

LA CLÍNICA DEL PUEBLO



An Immigrant Community Health Center: Of the People, For the People

Case Study Reference Document

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Table of Contents

Acknowledgements

Guide to Acronyms

Executive Summary

i

I. Introduction

1

II. Objectives, audiences, methodology and organization of the case study

3

III. La Clínica del Pueblo's birth and evolution

7

- A. 1983-1988: La Clínica del Pueblo is born *7*
- B. 1988-1995: Dr. Juan Romagoza assumes leadership of La Clínica *15*
- C. 1995-2003: La Clínica becomes an independent entity *26*
- D. 2003-2007: La Clínica moves to a new home and continues to mature *39*

IV. Impacts of La Clínica del Pueblo

59

- A. Impacts of La Clínica on its patients *59*
- B. Impacts of La Clínica on its staff and volunteers *60*
- C. How La Clínica has impacted more broadly on the Latino Community in the Washington area *63*

V. La Clínica del Pueblo seen from "within" and "without"

64

- A. What drew staff and volunteers to La Clínica *64*
- B. Patients compare the medical services they receive at La Clínica with medical services received elsewhere *65*
- C. Views of La Clínica's strengths *66*
- D. Challenges and areas for improvement *68*

VI. La Clínica's Essence

72

- A. Defining La Clínica's essence *72*
- B. The evolution of La Clínica's essence *74*
- C. Opportunities and challenges to La Clínica's essence *74*
- D. And these opportunities and challenges continue.. *75*

VII. Lessons learned from the La Clínica experience

77

Appendices

- A. Case study methodology *80*
- B. Individuals interviewed *82*

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To the remainder of the 138 additional individuals who I interviewed for this case study and who are listed in Appendix B of this case study – current and former members of La Clínica's board of directors, staff and volunteers, La Clínica patients, and individuals outside of La Clínica who are closely acquainted with La Clínica's trajectory and its operations – my sincere thanks and appreciation for your time and your invaluable insights.

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Guide to Acronyms

- ABC: American Baptist Church
- ADAP: AIDS Drug Assistance Program
- AHA: Administration for HIV and AIDS
- APRA: Alcohol Prevention and Recovery Administration
- CARECEN: Central American Refugee Center
- CCNV: Creative Community for Non Violence EPICA: Ecumenical Program on Central America
- CDC: Centers for Disease Control
- CRCS: Comprehensive Referral and Counseling Services
- DED: Deferred Enforcement Departure
- EPICA: Ecumenical Program oin Central America
- EUFOLA: Educational Organization for United Latinos
- FPL: Federal Poverty Level
- FQHC: Federally Qualified Health Center La Clinica: La Clinica del Pueblo
- ICRA: Immigration Reform and Control Act
- NACARA: Nicaraguan Adjustment and Central American Relief Act
- OCR: Office of Civil Rights
- OLA: Office of Latino Affairs
- PTSD: Post Traumatic Stress Syndrome
- SAMHSA: Substance Abuse and Mental Health Services Administration
- TPS: Temporary Protective Status
- WOLA: Washington Office on Latin America

Executive Summary

This case study of La Clínica del Pueblo, conducted between June and December of 2007, had the following objectives:

1. Chart the evolution of La Clínica del Pueblo over the 24-year period since its birth within the context of international, national, and local developments and with an emphasis on the Latino community in the District of Columbia;
2. Identify La Clínica del Pueblo's "essence"; those characteristics that give La Clínica its special identity;
3. Explore the impacts that La Clínica's approach and services have had on: its patients; current and former staff and volunteers; and the Latino community in Washington D.C.;
4. Identify how La Clínica is seen from "within" and from "without": what individuals who have been closely affiliated with La Clínica over the years identify as its strengths and its challenges/areas for improvement;
5. Identify, from the above, lessons learned for La Clínica itself and for primary care health clinics that serve populations with similar characteristics.

La Clínica del Pueblo's mission is to "*provide culturally appropriate health services to persons in the Latino community regardless of their ability to pay.*" La Clínica's services are built on four fundamental values: *unconditional care, perseverance, quality care, and community.*

La Clínica del Pueblo's birth and evolution

1983-1988: La Clínica del Pueblo is Born

La Clínica del Pueblo was founded in Washington, D.C. in 1983 by a group of Salvadoran activists (the Central American Refugee Center, CARECEN) and self-proclaimed North American hippies living in a group home (Plenty International) who saw the need to provide health services to refugees fleeing the civil war in El Salvador. In its early years La Clínica was run by volunteers and medical providers (residents from Washington, D.C. area hospitals and local doctors) who came every Tuesday night to the Wilson Center, located on Irving St near 15th St., N.W., to provide medical services free of charge. Latin Americans and North Americans, many activists, were trained as health promoters to assist the doctors with intake, interpretation, and other services. In addition, La Clínica began to provide limited health education/outreach to the nearby Latino community.

From the time it was established La Clínica del Pueblo gained the reputation of being a safe place where undocumented refugees -- many traumatized by their experiences in Central America, crossing the border to the U.S., and then as unwelcome newcomers in the U.S. -- could come to receive compassionate care from people who were dedicated to helping them in any way they could. Access to quality health service as a human right was an important principle from the start. There was never the notion that this health clinic would be needed for more than a couple of years. After all, the "plan" for the Salvadorans living in Washington was to return to their country when the war was over.

1988-1995: Dr. Juan Romagoza assumes leadership of La Clínica del Pueblo

With the arrival in 1988 of Dr. Juan Romagoza (himself a refugee and a victim of torture at the hands of the Salvadoran military) to become its director, La Clínica del Pueblo expanded the scope of its services to include mental health, alternative medicine, and community health outreach and prevention. The right to quality health services was expanded to include access to quality health care as a human right and a responsibility of each of the patients. Health, interpreted broadly as a right to life, led La Clínica patients, staff and volunteers to become actively involved in demonstrating against U.S. military policy in Central America.

Slowly, La Clínica began to grow. With small grants from local foundations, La Clínica was able to begin to hire individuals to run the Tuesday night clinic, although the large cadre of volunteers remained. A 1989 grant from the Mayor's Office of Latino Affairs (OLA), made it possible for La Clínica to initiate a program to provide HIV/AIDS testing and counseling.

In 1990 La Clínica received its first federal multi-year contract, through the Catholic Archdiocese of Washington, to provide physicals to Vietnamese refugees. La Clínica was able to stretch this funding to cover some of its administrative expenses. In 1991, in keeping with its philosophy of the importance of prevention, La Clínica initiated its first large health fair. By 1993 health fairs, held annually and coordinated by La Clínica and including a wide array of medical providers in the D.C. area, were attracting up to 3,000 participants. In 1994 La Clínica and its patients successfully exerted pressure on CARECEN's board of directors to gain independence from CARECEN (which it had outgrown) and become its own 501c3 non-profit entity.

1995-2003: La Clínica becomes an independent entity and undergoes a significant spurt of growth

For La Clínica, 1995 – 2003 was a period of tremendous growth. Realizing that reliance on small foundation grants was not sufficient if it was going to become a full-fledged community health center, La Clínica began to seek grants and contracts from the Federal and Washington D.C. governments. During this period, La Clínica's annual budget expanded from \$800,000 to \$4.6 million.

With the end of the civil wars in El Salvador and Guatemala in the mid 1990s, the focus of La Clínica's activism turned to health and health policy. La Clínica's leadership, staff and patients joined forces with other private health clinics in Washington D.C. to pressure the D.C. government to provide health insurance for the city's underserved population. Their collective efforts paid off. In 2001 the D.C. government closed D.C. General Hospital and, with the revenue freed up, established the D.C. Health Care Alliance, an insurance program for low-income D.C. residents whose incomes were 200% or less than the Federal Poverty Level (FPL). The D.C. Health Care Alliance also provided badly needed revenue to La Clínica and other non-profit health clinics serving the poor. An important outcome of the D.C. Health Care Alliance for the D.C. Latino population was that it opened up eligibility to undocumented D.C. residents.

During this period there were major changes in the medical services provided by La Clínica. For the first time La Clínica hired a full-time, paid medical director. New medical staff was also hired, and the medical clinic began providing services on a daily basis. An agreement was entered into with Howard University Hospital wherein La Clínica offered opportunities for Howard residents to rotate to La Clínica. In return, Howard University Hospital provided a steady source of funding, specialty care, and hospitalization services to La Clínica patients free of charge. In 2000, with the transition to a new medical director, La Clínica changed its focus from a specialty clinic model to a family practice model. La Clínica's HIV/AIDS program expanded dramatically during this period. In addition to serving HIV positive patients, La Clínica launched a large HIV/AIDS prevention program. With this

program, La Clínica began to provide innovative programming targeted at reaching gay, lesbian, bisexual, transvestite, and transgender members of the D.C. Latino community.

In 1996 La Clínica began to establish the infrastructure for what has become a comprehensive medical interpretation program with interpretation services provided in several languages. In 1997, and with extensive mobilization where its patients played an active role, La Clínica initiated a capital campaign which made it possible to purchase and refurbish an old warehouse three blocks away on 15th St to serve as its new home. In 2000 La Clínica established a small Social Services Department staffed by case managers who provide services primarily to La Clínica's HIV positive patients. In 2002 La Clínica was the beneficiary of two demonstration grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). The significant infusion of funding from these grants made it possible for La Clínica's Mental Health Department to move from depending primarily on volunteer therapists to having therapists on its payroll.

2003-2007: La Clínica moves to a new home and continues to mature

In April 2003, La Clínica's moved to its current location on 2831 15th St., N.W. The new building was the culmination of many desired improvements. It offered ADA accessibility, an elevator, properly functioning heating and cooling (no more overcoats in the exam rooms), much more adequate space and new equipment. It was wired for a computer network that would bring the modernization of patient and employee data management, and ready access to internet resources for doctors. The new space had a safe place for children to play while their families awaited appointments. It had, uniquely, a chapel, considered culturally and emotionally important to La Clínica's integral approach to health.

Between 2003 and 2007 La Clínica's annual budget expanded from \$4.6 million to over \$6.6 million. Activism, an ever present part of La Clínica's identity, moved to a focus on specific health and related issues of concern to the Latino population: smoking, diabetes, obesity, immigration policy. In addition, the directors of both the HIV/AIDS and the Interpretation Departments were very active, working within city-wide coalitions, in pushing for improvements in services and policy in their areas.

During this period the medical clinic continued to add new medical providers. In 2004 the medical clinic moved to an open access scheduling system which dramatically reduced the percentage of patient no shows. The HIV/AIDS Department continued to grow in budget and services to become La Clínica's best financed department. Innovative prevention efforts, through paid and volunteer HIV promoters, expanded La Clínica's outreach to areas and localities of Washington DC that it had not been to before. La Clínica's Mental Health Department, in addition to providing one on one therapy, initiated programs for the elderly Latino population; for Latino families who have experienced trauma; and for individuals with histories of alcohol and drug abuse

In 2005 La Clínica's interpretation department established a web-based data base that permitted it to provide interpretation services for 40 entities, mostly health clinics, throughout the Washington area. In 2006 La Clínica made community health outreach into its own department. In addition to being responsible for organizing and conducting health fairs, this department also runs an innovative diabetes education program designed to provide comprehensive services (nutrition education, an exercise program, one on one home visits) to patients with diabetes.

In the summer of 2007 La Clínica was advised that its request to become a Federally Qualified Health Center (FQHC) had been granted. Also in the summer of 2007, La Clínica's long-time leader, Dr. Juan Romagoza, announced that he would be resigning to return to El Salvador to continue with the medical outreach to the country's poor that he had begun in the late 1970s before he had to flee the country.

La Clínica as of December, 2007

As of the end of 2007 La Clínica had 85 individuals on its staff, over 100 volunteers and a budget of over \$7 million from 65 different funding sources. During the 2007 calendar year, La Clínica's medical clinic, which operates under a family practice approach, had 15,858 client encounters; the mental health department 4,975 client encounters; the HIV/AIDS department 113,054 client encounters; the social services department had 5,102 client encounters, the interpretation department had 10,839 client encounters; and the education and community outreach department had 9,988 client encounters.

In addition, La Clínica facilitated 2,365 referrals that made it possible for its patients to visit private doctors, hospitals and other medical facilities to receive specialized services that were not available through La Clínica. As needed, the patients who received these referrals were accompanied by interpreters provided by La Clínica. These visits were either free of charge or covered under the D.C. Health Care Alliance or Medicaid.

In terms of its population, 68% of La Clínica's patients were residents of Washington, D.C., 22% of Maryland, and 8% were from Virginia. The majority (58%) of the medical clinic's users was uninsured; 5% were on Medicaid; 1% was on Medicare; and 36% had other forms of insurance (the primary among them being the D.C. Health Care Alliance). Ninety-seven percent of La Clínica's users were Hispanic, 65% were women, and 35% were men.

Highlights of study findings:

- La Clínica's impacts on patients: Patients interviewed for the case study attributed to La Clínica a number of impacts on their lives. La Clínica provided them with an opportunity to grow. It helped them to change their way of thinking about health. Several credited La Clínica with saving their lives.
- La Clínica's impacts on staff and volunteers: La Clínica's staff and volunteers also pointed to the opportunity that La Clínica afforded them to learn and grow. In addition, they attributed a number of personal changes or improvements in their lives to their affiliation with La Clínica. For many, La Clínica afforded them a place where they could apply their values. For a few, La Clínica was a life changing experience.
- Impacts of La Clínica on the Latino community living in the Washington area: While it was not possible to obtain numerical data -- as has been the case with patients, staff and volunteers -- through its outreach and prevention efforts La Clínica is seen as having exposed the Latino population living in the greater DC area to measures that they can take to detect and prevent chronic disease. In addition, through its advocacy efforts on behalf of the underserved Latino population living in the Washington area, La Clínica has helped to open opportunities for Latino immigrants to receive health services for which they might not otherwise be eligible.
- La Clínica's strengths: There was remarkable agreement among those interviewed for the case study (patients, staff, volunteers, board members, individuals from outside of La Clínica who are closely familiar with its services) on La Clínica's strengths:
 - A caring and friendly environment; compassionate staff.
 - Staff deeply committed to the organization's mission and to serving underserved populations.

- An organization that is committed to quality and professionalism.
 - A holistic approach to health care which views patients and clients as individuals with physical, mental, emotional, spiritual and political needs.
 - An agile organization that has the ability to adjust to the evolving needs of its population.
 - An organization where the views of the patients and the staff are listened to.
 - An organization that is firmly grounded in the philosophy of participatory decision-making
 - Commitment to the notion that receiving quality health services is both a right and a responsibility.
 - For patients as well as staff and volunteers, a sense of family/community; a safe and secure place
 - Patients treated in a culturally sensitive fashion, with dignity and respect.
 - A place that opens its doors to any individual who walks in, regardless of his/her origin or sexual orientation.
- Challenges and areas for improvement. There were differences in perspectives between patients, on the one hand, and staff, volunteers, board members, and interviewees from the outside on the subject of areas for improvement.
- Patients pointed to three areas where they would like to see improvements: an expansion in the types of services provided, an increase in the number of patients that La Clínica can see, and (for some) reducing the waiting time to see doctors.
 - La Clínica staff, volunteers, board members and individuals from the outside that are closely familiar with La Clínica’s services agreed that the departure of Dr. Juan Romagoza and La Clínica’s having become an FQHC present significant challenges to La Clínica’s essence. They also pointed to improvements needed in finances and management.
 - For La Clínica staff a clear challenge posed by growth is the limitation in physical space.
- La Clínica’s essence: La Clínica’s essence has been under challenge since the day La Clínica was born. There is much to be learned from how La Clínica has, over the years, successfully maintained its essence in the face of these challenges. These lessons learned will be useful to La Clínica as it faces the current simultaneous challenges of the departure of Dr. Juan Romagoza and La Clínica’s becoming an FQHC.

When asked to identify what they saw as being the key elements of La Clínica’s essence, the individuals interviewed for this case study pointed to the following. Many of these characteristics, not surprisingly, mirror what they saw as La Clínica’s strengths:

- La Clínica was created by the Latino community for the Latino community: a large proportion of the staff have similar backgrounds to and “look” like the patients.
- La Clínica staff deeply care about their patients and clients; they are committed to going the extra mile to meet their needs.
- Patients and clients at La Clínica are treated as equals; with dignity, and respect. Part of treating them with dignity and respect is seeking out, listening to, and acting on their feedback and suggestions.
- La Clínica provides a refuge, a secure and trusted place; for many, La Clínica is like a second family.
- La Clínica provides health care that is culturally sensitive, relevant, and that evolves to meet the changing needs of its patients and clients.
- La Clínica approaches its patients in a holistic manner: as beings that have physical, mental, emotional, spiritual, socio-cultural, and political needs.

- The staff at La Clínica go out of their way to do everything possible to ensure that every patient/client knows that s/he has the right to adequate health care as well as the responsibility to make sure her/his health needs are met.
 - La Clínica’s philosophy is based on the premise that making one’s voice heard is fundamental: as a means of pushing for change, providing patients/staff a vehicle for exerting their rights, forming community, and providing a therapeutic vehicle for many individuals whose rights have been violated.
- Lessons learned for La Clínica and for other health clinics that serve similar populations. There are a number of lessons to be learned from the La Clínica experience. They are relevant for La Clínica itself as it undertakes its next steps toward growth under FQHC status. These lessons learned are also relevant for other health clinics that serve immigrant populations, largely refugees from war torn countries, that arrive at their new place of residence traumatized and who, in many cases, are not particularly welcome:
- It is valuable to have at the helm a leader and moral authority who, while willing to accommodate to the pressures of change, maintains an eye on the “essence”.
 - It is important to have on the staff of the health clinic individuals who are committed and who care.
 - It is important to select and nurture a management team that buys into the essence and passes it on in their dealings with their department staff.
 - There are many advantages to being a health clinic that was established by and for the community.
 - There are many benefits to being seen as a safe and trusted place, a “sanctuary”, a home away from home.
 - There are benefits to taking the time to address the needs of the patients in a holistic fashion:
 - There is much to be learned from the way in which La Clínica has incorporated volunteer service into its model.
 - It is valuable to on the lookout for ways of incorporating cultural sensitivity into one’s programming.
 - It is important to adopt a proactive approach that involves constantly reaching out and consulting with one’s clients, as well as seeking client/employee input in decisions to be taken
 - While it comes with risks, there are advantages to being “bold” and holding on to one’s values.
 - Approaching health as both a right and responsibility is tremendously empowering and therapeutic.
 - Engaging staff and patients in advocacy can provide a variety of benefits.

Chapter I: Introduction

It is March 24, 1982, the second anniversary of the day that Archbishop of San Salvador Oscar Romero was assassinated while celebrating mass in San Salvador. Archbishop Romero was for many, both within and outside of El Salvador, a highly revered priest who spoke out vigorously on behalf of the downtrodden. Romero also denounced the violations in human rights occurring through the actions of the Salvadoran government and army.

The day of Archbishop Romero's assassination, March 24, 1980, will go down in history as the day that what had been a low intensity conflict escalated into an all out civil war. The results, by 1992 when a peace accord was signed: 74,000 dead and over one million Salvadorans (in a country of five million) fleeing their country.

On this second anniversary of Archbishop Romero's assassination, Joaquin Dominguez Parada is in the tenth day of a fast in Lafayette Park directly in front of the White House. Dominguez Parada is a Salvadoran lawyer and activist who co-founded the Central American Refugee Center (CARECEN) to address the legal needs of the thousands of refugees who have fled El Salvador and emigrated to the U.S. as a result of the war. Joining Dominguez Parada in the fast are a number of U.S. and Latin American activists who are protesting U.S. military policy in Central America. One is Adolfo Pérez Esquivel, an Argentine human rights activist who won the Nobel Peace Prize two years before. (Archbishop Romero was nominated for the Nobel Peace Prize in 1979.)

Serving as an advisor to the fast is Mitch Snyder, a well-known advocate for the homeless in Washington, D.C. and member of the Creative Community for Non-Violence (CCNV). Also assisting in periodically checking up on the health status of the individuals participating in the fast are the medical staff of Plenty International, a group of self-proclaimed hippies who live in a group house near CARECEN's office in the Columbia Heights neighborhood of Washington, D.C.

Patrice Perillie, co-founder of CARECEN, recalls this day:

During the fast, we discussed with the medical personnel of Plenty International the idea of starting a health clinic for refugees from El Salvador living in Washington who had no access to health services. We commented that we had a lot of volunteers with CARECEN, individuals who we had assisted to obtain refugee status in the U.S. who had been medical doctors and nurses in El Salvador before coming to the U.S., who were now working at restaurants or as janitors. We thought, "Wouldn't it be great if we could find a place where refugees could be treated and where Salvadoran doctors and nurses could work in their capacities as medical personnel?"

It turned out that Mitch Snyder and his colleagues from the Community for Creative Non-Violence had a storehouse of medical equipment that they were willing to donate to us.

We subsequently went to the Mayor's Office of Latino Affairs and said, "We want to do this clinic." They loved the idea. We went back to one of our offices and cut a deal. "

Nearly a year later, in March of 1983, what is now fondly known as La Clínica del Pueblo (The People's Clinic) opened its doors as a free health clinic for refugees fleeing from the civil turmoil in Central America. After a false start at the Washington Free Clinic, the co-founders of La Clínica del Pueblo – CARECEN and Plenty International -- found space at a former Presbyterian Church at 15th and Irving Sts., N.W. that they shared with a number of other organizations serving the Latino population living in Washington, D.C. and environs. The space, which they rented thanks to a grant from the Mayor's Office of Latino Affairs, was located on the third floor. The steps to climb up to La Clínica were many, the room was drafty, cold in the winter and hot in the summer. However, every Tuesday night (and eventually expanding to other nights and days of the week) for 20 years, the primarily volunteer staff of

La Clínica opened its doors and its heart to the low-income Latino population that had no place else to go for health services. In 2003, the staff and patients of La Clínica del Pueblo, in a ritual to mark both the loss of their home since 1983 and their hopes for a more stable future, walked in a procession down 15th Street to a refurbished warehouse three blocks away that has become its new home.

This is the story of La Clínica del Pueblo; the story of its birth and evolution from a free clinic where all staff (doctors and helpers alike) served faithfully every Tuesday night as volunteers to a clinic that in December of 2007 had an annual budget of \$7 million, served over 7,000 patients a year with a paid staff of 85 and over 100 volunteers. It is the story of a group of deeply committed individuals with a mission who really care and who have, over the years, provided low-income Latinos (and others who walk in their doors) a warm and secure space where they are respected as individuals; where culturally sensitive quality health services are delivered from a physical, mental and spiritual perspective; and where they are encouraged to view receiving adequate health care as both a human right and a responsibility.

Not surprisingly, over the years, a number of its patients – many deeply attached to La Clínica – have become part of La Clínica’s valued cadre of volunteers. And from among this cadre of volunteers have been drawn a number of the individuals that staff La Clínica today. La Clínica, in the words of many individuals interviewed for this case study, is a clinic “that was started by the people and remains for the people”.

The above lead to several questions:

- What are the services that La Clínica provides?
- What is the “essence” of La Clínica, what are the characteristics that make La Clínica “special”?
- How has La Clínica managed to continue to exist for nearly 25 years when many other clinics serving underserved populations in the Washington D.C. area have closed?
- How has La Clínica impacted on the lives of its patients, its staff and volunteers, the surrounding community?
- What have been La Clínica’s strengths throughout the years?
- What are the challenges that La Clínica has faced and how has it/how is it addressing these challenges?
- What are the lessons to be learned from La Clínica’s experience both for La Clínica as it goes forward and for other community health clinics in the U.S. and elsewhere, especially those that serve refugee populations?

The remaining pages of this case study attempt to answer these questions.

Chapter 2: Objectives, Audiences, Methodology, and Organization of this case study

In May of 2007, Marcia Bernbaum¹ approached La Clínica with an offer to conduct a case study of La Clínica, offering her services as a volunteer. La Clínica's Board of Directors and senior staff readily accepted Dr. Bernbaum's offer to design and conduct the case study.

The description, below, of the case study objectives, methodology, and audiences is the outcome of extensive discussions with members of the board and senior staff of La Clínica. These discussions were designed to identify what La Clínica wanted to achieve through the case study. This chapter ends by outlining the organization of this case study document.

A. Why conduct a case study of La Clínica del Pueblo:

A quote from Alicia Wilson, Development Director of La Clínica who – along with La Clínica's Director, Juan Romagoza -- has provided overall inspiration and guidance in designing and conducting this case study, conveys why conducting a case study of La Clínica del Pueblo makes sense at this point in time:

“Today, more than ever, we are at the point of significant change. It is necessary to document the history of La Clínica. With the changes we are about to go through, we risk losing the essence of who we are. This study will help us to capture the essence of La Clínica, demonstrate the impact of its services, and help us in looking toward the future to reflect on what has worked, what we want to change, what have been our challenges, and what the characteristics are of La Clínica that form the heart of the institution. The study will also permit us to undertake a process that will capture the vision and values of La Clínica. With our expansion to a second site it is important to be clear on what the essence of La Clínica is.”

B. Case study objectives and methodology

The case study has five objectives:

1. Document the history of La Clínica: the circumstances under which its population arrived in Washington and the situation they encountered upon arriving; how La Clínica was born in response to the multiple needs of this population and how La Clínica has continued to respond to the needs of this population over the years; La Clínica's role both in providing services to this population as well as advocating for their rights (both in general and for quality health services).
2. Explore the impacts of La Clínica's approach and services: on patients/clients, current and former staff and volunteers, the Latino community at large.
3. Identify La Clínica's “essence”²: how it was established; how it has evolved over the years; how it is seen by patients and staff; the extent to which La Clínica and its staff “walk its talk” when it comes to

¹ Dr. Bernbaum was born and raised in Latin America and spent the greater part of her nearly 20 year career working with the United States Agency for International Development (USAID) in Central America. In recent years she led many teams that have evaluated education and civil society programs in Latin America and Africa. She has also provided technical assistance in the area of strategic planning and organizational development to USAID offices and to non-profit organizations in Latin America. Since retiring from USAID she has (both for pay and as a volunteer) conducted several case studies of grass roots organizations that promote leadership and empowerment, with the objective of documenting, from their experiences (both their successes and the challenges they have faced), lessons learned for other programs that serve similar populations.

living its essence; the factors (internal and external) that have facilitated the continuity of this essence; and factors that have challenged its continuity, including changes that are currently taking place at La Clínica.

