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Health Care

Retired Doctors, Nurses “Help Bridge a Gap” Free Clinics, Volunteers Vital as Number of Uninsured Grows

By Jennifer Calhoun Staff writer

LAURINBURG - Every Wednesday morning, Lloyd McCaskill gets up to do a job he's done for 53 years - a job he's tried to retire from at least six times. But McCaskill, a semi-retired primary care doctor, knows he can't quit for good. Not yet. Not while so many people still need him. McCaskill, who is 82, is one of at least 35,000 retired doctors in the country who volunteer their time and expertise to help the uninsured.

Once a week, McCaskill sees patients at the Scotland Community Health Clinic. It is one of 80 clinics in the state that offers free basic health care services to uninsured residents who meet federal poverty guidelines. As the number of uninsured patients continues to rise, free clinics and retired workers such as McCaskill are becoming increasingly important resources in the health care crisis, said Amy Hamlin, executive director of Volunteers in Medicine, a national organization of health-care volunteers. “It's really a partial local solution to a huge national problem,” Hamlin said. “It's the local community saying, you know what? This is a problem that's not going away.”

In its first year of business last year, the Scotland County clinic had about 400 active patients - a number that's expected to grow as the job market declines and insurance costs escalate, said Donna Young, the clinic's executive director. Fayetteville's free clinic, The Care Clinic, sees about 4,000 patients each year, said Kimberley Kuzma, a spokeswoman.

More than 1.5 million in the state were uninsured, according to a recent report from the U.S. Census Bureau. Young said many of her patients are people who held manufacturing jobs in the county for 20 or 30 years but lost the job and the insurance when the companies failed or left town. “Now they have ...” Young said, pausing to measure her words. “Nothing,” said Ann Long, a retired 71-year-old volunteer nurse who is a little more forthright. Young nodded, adding, “And no prospects. It's not like the jobs are somehow coming back. We're booked five weeks out. We're constantly asking for additional support.” The clinic runs on an annual budget of \$95,000 to \$98,000, which includes money from grants and community and business donations. With such a small budget and a rapidly growing clinic, Young said volunteers can sometimes feel overwhelmed. “When we get discouraged, I tell them, it's one patient at a time,” she said. “We can't help everybody, but we can help bridge a gap.” But soon, free clinics could be forced to bridge an ever-widening gap that could include the middle class, Hamlin said.

“The problem of the uninsured used to be a problem of the working poor,” Hamlin said. “But now it’s creeping & no, galloping & into the middle class.” There are several reasons for this, she said. One is the rising cost of insurance.

Between 2000 and 2007, family health care premiums in North Carolina rose five times faster than earnings, according to a report from Families USA, a national, nonprofit, nonpartisan organization for health care consumers. Family health care premiums rose from \$6,649 in 2000 to \$11,618 in 2007 – a 74.7 percent increase. Median earnings increased by only \$3,236 - or 14 percent - in the same time frame, the report said. Employers aren’t able to keep up with the rising costs, either, Hamlin said. “Businesses are having trouble being competitive,” she said. “As a result, they’re cutting benefits and increasing deductibles and co-pays on employee health plans. Small businesses that would very much like to provide insurance simply can’t do it and be profitable.” But the middle class is losing its jobs, which could mean a loss of insurance, Hamlin said.

In September, the state’s unemployment rate rose to 7 percent - more than 2 percent higher than it was in January and higher than the national average of 6.1 percent, according to the state’s Employment Security Commission. Scotland County’s unemployment rate was even higher - 11.7 percent. Those numbers mean free clinics will be in business for a long time, Hamlin said - and so will unpaid, retired doctors such as McCaskill.

But for McCaskill, it’s the right thing to do. “What is it? One day a week?” he said, with a shrug of his shoulders. “If I can help, I’m willing to do it.” Besides, McCaskill said, he grew up poor. He remembers what it was like to watch his mother worry over a sick child, trying to decide between food and medical care. “Back in those days, if you didn’t have money, you didn’t go to the doctor,” he said. “It’s come full circle.”

NC’s uninsured

Adults ages 19-64: 1,219,653

Children under 18: 310,673

Families with at least one full-time worker: 1,075,349 Families with part-time workers:

163,407 Families with no workers: 291,570 Uninsured by race

White: 14 percent

Black: 22 percent

Hispanic: 54 percent

Other: 29 percent

Source: The Henry L. Kaiser Family Foundation’s www.statehealthfacts.org ON THE RISE Between 2000 and 2007, annual health insurance premiums for family health coverage rose nearly 75 percent, while median earnings increased 14 percent.

Source: Families USA 2007 report

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