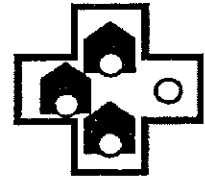


GENNESARET FREE CLINIC

NEWS



Volume 8 Issue 5 "And all those who touched Him were healed." Mark 6:58 October, 1995

◆ Seeking New Volunteers

Retired Dentists and Doctors sought for GFC

"That empty spot no longer needs to be there," according to retired physician Louis Smith, MD. He was speaking of the absence in his life after retirement when he could no longer practice his profession. Dr. Smith had been a long time GFC volunteer, but when retirement came he could no longer justify malpractice insurance premiums for volunteering just a few hours a week.

This year with the passage of Indiana Senate bill #76, municipalities were permitted to help charity indigent clinics through support of insurance.

The final step to making this dream a reality for retired health professionals and the indigent they will serve was announced by Dr. Virginia Caine at the Health Care for the Homeless and Poor Conference. Dr. Caine told the media representatives and state-wide audience, that Marion County Health and Hospitals will sponsor GFC to enlist 10 retired physicians and 10 retired dentists to provide health care to the poor. Dr. Caine recognized this to be extremely cost effective use of community funding.

If you know of a retired dentist or physician who may wish to donate 4 hours every other week, please contact the GFC office at 262-5645. What a difference could be made for everyone.

Volunteer Health Care for the Poor and Homeless

"Treating the Needy"

The volunteers and staff of GFC were featured in the Indianapolis Star Editorial for September 25. Noting that retired physicians and dentists can now volunteer for service to the indigent, and that "more volunteers are needed, however, because of the ever increasing volume of patients. The clinic treats about 100 adults and children each week at locations around the city."

The editorial noted the preventative aspects of GFC care. "They often catch medical problems before they can develop into serious conditions requiring treatment in hospital emergency rooms." The community is beginning to realize what a valuable service GFC provides; the poor and homeless have always known this.

The editorial concluded, "... its dedicated volunteer staff deserves the commendation and gratitude of the entire community."

◆ Preventative Care

1996 Shelter Health Fair

With cold weather approaching, the plight of the poor becomes all the more critical. To address the preventative health needs of the poor and homeless, GFC will again take part in the 1996 Shelter Health Fair on Monday, December 4th. For the 6th year, GFC offers vaccinations, TB skin tests, vision screening and free eyeglasses, blood pressure testing, dental referrals, AIDS/Hepatitis education and blood testing, and speciality screening. Through a grant from the Indiana State Department of Health, the Shelter Health Fair will continue to reach more than 500 homeless and poor persons to reduce preventable diseases.

But you can imagine that if you were homeless just trying to survive today, preventing problems for the future would not be a high priority. To encourage enrollment, incentives for participation in the form of hats, gloves, and scarfs will be provided to enrollees.

GFC will organize volunteer support for this vital program. This program has been successful in reducing preventable disease in the homeless shelters of Indianapolis. But the SHF could not take place without the volunteers of GFC. A festive long sleeve T-shirt will be yours for participating. Please call today at 262-5645 to sign up.

Clinics at Dayspring Center, Lighthouse Mission, Salvation Army Adult Rehab, Holy Family Shelter, Allison Christian Community Center, and Mobile Unit. Office at Indianapolis Medical Society, 631 E. New York Ave., Indianapolis, IN 46202 Phone (317) 262-5645. Rebecca Seifert- Executive Director

◆ News

Do the "Poverty Experience"

Have you ever wondered what it would be like to be in the shoes of some of our GFC clients? Where will your next meal will come from? On **Saturday, October 28th** from 9:00 AM to 12 Noon at Lighthouse Mission, GFC will sponsor the **"Poverty Experience Workshop."** The program will be a simulation of what day to day life is like with assigned roles for all to live out. A debriefing session and lunch will follow. Please call soon; 40 persons are needed to feel the full impact of this program

Conference Highlights

Drs. Jack McConnell and Pedro Jose Greer spoke at the Health Care for the Homeless and Poor Conference on September 16 to more than 180 persons from around the state. Their inspirational addresses moved many in the audience. Plenty of questions and chances for personal conversations made for a great day. Dr. McConnell recalled the day as "one of the most meaningful conferences I have attended in years." See the enclosure to order your video tape of the keynote addresses.

Sharon Swem, GFC case worker

Our new women's health case manager is Sharon Swem. For the last six years she has worked for the Marion County Health

Department as a District Medical Social Worker. She has worked "with a variety of people of all ages most with health problems as well as those with mental disorders. Working with the whole person (physical emotional and spiritual) is important to me as one area of life usually impacts on other areas."

Sharon says, "I am looking forward to meeting the volunteers and working with the women to get their health needs met. Please feel free to refer any women."

Wish List

Could you help with the donations of one of the following?

1. asthma inhalers- albuterol, serevent
2. fax machine
3. resuscitation equipment- especially one-way ventilation masks for each shelter - 2 myocardial infarctions in shelters recently
4. volunteers for Christmas Eve and New Year's Eve GFC sessions

Welcome to new GFC Volunteers

Since our last newsletter, we wish to welcome the following new health professionals.