4. Identify how La Clínica is seen both from “within” and “without”: Identify – from the perspective of patients, current and former staff, volunteers, members of La Clínica’s board, as well as individuals from outside of La Clínica who are closely familiar with its services -- what they see as La Clínica’s strengths, its challenges and areas for improvement.
5. From the preceding, identify lessons learned that can be learned from the La Clínica experience, both for La Clínica as it moves toward its next stage of expansion and for primary care health clinics that serve populations with similar characteristics.

One hundred forty individuals were interviewed for the case study. Interviewees included: (a) members of La Clínica’s current staff (including all 10 members of its management team); (b) former members of La Clínica’s staff; (c) current and former La Clínica volunteers; (d) current and former members of La Clínica’s Board of Directors; (e) individuals from outside of La Clínica who are familiar with its services. A random sample of La Clínica patients was also interviewed.

Interviews followed a set of tailored protocols. Interviewees were asked initially to share something about them: where they were born; if born outside the U.S. what their living conditions were in their country of origin; how they got to the U.S. and what life was like when they arrived. The interview then turned to the interviewee’s connection to La Clínica and reflections about their La Clínica experience. Patients, current and former staff, and volunteers were asked to reflect on how their affiliation with La Clínica had impacted their lives. All interviewees were asked to reflect on what they saw as La Clínica’s strengths and challenges or areas for improvement.

Most interviews lasted approximately one hour. Several individuals were interviewed multiple times. All interviews were confidential. All the quotes included in this case study have been approved by the individuals quoted.

Document review included documents available at La Clínica, plus citations on the internet on topics that are relevant to La Clínica’s birth and evolution. The author was particularly fortunate to be given access to an extensive collection of newspaper clippings about La Clínica and events in the community that have been collected over the years by La Clínica’s Executive Director, Dr. Juan Romagoza.

A description of the interview methodology and a description of how interview data was analyzed is provided in Appendix A.. The individuals interviewed for this case study are listed in Appendix B.

C. Case study products and audiences

The principal audience of the case study is the management and staff of La Clínica. The intense interest displayed by La Clínica’s leadership and staff, from the start, in the process of conducting the case study and its outcomes has made this a particularly interesting venture. Particularly significant is the commitment of La Clínica’s management team to using the case study to help them as they move forward with the significant transitions in store for La Clínica.

Other audiences for the case study include:

² The word “essence”, deliberately loosely defined, goes beyond what La Clínica has identified as its vision or mission. It refers, depending on the person who responds when asked what La Clínica’s “essence” is, to: La Clínica’s organizational culture, its values, or what make it special to the individual answering the question.

- La Clínica's patients: in order to appreciate/recall what La Clínica has meant to them personally and to their family members; for future patients to see what the “essence” of La Clínica is and what they can expect from the services/treatment they will receive when they come to La Clínica for services. The outcomes of this case study should be of particular interest to La Clínica's Patients Committee which meets monthly to advise the Director and staff on La Clínica's operations as seen from the perspective of its patients.
- Entities that have supported La Clínica and that may be supporting La Clínica in the future (sources of financial support to La Clínica, universities that collaborate with La Clínica through their medical schools, other health clinics and institutions that have been/would like to ally themselves with La Clínica) in order for them to learn about/appreciate the foundations upon which La Clínica has been built, what their contribution has been to La Clínica, and to help them visualize how their future support might benefit La Clínica.
- Other primary health care clinics that tend to similar populations,³ not only in the United States but other countries. These clinics might be interested in the history of La Clínica, in particular its successes, challenges, and lessons learned over the years; and how La Clínica has fought to maintain its essence in the face of expansion and factors in the external environment (among others, requisites of sources of financing) over which it has had little control.
- Interested members of the Latino community in the Washington area: to have a record of the history and evolution of the Latino population that have entered the U.S. as refugees since the early 1980s and how La Clínica has strived to meet their health needs.

Products include this more in-depth or “reference document” and one or more summaries to be prepared for different audiences. Audiences who read one of the summaries and who are then interested in a more in-depth treatment of one or more topics addressed in the summary will be encouraged to access this reference document.

D. Organization of this document

Chapter 1 sets the stage for the remainder of the study.

This chapter (Chapter 2) which provides the case study background, objectives, audiences, and methodology and guides the reader through the structure of the chapters to follow.

Chapter 3 traces the birth and evolution of La Clínica del Pueblo within the context of relevant events that were taking place internationally, nationally, in Washington, D.C., and within the Latino population residing in Washington, D.C.

Chapter 4 focuses on La Clínica's impacts: on its clients, its staff, and the broader Latino community in the Washington area. As with prior chapters, this chapter is rich in testimonies that illustrate tabulations made of the data.

Chapter 5 focuses on La Clínica as seen from both “within” and “without”: by its patients; current and former staff, volunteers and members of the board; and individuals from outside of La Clínica who are closely familiar with its operations.

³ I.e, populations that have been displaced, refugees (many traumatized), fleeing from conflicts in their countries, arriving at destinations where, from their time of arrival, they have not been welcomed and where their particular needs have not been understood.

Chapter 6 focuses on La Clínica's "essence": what it is; how it was born and evolved; the challenges faced over the years by La Clínica in maintaining its essence; the steps taken by La Clínica to maintain its essence over time; the implications for other health clinics serving similar populations; as well as the implications for La Clínica as its Executive Director of over 20 years departs and La Clínica achieves Federally Qualified Health Center (FQHC) status and expands its services.

Chapter 7 concludes with a listing of the lessons learned from the La Clínica experience, both for La Clínica as it moves forward and for other community health clinics that serve similar populations.

Chapter 3: La Clínica's Birth and Evolution

La Clínica del Pueblo was established in 1983 by a group of Salvadoran refugees and self-proclaimed U.S. hippies living in a group home with a small grant from the Quaker community and a donation from the Washington, D.C. Mayor's Office of Latino Affairs. What began as a clinic staffed by volunteers that served anywhere from 20 – 50 Central American refugees one night a week, has grown to an established entity which, in 2007, had an annual budget of over \$6 million, a staff of 85 personnel, over 100 volunteers, and a client base of 7,000 individuals.

Over the nearly 25 years since its was founded, La Clínica has undergone numerous changes as it has grown, acquired funding sources, and established systems. However, the deep caring and commitment for its patients and the sensitivity to their needs that characterized the volunteers who founded La Clínica in 1983 continues to this day. As this case study was being drafted La Clínica was poised for yet another set of changes – the departure of its Executive Director who has guided La Clínica since 1988 (having come to the U.S. as a refugee from El Salvador via Mexico in 1983), and La Clínica's recently having achieved Federally Qualified Health Clinic (FQHC) status.

This chapter takes the readers through this remarkable nearly 25 year journey. This journey, which is divided into four time periods, is told through the stories of 57 of the hundreds of individuals who were responsible for contributing to what La Clínica is today. A number of their recollections are told in their own words. Given that this is primarily an oral history, the author has made an effort to triangulate memories so as to assure maximum accuracy.

The four time periods are as follows:

- 1983 – 1988: La Clínica del Pueblo is born
- 1988-1995: Dr. Juan Romagoza becomes the director of La Clínica del Pueblo
- 1995-2003: La Clínica del Pueblo becomes an independent entity and undergoes dramatic growth
- 2003 – 2007: La Clínica moves to a new home and continues to mature

Each time period begins by describing the context of relevant events taking place during the period internationally, nationally, in Washington, D.C. and within the D.C. Latino community.⁴

A. 1983 – 1988: La Clínica del Pueblo is born

Context

The 1980s will go down in history as a decade where the superpowers waged a Cold War that had far-reaching consequences throughout the world – on relationships between countries, on world economies affected by the political fallout from this war. In Central America, and in particular in El Salvador, Guatemala and Nicaragua, the Cold War manifested itself in internal conflicts supported by the superpowers that left hundreds of thousands dead, thousands traumatized through the torture that they either experienced directly or observed being inflicted on others, and hundreds of thousands fleeing their countries in search of a safe haven where they could live in peace. Many of the latter fled to the United States, a large number arriving undocumented and facing an uncertain future.

⁴ While the context sections preceding each period focus on factual events, the author cannot discount that the interpretations of these events might, at times, have been colored by the life experiences and personal perspectives of the primary source of information for these events -- those interviewed for the case study

At immediate risk was whether or not these immigrants would be allowed to stay in the U.S. There was little sympathy for these “intruders” on the part of the U.S. government which, at the time, was supporting the militaries in both El Salvador and Guatemala in their quest to eliminate the supposed Communist-inspired guerilla movements in each country. Those who arrived in the U.S. undocumented, and were caught by the U.S. authorities, faced the most certain fate of being deported back to their countries of origin, only to again be subjected to the violence that they had fled. Efforts, on the part of Salvadorans to apply for political asylum were, on the most part unsuccessful.⁵

In 1986, the Immigration Reform and Control Act (IRCA), while imposing fine on employers who hired undocumented immigrants, provided some relief through a program that legalized certain categories of undocumented immigrants who entered the U.S. before 1982 (along with undocumented immigrants who worked in agriculture).

During this period, groups of U.S. citizens, many composed of church clergy and their congregants, formed a sanctuary movement to provide shelter and assistance to undocumented refugees fleeing these conflicts. Well known sanctuaries were located in California (Los Angeles, San Francisco, Oakland, Davis, Santa Clara, and Berkeley), Arizona (Tucson), Massachusetts (Boston), and Minnesota (Minneapolis). Many U.S. activists, influence by the civil rights movement of the 1960s, participated in the sanctuary movement. Also participating were Latin Americans, both refugees and better off Latin Americans living in the U.S., who felt an obligation to help their less fortunate brethren.

Members of the sanctuary movement were also active in protesting the U.S. government’s foreign policy in Central America and, in particular, the support the U.S. military was giving to the militaries in El Salvador and Guatemala. Organizations such as EPICA and WOLA⁶, established in Washington, D.C. under the auspices of the Episcopal Church, became active in educating the general public and the U.S. Congress on the nature of the human rights violations taking place in Central America.

Starting in the early 1980s, large influxes of Central Americans began streaming into Washington D.C. and its environs. Most arrived undocumented, speaking little or no English. While some left white collar professions in El Salvador, most were from rural areas and had limited or no education. Some had been victims of torture. Many had been traumatized by the conflict in El Salvador. Many also had traumatic experiences crossing the border into the U.S. from Mexico. Many, before coming to the U.S., had never been to a doctor. Upon arriving in the U.S., if they had physical ills, they were reticent to go either to a hospital or a health clinic for fear of being discovered by the authorities and deported to El Salvador. Included among the refugee population streaming into Washington, D.C. were Salvadoran health professionals who, unable to practice their professions in the U.S, worked as janitors and in restaurants.

The majority of the early refugees settled in the Mt. Pleasant/Columbia Heights neighborhoods of Northwest Washington, along and near the 16th St. corridor. Existing community service groups struggled to provide assistance and new organizations came into being. Casa del Pueblo and the Central American Resources Center (CRECEN) were run by and for Central American refugees. Both played an important role in political organizing, in community and cultural support, and in facilitating sending needed medical and other goods to populations displaced by the wars in Central America. CARECEN, which played a key role in founding La Clínica del Pueblo, was a Salvadoran-U.S. collaboration that provided solidarity for refugees, social services, and political advocacy.

Thanks to pressure put on the D.C. government by activists associated with CARECEN and others, in 1986 a Mayoral decree and police order were issued instructing D.C. police to not stop undocumented

⁵ During the 1980s only 2.6% of the Salvadorans that applied for political asylum in U.S. were granted asylum. This put a damper on applying for political asylum as Salvadorans realized that if they were denied political asylum they would most certainly be deported. It would be to their disadvantage to return to El Salvador with the knowledge of the Salvadoran government that they had applied for asylum.

⁶ EPICA stands for Ecumenical Program on Central America and the Caribbean and WOLA for Washington Office on Latin America.

individuals on the street or ask for their papers if they went to a public entity for assistance. This order continues in effect.

A key factor that helped La Clínica del Pueblo and other free health clinics around the country was the federal Hill-Burton Legislation that went into effect in 1953. Under Hill-Burton, hospitals received federal financing for facility construction. In return, it was expected that they would provide access for the uninsured to specialists and free hospital care for the uninsured. By the end of the 1980s, when legislation permitting the establishment of HMOs came into being and Hill-Burton no longer applied, the uninsured, who had been accustomed to receiving free care in hospitals, suddenly found themselves in the position of having to pay for the services they received.

Meanwhile, the health system in Washington, D.C. was struggling to meet the needs of low income residents. D.C. General, Washington's hospital which opened its doors to the uninsured, was widely known for providing inadequate health care. Public health clinics were few and far between and had limited or no ability to address the language or other needs of Latino immigrants. A series of small non-profit free health clinics, several of which were located in the Mt. Pleasant/ Columbia Heights area -- the Washington Free Clinic, the Spanish Catholic Center, and the Columbia Road Health Clinic.⁷ -- came in to fill the gap.

In sum, in the early 1980s, there were few safe and trusted places in the Washington, D.C. area where undocumented refugees from Central America could go to have their health and related needs attended to.

La Clínica del Pueblo is Born

In the early 1980s Priscilla Wheeler, a nurse turned physician's assistant who was a member of Plenty International⁸, was working in a private health clinic on Columbia Rd. established by a group of doctors from Latin America who wanted to serve the incoming immigrant population. The clinic, well intentioned as it was, needed to charge for its services. It soon had to close given that most of the Latinos living in the neighborhood couldn't afford to pay.

Concerned that something had to be done to address the health needs of this increasing influx of poor, mostly undocumented, individuals, Priscilla decided to pay a visit to Joaquin Dominguez Parada, the co-founder of CARECEN, to make a proposal.

Wheeler recalls:

I was working in this private medical office, where we were seeing a lot of Latin American refugees who had nothing. In order to receive our services they had to have some kind of payment. I remember speaking with Arlene Gillespie at the Mayor's Office of Latino Affairs about this situation. Arlene was encouraging. She said, 'Let's start a free clinic'. I made an appointment with Joaquin Dominguez Parada of CARECEN.

It was one of those Henry James moments. I remember the way the light looked in the room. I remember crying. I am not a person to cry. I told Joaquin that I wanted to start a clinic for Central American refugees. He was all for it. Peter Schweitzer, who was the head of Plenty International, was

⁷ Mary's Center, also focusing on the Latino population, was established in 1988. It's focus, until recently, has been on maternal child health.

⁸ Plenty International, founded by a group of self-proclaimed U.S. hippies who lived in a commune in Tennessee, had among its ranks individuals who had spent several years doing community development in a rural community in Guatemala during the 1970s. When this case study begins, several members of Plenty International were living on a group home on 16th St., N.W. close to where the Latino population was congregated. Among those living in the group home were a nurse practitioner and a midwife, both fluent in Spanish.

willing to write start-up grants and do the initial administrative tasks. He and Joaquin had already been talking about establishing a health clinic.

Joaquin Dominguez Parada, one of the co-founders of CARECEN⁹ who was featured in the introduction to this study while he was fasting in front of the White House in protest of the Reagan Administration's policy on Central America, also recalls how the seeds were sown for La Clínica del Pueblo:

The idea for what became La Clínica del Pueblo actually surfaced before, in the sense that with Patrice Perillie, who co-founded CARECEN with me, we were already defending the rights of refugees. We also realized, while defending their legal rights, that they needed medical assistance as well. When they got sick they didn't go to private doctors or health clinics because they were afraid they would be denounced and reported. Most, in the early days, were young men who had managed to come to the U.S. in order to save their lives. We were already helping them legally as lawyers, but they needed medical help. They needed to have their physical and mental health needs addressed. The right to adequate health care is also a human right. This is when Priscilla Wheeler appeared with her offer. We were 100% behind it.

A little known fact is that La Clínica originally opened its doors in late 1982 at the Washington Free Clinic, one of the first free clinics to be established in the United States. The Washington Free Clinic, located on 16th St, was well situated in that many of the Latino refugees lived nearby.¹⁰ Another advantage of using the Washington Free Clinic was that it had the medical facilities and equipment. La Clínica subsequently moved to the Wilson Center at 15th and Irving Sts. where it remained for 20 years before moving to its current location on 2831 15th St. three blocks away from the Wilson Center.

Wheeler recalls La Clínica's two "opening" nights.

One of us got the bright idea to put out an announcement on the Spanish speaking radio station that we were opening a free clinic. That first night 600 people showed up, a ton more than we could handle. The people running the Washington Free Clinic were horrified and asked us not to return.

So we regrouped. A good three months later, in March of 1983, we launched at the Wilson Center. At the Washington Free Clinic we had all the materials/facilities. The Spanish Catholic Center gave us tables and other medical equipment for our facility at the Wilson Center. The Mayor's Office on Latino Affairs gave us a small grant to pay the rent. We bought blood pressure equipment and other supplies with a \$10,000 grant we received from the Quakers

Jorge Granados, a refugee from El Salvador who arrived in Washington, D.C. in 1982 and who quickly integrated into CARECEN as a volunteer, was one of the many Latino (primarily El Salvadoran) refugees who flocked to La Clínica to provide assistance. In the early days most were also volunteers at CARECEN. Jorge recalls the beginnings of La Clínica and his role as a volunteer at the Tuesday night clinics which he continued for three years:

One afternoon we were in a meeting at CARECEN. Joaquin Dominguez Parada says that there is a woman who would like to work with us. We made arrangements to meet at Calgary Methodist Church. Two people came from Plenty International -- Priscilla Wheeler, a nurse, and Peter Schweitzer. At CARECEN we gave legal assistance. However, we saw many people with illnesses who came from El Salvador.

⁹ CARECEN, the Central American Refugee Center, was established by Salvadoran and other activists in the Columbia Heights Neighborhood of Washington in the early 1980s to help refugees with their immigration and other social service needs. CARECEN's office was not far from the Plenty International group home.

¹⁰ The Washington Free Clinic recently closed its doors as a separate entity and merged with the Whitman Walker Center which recently received FQHC look-alike status.

That is how we began to meet to plan La Clínica. We rented a space at the Wilson Center. I was the first to sign of lease. We rented two rooms on the third floor. We went to La Clínica every Tuesday night. We participated in the consults with the doctors. Since I spoke a little more English, the doctors sought me out to translate. We would stay until one or two in the morning.

Granados reflects on the relationship that existed at La Clínica and CARECEN between volunteers, who like him were refugees from Central America, and the volunteer North American activists that worked with them:

Before coming from El Salvador we heard many negative things about the United States. One comes to the U.S. with the notion that this is not a place where one is welcomed. It was important to see North Americans who also served as volunteers at La Clínica and CARECEN. They were educated people who had a desire to help our people, people with a conscience and who respected us as immigrants. It was a special period. There was a meeting between two countries, a desire to do something different than what our two governments were doing.

Gretta Siebentritt, was one of those North American activists. She worked alongside Granados and others at CARECEN and La Clínica, initially as a volunteer at La Clínica and subsequently as paid staff. Siebentritt reflects on the nature of the Salvadoran/U.S. collaboration taking place at the level of La Clínica and CARECEN, from the perspective of a U.S. citizen/activist:

It was a very effective U.S./El Salvador collaboration. Two different societies and cultures giving their best while our governments were giving their worst. It was a Salvadorian struggle and it was also our responsibility as U.S. citizens. Our government was supporting a war that was creating refugees. There were daily human rights abuses taking place in El Salvador, and our government was also abusing rights by deporting undocumented refugees who were afraid to go back.

The human rights focus of CARECEN and La Clínica was essential. We were providing for immediate needs, but the broader issues remained. Why don't these people have a legal status? Why don't they have health insurance? How do we educate and mobilize people to deal with the issues they are facing in the U.S.? How do we make sure that what we are doing is not just a band aid?

Sonia Umanzor, a Salvadoran nurse who, like Jorge, was a refugee and an activist working with CARECEN, reflects on La Clínica's start up and the need to address the multiple needs of the patients that came to receive services:

I came from a conflict zone in El Salvador called Guazapa where we trained combatants as health promoters. We taught them how to stop bleeding, how to cure injuries, how to do sutures, how to remove a bullet in the midst of the war.

We began La Clínica in a small room in the Wilson Center with a German doctor and a physician's assistant from Plenty International. We began by spreading the word about La Clínica. We told people that they didn't need to pay, that Spanish was spoken, that La Clínica was not part of the government, that it wasn't necessary to present any identity documents.

We saw people with many illnesses. But it wasn't just the physical pain but the pain that they experienced from fleeing from their country. These people had no place to go to seek assistance. We emphasized to our patients that they needed to understand the trauma of war; that this was not just a health clinic that dispensed medicine but a place where we would assist them in all senses: with their social needs, their economic needs, their physical needs, and their emotional needs. We knew that this was not going to be an easy job; that we going to see many people who were very traumatized.

While Wheeler and Ulrika Korte -- a German doctor who Wheeler met while doing her internship at the Washington Hospital -- were focusing on the clinical side, Sonia -- with her prior experience as a health

promoter in El Salvador -- turned her attention to designing and implementing the first of what were to be many programs to train health promoters sponsored by La Clínica. Jorge Granados, Joaquín Domínguez Parada, and Gretta Siebintritt were among her first students:

Once La Clínica was operational we began to think more broadly. Why not start a course for health promoters. The idea was to go out into the community and bring in the same people that came for consultation who were interested in the themes of prevention and cure.

I designed the first course with an emphasis on first aid. I saw it as critical not only for participants to apply what they learned as assistants to the doctors that came on Tuesday, but in their homes, the community, and for those planning to return to El Salvador. For those planning to return to El Salvador the idea was to give them some skills that would help them to save lives. For those who planned to stay here, the idea was to help participants to understand when they were having an emergency in their homes, so that they didn't have to go to the emergency room every time a family member had fever or the flu.

We did weekly trainings on Wednesday nights. We started by training them how to take arterial pressure, pulse, temperature. Participants in the first course included a mixture of Salvadorans and North American activists who were supporting La Clínica on Tuesdays.

By early 1984 La Clínica had begun to attract residents from Washington area hospitals who were looking for an opportunity to apply their skills with underserved populations. The first to assist at La Clínica were pediatric residents from Children's Hospital.

Mary Lou Shefky heard about La Clínica from Ozzie Taube, a pediatric adolescent fellow at Children's Hospital National Medical Center, where her husband Stephen Pearson was a pediatric resident. Mary Lou was eager to be of assistance in any way that she could at La Clínica. Her husband, Stephen, also began volunteering when his schedule permitted.

I walked in. Oh my goodness! There were three private examination rooms, but intakes were being done in the open. I said, 'We have to reorganize for a semblance of privacy.' Peter Schweitzer made portable wooden frames and I made the curtains for them to separate the intake areas. Then I started looking at systems, at how a battery of volunteers could be trained a bit better to a higher quality of medical care.

One of the keys to be successful in providing appropriate medical services to a needy population is to have to have a core of workers who truly understand. You need front line workers who will talk to people in the community about the available services, serve as interpreters, interface with the physicians, and who will explain to the physicians the realities facing the population. Community health workers can play the key role of patient advocate as well as translating between patients and physicians.

With Sonia Umazor's departure in mid 1984 Shefky took over the task of training health promoters. She put to use what she had learned while working as a Peace Corps Volunteer in Paraguay and while obtaining her MPH at Yale. Jorge Granados, a student in Sonia Umazor's first health promoter course, continued his training as a health promoter under Shefky. Granados reflects on this experience and what volunteering at La Clínica meant to him personally

In 1984, after Sonia went to New Cork Mary Lou Shefky, a lovely person who spoke Spanish well, organized another health promoters course. We identified the themes. Mary Lou would say "You are going to talk in the next class on X theme". We used "Where There are No Doctors" as a reference. The person in charge of the theme was tasked with presenting it and his/her classmates asked questions. If we didn't have the information there was someone there to provide it. We learned a great deal.

There was a great deal of warmth and desire to help people who had recently arrived in the U.S. with their many needs, including myself. This motivated me to participate with La Clínica and CARECEN and feel I was doing something. It wasn't just feeling useful; it also helped me to address many of my own issues. This affiliation helped me to improve myself based on the examples provided by the people associated with these two entities. It was as though the values that one develops help you in your interactions with your family and your community.

Carlos Montalban¹¹, a Salvadoran doctor who came to the U.S. in 1982 as a refugee after having been captured and tortured by the Salvadoran military, began volunteering at the Tuesday night clinics in 1984. In addition to volunteering on Tuesdays at La Clínica, he helped Mary Lou Shefky design and deliver the health promoter trainings that took place in 1984 and 1985. Montalban recalls:

A large number of people came. They didn't have health insurance; they didn't have money to pay for services or medicine. I worked as a doctor only in special cases given that my specialty in El Salvador was eyes, nose, ear and throat. I was asked to do some diagnoses. My work was principally helping to take blood pressure, do patient histories.

Ed Horowitz, a U.S. activist who spent two years in Nicaragua during 1982 and 1983 where he worked in the literacy and vaccination campaigns, connected with CARECEN and La Clínica when he returned to Washington in late 1983. Horowitz recalls:

I was there every Tuesday night for several years. We would have huge crowds. At the front, there was a desk where people would come in to fill out forms. There were people who would help others fill out the forms as a number of the patients were unfamiliar with filling out forms. We would act as translators for the physicians although my Spanish was rudimentary

I met Peter Shields soon after I started volunteering at La Clínica in 1984. He was a second year resident in Internal Medicine at the George Washington University Hospital. He was becoming more and more ingrained in the day to day activities of La Clínica. We started to have a real core. We expanded a little and added more rooms on the third floor of the Wilson Center.

