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Georgia's Free Clinic Network: a Prototype for Giving

ATLANTA – The Georgia Free Clinic Network, founded in early 2003, is an alliance of more than 100 free and sliding-scale health clinics throughout the state that seek to aid the poor and uninsured with acute and primary care needs.

The network began after Dr. Thomas Kelly and Pastor Jim Lewis gathered volunteers from throughout Georgia to meet in a church basement in Morrow to exchange ideas about how to replicate their free health clinic called the Good Shepherd Clinic.

“In the spirit of Clara Barton or Florence Nightingale, Georgia's Free Clinic Network is a testament to the spirit of giving,” said Donna Looper, executive director of the network. “More than half of our clinics are faith-based or operated by churches or other religious charities and all are staffed by volunteers in the medical and dental professions or other Good Samaritans.”

Recognizing there were other groups that might lend a hand to start-up health clinics for the poor, Kelly and Lewis decided to form the coalition of free clinics to network and share information and resources. As a result, the organization now dedicates itself to facilitating communication, sharing resources among those interested in caring for uninsured Georgians and in the creation of new free clinics.

Since that meeting five years ago, the Georgia Free Clinic Network has expanded to become a valuable coalition for the participating clinics in the state. The GFCN helps with the start up of new clinics, those seeking grants and collective purchasing of medications. It provides educational materials on caring for the uninsured and holds an annual information-sharing meeting for its members.

The GFCN recently raised \$300,000 to expand its work. This year it is seeking a \$2 million grant from the state Legislature in 2008 to spur more clinics in the state since demand is outstripping capacity at most clinics. It also wants to add services at existing clinics such as mental health services.

In 2006, the GFCN's clinics treated about 140,000 low-income patients, a 25 percent increase over 2005. But due to lack of capacity, clinics had to turn away an estimated 30,000 patients in 2006. With more and more emergency rooms turning away patients without true emergencies, the free clinics are playing a vital role in local communities as a place for the poor to obtain health care.

Clinics utilize volunteer physicians, dentists, pharmacists, nurses and other medical and non-medical personnel to treat poor and uninsured patients. The clinics accept donations from the community including any assistance with purchasing medications for chronically-ill patients.

“We repeatedly hear from patients and the medical personnel who staff them that these clinics are a godsend,” Looper said. “The free clinic concept and our network of support are true examples of giving back something to society.”