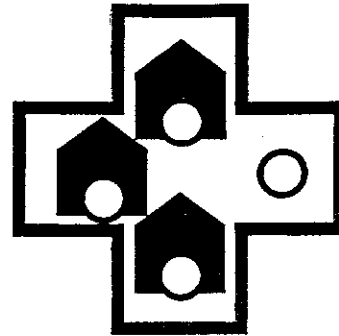

GENNESARET FREE CLINIC NEWS



Volunteer Health Care for the Homeless and Poor

Clinics at Dayspring Center, Care Center, Lighthouse Mission, Salvations Army Adult Rehab., Holy Family Shelter, Mt. Olive Crisis Center, and Mobile Unit. Office at 631 E. N. Y., Indpls, IN 46202; (317) 262-5645

April, 1992

"... And all those who touched Him were healed." Mark 6:58

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GFC Guidelines

Several questions have arisen lately concerning general GFC operations. It seems like a good time to review guidelines and policies for the GFC sessions.

Scheduling: Schedules are made by our GFC Assistant Administrator, Linda Schnellinger. If you are unable to attend, please call other persons on the schedule to exchange your session. If you are not able to find anyone, please call Linda Schnellinger. Van personnel will still work with your Junior League volunteer; Dentists and Podiatrists have made separate arrangements. It is a good idea to call the other members of your GFC team to assure that all will attend.

Medical records: Our system operates much like a large group practice. This makes excellent medical records a necessity for follow-up and continuity of care. Details of history, physical, treatment, and follow-up provisions are essential. Please use the GFC forms; if they are low, please leave a message on the GFC answering machine to restock.

Follow-up visits: The GFC system is not designed for continuity of care. We try to provide on-site problem oriented care. Area institutions (ie.. VA, Wishard, Peoples Health, Methodist Neighborhood Clinics, Citizens Health, or private physicians) provide better preventive and comprehensive follow-up care. Patients should be encouraged to continue their care through these services. The reality however is that many people return again and again to GFC. We should reemphasize that these other institutions are better equipped to handle continuing care while we still offer our services for the problem at hand.

Log sheets: We are attempting to quantitate our GFC services. This effort depends entirely upon whether our log sheets are filled out correctly. Our new log sheets are easy to fill out with only a few numbers to fill out on each patient. Please help by completing these forms.

Out-dated medications: It is GFC policy that medications dispensed must be current. Although medications are said to be current long after their expiration date, it is prudent to honor this guideline. Our recently expired medications are collected and sent to mission hospitals in Honduras. However, please do not donate or collect expired medications because of the extra work it makes for other volunteers.

Medical Malpractice: GFC Volunteers are considered to be practicing as an extension of their private practices or educational program. As such, malpractice coverage from ones' own policy covers GFC medical activities. Therefore, make sure that your own policy covers your GFC activities. Nurses should have their own policies. If nurses can not afford to purchase a policy, GFC has offered to help the first ten persons seeking assistance. A new form will be sent to all GFC professionals so that we may document that all GFC volunteers are licensed and sanctioned to practice.

Disposal of Medical Waste: All GFC clinics should have any medical wastes carefully disposed of. Volunteers are suggested to dispose of medical wastes properly, such as at hospitals or medical offices. We can not permit the possibility of children being injured by playing with GFC medical waste.

Controlled substances: GFC has never dispensed nor kept controlled substances because of the danger of abuse, vandalism, or burglary. Likewise, we have not stocked needles, syringes, tranquilizers, or sleeping pills. In deference to the wishes of many of our host shelters, we have not provided contraceptives or prophylactics. Furthermore, we attempt to remove medications containing alcohol from sites where substance abuse is a recognized problem.

Facility maintenance: GFC attempts to provide assistance to our volunteer teams by having expired medications removed, shelves stocked, and equipment checked. Our Shelter Captains endeavor to keep the medical facilities clean and orderly. However, many other groups use GFC offices, we have several sessions each week out of each office, and some sessions are extremely busy. If you have a chance, please file your records, check the shelves to see they are stocked and orderly, and notify the GFC office if any deficiencies need to be corrected.

These guidelines are offered so that there can be some uniformity and continuity between our 400 GFC volunteers. If you have suggestions, see a better way to do things, or recommend an alternative policy, please contact the GFC office. We are always looking for a better way to serve the homeless and indigent.