Through Peter we made connections. We had a dermatologist and an OBGYN who came once a month. We would rotate the specialists. We always wanted a pulmonologist but never had one. We had a lot of respiratory issues, asthma and related. A lot of the people coming to La Clínica were working in construction, where they didn't have masks.

Little by little I would start getting there earlier. I would be responsible for getting the charts together. We were overwhelmed. On Tuesdays sometimes we had 75 people. We were there until midnight, 1 am. We started getting people with serious medical conditions. We put them in touch with the right specialists.

Dr. Peter Shields, who came in as a second year resident in Internal Medicine in 1984 and stayed with La Clínica for over 20 years, took on multiple roles in facilitating La Clínica's growth. Shields recalls the early days at La Clínica and his role in facilitating the provision of medical services:

¹¹ During these early years, there were a number of additional Central Americans trained as doctors and nurses in their home countries, who came to the U.S. as refugees. Alongside Carlos Montalban, they volunteered their services to La Clínica on Tuesday nights, while working by day and night as janitors, construction workers, and chefs in fast food restaurants in order to make ends meet. They are not quoted in this case study because it was not possible to locate them.

There were a few folks from CARECEN and Plenty International trying to run La Clínica. They were short on doctors some Tuesday nights, long on doctors other Tuesday nights. They had been open for about a year or less.

At some point we decided we needed a medical director. I was the only one coming once a week so I took on that role. I took on the responsibility of recruiting GW residents. At that time it was easy to get free diagnostic studies and free hospitalization for patients as hospitals were obligated to provide it under Hill-Burton. We were sending many people to the George Washington University Hospital. I also assumed responsibility for finding money for medications. I was able, through contacts at the George Washington University Hospital, to get an agreement that GW would cover up to \$30,000 per year in laboratory exams. We built examination tables. I worked with Ed Horowitz to prepare small proposals for funding

In early 1985 Margarita Sol, a 15 year old high school student of combined Salvadoran/German parentage who had arrived in Washington a year before from Nicaragua, started working as a volunteer at La Clínica. She has vivid memories of La Clínica in 1985 including being trained as a health promoter alongside Jorge, Gretta, and Ed:

It was a warm atmosphere; there was a lot of camaraderie. I was in the third health promoters training course. It was great. We had an opportunity to get to know one another. We learned about intake; how to attend births; do pap smears; first aid. It wasn't totally relevant for what we were doing as volunteers at La Clínica but, at the time many participants were planning to return to El Salvador and these skills would serve them well there. The people there were politically involved. I felt that the work that I was doing was relevant.

Once La Clínica had developed a core of health promoters, the health promoters (under the supervision of medical volunteers) started doing health outreach to the Latino community. Initially, La Clínica volunteers participated in health fairs offered by other organizations. Over time, La Clínica organized its own health fairs which were usually offered on weekends at local schools. At these health fairs, attended by anywhere from 100 to 300 people, people were given information on La Clínica's services. Those that were willing, had their vital signs taken. With donations from the D.C. Department of Health, people were vaccinated. Health promoters also started going out into neighborhoods where there were large concentrations of Latinos, where they went door to door giving out information on vaccination campaigns.

Horowitz reflects on the evolution of La Clínica's administrative and fund raising structure during those early years:

We met in late 1984 or early 1985 in my living room to figure out the direction that La Clínica should take. We realized we needed to have a way to continue to get funding. We started writing little grants. We got a couple funded for \$10,000 to \$20,000. This was huge.

We had heated discussions about charging the patients. The answer was always no; this is a free clinic. There were people who felt that asking for a donation would give ownership. Others disagreed. So we decided not to.

We realized that we needed a more formal structure. They asked me to help. I said "I can't do it; I don't know what I'm doing". They would not take no for an answer. They said, "No, you should do it". So I became La Clínica's Director but with no salary.

I started teaching the health promoter classes. We continued to use 'Where There Are no Doctors'. Peter taught a section on immunology. Reina, our volunteer lab technician, taught on the labs. The health promoters all worked in different aspects in the clinic.

Around this time the city, which was covering malpractice insurance, was trying to sunset it out which would have destroyed free clinics. We got together with the Washington Free Clinic and the Whitman Walker Clinic to lobby the City Council to keep this protection. Our efforts resulted in the 1986 Free Clinic Assistance Program Act which, to this day, continues to provide malpractice insurance for volunteer doctors working in free clinics.

What drove me was that La Clínica needed to be community run by the Central Americans. The most wonderful thing is that it is, it is a Central American run clinic. We felt strongly about this.

B. 1988-1995: Dr Juan Romagoza assumes leadership of La Clínica del Pueblo

Context

The late 1980s and into the mid 1990s were marked by dramatic changes internationally. During 1989 and 1990, the Berlin Wall came down, borders were opened, and free elections ousted Communist regimes throughout Eastern Europe. In late 1991 the Soviet Union dissolved into its component republics. With stunning speed, the Iron Curtain was lifted and what for many years was known as the “Cold War” came to an end. The Cold War had been one of the motivations for the violence taking place during this period in El Salvador and Guatemala.

In Central America the armed conflict continued in El Salvador into the early 1990s and in Guatemala until 1995. The result was continued disappearances, loss of life, and flight of the affected populations. Refugees continued to stream into nearby countries and into the U.S., most passing over the Mexican border undocumented. In February of 1990 Sandinista leader Daniel Ortega was defeated in the Nicaraguan Presidential election by Violeta Chamorro marking the end of the eleven year Sandinista revolution. On January 16, 1992 the government of El Salvador and the FMLN signed a Peace Accord that brought to an end a 12 year conflict that left 75,000 casualties. On December 29, 1995, Peace Accords were signed in Guatemala that brought to an end a 35 year war through which between 150,000 and 200,000 civilians were left killed or “disappeared.”

At the national level, in 1990, the U.S. Congress passed the Immigration Act of 1990 (Public Law. 101-649). Under this Congress established a procedure by which the Attorney General could provide Temporary Protective Status (TPS) to aliens who arrived in the United States before September 19, 1990 who were temporarily unable to safely return to their home country because of ongoing armed conflict, an environmental disaster, or other extraordinary and temporary conditions. Thanks to the unceasing efforts of CARECEN and other organizations, refugees from El Salvador were designated for TPS pursuant to Section 303 of the Immigration Act. When that designation expired in 1992, with the signature of the peace treaty in El Salvador, Salvadoran TPS beneficiaries were offered Deferral of Enforced Departure (DED), a related form of temporary relief from deportation back to El Salvador.

In addition, in 1990, the Immigration and Naturalization Service (INS) arrived at settlement of a five-year lawsuit against the government, the American Baptist Church (ABC) vs. Thornborough which stipulated that any Salvadoran or Guatemalan whose political asylum case had been denied would be given a second chance. In the two years following this settlement approval rates for asylum shot up to 25% from less than 3% during the 1980s.

Also at the national level, in 1990 the United States government issued the Ryan White Comprehensive AIDS Emergency Resources Act to “provide emergency assistance to localities that are disproportionately affected by the Human Immunodeficiency Virus epidemic and to make financial assistance available to States and other public or private non-profit entities to provide for the

*development, organization, coordination and operation of more effective and cost-efficient systems for delivery of essential services to individuals and families with the HIV disease.”*¹² Ryan White Care funds were channeled to state governments that, in turn, funneled funds through local governments. The Ryan White Care Act was re-authorized in 1996, 2000, and 2004.

In Washington D.C., riots that took place in May of 1991 in Mt. Pleasant woke up the D.C. population in general and the D.C. government in particular to the reality that there was a burgeoning Latino population in Washington that was poor, marginalized, angry at the way they were being treated, and who had little access to services.

One immediate outcome of the riots was an increase in funding for the Latino community in the Mt. Pleasant/Columbia Heights area, both from the D.C. government and private foundations. Another outcome was the formation of a Latino Civil Rights Task Force made up of representation from organizations assisting the Latino population. The Task Force developed a number of recommendations which it submitted to the D.C. government to improve equity of services for Latinos living in Washington, D.C. Some were acted upon, others not.

With the increased funding as a result of the riots, the Latino agencies in the Mt. Pleasant/Columbia Heights communities that were established in the early 1980s to deal with the massive influx of refugees from Central America began to grow in size. They also began to professionalize.

With the end of the war in El Salvador in 1992 came the expectation that the thousands of Salvadorans that had streamed into the area during the 1980s would start returning to El Salvador. While some did, this reverse migration did not happen. Many Salvadoran families had by now settled in their neighborhoods, they had found jobs, their children were in school, and families had grown as children were conceived and born in the U.S. with full U.S. citizenship. Comfortable with the communities they had formed, fearful of returning to a country whose economy was devastated and still seen as dangerous, and encouraged by family members to remain in the U.S. so that they could continue to send remittances, many -- whose original intention it was to return to El Salvador after the conflict was over -- decided to stay.

Dr. Juan Romagoza assumes leadership of La Clínica del Pueblo

As Ed Horowitz and other volunteers supporting La Clínica started moving on to new endeavors, La Clínica went into a “low” period. Medical services continued under the direction of Peter Shields, but the other support services provided by volunteers began to flounder. Someone was brought in to assist with administering the clinic but this person didn’t work out. Concerned, then Director of CARECEN, Silvia Rosales Fike, decided to take action:

I had met Dr. Juan Romagoza, a Salvadoran doctor and activist who had been captured and tortured by the Salvadoran military and who subsequently emigrated to the U.S., when I was in San Francisco. Juan founded CRECEN in the Bay Area to coordinate assistance for Salvadoran refugees. Juan was a hard worker, he had credibility and respect among the Salvadoran population and among those involved in the West Coast sanctuary movement. I convinced him to come to Washington to take over the management of La Clínica. It was the best decision I ever made.

When Sylvia called Juan in 1987 to offer him the job, he was settled into the Bay Area. Juan had been living in Los Angeles and then in the Bay Area since he immigrated to the U.S. via Mexico in 1983.

Juan describes what he was doing when Silvia called him and what motivated him to take her up on her offer:

¹² <ftp://ftp.hrsa.gov/hab/careact.pdf>

I was living in San Francisco, where I was running CRECEN and working in the Celina Ramos Health Clinic. I was heavily involved in the movement to protest U.S. policy in Central America. Things were well organized. The Salvadoran population on the West Coast was collaborating with Americans involved in the sanctuary movement to protest the war in El Salvador. I was coordinating the Salvadoran refugees to participate in protests. I was also helping to prepare testimonies.

In my work in the Celina Ramos Health Clinic, established by CARECEN San Francisco in 1985, refugees arrived for all kinds of assistance. There was so much need. There were so many wounds, both physical and mental. I created a place for support, a network that connected the refugees to hospitals that agreed to see them.

The most urgent was the emotional part. I also was looking for a way to alleviate my wounds from the torture I had received. The work I was doing was helping me as well. It gave me an opportunity to see the need from another angle, to understand my own challenges. There was that wonderful feeling of helping those in need.

My torturers wanted to destroy something in me. But with my work in the Bay Area I was doing what they wanted to destroy in me. I was able to confirm that what I was doing was just and noble. I couldn't negate what I had been through. I saw how much it helped to talk about it and share our pain. This was my therapy. When I was studying medicine in El Salvador, I had studied about trauma from a psychiatric perspective. This was one of the areas that most interested me.

So when Silvia Rosales Fike called and told me that La Clínica was having problems and would I come, I said to myself, 'This clinic can't close, I have to help keep it going'. I had been in Washington for several months in 1986 as part of the sanctuary movement and while I was there I volunteered every Tuesday at La Clínica.

I also said to myself, even though I liked living in San Francisco there was another reason that it was important to live in Washington. Washington provides a space where grass roots political activities can have an echo. My voice can be stronger. In addition, the Salvadoran community in Washington is much less organized to protest U.S. policy in Washington than in San Francisco. So I decided to come.

Dr. Juan Romagoza arrives in Washington to assume leadership of La Clínica

When Juan arrived in March of 1988 he found Peter Shields whom he had known slightly while volunteering at La Clínica in 1986. He also found Margarita Sol who had, by now, graduated from high school and had returned to assist with coordinating the volunteers when they came on Tuesday nights. He also met Elsa Mantilla, an Ecuadorian who had come to the U.S. in the 1970s, studied for and received a degree in counseling, and who had begun working at La Clínica as a volunteer. Elsa was just beginning to offer her services as a mental health therapist at La Clínica.

Romagoza remembers his early days in the role of director of La Clínica. In the process, he shares his philosophy which – as we shall see later on – becomes the basis of La Clínica's "essence" which forms a major focus of this case study:

When I began as the Director of La Clínica I was working as a volunteer, so I went back to the work I had been doing as a janitor when I was in Washington the year before in order to make ends meet. I began to look for volunteers to help out in the clinic. We recruited patients to help. In the early years a large number of patients became health promoters. We restarted the health promoter trainings. For me the educational part has always been very important. It is important to cure but it is also important to defend the right to cure.

I worked with Peter Shields to bring form to the structure of La Clínica. Peter, in the meantime, became a member of the board of CARECEN so that he could represent our interests, since at the time we were still a part of CARECEN.

The spirit that motivated the creation of La Clínica was not only to respond to physical health needs but to create our own original model based on our culture and on the reality of the countries we had come from. We were the artisans of our own project, with its own sauce and flavor. Our program wasn't only culturally sensitive where we used our own language, our own conditions, our own schedule, our own model. It was also based on the concept that health is not only to cure but to prevent, orient, promote, and most importantly to defend. We motivated the patients to take ownership of La Clínica, that this was their project, and that they needed to take charge.

A related concept is the participation of everyone in La Clínica. It is a tremendous challenge. We came hungry for democracy, with urgency and need to have all of our rights. Among them is our right to take our own decisions. It is difficult but we all have to jointly determine what we want to do, how, what types of leaders we need. This has not changed over time.

Also critical is demystifying the concept of a vertical traditional health system in which the doctor has the last word and controls the health of the patient. It is not the doctor who should have the power over the patient's health; rather the patient should have that power. The responsibility of the patient is not only to the patient; the health of the community is his responsibility, how to defend it and guarantee access to health.

There were many people in Washington from my home town of Usulután in El Salvador that helped in the early years as volunteers. We gave health promoter courses every three months. If you were a health promoter you helped with maintenance, you were an educator, you were an interpreter. You also participated in campaigns to support bringing an end to the war in Central America.

At that time, there was little differentiation between our work in health and our work in solidarity with what was happening in El Salvador. When we heard that the city of Berlin (in El Salvador) had been bombed we went as a group – patients, doctors and volunteers – to protest in front of the Salvadoran Embassy in Washington. We participated in hunger strikes to protest the continued deportation of Salvadoran refugees back to El Salvador. We did protests on the steps of the U.S. Congress and at night in churches. During the day we visited Congressmen to talk to them about our concerns about U.S. policy in El Salvador.

We also provided assistance to delegations that were going to El Salvador to observe what was happening. In addition, we sent medical assistance to El Salvador. We would conduct campaigns to collect medical materials. The dental clinic at Georgetown University closed. They called to tell us that they had dental equipment available. We send a truck with dental equipment to El Salvador.

Little by little La Clínica began to grow. In 1990 La Clínica accepted a contract to provide physicals to Vietnamese refugees that were coming to Washington. With the funding they got from this program La Clínica was able to hire a part-time nurse who also assisted with La Clínica's Latino patients.

Romagoza remembers:

One night a well dressed Chinese lady came, her name was Tran Vu. She was the coordinator of the office of refugees of the Catholic Archdiocese. They had received funds from the federal government to provide basic services to legal refugees from Vietnam and Cambodia. She asked if we could offer those services. I said yes. We did medical exams for the refugees, we tested for syphilis, tuberculosis, AIDS.

With these funds we opened up to provide one day a week to provide services just for these refugees. It was our first contract. They paid for a half time nurse, a small portion of my salary, electricity and laboratory fees. It is ironic that we had to serve legal refugee in order to survive. This contract lasted five years. It gave us a base for expanding to other days, with this was started to receive more recognition.

Tran Vu came to translate. She said, "Here I feel that that you receive our patients with your full hearts, although you don't speak their language."

As La Clínica grew it became increasingly apparent that it played an important role that went beyond just providing health services through medical personnel. It was also a safe haven, a place where people, alone in the U.S., would go to socialize, to find out about the status of loved ones they left behind in El Salvador.

Maria Rodriguez, hired in 1989 to be a patient care coordinator, remembers what La Clínica meant to the many people traumatized by the war that came to receive medical attention there in these early days:

La Clínica was instrumental in maintaining the fabric of relationships. We were hearing the news of the war weekly. The context was intense -- the brutality of the war, the repression, disappearances, death squads. There was a strong solidarity movement; there was hope about change and changing systems. It was a space where people could talk about what was really going on in Central America and El Salvador. It was very much of a community space, a safe space.

During this period, La Clínica also provided an important place for refugees who were health professionals from Central America but who didn't speak English. These individuals weren't licensed to practice their professions in the U.S. but could apply their skills in non-medical functions at La Clínica to help other refugees.

Juan recalls the importance of providing these individuals a place to apply their skills.

As a clinic we were an icon for health professionals, Latinos who wanted to help. They lacked legal documents, a U.S. license, and the language they needed in order to practice. They came on Tuesdays, Saturdays and Sundays. We formed the National Association of Latin American Health Professionals. The objective of the Association was to share among ourselves, realize we weren't alone. There was a great deal of courage, skills that weren't being used, health professionals seeing that there were needs for their services but they couldn't do anything. Several began to help in health fairs, where we got them involved in activities oriented toward prevention, perhaps not directly as doctors.

La Clínica adds alternative medicine to the list of services available to its patients

Not long after Dr. Romagoza assumed the helm of La Clínica, he took the initiative to add alternative medicine to the list of services available to La Clínica patients. Raised in a small town in El Salvador where he was influenced by his grandmother who was a healer in his community, Romagoza subsequently spurned the role of the traditional healer while attending medical school. However, once he went out to practice in poor communities in and around the capital, he regained an appreciation for the healing power of alternative methods of medicine as a complement to traditional medicine.

Given this background, and the fact that a number of La Clínica's patients came to the U.S. having seen community healers but having never been to a doctor, when Romagoza assumed leadership of La Clínica he set out to incorporate alternative medicine techniques into the array of services provided by the medical clinic. Romagoza, reflects on this experience below:

We practiced alternative medicine due to our culture and history, based on need. My grandmother practiced alternative medicine in our community. I distanced myself from these practices when I began my formal studies in medicine. My professors said that anything that wasn't Western medicine didn't work.

But when I began to work in communities in San Salvador and in the suburbs I saw that many individuals were seeking alternative approaches, especially if they were natural medicine. I saw that they did this for both cultural reasons and by necessity as Western medicine was not accessible to them. I learned to appreciate and respect their devotion to natural medicine. We see ourselves as not isolated from the universe; we are part of everything. A leaf that falls from a tree affects us, it's part of the equilibrium, everything influences everything.

I came to Washington where I had the opportunity to be involved in formal medicine. But I knew the Latino community and the natural medicine practices that they used in their homes. They had another world, the medical personnel didn't want to hear anything about these practices; they said they were illegal. How to combine these two worlds? How to get the establishment to accept, respect, and integrate these practices? This was my challenge.

I met Mark Bowman at a protest march. He came from a family that had a tradition of being chiropractors. He had a clinic where he served people of means. He said, "I am a chiropractor; I know there are many problems within the Latino population; please send me patients. We began to send our patients to Bowman who saw them free of charge. Then an article came out that said that at the NIH doctors were beginning to investigate some famous therapies from China: chiropraxy, acupuncture. I brought the article to Peter Shields. I said, "Why not invite Bowman to practice at La Clínica?" He said yes, but under the condition that he not practice on Tuesday nights. We began to bring Bowman to La Clínica in 1989.

Bowman brought Phillip Shambaugh who knew all the alternative medicine techniques: acupuncture, acupression, Tai'Chi, natural medicine, yoga. When his patients began to describe in their appointments with the doctors what Shambaugh was doing, the doctors began to investigate these techniques. Shambaugh stayed with us as a volunteer until 2007.

Shambaugh, in turn, brought other specialists in alternative medicine to La Clínica during his 18 year tenure. Like him, all volunteered their services given that La Clínica was never able to obtain funding to cover services in alternative medicine.

La Clínica's role in the 1991 Mt. Pleasant riots and the aftermath

Sunday, May 5, 1991 was an important day in the history of the D.C. Latino population and in La Clínica's history. The night before, a policewoman shot a drunken Salvadoran in the Mt. Pleasant Park. Enraged by this act, the Latino population living in the neighborhood erupted into riots. The turbulence of the days that followed brought to the attention of D.C. authorities and the D.C. population in general the magnitude of the plight of Latinos living in Washington.

Juan has vivid memories of the days of the riots and La Clínica's response:

The riots in Mt. Pleasant began on Sunday, May 5 between 8 pm and 12 midnight. On the morning of Monday, May 6 when I arrived at La Clínica, there were people with wounds, scrapes, who were burned. We called the health promoters and asked them to come to help us, even though we didn't have permission to do this.

When we participated in the marches, the police started to attack. We were among the first to be attacked. I was walking with two priests. One fell to the ground due to the impact of the tear gas. He could neither see nor walk.

On Tuesday evening, the doctors came to the clinic. That night D.C. declared a curfew. We took our volunteer staff out of the clinic and onto the streets. It was risky but we started collecting people who were hurt and taking them to La Clínica.

We were in a state of siege for a week. People who were hurt would not go to the hospital. Instead, they came every day to La Clínica. There were many people with emotional problems, remembering the wars they had come from in Central America: tear gas, ambulances, states of siege in their countries.

The 1991 Mt. Pleasant riots served as a wake up call, to the D.C. government and the D.C. population in general. Juan reflects:

It was like an earthquake. People woke up and saw that we were a significant force. We were 7% of the population and we lived like third class citizens. There were serious communication problems, abuses of power.

After the riots the media provided more coverage. They wanted to know who we were, what our problems were, why we didn't integrate into the broader society, why we didn't speak English.

The Latino Civil Rights Task Force emerged, a coalition of organizations formed as a result of the riots. The Task Force brought to broader attention a number of health problems among the Latino population that had been invisible to the broader population. People thought that war trauma applied just to Vietnam veterans. It was hard for us to explain why we were traumatized from war as well, why we didn't speak English, why we didn't have our documents. The reality of our community became more visible.

We were also able to increase our communication with the D.C. government. We began to participate in their programs. Before, we didn't talk to them because we couldn't speak their language. We were no longer afraid. We began to participate at all levels of D.C. government in meetings speaking up in Spanish, with translators at our sides that the D.C. government was obligated to give us."

The pace of La Clínica's growth picks up

During the years following the 1991 riots, La Clínica experienced significant growth. Steady streams of small grants (of between \$10,000 and \$50,000/year) started coming in from the Washington-based Eugene Meyer and Calfritz Foundations, from the All Souls and River Road Unitarian Churches, and from the Freddie Mac and van Amerigen Foundations. A number continue to provide funding to La Clínica. In addition, a couple of local area doctors started offering their services on a volunteer basis.

Catalina Sol, Margarita's sister (by this time Margarita had left La Clínica and was in college full time studying to be a nurse) was hired as a Patient Care Coordinator in 1991. Catalina Sol reflects on her role in these early days:

In 1991 we had only one clinic on Tuesday evenings. I tried to schedule clients based on the number of residents coming that evening. Some Tuesdays we would have 5 residents and 20 clients. Others we would have 35 clients and only resident.

Juan was there on Tuesday nights. Juan's role on Tuesday night ranged from managing crisis, to making patients feel comfortable, to cleaning up messes. He was definitely the boss. Peter Shields, as medical director, provided the continuity of care. Peter was the person I would call if a client had an issue. I would try to call him once or twice a day.

My job the rest of the week was follow up, ensuring that referrals were made to specialists. I would accompany the people to interpret. We took advantage of the Health Care Referral Network of the Catholic Archdiocese of Washington. The network operated well but it depended on the volunteer specialists available. I also did follow up of lab work, obtaining and dispensing medications.

I remember those days as being very creative. There were not that many differences between the staff and the volunteers. Many of the patients were volunteers. It felt to me like I worked in a place where I was surrounded by friends. We were committed to the same thing.

An important role of the health promoters in the early years was doing patient intakes. The intakes, the brain child of Juan Romagoza, were very unusual in that they provided the doctor with a variety of information that went beyond just the individual's medical history.

Isabel van Isschot, who joined La Clínica in 1992 as the education coordinator responsible for the health promoter program, reflects on what made the intakes special.

The health promoters were the patients' advocates. We wanted the doctors to know how the person was suffering in order to help the doctor figure out how to help. We trained the promoters to ask the patients a number of questions that were put in their charts. The information gathered included: how long the person had been in the U.S., how they arrived, the individuals that help the person here in the U.S., the person's occupation, how much the person earned, what area of El Salvador they came from, how much they paid for rent, how many dependents they had, how much they sent back to family members in their country of origin. Originally it was not a questionnaire. Instead it was written as progress notes.

La Clínica expands beyond the weekly Tuesday night clinic

By 1993 there was a Tuesday night clinic for adults, a pediatric clinic on Tuesday afternoons, a Friday HIV clinic during the day, and a chiropractor clinic. During the days that there was no clinic there was a constant stream of patients coming in with complaints and for medications.

Mental health services were being offered on a daily basis thanks to Elsa Mantilla who had identified other volunteer therapists to help out. One of the volunteers, a Bolivian by the name of Patricia Tellería, was hired part-time as mental health coordinator in 1991. When Patricia returned to Bolivia in 1993, Gloria Elliott – another of the early mental health volunteers – became the director of mental health, a position she remained in until 2006.

Elsa Mantilla reflects on what it meant to provide mental health services at La Clínica:

There was a lot of family abuse, physical abuse, many years of repression, a great deal of anxiety and depression, a great deal of social isolation. Juan was so supportive. He gave us space, respect, the opportunity to practice in an environment that dealt with the person's physical and mental health. You can't talk about one without the other.

