Nationally, health insurance premium costs increased 65 percent between 2000 and 2004. Therefore, the number of uninsured has risen as employers, particularly small ones, find they cannot afford to continue to pay employee salaries and provide health insurance.

This trend shows no sign of reversal. As more low-risk patients such as children are put into government-provided health insurance (State Children's Health Insurance Program or S-CHIP is the prime example), the cost of private insurance rises proportionately. The crowding out of low-risk patients from private to government health insurance has the side effect of making private health insurance more expensive.

The most frequently heard response is a demand for government to do something drastic—insure everyone, or take over the health care system, for instance. But that is not necessarily the preference of the American people.

Earlier this year, Health Care America, a non-profit, non-partisan consumer advocacy organization commissioned a survey asking registered voters their attitudes toward health policy. Not surprisingly, the survey found that 78 percent of voters believe that we have a moral obligation to ensure that all Americans have access to quality, affordable health care. HCA also found that 30 percent of American voters have had to make a lifestyle change because of the costs of health care.

Of greater interest is what this survey, conducted by the Winston Group, found about how voters would like to solve the problem. Only six percent believe that government alone should solve the problem. Indeed, 62 percent believe that if government controls more of the health care system, it will get in the way of the doctor-patient relationship. Fifty-eight

percent believe that if government takes over health care, choices of doctor, treatment options, hospitals, and access to care will be rationed. Americans favor solving the problem with a combination of the government and the private sector by a margin of 55 percent.

### There's a Problem? Let's Solve It!

With politically-charged rhetoric flying fast and furious on the subject of health care, a barrage that will only intensify in the next year and a half, the Free Clinic movement stands as a beacon of light.

The movement, of which St. Luke Community Clinic in Front Royal is one example, is a contemporary manifestation of one of the most fundamental traits of the American character: There's a problem? Let's get together and solve it!

The first free clinic in Virginia began in Roanoke in the 1970s. Today, according to Lou Markwith, Executive Director of the Virginia Association of Free Clinics, there are 50 free clinics in Virginia, with 63 different sites (some clinics operate from more than one location). The most well funded is the Arlington Clinic, across the Potomac from Washington, D.C. Its budget hits \$2 million. The free clinic movement is growing: when St. Luke Clinic first opened its doors in Front Royal, there were only 29 free clinics in all of Virginia. Until this year, Virginia led the nation in the number of free clinics within its borders (North Carolina recently overtook her neighbor to the north).

### For More Information Contact:

#### St. Luke Community Clinic

316 North Royal Avenue  
Front Royal, Virginia 22630  
540-636-4325  
[www.saintlukeclinic.org](http://www.saintlukeclinic.org)

#### Virginia Association of Free Clinics

[www.vafreeclinics.org](http://www.vafreeclinics.org)

#### The National Association of Free Clinics

3833 N. Fairfax Drive, Suite 400  
Arlington, VA 22203.  
571-243-3632  
[www.freeclinics.us](http://www.freeclinics.us)

The Virginia Association of Free Clinics ([www.vafreeclinics.org](http://www.vafreeclinics.org)) was the first statewide network in the nation, founded with assistance from Blue Cross/Blue Shield, which continues to be involved in the Association. Today there is a National Association of Free Clinics as well, ([www.freeclinics.us](http://www.freeclinics.us)) of which the VAFC is a member.

In 2006, free clinics in Virginia provided prescriptions to over 57,000 people—about \$42 million worth of donated medications. The combined budget of Virginia's free clinics was about \$18 million, which the clinics leveraged to a value in excess of \$80 million.

In the 2006 calendar year, 57,000 individuals were served by free clinics across the Commonwealth. But State officials estimate that there are over a million uninsured people in Virginia, two-thirds of whom are employed. So the free clinics in Virginia meet about five percent of the medical need in the state.

Pastor Tom Rhyne sometimes feels like he's accomplishing only a drop in the bucket—but for private citizens, working voluntarily with no government assistance, to meet five percent of a state's medical need is an astonishing testimony to the power of personal compassion in action, even in today's depersonalized, bureaucratized world.

### **Virginia Association of Free Clinics**

One significant service that the Virginia Association of Free Clinics gives to its member clinics is expertise in navigating the confusing paths of insurance. In this litigious society, few doctors or nurses would dare volunteer to help anyone unless they can be certain that they will not be sued. Few people understand even their own health insurance. But malpractice insurance is a problem of a much greater magnitude. If a free clinic were required to pay standard malpractice insurance rates, it would have to close its doors forever.

With the help of the Virginia Association of Free Clinics, the state recently established the "VaRISK2" liability risk management program. Operating under the Division of Risk Management of Virginia's Department of the Treasury, the program indemnifies Directors, Officers, employees, and volunteers working in a free clinic.

