

People's Health Center, Freeport, Illinois

INTRODUCTION

The medical needs of the poor and black of Stephenson County in general and the city of Freeport in specific have not been met in recent years. This was borne out in the early 60's as the Freeport Freedom of Residence Committee, which is a Civil Rights Organization, began to receive many complaints regarding inadequate or discriminatory health care. It was established that two clinics dominated health care in Stephenson County. One clinic refuses all Medicaid patients, the other often terminates care to those with accumulated bills.

Freeport Memorial Hospital, the only hospital in a 25-mile radius, continues to refuse to provide any no-cost care, despite nearly \$1 million in Federal (Hill-Burton) aid it received. Indigent patients are often turned away from Memorial's emergency room because no doctors will attend them.

Inadequate medical care was something that F.O.R. (Freeport Freedom of Residence) knew about for a long time, but had to ignore since it was committed to concentrate its efforts in other areas. Increased complaints against local health providers in the late sixties demanded F.O.R.'s attention. F.O.R. asked a local doctor to personally investigate some of these charges. He reported that people were being refused medical care, even in the clinic where he worked.

In June of 1970, F.O.R. decided to call a public meeting inviting business, industry, community groups, and all physicians. From this meeting a concensus was reached that there was a need for some type of free care for the indigent people. After the meeting another doctor was consulted to determine what course of action to take. He stated that we would never get the support of the Medical Society. With his help we proceeded with plans to start to set up a Free Clinic.

In July of 1970 a committee of F.O.R. members met with the Freeport Area Church Cooperative Board to explain to them what we proposed to do. At the meeting, the F.A.C.C. Board voted to give F.O.R. space rent free in their building.

On August 27, 1970 with the support of Dr. Haymond, several RN's and community people, People's Health Center opened its doors to the public.

It soon became apparent that to deal with treatment only, without also dealing with the conditions that promote poor health, would only be traveling in an ever expanding vicious circle. The Center entered into programs of preventive medicine and began also to offer services which would raise the patients standard of living.

On June 17, 1971, People's Health Center obtained a Charter from the State of Illinois as a non-profit organization.

PEOPLE'S HEALTH CENTER AND THE COMMUNITY

The planning and operation of the People's Health Center has been a community project from the start with most of the work being done by the people who benefit from the services. Grassroots people continue to be our main source of volunteer workers. The People's Health Center's concept of health care for the poor is not to provide emergency service but rather to provide regular health care and preventive medicine to whole families, to establish sound patient-doctor relationships, to educate the community in modern health care, and to give the people to the community a determining voice in the planning and development of health care programs. We want to bring medical care to our neighborhoods and encourage residents to think of health as a routine, not a service to be used only in time of crisis. In short, the family doctor will return in the form of the "Neighborhood health center". We hope in this way to eliminate the causes of health care problems that have contributed to the continued poverty of so many of our citizens.

The People's Health Center, offering free medical services and medicine to people who cannot afford medical care, is not a "hand-out", but rather a step in the direction of togetherness and self-determination. The response of the community is not only manifested in the care that is given, but also in the volunteer work force of community people who staff the Center.

RESOURCES - FREEPORT AND ELSEWHERE:

The Steering Committee of the People's Health Center is constantly looking for resources which can be utilized to improve the services of the Center. Human Talents of all sorts have been obtained by approaching people in the community to ask their help. Others have heard about the Center by word of mouth and have contacted us to volunteer their services, and now people are appearing on the scene everyday.

Virtually all the equipment and supplies the Center is now using have been obtained through donations which the Center has actively sought or has been given on a voluntary basis, and we are always exploring new avenues for obtaining in-kind assistance.

Various sources of financial assistance are being explored and approached. These include denonimational funding, the Department of Health, Education and Welfare, private foundations, civic organizations, business and industry, the Medicaid and Medicare programs, the Illinois Department of Public Aid, Revenue Sharing from city, Township and County. We have been before City Council on November 18 and December 9, 1974 and we are eligible for Revenue Sharing. We are seeking Revenue Sharing from Township and County Board.