We didn't need to promote our mental health services. People would come. There were many women raped as teenagers; their families would make them marry their abusers. We did both individual and group therapy. We helped wean people away from anti-depressives.

We were all in the same boat, missing our families, missing our country, missing our traditions. We would celebrate those traditions at La Clínica: the Posadas, the Day of the Dead. It was like a substitute home. We were all learning. We gave, they gave, they learned, we learned. It was like a circle of life. It was wonderful.

Dr. Peter Gergen, a pediatrician who is a researcher at the National Institute of Health, reflects on his experience volunteering at La Clínica and why, after 17 years, he continues to volunteer at La Clínica:

The pediatric clinic was an evening clinic: from 5 – 9 pm. I would go every two to three weeks or once a month. It was much more informal in those days. The patient care coordinator would call and say, 'We need a pediatrician'. I did this until 1995 when we started day clinics. I have been going one afternoon a week since.

I was always impressed. The staff was very dedicated and focused on providing health care to Salvadorans. They were providing a clear need which has continued over the years. This is why I continue to go. They are doing an extraordinary job.

La Clínica begins to become involved in HIV/AIDS

La Clínica started receiving patients with HIV/AIDS patient starting in 1985. In 1989 La Clínica's obtained a small grant from OLA for a limited program of testing and medical assistance for individuals with AIDS. In 1993 La Clínica applied for Ryan White Care Act funding, its first attempt to apply for a large and complex government grant. However, La Clínica was not able to meet the deadline. The D.C. government ended up giving La Clínica a small grant for HIV/AIDS treatment and prevention.

In 1989 Sonia Umazor, who had left Washington, D.C. and returned, was hired by La Clínica first to do HIV testing and subsequently as a patient care coordinator for patients with HIV/AIDS. Sonia recalls participating in La Clínica's efforts to serve patients who were HIV positive and to do HIV/AIDS outreach and prevention:

I started working half time at La Clínica. My job was to help start an HIV/AIDS program that combined medical services and prevention. Starting in 1992 when he joined La Clínica, I worked with Dr. Caldera in what was a tremendous field, complete with the stigma associated with AIDS. We visited homes of people with HIV. We demonstrated to their family members that eating together was not contagious. We were on the streets, going to the U.S. Congress to lobby for the AIDS Drug Assistance Program (ADAP) legislation. We went to protests, to ask for this and for that. We did for a on AIDS.

Ricardo Caldera, a Nicaraguan-trained medical doctor who subsequently studied for and got his license in the U.S., started working part-time with Sonia on HIV/AIDS starting in 1992. Dr. Caldera continues working at La Clínica with HIV/AIDS patients. Caldera reflects on his early work at La Clínica.

Initially there were few patients, few services. There wasn't an effective treatment for people with AIDS as exists today. Our effort was focused primarily on prolonging the lives of people infected with AIDS for at least a short period of time. It was a very difficult period. Sonia and I worked together closely. She is an excellent human being with a lot of love and support to provide to these patients.

Under Juan's direction we were able, little by little, to obtain more and more services for HIV patients: mental health, food and housing assistance. As the years went by, effective medication became available.

In 1994 La Clínica was able to get its own HIV/AIDS funding for treatment through the Ryan White Care Act. With this funding, La Clínica was able to dramatically expand its HIV/AIDS program to provide comprehensive care for HIV positive patients. La Clínica was also able, with funds from other sources, to begin what have become a series of highly innovative HIV/AIDS outreach and prevention programs. Both are described in more detail under subsequent time periods.

The health promoter program, instituted in 1983, expands

In 1991 La Clínica obtained a small grant to train health promoters to provide education in HIV/AIDS to at-risk Latino populations throughout Washington, D.C. These promoters were also trained to provide health education focusing on HIV/AIDS prevention (but including other topics as well) for patients while they were waiting to be seen by doctors in La Clínica's specialty clinics.

Maribel Raudales, a Honduran doctor who came to the U.S. on a Fulbright and who was doing her Master's thesis at La Clínica while also serving as a volunteer, was approached in 1991 by Juan Romagoza to see if she would be willing to assume responsibility for designing this newly conceptualized HIV promoter program. She recalls this fascinating experience:

I started by focusing on the health problems that patients were experiencing. My volunteering on Tuesday nights gave me ideas. I talked to patients, taking notes. This information was of great assistance in developing the health promoters program.

After studying the needs of the patients, we developed the modules that we would be teaching to our volunteer health promoters. We put announcements in newspapers. A lot of Central Americans responded. We trained 15 health promoters. Most worked as domestics or in construction. They were people who wanted to increase their skills and opportunities. There was a Nicaraguan who had been a microbiologist in his country. There was an accountant. Others had been teachers.

The topics were: HIV, STDs, pregnancy, depression, drugs, use of the condom, birth control methods, how to avoid becoming alone y becoming depressed. At the end of the course was had a graduation where we had a big party; we wanted the community to see that this group was going to begin to work as health promoters.

We accomplished our objectives. The participants were completely different at the end of the course. There was a potential among them that we never imagined there would be. Some went back to their homes and organized reunions. Others sat down with participants at sports events. They used the same approach that we used in their training. They came with evidence of what they had accomplished.

When Isabel van Isschot joined the La Clínica staff in 1992 to assume responsibility for coordinating health education, she continued with both programs. With a grant from the Office of Minority Health she also developed a manual and video for use by staff at La Clínica. The manual provided practical information and guidelines for providing culturally sensitive health care.

Van Isschot recalls:

During this period the health promoters began to specialize. The health promoters were for La Clínica, they did intake, vital signs. The community educators for HIV/AIDS went out into the community to do HIV/AIDS education and to distribute condoms. I based the new curriculum on some of Maribel's materials. These training continued for two to three years. Fifteen to 20 people participated. There were some North Americans but those who took the training were primarily Latinos. For the training as HIV/AIDS promoters all were Latinos. We paid the latter group a stipend of \$15/week. The idea was to train members of the community to do this work.

At about this time the health promoters began to participate in the health fairs. They were trained to take blood pressure, test for glucose levels. They were needed less and less in the medical clinic. Catalina Sol took over the HIV/AIDS promoters. There what is needed is more complex. They began to create different trainings adapted to programs focuses on different populations.

La Clínica takes the lead in organizing health fairs

An important aspect of La Clínica's focus on prevention through education and community outreach was the health fairs that were restarted in the early 1990s at a much larger scale than those provided in the late 1980s. Health promoters, trained by La Clínica to assist with the Tuesday night clinics, began to play an important role in organizing the health fairs.

Juan Romagoza, who had a firm belief in the importance of prevention given that so many Latinos in Washington had never been to a doctor and didn't arrive at places like La Clínica until they were very sick, has been the driving force behind La Clínica's education and outreach activities, including the health fairs which continue to this day. In his words:

The culture of prevention among the refugee population was minimal. They only came for medical attention when they were very sick. Our challenge was to educate them. "Don't wait until you are sick to come, but before." It was like we were coming from another world. The concept of mental health was not known to them. When they came with emotional problems it was difficult to convince them that their headache or their stomach ache was related to their emotional state.

So we got our health promoters involved in prevention. We went to churches, parks, football fields. We would go out on Sundays. We would go to where food was being sold and would start educating the people present on HIV, mental health, substance abuse.

By October, 1993 when La Clínica offered its third health fair, attendance had soared to 2,500 people. The fair was entitled "Health is a right and you are the responsibility." Twenty eight organizations participated. The fourth health fair, which took place in October of 1994, drew nearly 3,000 people and had 200 volunteers. Screening services included: glaucoma, cancer, hearing, cholesterol, hematocrit, lead, syphilis, HIV, pregnancy, glucose, arterial pressure, cardiac exam, chlamydia, quirkporxia, and natural medicine. The fifth health fair took place in August, 2005 in four locations (La Clínica del Pueblo, Mary's Center, the Centro Catolico and Lincoln School). It drew 954 people who received over 2,000 services.

Carlos Armando Garcia, who emigrated to the U.S. in 1985 from Juan Romagoza's home town of Usulután, began at La Clínica in 1989 as a volunteer. In 1995 he was hired full time to run the health fairs. Carlos remembers the early health fairs:

We would start getting the physical space organized the day before. My wife and 8 or 9 others participated. Juan knew that he could count on us to do whatever needed to be done. We would prepare the space, put up signs. There were large numbers of people waiting to have their blood pressure taken, their cholesterol counted. Some had glaucoma tests. Others had exams to see if they were pregnant, to see if they had STDs, HIV/AIDS. There was a chiropractor, there were people doing massages. There were educational sessions. I remember Juan standing on a chair in the center of the room speaking about mental health. We felt really good.

La Clínica seeks independence from CARECEN

As La Clínica grew during the late 1980s and into the early 1990s the grants that it received began to become the major source of income for CARECEN, the organization that co-founded La Clínica in 1983 and in 1985 became La Clínica's sponsor. At the same time, the imbalance of funding streams between CARECEN's legal assistance and La Clínica's health program began to become apparent. CARECEN's development director became so overstretched developing and processing proposals for funding for CARECEN and La Clínica that some opportunities for funding for La Clínica started falling by the wayside.

In 1994 La Clínica decided to seek independence from CARECEN and establish itself as its own 501c3 non-profit. The reactions from the Director of CARECEN and the President of CARECEN's Board were not positive. They felt strongly that La Clínica should continue to operate under the CARECEN

umbrella. The movement to achieve independence from CARECEN reached a crescendo in January of 1994.

Juan describes what happened:

La Clínica was growing. We were receiving more recognition, bringing in more resources. We started pressuring CARECEN to give health more visibility within the organization. We were 70% of the budget but we only had one person on CARECEN's board. There were times when we wanted to start an initiative but we were blocked by the Board. Our medical director, Peter Shields, was added to CARECEN's board, but when he began to question CARECEN's priorities, there was a recommendation that Peter be removed from the board. Peter couldn't leave the board.

That is when we started organizing our patients. We needed to defend our interests. In a meeting with CARECEN in January of 1994 we asked for more representation on the Board but were turned down. Many of the members of CARECEN's Board didn't know La Clínica.

So we invited the CARECEN Board to come to an annual CARECEN Board meeting at La Clínica so that they could see our facility and learn about our program. We organized our patients for that meeting. It was snowing heavily. The patients sat on the stairs starting at the entrance to the building up to the third floor where our clinic was located. They carried signs that said, "We want Peter Shields to stay on the Board". "We want our independence from CARECEN".

Once the Board members arrived, we closed the doors to La Clínica and said, "You have to resolve the situation." We asked the patients outside to name three representatives to attend the meeting so that they could witness what was discussed. The Board meeting ended at midnight.

The outcome was an agreement that there would be a formal separation, that it would be legal, done peacefully, and that it would take a year for the separation to be formalized. We wanted to make sure we did an accurate job of separating finances. We formed a transitional board for La Clínica and the transitional board formed a transition committee. We also formed a patient committee to keep up to date on the transition. By January of 1995, one year later, we were incorporated as a non-profit entity with our own fund-raising capability.

When La Clínica separated from CARECEN in January of 1995, it had come a long way from the La Clínica of 1987 when it was taken over by Juan Romagoza. The Clinic had an \$800,000 budget, 25 paid staff, and a large phalanx of devoted volunteers.

C. 1995 to 2003: La Clínica del Pueblo becomes an independent entity

Context

The period 1995 to 2003 has been marked by a number of events and initiatives that have had both a positive and adverse impact on La Clínica.

The most visible was the September 11, 2001 terrorist attacks on the Twin Towers in New York and the Pentagon in Washington, D.C. which brought a period of relative international peace to an end ushering in instead a concerted effort, with the U.S. government in the lead, to combat terrorism worldwide. One of the many effects of the U.S. global war on terrorism which has adversely impacted on La Clínica's population has been the increased scrutiny given to "aliens", including Central and South American immigrants coming over the border from Mexico into the United States.

The continued influx of undocumented immigrants from Central and South America to the U.S. during this period (a combination of individuals fleeing natural disasters and civil strife in their countries, many seeking a more secure economic future) prompted legislation that tightened controls on immigration. The Immigration Control and Financial Responsibility Act of 1996 (S. 1664), among others: called for the doubling in size of the border patrol from 5,000 to 10,000 agents; allowed local police to arrest and deport illegal immigrants; and toughened penalties against document fraud and alien smuggling. The Welfare Reform Act of 1996 disallowed welfare and Medicaid for anyone who had not been a permanent legal resident for more than 5 years.

The Nicaraguan Adjustment and Central American Relief Act (NACARA) of 1997 provided various forms of immigration benefits and relief from deportation to certain Nicaraguans, Cubans, Salvadorans, Guatemalans, and nationals of former Soviet bloc countries and their dependents. In particular, NACARA extended the Temporary Protection Status (TPS) program included in the 1990 Immigration Act for Salvadorans and Guatemalans permitting them to stay until 2000. In 1991 another round of TPS was extended to citizens of El Salvador and Honduras who fled their country following a large earthquake in that devastated portions of both countries.

On the health services front, the 1996-1998 period ushered in a series of revolutionary new treatments for patients who were HIV positive (known popularly as the “AIDS cocktail”) which dramatically increased the life span of individuals with AIDS. Further improvements in these treatments have continued, for those to whom these medications are available. A study showing that death rates among whites with HIV was going down dramatically, but among blacks and other minorities remaining the same or increasing, paved the way in the late 1990s for increased AIDS funding for La Clínica and other health clinic treating minority populations with AIDS.

Less positive for La Clínica and other health clinics serving low-income minority populations with AIDS as well as those at risk of acquiring AIDS, was the change in administration in the U.S. in 2001 which brought with it an abstinence approach to family planning. This led to increased restrictions on how U.S. government funds for AIDS prevention could be used.

The period 1995-2003 saw important initiatives at the federal and local levels to provide access to language interpretation for individuals whose native language is not English and for populations needing medical interpretation, in particular. The Law of National Origin, passed in 1997 and built on the Civil Rights Law of 1964, specifies that there can be no discrimination against limited English persons in the U.S. Executive Order 13166 (Improving Access to Persons with Limited English Language Proficiency), passed three years later in 2000, requires that recipients of Federal financial assistance “provide meaningful access to their Limited English Proficiency applicants and beneficiaries”. A Washington, D.C. coalition formed by the Lawyers Committee for Human Rights and the Asian Pacific Resource Center, which included La Clínica, pushed the D.C. government to recognize five languages for purposes of interpretation: Spanish, Amharic, Korean and, Vietnamese, and Chinese. This coalition also played an important role in lobbying for and drafting several laws that legalized and required interpretation for D.C. residents.

By the end of the 1990s, the Latino population living in and around the District of Columbia had grown dramatically. Estimates from the Council of Latino Agencies are that by 2000 between 53,000 and 55,000 Latinos lived in Washington, D.C. This represented 13% of the Washington, D.C. population and an increase of 55-60% in the size of the D.C. Latino population over the prior decade. Available data indicate that the combined population of undocumented immigrants in Maryland, Virginia and the District increased almost 25 percent from an estimated 400,000 in 2000 to about 500,000 in 2004.¹³ Data from

¹³ Moreno, Sylvia, “Flow of Illegal Immigrants to U.S. Unabated,” Washington Post, March 22, 2005, p. A2.

this time period show that the Washington, DC per capita income for Latinos was \$17,375, well below the overall D.C. per capita income of \$28,659.¹⁴

This new group of immigrants has not been eligible for entitlement programs such as Medicaid and most fear engaging with any governmental institution because of the risk of deportation. This has further increased the demand on private and non-profit health clinics like La Clínica that serve Latinos and other immigrant groups.

La Clínica del Pueblo becomes an independent entity

When La Clínica established its status as an independent community based organization in early 1995, several of the members of CARECEN'S Board of Directors moved over to become part of La Clínica's new Board of Directors. Dr. Peter Shields and Margarita Sol, by now a registered nurse, co-chaired La Clínica's incipient Board for a year. Starting in 1996 Shields assumed the Chairmanship of the Board, a position he remained in until 2004.

Shields, a medical doctor of multiple talents who remains deeply committed to La Clínica, continued with the many hats he wore before becoming Board Chair: medical director, writer of proposals for funding, key liaison with the D.C. City Council, and – in his free time – assisting with building furniture needed for La Clínica's expanding medical facilities.

On May 19, 1996, within the first year of achieving independent status as a 501c3, Juan Romagoza received the prestigious Robert Wood Johnson Community Health Leader award. This award "*recognizes individuals who overcome daunting obstacles to improve health and health care in their communities.*" With this award came not only funding, but recognition of La Clínica's accomplishments and increased offers of funding from other sources.

Catherine Dunham, in charge of the Community Health Leadership Program, visited La Clínica in order to interview Juan before he received the award:

The nomination came in and the selection committee of the Robert Wood Johnson Foundation national program made him a finalist so we did a site visit. I spent a day at La Clínica where I trailed Juan. I accompanied him to a TV show, I observed him at work in La Clínica. Juan had recently taken on an important leadership function during the Mt. Pleasant riots so we knew he was capable of street leadership. He was clearly skilled at doing a number of different forms of leadership – leading by example, leading by inspiration and, in his spare time, by being a present, very nurturing, caring presence. He was doing organizational development, community leadership, and caring services very effectively.

Of all the community health leaders we saw over the years I was in charge of this program, Juan was the embodiment of the leaders we should be honoring. Juan met three critical attributes that were central to this award: truly collaborative leadership; inspirational leadership; and, overcoming substantial odds to accomplish progress for his community.

Dr. Steven Schroeder, President and CEO of the Robert Wood Johnson Foundation between 1992 and 2002, visited La Clínica del Pueblo after the award was given. He adds to Catherine Dunham's observations, above, on Juan Romagoza:

Juan's story was almost overwhelming. He displayed such personal courage and heroism through the barbaric torture that he received in El Salvador. He rebounded, came to the U.S., and set up this unique clinic that focused on patients' needs seen more broadly. We were impressed with his broad

¹⁴ Census 2000 Summary File 3 (SF 3), "Per Capita Income in 1999 (Hispanic or Latino)."

charismatic leadership, the fact that he created a viable place where immigrant families felt they were at home, and where as far as I could tell the quality of the care was superb.

A little over a half a year later, on May 8, 1998 Dr. Romagoza received an award from the D.C. City Council in recognition of his efforts to improve primary health care in Washington, D.C. over more than a decade. This award was followed, in August of 1998, with the Maclovio Barraza award from the National Council on La Raza for Dr. Romagoza's "exceptional efforts to provide medical and educational services to the Hispanic population."¹⁵

La Clínica begins to develop administrative and financial systems

The period 1995 to 2003 was a daunting period for La Clínica from both an administrative and management perspective. La Clínica, which had been operating in a relatively informal fashion under the aegis of CARECEN, was faced with the task of putting in place policies and comprehensive systems needed for accountability and transparency.

Rene Wallis, who entered as development director in 1996, helped put some of this structure in place:

When I got there, it was very chaotic. There was no complete list of grants. It took us three months to figure it out. We put a tremendous amount of work into trying to bring structure to La Clínica.

I realize, in retrospect, that I lacked a cross-cultural perspective that would have been helpful to me in doing my work. Now that I am with an organization that is supporting a non-government organization (NGO) in an emerging democracy, I realize that the concepts and skills of management, accountability, and transparency of the primarily Latino staff at La Clínica were very different than those held by staff at community based organizations established by individuals born and raised in the United States.

Enrique Cobham, a Panamanian immigrant who was hired by La Clínica a year later (in 1997) as Chief Administrator, continued the work initiated by Rene and others. He has brought La Clínica a long way toward being an organization that has the managerial and administrative systems in place required for accountability and transparency. In Cobham's words:

I arrived on January 30, 1997 as Chief Administrator. The primary focus of my responsibility was to get the financial side of things back on track. In terms of systems, at that time La Clínica was a grass roots organization, it was still growing. There were only a few members of the Board that were active. It was hard to get a quorum. At the time, the development director was doing a lot of these other things.

I started to better understand the financial operations. A lot of La Clínica's finances had to do with personnel management. For the first time we had an in house person who would work through these issues. The personnel manual, which was created from a 'lifted' NIH manual, applied relevant sections to La Clínica. I could see what needed to happen. It was the beginning of a change in practices for the better.

It is a tribute to Enrique Cobham, and to La Clínica, that nine years later, in 2007, Cobham received the "unsung hero" award from the D.C. Primary Care Association for his outstanding work in taking La

¹⁵ Dr. Romagoza has been the recipient of numerous additional awards. They include: the Marcelino Pan y Vino Award in 1997; the Washingtonian of the Year in 2004; the Hugh A. Johnson Memorial Award sponsored by the Hispanic Bar Association of the District of Columbia for his outstanding contribution to the Latino community in 2005; the Washington Free Clinic Heart of Gold Award and the Hijo Meritísimo de El Salvador Award from the Legislative Assembly of El Salvador, also both in 2005; and the Champion of Change Award from the D.C. Primary Care Association in 2007.

Clínica from a grass roots CBO that had minimal systems to one that has a well established financial and administrative infrastructure.

In 2001, after a couple year hiatus with a development director that didn't work out, the decision was taken to elevate Alicia Wilson, a grant writer for La Clínica who joined La Clínica in 2000 as an HIV case manager, to the position of La Clínica's Development Director. In taking this decision, Juan Romagoza took a large gamble as Alicia was quite junior. However, the gamble paid off. Wilson has grown tremendously in her job. She also plays a key role in La Clínica's operations as a member of La Clínica's senior management team. Wilson reflects on her arrival at La Clínica:

I walked into La Clínica. I said 'this is for real'. You could just feel the "grass rootsness of it", that you were tangibly making a difference. There is this empowering ethic that pervades every action here. The old building was very humble, dark, the roof leaked. La Clínica struck you as an organization that put time and effort into caring for patients, not keeping up on the building.

I had an interview for a case management position. They asked challenging questions that made me think. I felt I needed to be in the trenches. At La Clínica the lines between the patients and the staff were blurry. A ton of the health promoters were patients first, then became promoters, and then came on staff.

La Clínica sets the stage for acquiring its own building

The year 1998 was a major landmark for La Clínica. On August 24 La Clínica signed the documentation required to purchase its own building. Juan Romagoza recalls the events leading to La Clínica's purchase of the building on 2831 15th St., N.W. that it is currently housed in and the role played by the patients in pressuring the city for funding both to purchase and renovate a new locale:

We began by dialoging with the community about the possibility of acquiring our own building. We conducted a community forum at Wilson High school. We mobilized the patients. The patients said that we needed a building. We were able, through the D.C. Department of Housing, to obtain a \$300,000 donation to purchase a building.

We bought the building but we then got stuck. Again, we had to mobilize the patients to go to the city authorities. The city facilitated and guaranteed help for renovation. They gave \$900,000 for the renovation. We did all this through mobilization and pressure.

La Clínica joins other private health clinics to raise its voice to demand better health services for D.C.'s Latino population

During the latter part of the 1990s, La Clínica's role in advocacy evolved from protesting U.S. financial support for the war in El Salvador to lobbying on health and related issues in the Washington area. As had been the case in the late 1980s and into the early 1990s, Juan Romagoza, who took the leadership role in advocacy, went out of his way to draw in La Clínica's patients.

Romagoza remarks on the rationale for La Clínica's taking an active role in advocacy for health services:

Several things happened: the health care crisis in Washington, the closing of several community health clinics, the closing of the Adams Morgan Health Clinic, a public health clinic financed by the D.C. government. They couldn't close what little we had for Latinos living in the neighborhood! It wasn't fair! If this clinic was to be closed the resources needed to come to our community health clinics because we had many patients. We began, with our patients and La Clínica staff to do marches, obtain signatures on petitions, and the community responded. We temporarily stopped the closure of the Adams Morgan Health Clinic.

A September 26, 1997 article that appeared in the Metro, a Washington-based Spanish newspaper, entitled “*La Clínica patients go to Festival Center to do a forum to protest D.C. plan to move local health clinic*” is one of several media articles that appeared during this period on La Clínica’s role in advocacy for improved health care. The article provides a good example of the type of advocacy that La Clínica was involved in during this period. This consultation, organized by Juan Romagoza, brought together 11 community health clinics. The consultation was presided over by John Fairman, the Chief Executive Officer of the Public Benefit Corporation. At issue was the plan of the D.C. government to close the Adams Morgan Health Clinic and merge it into the Upper Cardozo Health Clinic (which, in spite of protests from the health and patient community, it was eventually successful in doing). This newspaper article documents the unceasing efforts of Dr. Romagoza, with the La Clínica patients, to bring the health concerns of the Latino population to the attention of the D.C. government:

“Publically financed health care for our community is chaotic” said Doctor Romagoza, “We want to be heard because up to now we have been denied participation in this decision. Jim Graham, Director of Whitman Walter Clinic, said that this should be repeated. “We want to be at the table with dignity. We would like our recommendations to be taken into account when strategies are designed, programs are implemented. And we don’t want this to take place at the last minute but instead from the beginning. We want the health statistics in Washington, D.C. to change” said Doctor Romagoza.

La Clínica as an active participant in the establishment of the D.C. Health Care Alliance

The late 1990s and into the first couple years of the second millennium was a major turning point for non-profit free and sliding scale clinics in Washington, D.C., including La Clínica. It was during this period that a group of activists from the non-profit clinics banded together to bring to the attention of the D.C. government that they were playing a crucial role in delivery of health services for the poor. With the strategic assistance of various foundations, these clinics were influential in drafting and martialling through legislation that provided free health insurance for D.C.’s poor and, with it, a badly needed infusion of income for the struggling non-profit clinics that many of these individuals ran. Third party reimbursements under the D.C. Health Care Alliance made it possible for La Clínica to expand its medical care program by hiring additional doctors and other support staff for its medical clinic.