The program operates like a liability insurance policy provided by the Commonwealth of Virginia: The clinic submits the name and credentials of its volunteer, and the person is added to VaRISK2. If a patient sues a medical provider at a free clinic, which to Mr. Markwith's knowledge has never happened, the medical provider would be defended by the Virginia Attorney General's office. As long as the doctor follows standard practices and operates in a manner considered prudent, he is covered by the state's policy. Medical personnel

working at the federally-funded "free clinics" are not eligible for VaRISK2: it is a benefit solely for private free clinics.

Volunteers in private medical clinics received federal tort claim coverage when Senator Dan Coats' 1996 Medical Volunteer Act became law as part of the Kennedy-Kassebaum Health Care Reform Act. Prior to Coats' action, only volunteers in government-funded clinics typically received coverage for liability at the federal level.

Additionally, the Virginia Association of Free Clinics works closely with the Virginia Health Care Foundation, which negotiates with the pharmaceutical companies to set policies for bulk drug distribution for the entire state.

The National Association of Free Clinics (NAFC) came into existence after the federal government threatened to make illegal the free distribution of pharmaceuticals to free clinics. Evidently, Washington did not know that there were legitimate medical providers who served the needy for free, without reimbursement. The National Association of Free Clinics hired Nicole Lamoureux who soon set them straight. This has preserved the freedom of pharmaceutical companies to cooperate with private citizens to help those in need.

Lamoureux still runs a one-woman office and, when the situation requires it, she reminds Congress that there really are Americans who care for their neighbors, even today. "We don't want anything to happen that will hinder free clinics from offering their services," she explains. "Clinics can receive grants from community partners, who also receive money from federal programs. We don't want to see any cut in any of the services that are being offered by the free clinics. Some of our clinics do receive some direct grant money."

For instance Lamoureux wants the NAFC to take advantage of the Federal Tort Claims Act; to work with pharmaceutical companies to make their Patient Assistant Programs work more effectively for free clinics; and to add upcoming changes to Medicare coverage. NAFC maintains a database of state legislation affecting free clinics. It searches for new funding sources (such as government litigation awards) to distribute to free clinics, and it investigates new technology issues affecting free clinics.

### **Small Beginnings**

Initially, Pastor Rhyne administered the clinic-information out of his office at the Presbyterian Church. A volunteer sat across from his desk writing letters and making phone calls as his administrative assistant. Soon, she was hired as a part-time executive director and held the position for three years. Late in 2001, the Clinic hired Marge Rowe as executive director. She remained with the Clinic until June 2007. Marge

*continued on page 6*

# St. Luke

*(continued from page 5)*

had prior experience in nonprofit work, having worked with the nonprofit organization that arranged jobs and training for employees who lost their jobs when Avtex closed.

Right now, the Clinic is seeking a new executive director. The perfect candidate does not need to have medical experience, Tom Rhyne emphasizes. The executive director needs to be a manager and a fundraiser, able to be in the public eye, the face of the clinic.

The Medical Committee of the Board of Directors, which oversees the medical aspects of the clinic, meets monthly and includes all the medical staff, volunteer or paid. The medical director, a family practice specialist with her own private practice, volunteers at the Clinic. She also serves on the Board of Directors.

The thirteen members of the board are high-profile people in the community, typically professionals, and several are retired.

## Why St. Luke?

At first the board of directors planned to name the clinic the Front Royal-Warren County Free Clinic, which was similar to the names of other free clinics, an indication that both town and county residents were eligible to receive care.

However, says Dr. Jack Landis, an original board member, “the name sort of bothered me.” While en route to a board meeting, it struck him that “the people attending this clinic, by definition, would not have much in the way of material things. Perhaps the only thing some of them would have left was pride. And I thought that this pride might keep them from attending a ‘free’ clinic.”

Additionally, Dr. Landis remembers, “the name we had chosen did not reflect the origin of the clinic, which was in the community’s churches. With my very limited knowledge of things Biblical, the only link I could think of was Luke, writer of the Gospel, who I knew, or thought I knew, was a physician.” He mentioned this to the Board of Directors that night, and they immediately adopted the name of St. Luke Clinic.

It was only later that Dr. Landis realized how appropriate the name really was. “Luke is extremely interested in the poor,” he notes. “Luke gave us the parable of the Good Samaritan. Matthew writes ‘blessed are the poor in spirit’ whereas Luke says simply ‘blessed are the poor.’ In the third chapter of his Gospel, writing of John the Baptist’s message, Luke states: ‘Let him who has two robes give one to one who has none, and let him who has food do likewise.’”

In Warren County, thanks to the establishment of the St. Luke Community Clinic, medical professionals, those who follow St. Luke’s original profession, do likewise.

Terrence Scanlon, Publisher

Jill K. Lacey, Editor

Capital Research Center is a nonpartisan education and research organization  
classified by the IRS as a 501(c)(3) public charity.

CAPITAL RESEARCH CENTER, 1513 16th St. NW, Washington, DC 20036-1401 (202) 483-6900

Contact us on the world wide web [www.capitalresearch.org](http://www.capitalresearch.org)

Comments to the editor should be sent to [jill.lacey@verizon.net](mailto:jill.lacey@verizon.net)

*Reprints are permitted provided citation is given to Capital Research Center*