PLANS AND IDEAS:

The People's Health Center has come a long way from its beginnings of two examining rooms with curtains for walls. The first structure to be built was a laboratory. Later the laboratory was expanded, the curtains came down, and new walls were built. The floor plans were drawn up, with the assistance of one of our doctors, to include two counseling rooms, three examining rooms, and separate rooms for the pharmacy and nursing station. We used these facilities for three years until the building (part of an estate), was sold in June 1973. Temporary facilities are being rented from a church at 530 West Main Street, until a more suitable location can be found nearer the areas we intend to serve, which are the East and South side of the city.

We are planning a more extensive medical campaign. One idea we hope to realize in the future is that of sending medical teams out into the community.. These teams would perform routine lab tests and screening tests. The patients who need further diagnosis and treatment could come into the Center for care. Various testing procedures would serve to detect a number of ailments in early stages of development--

for example, sickle cell anemia, lead poisoning, diabetes, hypertension, and venereal disease. The advantage of sending out teams is that we will be able to reach countless numbers of people who show signs of bad health but do not receive proper care. This approach has already begun in the form of extensive screening programs for sickle cell anemia.

We are planning also to initiate a program of health education, so that the People's Health Center can become a learning center as well. We hope to be able to provide the people of the community with information about prenatal care, dental care, nutrition, prevention of venereal disease, and similar aspects of good health.

COMMUNITY FEELINGS:

The community, as we have stated, is in constant touch with the People's Health Center through the media as well as through the actual operation of the Center. A very large portion of the poor community is either actively involved in the operation of the Center or are making use of its many programs and services. Representatives of the Center have appeared on various "call-in" radio programs and received favorable response. Periodically we have held open house to which the public has been invited. The very nature of the People's Health Center requires that the entire community be constantly informed of and involved in its operation, and the Center has been using every means at its disposal to insure that this is the case. The community has taken an active interest in the People's Health Center. League of Women Voters sponsored an Open House of the Center.

We have reason to believe that the services offered by the People's Health Center will become increasingly vital to the poor community with the passage of time. At present, the distance to Freeport Memorial Hospital and Freeport Clinic is two miles. While the OTHER ONE (Freeport Medical Clinic) is four miles from the East Side and people without transportation.

During the three years the People's Health Center has been in operation, the Steering Committee, staff, and volunteers have found that there is a general distrust of the medical system in Freeport on the part of the poor community. This is because the medical establishment has looked upon health care for the poor as charity.

At the People's Health Center, free health is a right which the members of the poor community are ensuring they will always have by taking the initiative and providing that care for themselves. This approach has been enthusiastically accepted by the poor of Freeport.

We are moving in a collective manner to solve our collective problems with a community based and community operated program aimed at meeting the health care needs of all poor citizens. The strength, love and determination of the people has been the driving force behind the People's Health Center.

CONSUMER PARTICIPATION IN HEALTH SERVICES

Community control became an issue during the push for minority group rights in the 50's.

Civil Rights demands: enfranchisement, equal access to public institutions and accommodations. These progressed to demands for economic and social programs.

Remedies: better housing, health, education, child care, job training, etc., which progressed to demand for determination of how those programs were to operate and for self-determination in a larger political sense.

During the sixties, social program remedies proliferated. All were avowed to be aimed at changing the condition of the poor, especially those in minority groups. Prior "social programming" had been characterized by professional dominance; services were dispensed by the credentialed in a manner ranging from the paternalistic to the humiliating. Administration and policy were controlled by them. The most flagrant example is in Welfare administration in which the social workers' chief function was to certify need, rather than direct recipients to resources or opportunities. Case work rather than community organization was the predominant model.

Health care problems are a good example of those which cut across economic, social, political and racial lines. Increasing cost, fragmentation, inaccessibility and poor quality of care may soon reach the point where middle-class, Blue Cross subscribers may be as ripe for organizations and as demanding of consumer control as the "Welfare mother" throughout the country.

In the next three years People's Health Center hopes to increase its impact on Freeport Health Service by following up and broadening efforts in the projects already under way, and by starting several new activities. P.H.C. plans to broaden its membership by adding other groups which represent or are responsible to a broad base of health consumers.

The following is a list of projected activities.