Kathy Freshley, Senior Program Officer at the Washington-based Eugene Meyer Foundation, was a key actor in supporting the free clinics in this endeavor.¹⁶ Freshley recalls the final events leading up to the establishment of the D.C. Health Care Alliance, the pivotal role played by Sharon Baskerville, and the important support provided by Juan Romagoza and the patients of La Clínica del Pueblo in bringing the D.C. Health Care Alliance to fruition.

That plan developed by a consortium of many advocacy organizations, including the Non-Profit Clinic Consortium survived and two years later became the D.C. Health Care Alliance. Now the D.C. Health Care Alliance has more than 43,000 people enrolled. Initially the Alliance wasn’t going to include the clinics, but the Consortium kept the pressure on and advocated successfully to permit the Non-Profit Clinic Consortium’s members to bill the Alliance for medical services.

Initially neither the city, nor the clinics, nor the funders had any idea how many people were being served by these 13 free and sliding scale clinics. Research done early on by the Lewin Group on the percentage of the D.C. low-income population served by D.C. non-profit clinics, public clinics, and hospitals showed that 60% of the health care in Washington D.C. was being delivered by non-profit clinics.

¹⁶ Other foundations that provided support were: the Consumer Health Foundation, the Cafritz Foundation, the Casey Foundation, and Kaiser Permanente.

When this came out everyone was surprised. The city had the impression that clinics were serving a trickle. The city believed that it was the majority provider but it wasn't. When they realized that these clinics played such a critical role, it changed the conversation. The non-profit clinics suddenly had clout, they had power. If these clinics went away, a huge percentage of D.C.'s health care for the poor would go away.

Sharon Baskerville in particular was very focused. She is very politically savvy. The D.C. Primary Care Association and the Consortium worked together. They would go down to the City Council and testify. Juan Romagoza would bring patients to testify. They built the political will, they educated the City Council, and they helped write waivers and legislation. I give them tremendous credit for staying true to their values and goals

Sharon Baskerville, a former director of one of the free clinics in the Consortium and now the Executive Director of the D.C. Primary Care Association which continues to play an important role in lobbying for the interests of DC's non-profit clinics, recalls the early days when the Consortium was plotting its strategy. Andrew Schamess (Medical Director of La Clínica), Rene Wallace (Development Director at La Clínica who later went to join Baskerville at the D.C. Primary Care Association), and Juan Romagoza were important early actors along with Sharon in laying the base for the strategy that eventually became the Non-Profit Clinic Consortium.

We were drawn out of our little places around the idea of being a voice for what was really happening. No one knew what we were doing. We were all good at writing grants and spinning stories. None of us were able to do quantification, almost everything was anecdotal. The specter of regulation and an accreditation process hung over us. Suddenly we became this broken down system through external eyes. Health care was being delivered in basements and old church buildings. We were delivering health care in every way we could.

The idea came from those of us trying to survive. We all came out to play together. Could we be a voice? All of the Executive Directors came out. We met, we got free lawyers, within a year we created a mission, and we got 501c3 status. We organized a board. It was a rehydration; we had the ability to aggregately speak, to be the voice for the people we served.

Medical services at La Clínica

Between 1995 and 2003 the medical clinic took on more form and structure as funds, including those from the D.C. Health Care Alliance, started becoming available to hire staff. In 1995 Dr. Andrew Schamess, a resident from The George Washington University Hospital in internal medicine who had been volunteering at the Tuesday night clinic, became La Clínica's first full-time medical director, a position he remained in until 2000. Three years later, in 1998, Dr. Meredith Josephs, a family physician, started working part time at La Clínica. When Schamess left in 2000, Josephs moved to the position of medical director. In 2000 and 2001 two additional part time positions were created. Dr. Madeline Frucht-Wilks was hired as a family physician and Deborah Bombard was hired as a physician's assistant. Josephs, Frucht-Wilks and Bombard continue to work at La Clínica.

During the five year period that Schamess was medical director La Clínica continued to develop a system of specialty clinics that had started evolving in the early 1990s. By the time Schamess left in 2000 there were specialty clinics in pediatrics, HIV/AIDS, adult medicine, reproductive health, and chiropractic/natural medicine. Each clinic had its corresponding doctor or doctors (most of who were at that time still volunteers) and a patient care coordinator. Several of the patient care coordinators were nurses. One was Margarita Sol who began as a volunteer at La Clínica in 1986 when she was 15 years old, returned in the early 1990s when she was studying nursing, and then came back to work part time after receiving her nursing degree.

When Josephs assumed the leadership in 2000, the medical clinic assumed a family medicine structure which continues to this day. Josephs reflects on how she came and what attracted her to La Clínica:

I went to medical school knowing that I wanted to work in an underserved community. As I was coming out of my residency I began looking for a place. I interviewed at La Clínica two days after returning from a trip to Chile.

My initial reaction was that I loved it. Dona Rosa was selling tamales on the third floor. I felt like I was back in Guatemala. La Clínica had a vibrant, noisy waiting room. Juan seemed to be a very caring, kind person. I liked his style. Our space was very cramped. We had the third floor of the Wilson Center. Within two weeks of starting we took over the second floor as well.

Frucht-Wilks and Bombard describe their initial impressions of La Clínica and what made them decide, when offered employment at La Clínica, to accept:

Frucht-Wilks: *I looked at a few other clinics and interviewed with Meredith Josephs. I felt like La Clínica was providing great services and struggling to do so. There was strong sense of mission and connection with the people. Working in the old building was like practicing in another country.*

What I love about my work is the patient care that I can provide. I can practice a full family practice. I do more surgical procedures than other family practitioners. I really love being able to provide excellent care to people who wouldn't otherwise get it. I love being able to do follow through to the nth degree with patients. I see members of my own family that don't get that level of care.

Bombard: *I started working with La Clínica when it was still at the Wilson Center. It was just where I wanted to be, working with a community organization. There have always been problems with space and money but the heart is always there, La Clínica is like a second home.*

What I really like about working at La Clínica is that it is like working with a family. It is a comfortable place to be in terms of people working together as a team. It has that community feel.

The period from 1995 to 2003 was a time of change in La Clínica's patient population. Salvadorans, many refugees from the war of the 1980s, and of those many who had been tortured or otherwise traumatized, remained in the majority. However, by the mid 1990s the patient population had evolved to reflect the wide variety of immigrants that were streaming into the Washington area from Latin America. There were Guatemalans, Salvadorans, Hondurans, Peruvians, and individuals from other countries.

1995 to 2003 was also a time of opportunities and challenges for the medical staff at La Clínica. An important opportunity that arose early during this period was to enter into a relationship with Howard University Hospital that brought La Clínica a number of benefits: a steady infusion of funding each year that has been of assistance in covering some staff salaries; residents who come regularly to La Clínica to supplement the existing medical staff; access to specialty doctors and to hospitalization at Howard University Hospital for patients who are uninsured.

Romagoza recalls how this relationship began:

After meeting with the Board, Dr. Patrick Swygert, President of Howard University, and some of his staff visited us at La Clínica. Dr. Swygert had become aware of us based on an article in the Washington Post describing what we were doing to obtain signatures to mobilize around the plan to close the Adams Morgan Clinic. He came with the article in his hand. He asked us how things were going; how we would be affected by the plan to close the Adams Morgan Clinic. He found out that we are a community clinic, that the Latino population came to us and that we did not have the resources to attend an increase in the patient population if the Adams Morgan Clinic closed. He said that Howard University could help us.

In 1999 La Clínica experienced its first challenge to its premise that, as a basic human right, health care should be free. Facing increasing costs for the delivery of its services, the proposal was put forth that La Clínica become certified to receive reimbursement for patients who had Medicaid or who were eligible for Medicaid once enrolled.

Deliberations over whether or not to register for and accept Medicaid funds took place within both the Board and among the La Clínica staff. There was much hand wringing and agonizing. After months of discussion, the decision was taken to follow the route of practicality, to accept Medicaid funds. Those in favor claimed that from the financial benefits from third party claims La Clínica would be able to accept more patients. In addition, there would no cost to the patient as the bill would go to Medicaid and not to the patient. Those against accepting Medicaid funds on human rights principals reluctantly agreed.

Mental health services at La Clínica

La Clínica's program in mental health also began to grow following La Clínica's independence from CARECEN. **Under the capable leadership of Gloria Elliott** in 1999 La Clínica received certification as a free standing mental health clinic from the D.C. Department of Health. Also in 1999, La Clínica was certified for outpatient services from the D.C.-based Addiction Prevention & Rehabilitation Administration (APRA). In 2001, Isael Ramirez, an immigrant from Cuba who was a clergyman, joined the staff as a family therapist. The remaining mental health staff, a cadre of some 15 therapists, was composed of volunteers recruited through various local programs. By 2001 La Clínica's mental health program was operating with a variety of small grants totaling approximately \$200,000/year.

This all changed on September 11, 2001 when terrorists attacked the Twin Towers in New York and the Pentagon in Washington, D.C. On that day, large numbers of Latinos – patients of La Clínica and individuals who were not patients – came streaming into La Clínica's waiting room.

Alma Hamar, a long-time La Clínica volunteer, who had recently received her title as a Clinical Psychologist overseas and was serving part time as a volunteer therapist at La Clínica, recalls receiving a call from Gloria Elliott, then Director of Mental Health:

Gloria called to tell me that so many people had come and she needed help. I didn't think twice. I came immediately to La Clínica. I know the people from their history. It was as though they were at war; they saw La Clínica as a salvation.

I said, 'What do we do? Let's sit down. Let's do group therapy.' We classified those present into adults and children. We looked for bread, cheese, fruit, and toys. It was like we were in a time of war. Many of the people at La Clínica had PTMS; they hadn't worked through their traumas from the war in El Salvador. There were adults crying. Their children didn't understand.

That is when the idea was born. Gloria, Claudia Campos and I talked. We asked, what are we going to do? We called the other volunteer therapists. There was a rapid mobilization as one would find in a time of war. A social worker, a psychologist, a counselor came. They all said they were ready to help.

Out of this necessity was born a program called Mi Familia that continues to this day. For the first year this program received a small infusion of funding from the D.C. Department of Mental Health. Mi Familia is described in more detail in the next section.

In the meantime La Clínica continued with its reliance on volunteers to meet the increased demand that surged from 9/11.

In late 2002 La Clínica received two grants from the Substance Abuse and Mental Health Services Administration (SAMHSA); one for parents and youth affected by trauma (Mi Familia) and another to serve the elderly (Mis Abuelitos). With these grants, as we will see in the treatment of mental health during the period 2003-2007, came a significant change in the way that La Clínica organized and administered its mental health program

HIV/AIDS outreach/prevention

1995 to 2003 was a period of tremendous growth and definition for La Clínica's HIV/AIDS outreach and prevention program, which has been lauded for its innovation and its willingness to take tremendous risks in order to serve those in need.

In 1994, in collaboration with the Whitman-Walker Clinic, La Clínica was finally able to obtain Federal funding to do outreach and prevention in HIV/AIDS channeled by the Center for Disease Control (CDC) through the Administration for HIV and AIDS (AHA) The funding, amounting to approximately \$25,000 a year, was funneled through the Whitman Walker Clinic, which had received a 5-year contract to do generalized education around HIV/AIDS. With funding from the AHA and from other sources, La Clínica was able to expand its HIV/AIDS program to the point where HIV/AIDS became one of La Clínica's largest and best funded departments, with a primary focus on direct services for persons living with HIV.

Candace Kattar, a nurse and lawyer with extensive experience working with the poor on HIV issues, was the Director of La Clínica's HIV/AIDS program from 1996 until 1998. Kattar, who came in at the same time as Rene Wallace, spent time putting in place badly needed systems.

Kattar recalls those years:

Coming to La Clínica was like coming home. I was seeing clients I had seen as a lawyer practicing immigration law. It was a very lively, friendly and warm place. It was also very welcoming. People hugged and kissed you when they greeted you.

I started to make changes in the way the HIV program was managed. Record keeping needed improvement, more formality was needed in terms of patient education, and more staff training was needed. I kept saying to staff that the war in El Salvador had ended and we needed to move forward, that funders expected a certain level of professionalism from the clinic. I felt the clinic could do that without losing the caring, loving environment they had developed.

When Kattar left in 1998 she was replaced by Catalina Sol, who by this time had obtained a Masters in Public Health and was ready to return to La Clínica where she had worked from 1991 to 1994 as a Patient Care Coordinator. Catalina continues as the Director of La Clínica's HIV/AIDS Department:

When I returned in 1998 the HIV/AIDS program was unmanageably large. We moved the medical portion of our HIV activities to the medical clinic. My major focus was on expanding our HIV/AIDS prevention capacity.

My arrival in late 1998 coincided with new funding set asides for minority organizations. A study had come out showing that the death rates among white with AIDS had gone down dramatically, but among blacks the death rate was the same or increasing. The Congressional Black Caucus made a huge issue. They required that HIV federal funding sources be targeted to minority-based organizations in order to reduce this disparity. We saw for the first time that there were federal opportunities for funding but they were very tight. You really had to show that you had minorities on the staff, on the Board. We applied in a coalition with Identity and an Asian organization in 1999. We got funded with a four year grant at the end of 1999.

Once we got federal funding we focused on gay men. We created our own curriculum for gay men's peer educators. We trained them to do assessments in their own communities. This gave rise to an arts project with men called "Expresiones del Alma" and a gay men's support group called "Entre Amigos" which still operates in Virginia.

When I returned, La Clínica's long tradition of yearly HIV promoter trainings had been set aside as La Clínica moved from volunteer-based HIV promoters to having staff do HIV promotion. We had lost our tradition to train peer educators. I saw this as an opportunity to get back on track. We got funding to training peer educators for gay men as part of a grant with the CDC. We got funding from the Washington AIDS Partnership to do training of women. I brought in Claudia Campos to do training for HIV promoters. After six months of outreach we identified the need for a support group of women and "Entre Amigas" was born.

Brigida Guyot, who was recently promoted to a middle management role in the HIV/AIDS department, came to La Clínica as a volunteer via the HIV promoter training provided by Claudia Campos in 2000. She vividly recalls this training, given that it had a big impact on her.

Claudia Campos did the training. It was not focused just on training us to be HIV/AIDS promoters but what it was to be a woman, the need for self-esteem. We had many exercises where we went into our past, where we remembered what it was like to be a woman. It was like medicine for the soul. Part of the training involved implementing a project to become female HIV/AIDS promoters who would work with the Latino community. In my country we didn't know much about this. I had never seen a condom. Nobody had spoken to me about sexual relations. The person who began the training was completely different at the end.

Felix Marquez joined La Clínica as a volunteer in the late 1990s. He was eventually hired to be part of the HIV prevention staff. He left La Clínica in 2005 to complete his Bachelor's degree and eventually go on for an MA degree.

Before working at La Clínica I feel like I had distanced myself from the Latino community. When I arrived at La Clínica I felt like I was returning to my people, to the culture that I had left behind many years ago when I immigrated to the U.S. At the beginning I was a volunteer in the HIV/AIDS department. I helped hand out educational materials and condoms at festivals, to inform people of the AIDS test. I loved the work as a volunteer because I had the opportunity to get to know more Salvadorans and to help my community. I felt proud to be part of this organization.

Omar Reyes, who entered La Clínica in August 1997, first part-time and then as a full time staff member, comments on La Clínica's HIV/AIDS program.

For some Latinos the counseling services and the HIV test are the opening door to beginning to receive health services and create a prevention plan. For people that have been violated at the border between the U.S. and Mexico or who have suffered some kind of trauma in their country of origin, La Clínica has been a place where they can go for the first time to express their pain.

One of the special things about La Clínica is that it provides services to different segments of the Latino community: among them migrants and people who are vulnerable such as those who are sexually diverse. The fact that La Clínica has programs to serve these sectors demonstrates that it is neutral. We are not dividing the population. We serve all with respect, warmth, and cultural sensitivity. Our clients have been part of the process of constructing La Clínica. La Clínica is a school for its employees.

Interpretation services

In the early years, interpretation was provided by either health promoters or staff. Some did an excellent job; others provided interpretation services that were variable. None had any training whatsoever.

In 1995 La Clínica applied to the Office of Minority Health for assistance with training their health promoters as medical interpreters. When, in 1996, La Clínica got the funds it had requested, its very successful interpretation program was born. Isabel van Isschot, who up until then was in charge of health education, became the Director of the Interpretation program. She continues in this position. In her words:

The language barrier existed from La Clínica's founding. Doctors came to see patients on Tuesday nights, and needed an interpreter. At the beginning staff and volunteer health promoters with some bilingual skills provided the interpretation. Interpreters were especially needed for patients' off-site specialty appointments. We were using the Archdiocese Health Care Network to obtain specialists.

It was hard to get appointments with the specialists given that the demand was so high from all the local clinics. It was hard to rely on volunteers or staff to accompany patients to their appointment. We could rarely rely on family members for various reasons including privacy, age of relatives, insufficient English, unavailability or simply because patients did not have anyone here to accompany them. That is how the notion of a paid qualified interpreter came into being.

We quickly realized how important it was to professionalize the interpreter role. A year later Priscilla Mendenhall, who was also developing an interpreter program at Northern Virginia Health Education Center, invited Catalina and I to attend their first 40-hour interpreter training. We were simultaneously trained as interpreter trainers. This ended up being an invaluable opportunity. It would have never been possible for La Clínica to afford such training. The curriculum was designed in Seattle, Washington. It had an advocacy component, which I thought totally matched La Clínica's philosophy.

Priscilla Mendenhall comments on her relationship with Isabel van Isschot and Catalina Sol during this period. She also reflects on her impression of La Clínica:

I knew that La Clínica had an established interpreter service. There was a lot of the richness in our dialogue on how to professionalize the work of interpreters. Catalina and Isabel pushed me beyond where I was comfortable in my thinking about and the organization of interpreter training.

I find La Clínica to be one of the most extraordinary organizations I have known. From my perspective La Clínica has been very true to the needs of the Latino community. At the same time it has been able to travel a journey through, with, and sometime counter to the mainstream in a way that has really worked for the Latino community.

Van Isschot reflects on the growth of the interpretation program at La Clínica in the late 1990s and the challenges that La Clínica faced:

Little by little this program began to grow. We applied for and received two demonstration grants from the Office of Minority Health of three years each that helped shape and expand the program. More and more community clinics started to use our services. That is how we became the interpreter provider for the entire safety-net of community primary care clinics. It was quite visionary on our part. We focused principally on Spanish because it was where the demand was. We then added other languages: Amharic and Tigrinya from Ethiopia, Portuguese, French, Chinese, Arabic, etc. Our interpreter pool also grew.

In the meantime, I learned about Title VI of the Civil Rights Act of 1964, which requires providers that receive federal funding to give equal access to their services to everyone regardless their race, ethnicity and national origin. In 2000 the federal government Office for Civil Rights (OCR) issued a

Policy Guidance linking national origin to the individual's ability to communicate in English. This was a big eye opener for me! I learned that in order to ensure equal access and service quality to their Limited English Proficient clients, providers had to arrange for some type of interpreter services. I learned that patients were not responsible for bringing their own interpreter, which at the time was common practice. I also learned that the OCR strongly discouraged providers from using family members and friends as interpreters. That is how I realized how many providers were not complying with Title VI. I was outraged!

One of La Clínica's very visible successes during this period was the generation of the I-Speak Spanish Cards, one of many examples of how La Clínica, over the years, has sought to help its patients and other outside of La Clínica to know and exercise their right to quality health care.

Van Isschot recalls:

The I-Speak card is a business size card with a message to the provider in English and a message for clients in Spanish. To providers it says that, if they are federally funded they are required to provide interpreter services to LEP persons. The message to our clients is that they have the civil right to qualified interpreters, and that it is not their obligation to bring a family member or friend to interpret for them. They have the right to complain, they have the right to be seen in a timely manner, and they have the right to expect that vital documents should be translated in their language.

Since they were issued in 2001 we have handed out these cards to people coming to our health fairs. Our interpreters hand the cards out to their clients. People tend to like the card and use it. Although it may not necessarily help them to find an interpreter when needed, it at least it informs people about their rights and responsibilities.

During this period La Clínica, in collaboration with Howard University Hospital with whom the medical clinic had developed a relationship in 1997, established a cultural sensitivity program. Initiated in 2002 and run by Raul Hernandez, this program assists patients referred from La Clínica to navigate the Howard University Hospital: making sure they bring their insurance identification so that they don't get billed by the hospital, orienting them in how a large hospital operates. The program also orients Howard University Hospital staff to the differences in cultural backgrounds of the Latino patients that La Clínica refers to the hospital¹⁷.

Annually, for the past five years, La Clínica has organized and facilitated a forum where La Clínica patients, who have received services at Howard University Hospital, can share their experiences with the Howard University Hospital Medical Director, Thomas Gaiter, and relevant hospital staff. Each forum begins with an exposition of the results of a survey conducted with patients where they assess their experience with the hospital. At the end of each forum a report is sent to relevant offices at the Howard University Hospital. The results of the forum (photos, reports) are displayed in the Howard University Hospital lobby.

Health Education and Community Outreach

Activities in the area of health education and community outreach continued during this period but in a somewhat sporadic fashion. Until 2000, when the approach of the medical clinic changed from specialty care to a family practice model, health education for patients was one of the responsibilities of the nurses assigned to each of the specialty care practices.

¹⁷ For example, when patients arrive at the admissions office it is sometimes necessary to explain to the admissions staff that not only can the patient not speak English but they may not be able to read and write. When Howard University Staff complain about no shows among the patients, the La Clínica staff explain that with their immigrant status (several of whom are undocumented) patients are fearful to repeatedly ask for permission from their employer to go to appointments at the hospital.

The health education that took place outside of La Clínica's four walls, along with community outreach, continued during this period thanks to the support of a loyal cadre of volunteers. However, the extent to which specific events took place depended on funding availability. Funding for health education and outreach usually came from small grants from private foundations and from the Mayor's Office on Latino Affairs. HIV/AIDS prevention funding that started streaming in during the mid 1990s, in addition for making it possible to do community outreach through HIV promoters, also helped make possible a number of broader health education and outreach events conducted by La Clínica.

During this period health fairs, which in the early 1990s were large annual or semi-annual events, became smaller, more frequent and localized in different areas of the city in accordance with where target populations lived, played, and worked. A number of the individuals who served as health promoters during this period continued to be Latino medical professionals who weren't yet licensed to practice in the U.S.

La Clínica continues its capital campaign to raise funds to refurbish its new building

Having purchased their new building in 1998, the La Clínica staff was now faced with the formidable task of undergoing a capital campaign to raise the \$2.5 million that they needed to refurbish and equip the building so that they could move into it. This task, as it turned out, took a lot longer than the La Clínica staff, totally unschooled in organizing and carrying out capital campaigns, ever imagined.

Romagoza recalls what he and the La Clínica staff went through in order to raise the money they needed. It took a total seven years to raise these funds and to implement the renovation.

It was a challenge because none of us know how to raise funds. Apart from the funds we were able to raise for our programs, conducting a campaign to obtain funds for our new building was something entirely new. We had to develop something that was effective that we could sell. We also had to develop internal structures that were different.

We saw the capital campaign as an opportunity to learn something new in areas where we had no past experience. We were accustomed to selling tamales and pupusas to collect funds. But doing a capital campaign was a big jump.

The first thing was realized was that we needed to do was contract someone to help us raise funds. We kicked ourselves in the teeth many times, because people appeared who said they could help us but in reality we saw they were learning along with us. They finished saying "I don't have the experience I need with this community."

The interesting part was that as we began to learn, we found that our results were coming primarily through community mobilization. We acquired more skills on mobilizing, pressuring the city. This worked. At the end of the day, 60% of the funds that we raised for the capital campaign came out of these mobilizations conducted both by patients and volunteers. This is a potential that La Clínica can draw on for future campaigns.

D. 2003 to 2007: La Clínica moves to its current home and continues to mature

Context:

The period 2003 to 2007 was a time of continued international unrest. The global war on terrorism persisted with no apparent end in sight. The war in Iraq also appeared to have no end. Afghanistan, which was relatively quiet for a few years, became a place of increasing violence.

While there was no armed conflict in Central America during this period, an increase in unequal distribution of income, adversely impacting the poor; an increasing trend in violence from kidnapping and gangs; and, in some countries, continued political violence/persecution resulted in continued migrations to the United States.

Congressional elections in 2006 and the U.S. Presidential elections looming in 2008 brought the issue of undocumented immigrants back onto the national agenda. The inability of Congress to pass a national immigration law resulted in a number of counties and municipalities taking immigration challenges into their own hands, in some cases with negative results for the undocumented immigrants living in those localities. The uncertainty around the fate of undocumented immigrants living in the U.S. cast a further pall on the access these individuals had to basic health services. Reticent to seek out public health clinics for fear of “being found out” and deported, undocumented immigrants increasingly sought out non-profit community health clinics, like La Clínica del Pueblo, further stretching the already limited capacity of these clinics to provide services.

In Washington, D.C. the advent of the D.C. Health Care Alliance in 2001 ushered in an era of access to basic health services for all D.C. residents who are at 200% or less of the Federal Poverty Level. A particularly innovative and welcome feature of the D.C. Health Care Alliance is that it does not require, as does Medicaid, that individuals document their legal status in the U.S. For those that do not qualify for the D.C. Health Care Alliance (either because they live outside of District or because they are above the 200% Federal Policy Level), the availability of specialized health care providers through the Catholic Archdiocese continues, albeit with increased restrictions.¹⁸ Also welcome has been the advent in Washington D.C. of programs such as Healthy Families, funded by S-Chip, that provides access to health care services for children who are not U.S. citizens and who don’t have health insurance.

Meanwhile, the Latino population has continued to increase in the Washington metropolitan area and their health needs have become more complex, further stretching already limited systems of private health provision for non-English speakers. Statistics show that, while other ethnic groups in the Washington area have also experienced large concentrations of poverty, the District’s Latino community bears a significant share. Data also indicate that ethnic disparities in health status for Latinos in the area are especially notable with regard to chronic diseases (diabetes, cardiovascular disease, and hypertension), obesity, HIV/AIDS, tuberculosis, inadequate prenatal care, high levels of teen pregnancy, immunization rates, and mental health disorders.¹⁹ A 2004 Henry J. Kaiser Family Foundation study estimates that three times as many Washington D.C. Latino adults were uninsured then the average for all adults in D.C. (43% vs. 13%).