GFC Volunteer Effort Also Needs Money

by Phillip V. Price, GFC Board Member

Our letterhead displays the banner "Volunteer Health Care for the Homeless and Poor." We have thrived on the generosity of our volunteers in their commitment to service within the clinics and in support functions vital to our operations. We have furnished, equipped, and stocked our clinic facilities with medical equipment, supplies, and medicines largely from in-kind donations. However, even from our clinic's austere beginnings, we have not operated solely on volunteer time and donated items. Cash contributions were and continue to be an important part of the real cost of delivering volunteer health care to the homeless and poor.

Our need for cash contributions is as simple as the cost of communication: mobile telephone on the van and the position of our new administrative assistant. We anticipate that our administrative assistant will be a vital communication link amongst our volunteers, Gennesaret Free Clinic and those we serve.

We have always had the need. We now have a greater need. Please remember Gennesaret Free Clinic not only with your time but also with your cash contributions so that our volunteer service can continue.

Donors to GFC (since last newsletter) - Many Thanks!

Sonya and Robert Hunter (in memory of Larry and Liz Griffin), Yolanda Gregori, Dr. Frank Countryman, Dr. Harry Siderys, Dr. James and Linda Trippi, John and Angela Pasqua, Central Stainless Equipment, Dr. William Storer, Donna O'Donnell (in honor of Robert and Jean Turpin's 50th Anniversary).

Medical Matters

(from "Homelessness as a Determinant of Health" by Marcia Plant Jackson, R. N. and David McSwane, H.S.D. - Ms. Jackson is a dedicated GFC Volunteer and supporter.)

... A study conducted in Baltimore in 1986-87 evaluated the physical and mental health of a sample of 528 homeless adults selected randomly from missions, shelters, and jails. Physical and mental status examinations were performed on all consenting subjects. On average, 8.3 health problems were found in men, 9.2 problems in women. (Breakey, W. "Health and Mental Health Problems of Homeless Men and Women in Baltimore." JAMA 262: 1352-7, 1989.) These problems ranged from diseases of the mouth and teeth, to cardiovascular disease, neurological disease and sexually transmitted diseases. The prevalence of psychiatric disorders was also high with 31% of the men and 41% of the women diagnosed with a major mental illness (schizophrenia or affective illness). It is important to note however, that a significant number, particularly those with affective illness, were in remission. Seventy-five percent of the men and 38% of the women were diagnosed with a substance abuse disorder (current or in remission). There is a significant co-morbidity of major mental illness and substance abuse, 32% in men and 30% in women.

News in Homeless Medicine

The Better Homes and Gardens Foundation supports a medical outreach in Springfield, Massachusetts. Karen Rotondo, R.N. notes, "Often their (the homeless) first linkage to community services is through medical care. Once we reach them, we can help them benefit from other services, like housing and job training."

The Indianapolis Recorder notes on 2/15/92 "City police have pledged to increase patrols around a Near Southside shelter (McCormick Place - a new GFC site) after the fourth racially motivated incident in six months. . . . Police will use the shelter as a "Stopping-off point" in order to increase police presence in the virtually all-white neighborhood. The latest incident occurred last week, when a black resident of the shelter was verbally harassed by three white men while walking on the street. One of the men reportedly brandished a gun. . . ."

The Midtown Homeless Mobile Team has offered its services to GFC patients. Deborah Rhodes, L.P.N. Nurse Clinician has noted that the team is available Monday - Friday, 8:30 to 5 at 634-1122 to treat and transport homeless with incapacitating mental illnesses. On weeknights and weekends, the Midtown Crisis Team is available.

"Inside Methodist," an internal Methodist Hospital publication ran an article on GFC by author Shirley Boitz. The favorable notice led to another ten new volunteers.

Plans are well underway for the 1992 Health Care for the Homeless and Poor Conference. It promises to be a wonderful all-day Saturday event on September 12. For those of you who are very organized, you can already mark your calendar.

Reflection

I rejoice like all of creation,
sailing on springtime's seed-bearing breezes,
and like the lily's trumpet,
I open wide my throat and my heart
to join with all of heaven and earth
in singing out the symphony of joy
at Easter's annual return.

I take hope in Christ's victory over death,
hope that, one with him,
I will also have my Easter morning
when I will be freed from the prison,
the decaying dusty tomb,
of my narrow and stony spirit.

(from An Easter Psalm - Ed Hayes, A Planetary Pilgrim).