A Higher Health Care System

Without the C.H. Mason Medical Clinic in Milwaukee, Octavious Neal wouldn't have discovered he has high blood pressure. A 40-year-old school bus driver, Neal couldn't afford the insurance offered through his job because the premiums cost more than $700 a month for individual coverage. Then he learned about the free clinic at Holy Redeemer Institutional Church of God in Christ.

"I couldn't afford to go anywhere to see a doctor and get the kind of medication I'm getting," said Neal, whose condition was diagnosed in early 2009. "Without them, I'd be lost."

Neal is one of nearly 170 patients the clinic saw last year during monthly examinations, although in June it added a second Saturday to its schedule. Reopened three years ago by Holy Redeemer after the hospital that had operated it shut down, the clinic has a lab and three exam rooms. The outreach offers primary care and is staffed by a medical director and four other volunteers.

"We have definitely seen an increase in clients since we reopened," said Lisa Neal, a nurse and the church's health ministry chairperson. "Health care is important. Hypertension leads to strokes, which leads to disability and more complications. It's the same thing with diabetes. Those are the two biggest things we see."

Milwaukee's C.H. Mason is just one of thousands of small, church-based clinics across the nation that deliver health care to the poor and uninsured. The Love of Jesus Health Clinic in Richmond, Virginia, offers primary care to uninsured patients through a partnership with the nondenominational Richmond Outreach Center. And since 1995, numerous churches have partnered with Louisville-based Touched Twice Ministries to provide free health screening clinics to low-income

residents in central Kentucky.

Augmenting these church-based efforts are 200 larger, Christian-based community clinics that are part of the Christian Community Health Fellowship (CCHF). Executive Director Steve Noblett said the uninsured clients they see are likely to need services despite the passage of health care reform legislation in March.

Even if 32 million people are able to obtain insurance because of the new law, 14 million will still lack coverage, said Noblett, who pastored a Full Gospel church before joining CCHF. “If everyone suddenly gets insurance, there’s still no doctors for them to go to,” Noblett said, pointing to disparities between the number of physicians serving suburban areas and those in America’s inner cities.

Missions is an integral element of the services at Richmond’s CrossOver Ministry, which expects to see nearly 6,000 patients in 2010. Director of Operations Julie Bilodeau points to their theme verse of Deuteronomy 15:11, which talks about being openhanded to the poor and needy.

“I believe there will always be people who will have difficulty accessing quality, compassionate care,” Bilodeau said. “I would love to wave a magic wand and the need for CrossOver would go away and I could retire. But, realistically, I don’t think that’s going to happen.”

Not all clinics are free. Siloam Family Health Center in Nashville, Tennessee, uses a sliding scale. President/CEO Nancy West said that encourages patients to get more involved in their treatment and allows them to maintain their dignity.

Started in 1989 as a ministry of Belmont Church, the center received $147,000 in funding (7 percent of its budget) from 30 churches last year; 25 more provided volunteers, prayer support or other donations. It expects to serve 19,500 patients in 2010, with 80 percent of them immigrants. “Christ

said to heal the sick and care for the poor," West said. "We all need each other to make that happen."

Although many smaller churches may not be able to afford to fund health clinics, they can offer basic health screenings, exercise classes or other means of promoting good health, said C.H. Mason's Lisa Neal. "I don't think it's just churches," she said. "It's the right thing to do. Where there's a need, you should help provide."