La Clínica moves to its current home and continues to mature

The move

In April of 2003 La Clínica’s long-awaited move from the Wilson Center near the corner of 15th and Irving Sts. three blocks away to 2832 15th St. took place. The day of the move and the events leading up to the move are remembered by Alma Hamar who, as of the beginning of 2003, was working full time as

¹⁸ Under restrictions that have come into effect in the past two to four years, residents in the State of Maryland continue to be eligible for services through the Catholic Archdiocese. Residents of Virginia, however, no longer qualify. The Archdiocese has also instituted stricter requirements to verify income. In addition, if a patient or an interpreter does not show up for an appointment, the affected patient no longer qualifies for specialized health services through the Archdiocese.

¹⁹ Latinos in Washington, DC have the highest proportion of people with diabetes (11.4%), with rates increasing with age, compared to other racial and ethnic groups

a mental health therapist at La Clínica:

We all cried. This old building represented something unique, marvelous, how we started out. This is where our projects were initiated; this is where we sought justice; the recognition that good health is a right. All of this was enclosed in an old building that had broken windows. The building smelled of democracy, something that we sought in our countries of origin and didn't find. It was hard to separate ourselves from this building, even though the new building looked so lovely.

The process of mourning began. Months before moving to the new building, we conducted various meetings where staff could share their thoughts and concerns. We brought in psychologists. We started to speak of our experiences, of our histories about when we came to the U.S.

The most difficult was the last meeting. There was a silence; nobody wanted to speak. It was left to me to speak and I couldn't. It was as though somebody had died. I cried. Other colleagues left the room crying. Gloria Elliott went out to bring them back. She said, "We are going to continue with the program".

The day that we moved to the new building we did a procession. We walked down the street singing. Juan came with the Mariachis. Each of brought an object from the old building to the new building.

The new building was the culmination of many desired improvements. It offered ADA accessibility (an elevator!), properly functioning heating and cooling (no more overcoats in the exam rooms), much more adequate space and new equipment. It was wired for a computer network that would bring the modernization of patient and employee data management, and ready access to internet resources for doctors. The new space had a safe place for children to play while their families awaited appointments. It had, uniquely, a chapel, considered culturally and emotionally important to the integral approach to health. Many other amenities – extra restrooms, staff lunch room, more private (if smaller) offices for managers, a colorful, inviting waiting room with TV and computer for health education activities –were now available. As frequently happens, though, by the time La Clínica actually moved into the new space, it was already small.

Further strengthening internal management and feedback systems

During this period there was a significant change in the way in which La Clínica's Board of Directors operated. In 2004, the Board prepared a Strategic Plan for the period 2005-2009. It also confirmed the long-postponed decision to prepare to apply for Federally-Qualified Health Center (FQHC) status. In 2005, Charlotte Jones-Carroll, after serving over five years on the Board in various capacities, became Board Chair, replacing Dr. Peter Shields, who had served as chair for ten years. The By-laws were then amended to be consistent with FQHC status. This involved commitment to have a majority of directors be from the patient community, monthly Board meetings, and clear conflict of interest clauses. The By-laws change, as required by FQHC status, also prohibited patients who had relatives on the La Clínica staff from becoming directors.

Charlotte Jones-Carroll recalls the Board's evolution during the seven years she served on the Board.

When I first came on to the Board, it met quarterly. The real work was done by the Executive Committee (the four officers, of which usually only three showed up, together with senior La Clínica managers). Full Board meetings focused primarily on information delivery to non-Executive Committee members. La Clínica was in the midst of fund-raising to renovate the new building it had purchased. There were important next steps to decide on. We got an agreement to increase the Board meetings to six per year, at which point the Board became more involved in business-related conversations. At that point, also, there was no formal performance review by the Board of the Chief Executive. Juan was quietly asking to be evaluated. I encouraged the Executive Committee to evaluate his performance, and eventually we began to do this annually.

When Alicia Wilson became Development Director in 2001, she was interested in Strategic Planning. So was I, as that is what I had done for my last ten years at the World Bank. The donors were asking for a Strategic Plan. Just before we moved into the new building, we did a first round of visioning. The sessions were very participatory. Then MOSAICA, a management assistance firm familiar with non-profits, came in and helped us move from a mission and vision to a Strategic Plan. They did a good job. We found that we needed to focus on accountability, rules and regulations. At that point, there was no nominating committee. There were no Board terms.

By the time I left the Board, we had moved to monthly meetings, established term limits, and used a formal nominating committee for recommending directors and officers. We did status checks on the Strategic Plan and held a Board retreat in 2006 to clarify implementation of that Plan.

During this four-year period, evolving structures were formalized and new management structures were put in place within La Clínica. A senior management team – composed of the Executive Director, the Medical Director, the Chief Administrative Officer, and the Director of Development – took joint responsibility for key decisions regarding La Clínica’s direction, and during the Executive Director’s 2005 sabbatical, actually managed the clinic in his absence. This senior management team continued to meet monthly with the Executive Committee of the Board of Directors. A general management team, composed of the six Department Directors, the Executive Director, the Chief Administrative Officer, and the Director of Development also continued to meet. Monthly staff meetings, to which all La Clínica staff was invited, continued to be an important venue for sharing information and building consensus. La Clínica patient data base was updated²⁰, patient satisfaction surveys were instituted, and a survey was conducted of employee morale.

La Clínica’s Patients Committee, formed in the 1980s when Romagoza arrived, continued to meet monthly to provide feedback to the institution. As can be seen from the two testimonies below, from Carlos Muñoz and Juan Blanco both of whom remain active in the Patients’ Committee, there is a sense from members of the Committee that their feedback is valued and taken into account in improving the quality and relevance of services provided by La Clínica:

Carlos Muñoz: Usually those that attend are those that come most frequently to La Clínica. What I like is that we can present our complaints, what we haven’t liked. We have been heard. They take notes. We also recognize and congratulate the improvements that the staff at La Clínica is taking – both the clinical and the administrative staff. Dr. Juan acts on the information we give him. After we give feedback we can see changes. They have taken the initiative to correct the problems that we have brought to their attention.

Juan Blanco: We conduct an analysis of what is taken place at La Clínica, how to improve this or that. Dr. Juan leads the discussions. They take action based on our feedback. I feel like I’m being heard. We analyze the deficiencies of certain programs, such as the health insurance being provided through the Health Care Alliance. This is the tonic of the Patients’ Committee. Every members feels like they are an owner of La Clínica. Everyone has the spirit of collaboration.

La Clínica continues to be involved in advocacy and activism

La Clínica’s involvement in activism during this period was marked by an increased concentration on specific topics relevant to the Latino community. During this period the Directors of La Clínica’s departments also became increasingly involved in participating in advocacy efforts relevant to the work of their departments.

²⁰ La Clínica is currently in the process of further updating and improving its data base. In addition, it is making the transition to electronic medical records.

Specific health-related initiatives supported by La Clínica during this period included lending support to a city-wide campaign for a smoke-free environment in restaurants and offices buildings and to a D.C. initiative to require that restaurants provide patrons with specific information on the salt and fat contents of its foods. In both cases, La Clínica mobilized its patients, its staff and its volunteers to collect signatures and participate in marches.

La Clínica also played an important role in organizing annual fora with city authorities focusing on the implementation of the D.C. Health Care Alliance. The objective was to make authorities responsible for administering the Alliance aware of the changes in the Latino community along with specific interests and concerns of the Latino community related to the implementation of the Alliance.

Activism related to immigration continued to be high on La Clínica's agenda. During 2007 La Clínica participated in regional and local coalitions to pressure for immigration reform. This was accompanied by efforts to educate patients on the need for immigration reform and for them to get involved in pushing for reform.

A significant part of what La Clínica has done during this period has been to attempt to ameliorate the resurgence of fear regarding deportation that has been increasingly manifest among its patients. In Romagoza's words:

Seeing the impacts of immigration, we have tried to respond to the fear we see among our patients. We have conducted talks in the waiting room where we talk about immigrations. We have tried to motivate them to not be afraid, to let them know that there are places to go for help if they feel threatened, that we are always open to help them with any complaint they want to make. More than anything, our objective has been to reduce their fear, to give them a space where they can speak.

In the area of HIV/AIDS, La Clínica pushed to give increased visibility to groups affected by HIV/AIDS: members of the Latino gay population, transgender Latino women and increased numbers of heterosexual men and women. La Clínica's HIV/AIDS Department provided space to these populations to form support groups, to help them organize to exert their rights. When a member of the La Clínica transgender population was brutally murdered in 2006, La Clínica became a safe haven where the Latino transgender community gathered to share their pain and their fears. La Clínica was also involved in denouncing the murder and providing support to the family of the individual murdered.

La Clínica, through Catalina Sol in her capacity as Director of the HIV/AIDS Department, has also been in the forefront of efforts to make appropriate use of HIV/AIDS funds for prevention channeled by the Center for Disease Control through the D.C. Government to health clinics. William Longdon, CDC grant monitor responsible for overseeing the CDC's grants with La Clínica and with the D.C. Department of Health, comments on the role of La Clínica, and specifically that of Catalina Sol:

One of the activities where I worked with Catalina Sol was with the D.C. Health Department. At issue was the ability of community leaders to help shape the prevention efforts of the DC Health Department. The CDC mandates a Community Planning Group to guide prevention efforts in the city. It was one of those situations where the D.C. Health Department was given the benefit of doubt regarding their shortcomings in administering the community planning process by previous community planning groups. CDC went along giving D.C. Health Department the latitude it needed to address the problems but to no avail.

But then the current Community Planning Group got involved. They said to the D.C. Department of Health, "You aren't providing sufficient data or support. You are not providing what needs to be done." They wouldn't shut up or stop. Things got to the point where we (the CDC) had to be brought in to mediate. The result was significant. There were findings against the D.C. Department of Health. We began to require that that they do what they were required to do via the community planning process. This ultimately impacted funding decisions related to CDC funds.

Catalina Sol was one of the driving forces for bringing about change. She was actively involved in pushing to resolve the situation and monitoring from a community perspective what was going on.

Isabel Van Isschot, in her capacity as Interpretation Department Director, participated in a coalition of organizations that drafted the D.C. Language Access Act of 2004 which has facilitated enormously the ability of La Clínica and other coalition members to access language relevant services for their patients/clients in the Washington area. The coalition is still alive. Van Isschot recalls:

We came together because we realized that the government wasn't complying with Title VI. There was a history of non-compliance with Medicaid, which is a federal benefit. Government employees would tell Latinos not to come back unless they would bring an interpreter with them. Some bilingual employees would not talk to them in Spanish arguing that they were not hired to use their language skills.

By 2002 things hadn't improved. Advocates convinced D.C. Council member Jim Graham to start asking local agencies how they were doing in eliminating language barriers.

I was part of a coalition of different organizations representing Asians, Africans and Latinos in the discussion. I was the only one representing health care. I wanted to make sure La Clínica was participating in the discussion. We met monthly. Lawyers from community agencies helped draft the legislation. We organized a postcard campaign, collecting more than 2000 postcards to show the community support to the reticent government. Council member Graham met with us periodically. We kept negotiating changes until the first draft was finalized.

The outcome, the D.C. Language Access Act of 2004, covered entities accountable for providing greater access to and participation in programs, services and activities for limited and non-English proficient constituents of the District. This has been of immense assistance to us in ensuring that our patients get the interpretation services they need and that hospitals and doctors that we refer our patients to are open to having them arrive accompanied by interpreters.

Jennifer Deng-Pickett, coordinator of the D.C. Access Coalition, reflects on the role of La Clínica, and especially Van Isschot, in the coalition and in advocacy more broadly:

Isabel has been of the lead advocates since the coalition's inception six years ago. What I find strategic is how Isabel's program and a lot of the La Clínica budget is funded by the D.C. government. Nevertheless, she always advocates for interpretation and language access for DC English language learners at the D.C. Department of Health and other Washington, D.C. agencies.

Medical services

The move to the new building in 2003 and the increasing number of examination rooms, plus increased income through the D.C. Health Care Alliance, allowed La Clínica to expand its medical services from 8,700 client encounters in 2003 to over 15,800 client encounters in 2007. The family practice approach, instituted in 2000, was further expanded with the integration in 2003 of a full time nurse practitioner and a full time family physician. An important attribute of the family practice model is that it makes it possible during one visit for the physician to address, for those patients who have them, multiple issues. This is contrasted with a specialty clinic approach in which the doctor focuses on just the issue related to his/her specialty, referring the patient to other specialists to address issues outside of his/her purview.²¹

²¹ As needed, the family physician refers the patient to one or more specialists. Some are available through La Clínica's cadre of doctors who provide their services as volunteers; others (for patients who have no insurance) through the Washington D.C. Archdiocese Network.

With the changing needs and illness patterns presented by La Clínica's population, the medical clinic also found itself addressing a rising proportion of the patient population with problems of diabetes, hypertension, and obesity. During this period La Clínica also continued to treat HIV/AIDS patients, adopting the relatively innovative approach of not separating patients with HIV/AIDS from other patients but instead seeing them at the same time with the result that HIV/AIDS patients and non-HIV/AIDS patients can be found sitting together in the waiting room for their appointments.

Collaboration with other departments at La Clínica continued. As needed, physicians referred patients to the Mental Health Department for therapy. Patients with HIV/AIDS were referred to the HIV/AIDS and Social Services Departments, respectively, to take part in support groups and to receive case management, housing, and other assistance. Overweight patients and patients with diabetes were referred to the Community Health Outreach Department for exercise classes and to participate in La Clínica's diabetes education program. The Community Outreach Department, in turn, assumed the function of providing health education to patients while they were waiting to see their doctor; a function that in prior years had been assumed by the Patient Care Coordinators ascribed to each of the specialty clinics. In addition, subject to availability and funds and the availability of qualified volunteers, the medical clinic continued to provide services in the area of alternative medicine.

By the end of 2007 the Medical Department staff consisted of three full-time family physicians, a full time physician's assistant, a part-time nurse practitioner, a part-time internist, a phlebotomist, three receptionists, a lab technician, seven medical assistants, a referral coordinator, and a department director. The paid personnel were complemented by four volunteer physicians (internist, pediatrician, neurologist, and ophthalmologist), a volunteer chiropractor, and a volunteer pharmacist. The pediatrician and chiropractor have been volunteering their services since 1990.

Dr. Joshua Kolko, a family physician who, as of the drafting of this case study, had been at La Clínica a little less than a year, addresses below a fairly unique aspect of La Clínica's operations: the comprehensive assistance provided to patients by medical assistants who are referred to as Patient Care Coordinators. Kolko compares the role of the PCCs at La Clínica favorably with the role of the traditional medical assistants that he worked with when he was a family practitioner at Kaiser Permanente, the job he had before coming to La Clínica:

The patient care coordinators do check ins and check outs. They bring the patient in, take vital signs, and determine the initial reason for the visit. Oftentimes patients may be asking them about medication refills or papers they have received that they didn't understand. Or they may be bringing in papers from a specialists saying they need additional referrals.

The patient care coordinators also assist during the provider visit with procedural things. They serve as a chaperone. They assist with the pap smear and doing an EKG. They administer shots. At check out they may provide instructions that the doctor has written down, review their prescriptions, and arrange for follow up appointments.

Behind the scenes there are a ton of things they are doing as well. They may be fielding phone calls from patients, making phone calls to contact patients, filling out the rest of certain forms where the doctor hasn't dotted the I's and crossed the T's. They may be helping the patient to apply for the patient assistance program. They may be fielding walk ins. They alert us to key information, such as illiteracy or a problem in the home. They play a crucial role with the patient.

At Kaiser Permanente the Medical Assistants worked very hard as well, but there wasn't the social work aspect. They didn't field the patient assistance program. Few provided interpretation or could help with paperwork patients didn't understand. They didn't have to arrange referral appointments. This was in part because a lot of the patients did things themselves, since they were more educated. More were English speakers. More understood the bureaucracy.

Two important developments in the medical clinic between 2004 and 2007 were the institution in 2004 of open access scheduling and the decision taken by La Clínica in 2007 to increase admissions to the medical clinic. In 2007 La Clínica also instituted a sliding scale fee system in preparation for FQHC.

Open access scheduling has brought with it increases in efficiency of medical clinic operations due to a significant drop in no shows. Dr. Meredith Josephs, Clinic Director, describes open access scheduling and what it has meant to the services offered in the clinic

Open access is a scheduling model. It permits us to do today's work today. In traditional medicine you make an appointment between two weeks and six months in advance. Under this model if there is demand today you see patients today. The result has been to reduce no shows. We don't schedule out more than a provider's next work day.

At the beginning the patients were skeptical. However, for the most part, they have learned to use the system. They have learned to call when they need an immediate appointment, and they like it better. This is the future of family medicine.

If you want to keep with the same doctor, you get a choice. Thirty percent of our appointments are pre-booked slots. Before we instituted open access we had a no show rate of 18 – 25%. We are now down to 10% no shows.

In September of 2007 La Clínica, as part of the requirements under FQHC, started accepting new patients under a sliding scale system. Joel Iglesias, one of two La Clínica staff who earlier in 2007 moved into two positions created in the Social Services Department for intake workers, describes how the sliding scale system works.

The person who wants to become a patient at La Clínica calls at 12 noon. If one or more slots are open an appointment is made for the individual or individuals. When the appointment is made the receptionist tells the individual what documents to bring. The documents are: proof of salary; if the individual sends remittances to relatives in her/his country of origin, proof that these remittances are sent and for what amount; if the individual pays taxes, a copy of their latest income tax return. If the individual already has health insurance, s/he is asked to bring this as well.

During the intake process, which takes place one hour before the scheduled appointment with the doctor, we ask the individual for these documents and collect additional background information on the individual. We calculate what the individual will pay for this and future appointments by dividing the individual's salary by the number of dependents (including family members in his/her country of origin that s/he supported). Depending on the outcome the individual pays nothing, 10% of the cost of this and future visits, 30%, 50%, or 100%."

The decision to move to a sliding fee scale is still fairly controversial among some in La Clínica, as this is a clear move away from the concept of health care as a human right and accordingly free, to one of fee for service according to one's ability to pay. It is to La Clínica's credit that, before instituting the sliding scale system (which will eventually apply to existing as well as new patients), that extensive consultations took place with patients through the Patients' Committee and fora open to all patients.

Mental health

The period 2003 to 2007 was a time of dramatic expansion in La Clínica's mental health budget, accompanied by an equally dramatic contraction. By the time La Clínica moved to its new building in 2003, the mental health department had started implementing two 3-year mental health grants that it received from SAMHSA in 2002 and was just starting a third that it received from SAMHSA in 2003. The three grants totaled \$1.5 million.

When the funds came in, La Clínica's mental health department was operating with a full time therapist, Gloria Elliott the director, a part time therapist and a part time administrator. Gloria Elliott, in addition to doing therapy, coordinated the work of some 15 volunteer therapists who would come to La Clínica a few hours a week. One of these volunteers was Alma Hamar who, before volunteering as a therapist, had volunteered for many years in organizing and implementing health fairs. With this large infusion in funding, La Clínica's paid mental health staff increased to a total of 10 therapists, some working full time and others part time. With the increased demands of managing these three grants, which required a whole new set of skills keeping track of data and doing regular reports, and the limitations in space available, the number of volunteer therapists dwindled.

Alma Hamar, who is now on the staff as a full time therapist, designed the Mi Familia program and continues to run it with the assistance of a full time therapist and two volunteers. Since funding from SAMHSA ran out in 2005 La Clínica has been able to maintain this very popular program with funds from private sources. Hamar describes the Mi Familia program:

Typical of La Clínica, we discover needs as they emerge. When 9/11 came I said, 'Wow!' I wasn't aware that people would be so traumatized. We need to find models, other ways of helping people. If people are so affected, how are we going to educate other generations?

Mi Familia is comprehensive: you can't separate the physical from the emotional. What is important is that we have brought to the attention of parents the need to put mental health where it belongs. We are nobody is we aren't content, optimistic about the future. Our mental health affects our physical health and what we want for the future.

One of the nice things about Mi Familia is that there are parents like myself who have scientific knowledge. The challenge is passing on the knowledge I have from my university training in a simple, straightforward fashion, that we get away from stereotypes, that we find techniques for managing depression, perceptions on gender, how to manage alcohol and drugs in the family.

We form groups every four months. We meet on Saturday afternoons. The whole family comes, an average of 25 parents, 20 children and 10 to 15 adolescents. While I meet with the parents for the first hour and a half, I have volunteers who meet with the children and the adolescent. The last half hour we meet in the room where I meet with the parents for food and sharing.

At the end of the 16 weekly meetings we have a graduation where participants receive diplomas.

Brigitte Ladisch is a Ph.D. clinical psychologist who has worked as a consultant with La Clínica during several years. Particularly in 2002-2005, she worked on the Child Trauma Prevention Program, a program funded by the National Child Trauma Initiative of SAMSHA/DHHS. Her responsibilities included overseeing, development and supervision of the Mi Familia Project for trauma treatment and prevention; individual and group supervision of therapists, teaching of the therapists particularly about trauma, presentations for the entire staff of La Clínica on trauma and other topics. She also contributed to the development of instruments to evaluate the children, adolescents and their parents as to trauma. She wrote and supervised parts of the writing of the treatment manual for the program.

Brigitte Ladisch reflects on what she found unusual about Mi Familia:

There are some very interesting ideas in Mi Familia program. What is particularly innovative is that it works with the whole family--children, adolescents, and parents. By doing so, it acknowledges the importance of the "context": of the family environment of the child. Parents do not just come for consultation about their children and adolescents. They are involved in psycho-educational group sessions as well. They also have individual psychotherapy. The three groups (children, adolescents, parents) meet separately, on the same day (Saturday), at the same time. This practical arrangement is another evidence of the importance placed on the family environment and the emphasis of the

program to look at the child and adolescent with a holistic approach. By putting such an emphasis on the whole family, the program implicitly acknowledges and validates the Latino culture.

Another innovative feature of this program is that the atmosphere at La Clínica is very warm and congenial. It is not impersonal. Contributing to this is the fact that most of the staff is Hispanic or speak Spanish. This feature again is very much consonant with the Hispanic culture.

Gloria Elliott, director of the Mental Health Department until 2006, took charge of the Mis Abuelitos program, an innovative program which operated for three years with seniors but unfortunately has had to close due to lack of funding.

When I received my Master's degree in Education and Human Development at the George Washington University I had a dream that someday I could do something to help the geriatric population. When I came to La Clínica the main population was relatively young. In 2002 an RFP came out focusing on the geriatric population. All the ideas on theoretical approaches to working with this population were coming back from for a term paper for which I had to do research with regard to the Latino elderly in the U.S. We went in with EOFULA (Educational Organization for United Latinos), a well known agency providing daily activities and other services for the Latino elderly in Washington D.C. I was very pleased when I heard we have gotten the award from among hundred of applicants and ours had scored almost the maximum score for the award.

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The program, which lasted three years, provided education, mental health and medical services to those that needed them. Every week they attended a two hour psycho-education group session. We chose themes of interest to them: how to care for their mental health, how to relax, how to manage grief and mourning, depression and anxiety in the face of physical illness and loss, the role of the spiritual en mental health, the importance of humor. At the end we would have a small party. Our mental health counselors provide one on one therapy both at La Clínica and EOFULA.

The third program funded by SAMHSA, since 2003, is called Puertas Abiertas. Implemented jointly with Neighbors Consejo²², Puertas Abiertas focuses on providing mental health, substance abuse, and HIV/AIDS prevention for men who have sex with men. Ernesto Cedeño, a Venezuelan immigrant who began working with La Clínica as a volunteer and subsequently joined the La Clínica staff as an HIV/AIDS counselor, is responsible for La Clínica's contribution to this program. He describes Puertas Abiertas, below:

Puertas Abiertas is a project that was born out of the need to do prevention with Latino heterosexual men who have sex with men. Neighbors Consejo adds the component of substance abuse. La Clínica provides HIV prevention. We give HIV tests, counseling and treatment including overall health. In the case of mental health the client can come to La Clínica for services or stay at Neighbors Consejo where they also offer mental health. If there are people with HIV they are referred to La Clínica.

The Comprehensive Reference & Counsel Service (CRCS) is part of the program It takes place through 6 or 8 sessions, once a week, with people who are at risk of acquiring HIV. We connect them with the services they need. We help them to obtain work or to study. In these cases we refer them to case managers at La Clínica.

²² Neighbor's Consejo, established in 1994, provides comprehensive outreach, social and mental health services, substance abuse treatment, and employment counseling and services to Spanish-speaking homeless men and women who suffer from addiction, alcoholism and mental health problems.

La Clínica, since 2002 and with funds from the Addiction Prevention & Recovery Administration (APRA), also runs an alcohol and drug abuse program. Those who receive services from this program are primarily Latinos, ages 22 and up, who are either referred to La Clínica or who come to La Clínica in search of assistance with addictions to drugs and alcohol. Isael Ramirez runs the program with the assistance of Yolanda Jimenez. In addition to doing one on one therapy, there is a therapy group run by Isael that has been in existence for five years. The group, which meets weekly, has a psychotherapeutic emphasis with an emphasis on education and prevention. Participants are exposed to the various stages of addiction, the effect of addiction on the body and the brain, how to avoid relapse. About half of the participants, mostly men, are seen by the medical clinic.

One very positive outcome of La Clínica's focus on delivering mental health services in a way that is relevant to the needs of its population was that in May of 2006 La Clínica del Pueblo received public recognition in the form of an award from the American Psychiatric Foundation for the Advancement of Minority Health. La Clínica received this award for "its innovative approach to reaching underserved populations, while de-stigmatizing mental health care within the Latino community."