1. Dissemination of information and technical assistance to consumer and community groups concerned with health services.
 - A. Technical assistance and information to enable community groups and providers of health care to participate meaningfully. Accreditation proceeding in our locality, in addition, P.H.C. will explore ways for involving consumers in the planning and administration of providers, entities such as hospital, board of health, health center, H.M.O.'s and other relevant entities.
 - B. Analysis of pending National Legislation from the point of view of the Health Services consumer, as to which Legislative proposals most adequately meet consumers needs and dissemination of this information to our member organizations and others concerned with the consumer of health care.
 - C. Continual collection and dissemination of information for members and other groups in the health field. Describing P.H.C. projects and other consumer group activities relating to health care.
2. Continuing to monitor Hospital, County Health, and federal programs, including H.M.O.'s and other providers organizations. P.H.C. intends to ensure that the consumers' interests are reflected in these organizations deliberations, and to protect consumer rights that might be affected by their action.
3. Prepare and distribute technical materials on mechanism for increasing public accountability of Hospitals and Health Care Institutions, mechanism for community involvement and for monitoring consumer complaints about health care institutions.

4. Monitor political and economic development and arrangements among providers and public bodies to keep consumers fully informed of the progress of proposed changes and innovation in the Health Care System.

IN CONCLUSION

P.H.C.'s aim is to insure that minority and poor people are allowed to select their own representatives to serve on the hospital, county health, and other decision making bodies. In this way, they will have a voice in planning and deciding their own destiny.

PATIENT'S BILL OF RIGHTS

People's Health Center will educate the community as to their rights as patients according to the guidelines of AHA. The board of trustees of the American Hospital Association has approved a 12-point document, "A Patient's Bill of Rights," which is aimed to define the rights a patient has in a hospital while undergoing treatment.

The president of AHA said he is sure "the majority of our hospitals have been practicing the contents of the Bill to the best of their ability. The 12 points are subject areas that have always needed to be spelled out to the patient so that he would know what his rights are in the hospital setting."

THE 12 POINTS are important to the patients, as they are to the hospitals, and so we list the brief summaries of them, as prepared by the AHA:

1. "The patient has the right to considerate and respectful care."
2. "The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand."
3. "The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment."
4. "The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action."
5. "The patient has the right to every consideration of his privacy concerning his own medical care program."

(con't)

6. "The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential."
7. "The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services."
8. "The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned."
9. "The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment."
10. "The patient has the right to expect reasonable continuity of care."
11. "The patient has the right to examine and receive an explanation of his bill regardless of source of payment."
12. "The patient has the right to know what hospital rules and regulations apply to his conduct as a patient."

PATIENT'S RIGHTS

THE FOLLOWING IS A LIST OF YOUR RIGHTS AS A PATIENT IN THE PEOPLE'S HEALTH CENTER CLINIC AND ANY OTHER HEALTH CARE DELIVERY SYSTEM. YOUR ADVOCATE WILL ANSWER ANY QUESTIONS YOU HAVE REGARDING YOUR RIGHTS.

1. The right to be treated with respect.
2. The right to consent to or refuse any treatment.
3. The right to have clear explanation of medication and procedures.
4. The right to ask for another doctor.
5. The right to privacy and confidentiality.
6. The right to emergency care.
7. The right if incapacitated to transportation to hospitalization.
8. The right to ask questions and get answer.
9. The right to leave a hospital or health care agency against doctor's advise. Doctor or hospital will not be responsible if you leave against advise.
10. The right to refuse to be a part in experiment or research.
11. The right to reasonable complaint.
12. The right to know, to be heard, to be treated as a human being.
13. The right to have an advocate of the patient's choice accompany the patient through the treatment process.

PRESENT SITUATION

The present situation has not changed in the community. There are still a vast number of people being refused medical care and many of PHC patients have gone without medical care. Due to the fear of the doctors working in the Doctors' Clinic, memories of being humiliated and refused medical care in the past, and due to current reports of poor treatments from those patients who have ventures to use those facilities, our people just stay at home.

Of those who have used the Doctors' Clinic, many have reported that they were asked for deposits in order to receive care and were ultimately turned away when they were unable to produce the necessary funds. The patients who are able to get sufficient money to see a doctor, often do not have enough left to purchase their medicines. There is a crying need for more pre-natal care for those unable to pay. Poor people with chronic illnesses are unable to be periodically examined, nor can blacks be tested for sickle cell, young people tested for venereal disease, nor children tested for lead poisoning.