Lori Hiti, RN, Betty Steed RN, Marilyn Burris Clerk, Evelyn Hudson Clerk, Rea Robertson RN, Alice Jones Driver, Jill Whitten LPN, Tammy Dailey RN, Brenda Thompson RN, F E Mc Aree MD, Teresa Fadely RN, Jody Binhack RN, Patty Dobernick RN, Mary Ann Grogan RN, Judith McAree RN, Eleanor Ellis Clerk

New GFC Donors

With increased financial obligations, full time staff, and more medical services to the poor and homeless, the following donors since the last newsletter are very much appreciated!

Marg Chrapla, Cynthia Bocciocca, AFL/CIO, Mary Elizabeth Pogue, Wayne Jones.

Director's Column

by Rebecca Seifert

Starting in September, we have started holding volunteer orientations meetings for all new Gennesaret Free Clinic volunteers. One of the questions I always ask is "What motivated you to want to become a GFC volunteer?" The responses I receive to this question are as different as the volunteers. "I promised God that if I passed this test, I would give back." For some, it may be that a family member is homeless so they become more actively involved in their community and our clinic gives them the means to use their talents and abilities.

Whatever the reasons, there is one common thread that binds them all. That thread is the need to give of themselves - to give back. The ability and the desire to give back is uniquely human. The process of giving back allows us to step outside of our ego and lets us connect with our brothers and sisters and to God. It is in this connection that healing takes place and we are all made whole.

Recognition of Child Abuse

by Dr. Sharon Gilliland

The subject of child abuse encompasses a broad range of issues. Child abuse can be physical, sexual, emotional or neglectful. Recognizing child abuse is the difficult part. Reporting abuse once it's suspected is relatively simple (call 636-2255 to report cases of suspected abuse). You don't have to fill out forms to report cases, just a phone call and a strong suspicion.

Domestic violence is a risk factor for child abuse and neglect, as is acute overwhelming stress, mental illness and/or substance abuse in a caretaker. All of these factors can contribute to or result from being homeless.

Recognizing accidental versus inflicted trauma and recognizing sexual abuse are complicated by the secret keeping commonly found in abusive families. I'll summarize some of the pearls I've learned in dealing with physical forms of abuse. Emotional abuse is very damaging to children as well but it is more difficult to prove; it involves continually subjecting a child to humiliation, belittlement, isolation, and terrorism. Neglect can lead to poor growth, poor control of medical illness, or frequent exposure to dangerous situations where preventable accidents occur. Intentional neglect is abusive. Nonintentional neglect still needs intervention to correct the situation, although not necessarily through Child Protective Services.

Physical Abuse:

1. **An injury is present that doesn't fit the story given.** e.g. a three year old reportedly dropped the baby on the carpeted floor and now the baby has a large bone fracture with no evidence of underlying bone disease.
2. **More than one conflicting story is given to explain the injury.** e.g. a three year old sustained a skull fracture. Mom said the child tumbled down the basement stairs. Dad later said the child fell off the slide. A 17 year old brother said the child fell off the bed while they were playing.
3. **The history given does not fit the child's developmental level.** e.g. a three month old infant fell out of a crib with an intact railing.
4. **A sibling is blamed for a significant injury - see #1**
5. **There is a significant injury but no known history.** e.g. a three month old infant sustained a skull fracture, but none of the caretakers could remember any injury. This can also be seen with sexual abuse; there is an old but significant scar extending from the rectum well into the surrounding skin and the child's lifelong caretaker remembers no episodes of rectal bleeding or injury.
6. **There is a long delay in obtaining medical care for a significant injury.** e.g. a two year old has deep, third degree burns of both feet but wasn't taken to have the injuries evaluated for two weeks.

(Next Issue continues this important topic)

Reflections

Once upon a time there was a blacksmith who worked hard at his trade. The day came for him to die. The angel was sent to him, and much to the angel's surprise he refused to go. He pleaded with the angel to make his case before God, that he was the only blacksmith in the area and it was time for all his neighbors to begin their planting and sowing. He was needed. So the angel pleaded his case before God. He said that the man didn't want to appear ungrateful, and that he was glad to have a place in the kingdom, but could he put off going for a while? And he was left.

About a year or two later the angel came back again with the same message: the Lord was ready to share the fullness of the kingdom with him. Again the man had reservations and said: "A neighbor of mine is seriously ill, and it's time for the harvest. A number of us are trying to save his crops so that his family won't become destitute. Please come back later." And off the angel went again.

Well, it got to be a pattern. Every time the angel came, the blacksmith had one excuse or another. The blacksmith would just shake his head and tell the angel where he was needed and decline. Finally, the blacksmith grew very old, weary and tired. He decided it was time, and so prayed: "God, if you'd like to send your angel again, I'd be glad to come home now." Immediately the angel appeared, as if from around the corner of the bed. The blacksmith said: "If you still want to take me home, I'm ready to live forever in the kingdom of heaven." And the angel laughed and looked at the blacksmith in delight and surprise and said: "Where do you think you've been all these years?" He was home.

Megan McKenna - Parables, The Arrows of God, Orbis Books.