Less positive was that by the end of 2005, when the large infusion of demonstration grant money from SAMHSA for Mi Familia and Mis Abuelitos had come to an end, La Clínica's mental health department, which had counted up to the last minute on having the grants renewed, was left in crisis. A number of the staff had to be let go. Rebuilding a cadre of volunteers had become more difficult given increased requirements on the part of the federal government for credentialing which were not in place previously.

Dr. Edgardo Menvielle, a child psychiatrist who practices at Children's Medical Center in Washington, began at La Clínica in 2000 providing consulting services as a volunteer and subsequently funded with grants. When funds were cut in 2005 he agreed to take a pay cut in order to be able to continue to provide consulting services at La Clínica.

Menvielle reflects on what initially attracted him to La Clínica and why he continues to come a few hours a week as a consultant. He also shares a concern, reflected in many of the interviews with outside consultants, that in becoming "professionalized", La Clínica runs the risk of losing the warm, informal quality that induced him and others to offer their services to La Clínica:

First of all, the name "La Clínica del Pueblo" provides a powerful message. It is a very explicit and welcoming name. The fact that it is a clinic that provides a very comprehensive set of services makes it unique, most of the other clinics that I know of tend to be more specialized.

What I like about several of the therapists at La Clínica is that they meet people where they are as opposed to applying "book knowledge". They have a strong instinct of what patients need at the point in time that they come for assistance.

For me personally what I find attractive is the people I work with. La Clínica is a very caring place, a very low key place in comparison to the hospital setting where I work which is more bureaucratic. However, La Clínica is becoming more "professionalized". I hope it doesn't lose its spirit of being a more casual place to work.

In August of 2006 La Clínica hired Lisa Zimmerman as its mental health director. An activist who had spent time working in as part of the solidarity movement in Nicaragua, Lisa was a perfect fit for where La Clínica found itself being increasingly forced to go with new regulations from funders. Zimmerman reflects on her efforts to put in place new credentialing requirements from the Mental Health Department:

One of my main responsibilities since starting here is bringing the Mental Health Department in line with regulations for FQHC, Medicaid, etc. For example, many of the therapists have graduate degrees from their native countries. However, to be a licensed mental health professional in the U.S.

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you must have an MA degree from a US-accredited university, take exams and apply for a license. The fact that several of the therapists did not have licenses was creating problems with Medicaid where only licensed providers can bill. The mental health staff is working on meeting these requirements.

As of the time of drafting this report, La Clínica's mental health department had six staff (department director, mental health counselor, an addiction counselor, two mental health and substance abuse counselors, a mental health financial coordinator) and three consultants (two psychiatrists and a clinical psychologist).

HIV/AIDS outreach and prevention.

Over the past four and a half years, La Clínica's HIV/AIDS Department continued to grow both in size and stature. As of the end of 2007, HIV/AIDS Department had 21 full and part time staff, and had obtained multi-year funding from the Centers for Disease Control and Prevention (CDC) as a directly – funded community based organization under two separate awards, totaling \$850,000 per year.

Since 2003 HIV/AIDS Department staff have been involved in activities running the full gamut of HIV prevention: community education, street and bar outreach, groups to reduce risky activities, testing and early detection, and navigation and linkages for individuals newly diagnosed with HIV. HIV counseling and testing took place both on-site and at multiple off-site locations in D.C. and suburban Maryland, in partnership with CASA of Maryland. The department developed a comprehensive strategy to reach Latino immigrants at greatest risk with relevant activities and groups which addressed the larger societal issues that made them vulnerable to HIV -- domestic and gender violence, social and family isolation, poverty, and stigma. Structurally, the Department is now run by three program managers with oversight and mentorship from the Department Director.

One of the challenges that La Clínica has had to confront during this time period has been – with the arrival of the Bush administration in 2001 – a change in policy on what the U.S. government funds in the area of HIV prevention. These new provisions, as Department Director Catalina Sol explains below, make it far more difficult for La Clínica to maintain the innovative outreach and prevention programs that it has developed over the years and which have been one of its strengths.

There was a major shift in priorities from the Bush Administration toward abstinence, the importance of being faithful and using condoms. Funding priorities moved to routinizing HIV testing in medical settings and prevention focusing on people who are HIV positive in order to prevent transmission to others—a very biomedical model to approaching disease control. Programs that were addressing larger society issue, such as those that we were funded through the Minority AIDS Initiative, were questioned as being ineffective and without adequate evaluation..

As a result of challenges from legislators with more conservative leanings to the very concept that HIV prevention was not working, and might even be a waste of taxpayer's money, the CDC moved increasingly toward requiring that the work they funded be "scientifically proven" as being effective. The also gave increased emphasis to monitoring and reporting.

Very few strategies developed on the ground have had the opportunity to be evaluated in a university setting, so in 2003, when we applied for multi-year prevention funding, we were forced to select from 15 or so "boxed" interventions and "adapt" them. None had been developed by and for our community. When I first came in during 1998 you could go out and do educational talks and give out condoms, and more importantly, develop rapid and innovative responses to what we perceived as being of importance in the community.

Now it's multiple data bases, tracking referrals, implementing interventions from universities with core elements. This comes with tons of paper work, which has also required staff retraining,

presented more challenges for our staff that is not computer literate or speaks limited English, or is just not used to spending so much time on paperwork instead of programming.. It has taken great creativity and effort to maintain our relevance while also complying with these requirements.

In addition to the changes in policy, the HIV/AIDS Department has also had to adjust to changes in available technology. In 2005 the Department adopted the use of the new HIV rapid test, a technology which allows counselors to provide results for HIV screening in 30 minutes. This required that counseling staff that previously focused only on discussing a person's sexual history and helping them reduce their risks, now have to learn lab procedures and, as they administer the testing device, interpret the results on the spot. The counseling and testing program has had to incorporate new quality assurance mechanisms, and more importantly, adjust to having less time with individuals to educate and counsel them about HIV. In some cases, they have had to tell an individual they met an hour ago that they may have HIV.

Notwithstanding the above, La Clínica has a reputation among funders and others as being very innovative, of taking risks, of going the extra mile to help individuals with AIDS or who are at risk of getting AIDS.

Channing Wickham, Executive Director of the Washington AIDS Partnership, a long-time funder of La Clínica's HIV/AIDS prevention program, shares his observations:

We have been a long-time funder of La Clínica. Over the years we have funded multiple programs targeting gay and transgender Latinos, at risk Latinas, transvestite Latinos, sex industry workers. We have provided funding to run group level interventions for Spanish-speaking women, including using the arts as a way of engaging them. We have funded everything from capacity building, to staff morale, HIV prevention, HIV care, the capital campaign for the new building.

Back in the early days La Clínica was willing to look at HIV. La Clínica continues to be courageous in its willingness to embrace marginalized populations within a marginalized population. It is remarkable that they were always willing, in their precarious situation, not to play it safe, that they were not just willing but eager to integrate populations like transgender and gay men within their overall clientele.

I consider La Clínica to be in the top of the organizations we have supported. They are among the most innovative and creative in pushing the envelope, in taking on new populations. I have been really impressed with their willingness to try things. If you aren't willing to fail, then you aren't taking enough risks and trying out enough new ideas. There was never anything too controversial, or potentially too politically unpopular for them to do. The only question at La Clínica was is there a population at risk.

Donald Babb, who monitors HIV prevention HAA programs funded by the Center for Disease Control has the same positive view of La Clínica's work in the area of HIV/AIDS prevention:

La Clínica has been our best performer in prevention. They provide an example of how to do it right. They understand what prevention is. It's having Catalina Sol directing their program. In addition to being knowledgeable, she sets up programs that work well. She understands what prevention outcomes should be. The staff does the reports the right way. When I compare them with our other grants, they do the best job.

They are very good at assessing the population. Their grant applications provide a very good description of the target population, the kind of risk they are experiencing, how to locate them. One application a couple years ago went block by block in terms of where the at-risk populations were located. They are good at moving when their target populations move. They know where those people went...They are proactive.

Rebecca Muñoz, who began working at La Clínica as a volunteer in 1994 and in 2002 joined the La Clínica staff, is one of the many reasons La Clínica is so good at assessing the population. Rebecca was responsible for establishing the communities of faith program which has opened access to La Clínica to at risk populations La Clínica hadn't been able to reach before. She also plays a lead role in the HIV health promoter program which takes her and the health promoters to all reaches of Washington, D.C. and environs – stores where Latinos hang out, restaurants, bars, sports fields. Rebecca speaks of her innovative work with the community of faith program:

One day Catalina called and asked if I wanted to enter into communities of faith with our HIV program. She asked me how I felt about visiting churches. Catalina is sensitive, wanting to know if I was willing to go to churches that I don't attend.

At the beginning it was hard to arrive and knock on the door with a theme as hard as HIV. I had not idea how to talk to a pastor. I didn't know who was who. It was like walking in a clandestine environment, with care and respect.

I began to look for information. I went to schools, laundromats to talk with people. I asked them what church they attended, who was the pastor/priest, what his/her telephone number, what was the best time to visit them?

It isn't easy to talk about HIV. Catalina oriented me. At the beginning she came to break the ice, to make sure the pastor received us. She asked if we could do educational talk on HIV prevention at their facility, if we could do HIV testing. Later on we offered to give health fairs with our program called Healthy Sundays.

Dilcia Molina, a refugee from Honduras who has been working with La Clínica since 2001, describes the Entre Amigas program for which she is responsible. This program began in 2000 with a special training provided by Claudia Campos. Both Rebecca Muñoz and Brigida Guyot, both of whom are quoted previously, were graduates of this first training program. In Molina's words:

Entre Amigas is a Project of HIV education and prevention for immigrant Latina women. Until a year ago we had a dual focus: HIV and domestic violence. We are now revising the curriculum to focus on four themes: HIV, gender violence, migration, and empowerment.

The women that participate are Latinos from Central and South America; survivors of some kind of gender violence, including domestic violence or violence on the part of their children. We have a range of women, from very young to 78 years old. Between 20 and 24 women attend sessions once a month on Saturdays for four hours. There is child care for women who have children while they are in the session.

Entre Amigas suffered the effects of the increasing emphasis on HIV testing and prevention for high risk individuals, and the concomitant decrease in funding available for programs focusing on HIV negative "low risk" individuals. The program entered 2006 with no funding, and was faced with closing. The participants of the group, however, worked hard to maintain the monthly meetings, selling raffle tickets, conducting small fundraisers, and then supporting La Clínica's fundraising team with La Clínica's first-ever Gala, which raised more than \$30,000 for Entre Amigas. The program was also one of nine programs in the country selected for funding by a special project of Johnson and Johnson and the National AIDS Fund to support and evaluate innovative HIV prevention projects for women. Other innovative programs falling outside the more rigid confines of HIV prevention, such as a program targeting Latino heterosexual men through male-centered health fairs, have also been funded from other, non-HIV, sources.

Towards the end of this period, the HIV/AIDS Department assumed a new challenge when it was funded by CDC to open a youth site for sexual minority youth, specifically transgender Latinas and young gay

men between the ages of 18 and 24, to address HIV risks in what is now the population with the fastest rising HIV rates in the country. Opening a second site has been wrought with difficulties, and the delays in this much anticipated opening have led to a new first for the Department: challenges, complaints, and concerns from the community served, leading to a forum to answer and clarify questions. This too is an indicator of growth. As the HIV/AIDS Department in this period has moved from its position as underfunded “underdog,” to one of the most visible and recognized organizations working with HIV and Latinos at the national level, the community has come to expect more.

Interpretation program:

During 2003-2007 La Clínica’s interpretation program underwent dramatic growth. A highlight was the development, in 2005/6, of web-based software that makes it possible for clinics and other organizations that are part of the network to obtain interpreters on an as needed basis.

Isabel Van Isschot, the founding director of La Clínica’s interpretation program, describes how La Clínica approached this very ambitious task.

In 2005 we contracted with a company that has web-based software that allows us to coordinate interpreter appointments. Health clinics and others that are part of the system have web pages that permit them to request services from us. It took us a long time to get the system running. We had to train clinic staff to use it, and trained interpreters to access their assignments. The site was up and running in April of 2006.

Today we have 40 entities – legal, social services, and health clinics. We have a core of between 30 and 35 interpreters, with a total of 78 interpreters on our roster. We are set up to provide interpretation services in Spanish, Arabic, Amharic, Tigrinya, Portuguese, French, Chinese, and American Sign Language.

In 2005 Isabel Van Isschot was a recipient of the Linowe’s Leadership Award. This award is given to "unsung heroes" who exercise their community leadership in a variety of roles and across multiple sectors in the Washington area. Van Isschot was recommended for the award by the Consumer Health Foundation which has, since 1998, been supporting La Clínica’s interpretation program.

Julie Farkas, Senior Program Officer, reflects on La Clínica’s interpretation program and why the Consumer Health Foundation nominated Van Isschot for this award:

During the 10 years we have been supporting La Clínica’s interpretation program, Isabel has recruited and trained members of the Latino community who have become a cadre of professional medical interpreters. They, in turn, have provided critical interpretation services on literally thousands of patient visits to primary care doctors at nonprofit clinics and specialty care providers. These services have made linguistically and culturally competent medical care a reality for those with limited English proficiency. Without it, these residents would continue to have little to no access to health care in the city and region.

Isabel doesn’t ring her own bell, she does the work. This is why we had to nominate her for the Linowe’s Leadership Award. Their tag line is celebrating our community’s unsung heroes. Isabel goes so beyond interpreter services. Isabel incarnates the wisdom reflected in the ancient Chinese saying: “When a true leader is involved, the people say: ‘Look! We did it ourselves!’”

Dr. Randy Abramson, medical director of the community health clinic at Bread for the City, a Washington-based CBO that provides outreach and support services to the poor, is one of the users of La Clínica’s interpretation service. She reflects below on her experience with this service.

I use the interpretation service available through La Clínica to help me with interpretation at Bread for the City. I also use them a great deal when I send patients for referrals to outside providers.

In general our experience has been terrific. Most of the interpreters have been excellent. They have very good skills, they are very professional, and they are clearly interpreting. They let me know what is going on. In the few cases where the experience has not been terrific, the fact that La Clínica has an easy way for us to give them feedback has been very helpful. This feedback has always been acted upon.

Sandra Velasquez, a native of El Salvador where she studied to be a nurse, is one of the core of 30-35 La Clínica interpreters who assist Bread for the City and other organizations that are part of La Clínica's network with their interpretation needs. Velasquez has been providing, on average, 20 hours a week of interpretation services since 2003.

I am available to go anywhere. I serve as an interpreter in Montgomery County. I have gone to Baltimore. I accompany patients to their appointments with private doctors in Bethesda, Chevy Chase and Montgomery Mall.

I call the patients at night two or three days before their appointment. I ask the patient if he/she has their referral ready, their insurance card, their identification, if they know how to get to the appointment. If I know the place is I help guide them. Most are people of limited means who appreciate the work that one does. It makes one feel good.

There are currently five individuals on La Clínica's interpretation staff. The departmental director, an interpreter services coordinator, a full-time interpreter for La Clínica, the cultural liaison with Howard University Hospital, and a billing clerk. The Interpretation Department receives funding from the D.C. Alliance, the D.C. Department of Health to serve Medicaid and uninsured patients from La Clínica and other clinics. La Clínica is also financed by the Consumer Health Foundation, United Way, and with Ryan White funds for HIV positive patients who need interpretation services.

Social services

La Clínica has had case managers since the early 1990s when they started receiving HIV funds. Over the years the role of the case managers at La Clínica has changed little. As case managers they help the HIV positive patients apply for social entitlements, get insurance, food vouchers. They also link the client to any other provider the client needs. Those that have worked with clients for a long time also provide emotional support.

In 2000 the La Clínica management team took the decision to move the HIV case managers out of the HIV/AIDS Department and create a separate Social Services Department. In 2007 the individual in the HIV/AIDS Department responsible for helping HIV positive patients find housing and rental assistance was also moved to the Social Services Department.

Recently, La Clínica, anticipating that they would be achieving FQHC status, hired two intake workers ascribed to the Social Services Department. These individuals are responsible for doing intakes on all new patients and, in the process determine, under the new sliding scale system, what they will pay for visits. They are also responsible for meeting with all existing La Clínica patients to determine what their payments will be under the sliding scale, if they are qualified to get Medicaid, and if so to assist them to apply for and obtain Medicaid. Joel Iglesias, quotes on page 46, is one of these individuals.

Jose Segura, a Costa Rican who came to the U.S. in the late 1980s and who is concurrently working on his Ph.D. in Social Work, was hired in April of 2006 as the Director of La Clínica's Social Services Department. Segura hopes, under FQHC, that the social work staff will grow and, with this growth, La

Clínica will have the ability to provide case management services to patients who need help but who are not HIV positive.

Segura reflects on his impressions of La Clínica when he came and why he likes working at La Clínica:

I was struck, the day of my interview, with the building, the lobby, the colors, and the way I was received. I liked the atmosphere, I felt comfortable. During the interview I felt the commitment of the staff with the people served by La Clínica.

These impressions have continued since I began to work at La Clínica. When I began to work with budgets, I didn't have experience. But there were people available from the management team to help me. They are always available and have time to come and help me. There is collaboration between the different departments. When I arrive every morning I am asked how I am, how was my weekend, what did I do?

The Social Services Department currently has a director, three HIV case managers, two individuals responsible for housing, two responsible for intake, and a volunteer who helps with case management for non HIV positive patients.

Education/community outreach

Between 2003 and 2007 activities continued in the area of health education and outreach. Health fairs, smaller than those of the early 1990s, were held much more frequently. These health fairs, called "Domingos Saludables" (Healthy Sundays), are usually held two to three Sundays a month at churches and community centers. La Clínica also continues with its annual Diabetes Fair. As in the past, the health fairs are staffed by health promoters trained by the clinic. Where possible, health promoters also do health education outreach, at their place of employment, with family and friends. The tradition of giving educational talks on diverse health related topics to patients in La Clínica's waiting room while patients are waiting to see their doctors at the medical clinic continued. During this period, education/community outreach also initiated an exercise program, open to all, but targeted at individuals with diabetes and who are overweight. In coordination with the medical clinic, health education and community outreach, also provided yoga and massages, techniques which in La Clínica's early years were seen as belonging to the field of alternative medicine and, as such, were not to be trusted.

In 2005, La Clínica responding to the increased number of cases of patients who were being diagnosed with diabetes and with funding from Care First, initiated a comprehensive diabetes education program. In 2007, La Clínica received additional funds from the National Hispanic Health Care Alliance to continue the program. The program is carried out in collaboration with the medical clinic that attends to the medical needs of diabetes patients. The education program includes home visits by health promoters, a series of educational sessions that last 16 weeks with the first hour focusing on a presentation on a topic related to diabetes and the second hour exercises. Through the Capital Area Food Bank diabetes patients receive cooking classes. La Clínica has recently started a program of one on one counseling for diabetes patients. The program is run by Blanca Tobar who began as a volunteer health promoter, later started coordinating the health fairs, and then became the coordinator for the diabetes program.

La Clínica's cadre of volunteers, a number of them patients of La Clínica, has been fundamental to La Clínica's ability to operate its health and education outreach programs. One of these volunteers is Carlos Muñoz, the husband of Rebecca Muñoz who is on La Clínica's staff. Carlos has been a patient of La Clínica since 1994. He is an active member of La Clínica's Patient Committee and, until recently, he was a member of La Clínica's board of directors. Muñoz describes the role he has played in organizing and coordinating La Clínica's health fairs:

This is one of the things that I most enjoy because it helps me to disconnect from the routines of my home and work. It also gives me the opportunity to talk to people, to help them, to feel useful. Good

health is very important. I'm not a doctor but I serve as the conduit for patients until they are seen by a doctors. As a volunteer I accompany mi wife when she goes out to promote HIV. I also collaborate on Sundays at the health fares. They are called "Healthy Sundays".

With regard to Healthy Sundays, I arrive early to arrange everything: I install the signs where people are weighed and their height is measured, where they draw blood. Once they arrive I register them. Sometimes I translate, sometimes I help with the glucose exam. I coordinate helping people go from table to table. I have been trained on nutrition, diabetes, how to draw blood, how to talk with people that come to the health fairs.

La Clínica has been quite effective in providing education on HIV/AIDS and on post traumatic stress syndrome (PTSD) to the Carlos Rosario Public Charter School, a school that provides adult education and ESL to individuals of limited educational proficiency in the District. Tina Guzman, Director of Social Services at Carlos Rosario, shares the experience with La Clínica when in 2006 staff from the HIV/AIDS Department, at the request of Carlos Rosario, came to provide training to their 1,200 student body:

What's tricky about working with us is that we have morning, afternoon, and evening classes. You have to have a really good number of facilitators over a week that are willing to come morning, afternoon, and evening. If you come into our school and do this for a week, you will have one on one contact with 1,200 students.

Every time we have presented the proposal to La Clínica to provide training in HIV/AIDS they have been up for the challenge, which not every organization will do. In 2006 La Clínica recruited facilitators from the Whitman Walker Clinic, and volunteers from AmeriCorps to provide education in HIV/AIDS. They planned it for several months. It was tricky as some of the training was in Spanish, some was in English, and some was provided in the auditorium where there is interpretation. The workshops have been very effective.

In 2006 La Clínica took the decision to establish a Department of Community Health Outreach. Lillian Meza, a former volunteer HIV promoter with La Clínica and interpreter who had just finished her MPH, was hired to head the Department.

Juan Romagoza shares his vision for the future of activities in community health outreach at La Clínica:

One of my dreams is that the patient who comes to La Clínica has the time to educate her/himself about their illness so that they can better take care of themselves. With our model many of their needs are covered by the patient care coordinators and the interpreters, both of whom assume holistic roles. We also offer educational talks in the waiting room. With the diabetics, who are a very important population of La Clínica, we have incorporated prevention and individualized education. We have begun to make home visits, something we want to expand.

The health fairs continue. The idea now is to expand them to workplaces, to do routine exams that permit the patient to discover their conditions early. With FQHC and Medical homes we hope that we can provide a complete package of services.

A snapshot of La Clínica as of December, 2007

As of December, 2007, the date that data gathering for this case study was completed and this document was drafted, La Clínica had 85 individuals on its staff, over 100 volunteers and a budget of over \$6.5 million from 65 different funding sources. During the 2007 calendar year, La Clínica's medical clinic, which operates under a family practice approach, had 15,858 client encounters; the mental health department 4,975 client encounters; the HIV/AIDS department 113,054 client encounters; the social services department had 5,102 client encounters, the interpretation department had 10,839 client encounters; and the education and community outreach department had 9,988 client encounters.

In addition, La Clínica facilitated 2,365 referrals that made it possible for its patients to visit private doctors, hospitals and other medical facilities to receive specialized services that were not available through La Clínica. As needed, the patients who received these referrals were accompanied by interpreters provided by La Clínica. These visits were either free of charge or covered under the D.C. Health Care Alliance or Medicaid.

In terms of its population, 68% of La Clínica's patients were residents of Washington, D.C., 22% of Maryland, and 8% were from Virginia. The majority (58%) of the medical clinic's users were uninsured. Of those who were insured: 5% were on Medicaid; 1% were on Medicare; and 36% had other forms of insurance (the primary among them being the D.C. Health Care Alliance). Ninety-seven percent of La Clínica's users were Hispanic, 65% were women, and 35% were men.

Dr. Krishna Roy, of Indian birth with a Ph.D. in economics and a post-doctoral degree in demography from Princeton University and extensive experience in international development, has been in charge of evaluation for La Clínica since 2002. The data reported above come from a data base that she is responsible for maintaining and updating. Dr. Roy provides an interesting "inside" perspective from the point of view of an "outsider" on La Clínica:

What most impresses me is the way the community's needs are reflected in what is included in health care at La Clínica. It isn't just immunizations, bandages, temperature. There is a depth to what La Clínica provides, not just from the public health point of view but from the perspective of the sensitivity toward the people being cared for, their backgrounds, their psychological make up, the problems they have faced in their country and are facing here. It is a big complex of a number of aspects combined with education and outreach focused on prevention.

Key on La Clínica's agenda, at the time of the close of this case study, was preparing for a transition in leadership. In August of 2007 Dr. Romagoza announced that, after 20 years of service as La Clínica's Executive Director, he was retiring so that he could return to El Salvador to continue the medical work he was doing in 1980 when he was captured and brutally tortured by the military. This, needless to say, was a great shock to La Clínica's staff and many from outside of La Clínica. For many Juan's ongoing presence as the moral authority, the keeper of the essence, has been key to La Clínica's developing to what it is today.

At the time this case study was being written, a special committee composed of members of the Board of Directors and La Clínica's staff (the latter selected via vote from among La Clínica's staff) were in the process of looking for his replacement. Terms of reference for the new Executive Director had been drafted and, again in keeping with the value that La Clínica plays on broad participation, had been vetted with La Clínica's staff.

Also key on La Clínica's agenda was continuing to meet the requisites required for FQHC status. In June of 2007 La Clínica was advised that it had formally been approved to be an FQHC. The opportunities and challenges presented by being an FQHC are discussed in Chapter 6 of this report.

Chapter IV: Impacts of La Clínica del Pueblo

One of the five objectives of this case study was to identify how La Clínica has impacted on the lives of those that have been touched by La Clínica. This chapter addresses this important topic. It starts by providing a profile of the patients interviewed and then examines, from their perspective, how La Clínica has benefited them in their lives. The second section examines the impacts that La Clínica has had on its staff (both current and former) and its volunteers. This chapter ends by considering how La Clínica, through its work in outreach and advocacy, has impacted more broadly on the low-income Latino community living in and around the nation's Capital

A. Impacts that La Clínica del Pueblo has had on its patients

A profile of the patients interviewed for the case study

Twenty four La Clínica patients were interviewed for the case study. Eighteen were drawn randomly from a data base of some over 7,000 individuals who have received services from La Clínica since 2001. Four, at the time of the interview, were currently members La Clínica's board of directors. One was a current staff member who began as a patient, then became a volunteer, and is now on the staff. One is a long time patient who comes daily to La Clínica to sell lunch to its staff.