SOLUTIONS

Because of the abominable lack of health care for poor people within the county, PHC feels it is absolutely necessary to extend its present services and also start new ones in the field of primary care and prevention and education.

We propose to do it in the following four (4) ways:

1. Hiring a full-time physician to provide necessary primary care.
2. Hiring a full-time licensed lab technologist in order for the laboratory to be state licensed to continue mass screening projects.
3. Continuing the programs already in operation.
4. Initiating new programs in the field of preventive health care.

The programs that PHE intends to innovate if necessary funding is received are:

1. Stop Smoking Clinic
2. Door to door screening throughout the community, testing for hypertension, sickle cell anemia, diabetes through urinalysis, TB skin tests, and administering oral polio vaccines.
3. Routine screening at the Center including the following laboratory studies: hemoglobin, hematocrit, urinalysis, blood sugar, cholesterol, SC hemoglobinopathy and RPR.
4. Follow up counseling and treatment for all patients showing pathology in the screening programs.
5. Testing the water supply in the poor and black neighborhoods for contamination. Due to yearly flooding of that area, and due to the high incidence of gastro-intestinal infections in only that area has led the PHE physician to suspect water pollution.

MANAGEMENT

The fourteen member Board of Directors is presently composed of 10 blacks and four whites. Ten of the members fall below the poverty level. Their occupations are varied: a sanitation worker, factory workers, Public Aid recipients, Social Security recipients, retired teacher, two ministers and housewives. P.H.C. also has a bookkeeper who is an accountant by profession.

The Medical Directors, Dr. Lyle Rachy of Stockton, Illinois, is a graduate of Northwestern University Medical School and did his internship at West Suburban Hospital in Oak Park, Illinois. He has been in private practice in Stockton for twenty years. Dr. Washington of Rockford, Illinois, is a 1973 graduate of the University of Illinois Medical School and has served twenty months in residency at the University of Illinois Hospital in Family Service work. He is presently working at the Family Medical Center in Rockford. He is a staff member of Rockford Memorial Hospital and Swedish American Hospital.

The Chairperson of the Board of Directors, Lamorn Morris, is a black, life-long resident of the community and well-known for his role as a Civil Rights leader and community organizer. He organized both Freeport Freedom of Residence, Affiliated with National Tenants Organization of Washington, D.C. and People's Health Center; is a Board member of the United Citizens Committee for Freedom and Democracy in Community Life, World Wide Organization for the Third World, past board member of the Freeport Area Church Cooperative, member of the Medical Committee for Human Rights National Executive Committee, and was elected as co-chairperson of the National Committee of M.C.H.R. He is also on the steering committee of Illinois Health Security which is a part of the National Committee of 100 for National Health Insurance.

From the Reader of the Conference on Alternative State & Local Public Policies held June 10-13, 1976 in Austin, Texas. The reader was edited and compiled by Derek Shearer, California Public Policy Center Los Angeles, California and Lee Webb, Professor of Public Policy, Goddard College Plainfield, Vermont.

This item was made available by the Cornell University Library.

From Collection #6756, Conference On Alternative State And Local Policies Records.

Copyright and Permissions

Most of the items included in the Reader on Alternative Public Policies were published without copyright notice and hence entered the public domain upon initial publication. Some of the items found in the Reader are still subject to copyright. In some cases, even after extensive research efforts, we were unable to identify a possible rightsholder. We have elected to place the items in the online collection as an exercise of fair use for strictly non-commercial educational uses.

The Cornell University Library provides access to these materials for educational and research purposes and makes no warranty with regard to their use for other purposes. Responsibility for making an independent legal assessment of an item and securing any necessary permissions ultimately rests with persons desiring to use the item. The written permission of the copyright owners and/or holders of other rights (such as publicity and/or privacy rights) is required for distribution, reproduction, or other use of protected items beyond that allowed by fair use or other statutory exemptions. There may be content that is protected as "works for hire" (copyright may be held by the party that commissioned the original work) and/or under the copyright or neighboring-rights laws of other nations.

The Cornell University Library would like to learn more about these materials and to hear from individuals or institutions having any additional information about rightsholders. Please contact the Division of Rare and Manuscript Collections in the Library at: <http://rmc.library.cornell.edu>.