Eleven were women and 13 were men. Their ages ranged from 20 to 68 with most grouped in their 20s, 40s, and 60s. One patient was born in the U.S. to Salvadoran parents who arrived in Washington in the early 1980s. The remaining 23 were born overseas and emigrated to the U.S. anywhere between 2 and 32 years ago. Twenty two of the 24 arrived in the U.S. after 1992. Fourteen were from Central America; of these eight were born in El Salvador. Of the other ten, two are from the Caribbean (Cuba and the Dominican Republic), and eight were from South America (five from Peru, and one each from Brazil, Bolivia and Ecuador). Three had no formal education; three had completed primary school; six had full or partial secondary education; and nine had or were attending the university. Eleven worked in unskilled jobs in restaurants or as housekeepers; seven were involved in semi-skilled/skilled trades (construction worker, mechanic, soldering); three are white collar professionals; two were university students; and one did not work.

In terms of their experience with La Clínica, 12 had been patients for 5 years or less, five had been patients for between 6 and 10 years; and five had been patients for between 11 and 15 years. Two had been patients for 20 years. Thirteen had received services from the medical clinic only, three had received services from the mental health department only, four had received services both from the medical clinic and in mental health; and four were HIV positive patients who had received a full range of services from the medical clinic, the mental health department and the case managers in the social services department.

How La Clínica has benefited their lives

Nineteen of the 24 patients interviewed commented on how La Clínica has benefited them in their lives. As can be seen from the table below, three themes stand out: the opportunity that La Clínica has given to them to grow/change their way of thinking ; that La Clínica is like a second family; the fact that La Clínica literally save the person's life. Two of the patients interviewed considered that La Clínica had changed their life completely.

<i>Patient Impacts</i>	<i>In numbers</i>	<i>In percentages</i>
N	19	19
Opportunity to grow/change way of thinking	5	26%
Like a second family	5	26%
Save person's life	4	21%
Person's life changed completely	2	11%
Specific learnings	2	11%

Three of these 19 patients share their observations on how La Clínica has benefited them in their lives. In order to protect their privacy, these individuals have been given fictitious first names.

***Lorena:** I owe my life to La Clínica which helped to detect my thyroid problem and get to the hospital in time to be operated on. In addition, La Clínica is like my family, because this type of concern and care occurs within one's family. If you have a problem, they help you. They are ready to help when they need to; they call me. My daughter needs to see a specialist. They give me directions of how to get to the specialist.*

***Jorge:** It's like entering into a second family. And to have family that is not just Latino but North American. It's a diverse family, with many beliefs, religious, and sexual orientations. If it hadn't been for La Clínica, I would be dead. They helped me to get surgery on my prostate. One of the doctors at La Clínica did the exams necessary to detect what was happening. He warned me of the importance of having an operation in time.*

***Roberto:** My life changed completely, 360 degrees. Dr. Alma started by clarifying everything in my mind. She started putting all the things clear on the table. She is very direct in telling you the things. She doesn't hide anything. She told me that being gay isn't to be embarrassed about, you have to be proud of your traditions, your culture, and what you have to offer to others and not because you are gay. All that matters is the kind of human being you are. You have to respect others, to love nature, to love yourself as a person, your family and all the people around you. She gave me those tools. She helped me to be strong, to be persistent.*

B. Impacts of La Clínica del Pueblo on its staff and its volunteers

Profile of the staff and volunteers interviewed

Instead of selecting a random sample, as was done with the patients, a deliberate effort was made to seek out individuals that had a sense of the different periods of La Clínica's history (many of these individuals are quoted in the prior chapter on La Clínica's birth and evolution). An effort was also made to make sure that viewpoints from La Clínica's different management units were represented.

In all 74 current and former La Clínica staff and volunteers were interviewed. Mirroring La Clínica's patients, the majority (75%) of La Clínica's current staff are immigrants from Latin America. Eighteen came to the U.S. from Central America (10 from El Salvador), and four each came from the Caribbean and South America. Over two thirds (70%) have been in the U.S. for 16 years or more. Eight have worked at La Clínica for one to five years; 14 for six to 10 years, six from 11 to 15 years; and eight for 16 to 20 years. Over a third began as volunteers before joining La Clínica's staff. Two started out as La Clínica patients.

Of the 19 former La Clínica staff interviewed for this case study, 10 were born in Latin America (8 in El Salvador), one in France, and eight in the U.S. The majority (11) served at La Clínica for one to five

years; five served for 6 to 10 years; and two for 11 to 15 years. One worked at La Clínica for 16 years. Before assuming paid positions with La Clínica, 13 (69%) served as volunteers

How the La Clínica experience has benefited staff and volunteers

Over half of the La Clínica staff and volunteers that responded to this question mentioned two themes: the fact that through their relationship with La Clínica they had been given a special opportunity to both learn and grow and that, through their relationship with La Clínica, they have undergone personal change or improvement. Worthy of note is that three consider that their association with La Clínica has been life changing.

<i>Impacts on staff, volunteers</i>	<i>In numbers</i>	<i>In percentages</i>
N	27	27
Opportunity to learn/grow	18	67%
Personal change/improvement	14	52%
Opportunity to apply values	7	26%
Life changing	3	11%

Five testimonies have been selected to illustrate these responses,.

The first testimony comes from **Dr. Madeline Frucht-Wilks**, a family practitioner who has been working part-time at La Clínica since 2001; Madeline is currently the lead clinician at La Clínica.

I consider my position here to be a privilege. As a physician I feel that way in any setting when a patient confides in me, and shares a window of their life. The difference here is that I am also invited to share a culture. My patients and the staff have been wonderful teachers.

I have learned a new style of medicine. Where I was taught to maintain a completely professional relationship, I now know when it is appropriate to share my own stories, who needs to see a photo of my children before discussing their problems, and who I need to see with the extended family in the room.

I have learned about how people make due with such limited resources. I have been welcomed into homes, and saw hammocks strung from wall. I now understand how so many people can comfortably sleep in one room. I will never look at the faces serving me in my community in restaurants, construction, and housekeeping the same way. I have a new appreciation of how hard people can work to survive, and sometimes fulfill the American dream, often while sustaining a family at home.

Brigida Guyot, who immigrated from Bolivia in 2000 and who has been affiliated with La Clínica since she arrived (first as a volunteer HIV promoter and subsequently as a member of La Clínica’s HIV department), reflects on what her seven year relationship with La Clínica has meant to her:

Someone gave me a hand and supported me. They didn’t resolve my problems but at least someone took the time to open the door, to listen, listen and listen. I was given the opportunity to participate in a comprehensive training course to be a health promoter. The course helped me to understand the multiple problems of immigrants: legal social, medical. As an immigrant I saw that I was a perfect person to talk to other immigrants.

Look at where I am. Sometimes people ask me, “What is it with La Clínica? With your capabilities you could obtain a better job at a better salary!” They don’t understand that I fell in love with La Clínica and that La Clínica received me with a great deal of compassion and watched me grow.

Sometimes I get home tired, with many emotions that I need to process. But I prefer this to coming home empty. This way I can give more to my family.

Mauricio Bautista, who emigrated as a young man to the U.S. 22 years ago from El Salvador and who has been a loyal La Clínica volunteer for 17 years, reflects on what his affiliation with La Clínica has meant to him. Over the years Bautista has been the beneficiary of a number of La Clínica's health and HIV promoter trainings:

La Clínica taught me to change my life style, see things in a different way, take precautions, and protect one self. It was also a school. They gave me training which, over the long terms, helped me to find work.

La Clínica has also helped me in the humanitarian sense. I didn't know what volunteer work was. This gives me great satisfaction I feel like I'm a part of La Clínica. La Clínica is like a mother to many of us.

It is fitting to close this section with the reflections of two individuals who have been key protagonists in La Clínica's creation and evolution: Dr. Juan Romagoza and Dr. Peter Shields. The "Juan-Peter" team, as many people affectionately referred to them in the early years, is responsible for much of what La Clínica has become today.

Peter Shields started as a second year resident in 1984 and because he came regularly on Tuesday nights, defacto took over the role of medical director in 1985. As his career progressed (first doing a fellowship at the National Cancer Institute and then taking a job at the at the Georgetown University Hospital where he is Professor of Medicine and Oncology and Director of Cancer Genetics and Epidemiology at the Lombardi Comprehensive Cancer Center), Shields has remained loyal to La Clínica. In 1995 he stepped down as volunteer medical director when La Clínica was able to hire its first paid medical director. He continued to be closely affiliated with La Clínica as the President of La Clínica's Board and assisting in many other capacities until 2005. Dr. Shields is currently a member of La Clínica's recently formed Leadership Committee which is dedicated to fund raising:

La Clínica has given me tremendous satisfaction. It is the most important thing I have done professionally in terms of community. It has been incredibly satisfying. I am incredibly proud to have been affiliated with La Clínica. It has been a privilege to work with La Clínica. I knew Juan's limitations. He knew mine. But they weren't faults, they were limitations. It was a unique partnership.

Juan Romagoza needs no introduction. His poignant testimony, below, illustrates how important La Clínica has been to the life of a refugee who had been tortured in his own country and, who since arriving in the U.S, has been an activist for causes that he believes in.

At the beginning La Clínica was my boat; I found my port. I came with the idea that I was going to have a short stay. I didn't want to get involved in medicine here in the U.S. I had the opportunity to do so in California. They said they would support me in preparing to take the exam to be certified as a doctor in the U.S. I had no interest in being a practicing doctor. I wear the title of doctor within me: in my emotions, in my political orientation, in my religious orientation. When I came to La Clínica the concept of being a doctor surfaced. It was my salvation; it gave me the opportunity to again integrate into formal medicine.

In addition to the fact that my work at La Clínica helped me to recuperate emotionally, it helped me to make progress in my own therapeutic process. Here one can speak of good health, of affecting policy openly. The idea that I can do this here in Adams Morgan, within seven blocks of the White House.

Without La Clínica I don't know where I would be. La Clínica has helped me to resolve my problems, to learn, help others. It has helped me to speak up in events where we were able to raise public concerns. La Clínica cured me.

C. How La Clínica has impacted more broadly on the Washington-area Latino community

While it was not possible to obtain numerical data to back up assertions -- as had been the case with patients, staff and volunteers -- this case study would be remiss if it didn't remark on the impacts that La Clínica del Pueblo has had outside of its walls, on the hundreds of thousands of Latinos living in the Washington metropolitan area. Cognizant of the fact that many Latino immigrants in the Washington area had never in their lives been to a doctor and of the importance of providing them with sufficient knowledge to permit them to detect and prevent chronic disease before these diseases come extreme, La Clínica has developed and maintained an extensive health outreach and prevention program that has, over the years, reached tens of thousands of Latinos living in the Washington area. These Latinos have been reached through multiple means:

- Through La Clínica's HIV/AIDS promoters who go to the far corners of Washington, D.C and beyond (Maryland, Virginia) to educate people on AIDS and to persuade them to get HIV/AIDS screening;
- Through the health fairs that La Clínica has sponsored on a continuing basis (periodic small health fairs in the 1980s, large yearly or semi-annual events in the early 1990s, and now smaller health fairs conducted two or three weekends a month in churches and other venues throughout the city in communities where there are large concentrations of Latinos);
- Through messages on preventive health and good health practices in the local Spanish media (including multiple appearances of its director, Juan Romagoza, and other staff on local television and radio programs broadcast in Spanish).

In addition, through its innovative interpretation services program, La Clínica has taken the initiative to train individuals, primarily from the Latino community, to accompany non-English speaking patients (primarily Spanish speaking) to appointments with specialists. Thanks to this program, which now incorporates 40 service delivery organizations in the greater Washington area (most of them health clinics), thousands of non-English speaking residents have been able to be seen by medical specialists and walk out satisfied that they both have been able to have their concerns heard by the specialists and that they fully understand the guidance the specialists are providing to them.

Through its advocacy efforts on behalf of the underserved Latino population living in the Washington area, La Clínica has opened opportunities for Latino immigrants to receive health services for which they might not otherwise be eligible.

- Through its participation in the Non-Profit Clinic Consortium, which played a pivotal role in establishing the D.C. Health Care Alliance (a free health insurance program that covers all Washington residents who are at or below 200% of the Federal Poverty Level), La Clínica has been able to ensure the incorporation of undocumented Latino D.C. residents as beneficiaries.
- La Clínica has also, through annual community fora, drawn together La Clínica patients and others to provide feedback to the authorities responsible for administering the Alliance.
- La Clínica, as a member of the D.C. Language Access Coalition, has advocated for legislation that obligates the provision of government services to provide language access for non-English speaking patients.
- La Clínica has also played a lead role in holding the D.C. Department of Health accountable for appropriately channeling CDC funds for HIV/AIDS prevention to D.C health clinics.

Douglas Mejia, who has worked for 13 years as a reporter with Telemundo, Washington's second Spanish language television station, reflects on La Clínica's broader impacts:

When we created our program, we began to investigate what organizations existed, what services they provided, and what role they played as leaders in their specialty area. In the field of community health one of the leaders was La Clínica del Pueblo, due to its history, the respect it had from authorities, its credibility. We looked for a doctor who could speak on the problems that the Latino population was experiencing in the health field, someone who could share his experience as a doctor.

Romagoza is an accomplished professional, very accessible, respectful, concerned about the needs of the community, but not just in health but in other areas. For example, when there was a problem with homosexuals he protected them, was able to get the police to be more attentive to them. La Clínica has provided very important assistance to Latinos with AIDS. They refer them to the hospital. Their patients, by joining the Alliance, have access to health care services in Washington.

La Clínica has mounted campaigns on preventive health and has sponsored health fairs on weekends. Many people come from Maryland and Virginia who don't have health insurance. If they have high cholesterol and they don't know it, they have a voice of alarm regarding the need to seek medical attention.

La Clínica provides an identity to the Latino community in Washington. It's like a life saver in Washington. It is an organization that the immigrant community would want to have, due to the high quality of its services, Other organizations are good but La Clínica has credibility due to the fact that it was born, has been consolidated, and identified with the community. Romagoza hasn't just limited his activities to health; he has been an activist fighting for the rights of Latinos living in Adams Morgan and Mt. Pleasant. La Clínica will be here for a long time.

Chapter V: La Clínica del Pueblo seen from “within” and “without”

This chapter focuses on a theme that emerged in the chapter on La Clínica’s history: how La Clínica is seen both from within and outside. Staff and volunteers were asked what drew them to La Clínica. Patients were asked to compare their experience at La Clínica with experiences they have had with other health providers either here in the United States or in their country of origin. Patients, staff, volunteers, board members, and individuals from outside of La Clínica but who are closely familiar with its operations were asked to reflect on what they saw as La Clínica’s strengths. They were also asked to reflect on what they saw as La Clínica’s limitations or challenges.

A. What drew staff and volunteers to La Clínica

When staff and volunteers were asked what attracted them to La Clínica, mentioned most frequently was that they were attracted by La Clínica’s warm and welcoming environment (18 responses or 35% of respondents). Other themes include: they were searching for an activist organization that matched their ideals (12 responses or 23% of the respondents); for those that were Latinos, La Clínica afforded them an opportunity to collaborate with/be identified with their own people (10 responses or 19% of the respondents); a sense of contributing to the community (also 10 responses); and for those from the U.S. the feeling of being in Latin America (4 responses). For two (2) Latino staff members, both victims of discrimination in their countries due to their sexual orientation, the initial attraction to La Clínica was that it was a place of refuge.

<i>Why staff and volunteers were drawn to La Clínica</i>	<i>In numbers</i>	<i>In percentages</i>
N	52	
Warm, welcoming environment	18	35%
In search of an activist organization	12	23%
Opportunity to identify with own people	10	19%
Feeling of contributing to the community	10	19%
Feeling of being in Latin America	4	8%
Spirit of commitment	4	8%
A place of safety/refuge	2	6%

In the words of three of these individuals:

Jessica Mikuliak, Nurse Practitioner at La Clínica since 2006: It is very warm, you come in, you feel the welcoming atmosphere, the bright smiles, the sense of community here.

Dr. Helen Burstin, Vice-Chair of La Clínica’s Board and volunteer doctor since 2000: What struck me when I first came to La Clínica was that it was a place with almost nothing but it did remarkable work with patients. They got great care. True primary care was delivered. Patients got the same doctor every time. The doctors bent over backwards to get meds, to have mammographies done for their patients. It was a place that was able to do a lot with a little.

Marco Castro, immigrant from Honduras who has been Clinical Services Department Director at La Clínica since August of 2006: When my petition for asylum was approved, I began to look for work. When this position appeared, I applied and began working in August of 2006. I loved the philosophy of La Clínica based on service to the needy, to immigrants. I also am an immigrant.

From the time I began working at La Clínica I also took refuge in La Clínica. When I began to look for asylum, before starting to work at La Clínica, I received moral support from the staff at La Clínica. They oriented me. I found a network that permitted me to assimilate to my new country more easily.

B. Patients compare the medical services they receive at La Clínica with medical services received elsewhere

Of the 12 patients that responded in the affirmative when asked whether they had experience with other medical services, nine (75%) indicated that the services they received at La Clínica were superior to the services they had received from other medical providers. Two (17%) were equally satisfied with the services received at La Clínica and those that they received elsewhere. One responded that the services at La Clínica were very good but rated as outstanding the treatment he received as an experimental patient at the National Institutes for Health (NIH).

In the words of three of the 9 patients who found the medical services at La Clínica more favorable than those they received elsewhere:

Lorena: I have been several times to Children's Hospital here in Washington. The attention was so cold! In comparison here at La Clínica there is a lot of warmth. In Peru my experience was primarily with health centers and hospitals. There is familiarity, but the attention is so slow. Patients complain that the doctors prescribe medicines that aren't effective.

With the thyroid problem that La Clínica eventually resolved I went 12 times to the health center in Lima. They did a variety of tests. They detected all kinds of things. Finally I went to the hospital. They gave me something to stop nausea. I had to go to a private doctor. He gave me pills but he told me that my body wasn't responding.

Susana: I had Kaiser Permanente at one point. It was terrible: you are limited to specific buildings that only provide Kaiser services. There is a building that is dedicated to a lot of services but you can only go there. All your blood work, check ups are done in one place. However, they don't have as much time to dedicate to you on a one on one basis. They get you in, check you out, they give you what they think you might have, and if doesn't work you go through it again. This as in comparison with La Clínica where they go through your problems piece by piece so you don't have to come back.

The quality of care I have received at La Clínica is a lot better than I have received in other facilities with more funding. Here at La Clínica they can diagnose you better because they have seen the same symptoms within the Latino community.

Jorge: If you go to a private doctor, just for seeing the doctor you are charged between \$60 and \$80. It is too commercial, they draw out your case as long as possible to obligate you to pay more. With regard to other health clinics, I didn't like my experience at a public clinic in Fairfax. You wait until the last to be seen. They have a way of treating you as second or third class for being Latino.

C. Views of La Clínica's Strengths

There was close agreement among the 90 individuals interviewed for the case study (patients, staff, volunteers, board members, individuals from outside of La Clínica that are familiar with its services) on what they saw as La Clínica's strengths. The data from the patients included in this pool of 90 individuals corroborate data from patient satisfaction surveys conducted by La Clínica in 2005 and 2007. Most frequently mentioned as La Clínica's strengths were: staff who are dedicated to what they are doing (37 interviewees or 41%) and a caring and friendly environment (35 interviewees or 39%). Also mentioned by between 20% and 27% of those interviewed were: staff commitment to quality and professionalism, staff commitment to La Clínica's mission, a sense of family/community, an organization that is by and for the community.

<i>Strengths mentioned by 10 or more interviewees</i>	<i>In numbers</i>	<i>In percentages</i>
N	90	
Staff who are dedicated to what they are doing	37	41%
A caring and friendly environment	35	39%
Staff commitment to quality & professionalism	24	27%
Staff commitment to La Clínica's mission	20	22%
A sense of family/community	18	20%
An organization that is by and for the community	18	20%
Patients are treated with dignity and respect	13	14%
Cultural sensitivity/in touch with the needs of the patients	13	14%
Openness to/acceptance of diverse populations	13	14%
Juan Romagoza as a leader and moral authority	13	14%
A place where one's views are listened to	10	11%

A predominant theme in the interviews with patients is the dedication of their doctors to providing them with the best quality and most comprehensive care possible:

Teresa: I have gone to La Clínica when I am sick. Dr. Bombard took charge of doing the diagnosis. She tried to figure out what I really had. There are many doctors that do analyses and then say they don't know. She is concerned about me. The Patient Care Coordinators are very cooperative. Once I go into the exam room they give me advice, they are friendly, and they care. When I am waiting to see the doctor there are many people that come to do health education, to teach us how to keep from getting sick. There are other programs in the waiting room. This is very good, everything that happens around the visit to the doctor.

Yanira: Dr. Meredith has fought by my side. She has worked hard to address what has happened to me. She is always on top of things. For example, when the medicine for my breast cancer was bothering my liver she stopped the medication for a month in order to observe me. She sent me to the oncologist to change the medicine. There came a time when I thought I was going crazy. She asked me what was happening. I was embarrassed to talk about my personal situation. She sent me to a therapist at La Clínica.

Daniel: I found out about La Clínica through a friend that told me I could come and be seen free of charge. Then I was able to get insurance through La Clínica. They have helped me with psychotherapy. The attention they provide is always good. The Patient Care Coordinators are friendly and treat me with respect. Through La Clínica I was referred for operations at the George Washington University Hospital, Howard University Hospital, and the Washington

Hospital Center. Things have gone well. All the interpreters are excellent, they help a great deal.

Sammy is my case manager. Whatever needs I present to him, he looks for a way to help me. There are courses I can take, for example English. They make appointments and give me directions to doctors outside of La Clínica, they give me food stamps, they help me with housing. The human treatment I receive at La Clínica is excellent: on a scale of quality of service, they are outstanding.

La Clínica staff and volunteers comment on what they see as La Clínica's strengths:

Alicia Wilson, Development Director: We are very vital. We are doing an extraordinary job of meeting shown needs and not imposing solutions on problems that may or may not exist. We are in touch with the community, reading the needs out there, designing innovative programs to meet the needs. We remain lithe and flexible, nimble, able to develop programming to meet emerging needs. We embody the community we serve. The fact that the patient walks in the door and sees people with the same life experience makes a huge difference. The people who work here are extraordinary. They are here for a shared commitment to mission; they enact it in extraordinary ways. The ability to persist in the name of patients and name of the organization; there is a lot of loyalty that goes above and beyond. People come here because it serves them and they can make an impact. Our sense of community and our ability to support each other is extraordinary.

Mauricio Bautista, a volunteer of some 20 years: The unity that continues to exist between La Clínica's volunteers and the staff. The opportunity we were given to learn; the fact that La Clínica has been our school. We give satisfactory services. We did what we liked to do, taking into account the community's needs. To be a part of La Clínica's history has been an honor. La Clínica has its bases well placed.

Roxana Zepeda, former patient care coordinator and HIV case manager: La Clínica has a fraternal environment, one marked by friendship and community. What La Clínica does is done as a team. If there is a health fair everyone is ready to help. There is a great deal of dedication to serve. There is also the warmth, the caring displayed to patients and among the staff. La Clínica has opened a space for the gay community and others. The dynamic of putting in the waiting room an elderly patient from El Salvador with a man dressed as a woman and the fact that this elderly woman is not scared is very special. It's incredible. The educational aspect has been important at La Clínica, its interest in educating the community.

Two individuals from outside of La Clínica who have known and worked closely with La Clínica for many years-- Kathy Freshley, Senior Program Officer at the Eugene and Agnes E. Meyer Foundation, and Sharon Baskerville, Executive Director of the D.C. Primary Care Association -- provide an "outsider perspective" on La Clínica's strengths:

Kathy Freshley, Meyer Foundation: La Clínica's strength is Juan himself. Because of his experience, his personal story, he has been a person that other immigrants and refugees have trusted. Many people knew he had gone through similar experiences. Juan talks about Liberation Theology, that poor people deserve health care, a home, jobs, a chance. There is that deep understanding and respect. There have been many people who have volunteered at La Clínica who have shared that vision.

La Clínica developed early specialty programs that were unique. They have a strong HIV/AIDS program and a mental health program. Their program in HIV/AIDS incorporates the lesbian, gay, bisexual and transgender community. They have been very innovative given the Latino culture.

They have been not only bold but rare. They have put together a strong team of very committed volunteers and staff.

Sharon Baskerville, D.C Primary Care Association: La Clínica continues to see the holistic need in serving people. They appreciate that, without focusing on the entire person, better health is hard to achieve. They have begun a process of stabilizing their funding stream to something that is not solely philanthropy and contracts.

They have a management structure that has worked up until now; it is not in its nascent phases. La Clínica is a complex, multi-pronged organization. The fact that they managed up until now without disaster says something is going right there. They have different departments that have grown in competency each with its own autonomy.

D. Challenges and areas for improvement

Unlike strengths, were there was agreement across groups of interviewees, there were differences in perceptions when it came to challenges and areas for improvement. For this reason, the data are disaggregated by sub-group:

1. As seen by patients

Patients, overall, had few specific suggestions for areas where La Clínica needs to improve its services. The topics mentioned most frequently were: the need to reduce the waiting time to see a doctor (6 patients or 25% of those interviewed); and the need to increase the number of patients and services (5 patients or 21% of those interviewed).

<i>Areas for improvement</i>	<i>In numbers</i>	<i>In percentages</i>
N	24	
Reduce the waiting time to see a doctor	6	25%
Increase the number of patients/services	5	21%

In the words of three of the 24 patients interviewed:

Maria: The time it take to enter to see the doctor is 30 minutes; sometime more.

Lorena: Offer more services. La Clínica provides mental health, aerobics, educational workshops. But we don't have dental services. La Clínica should grow more; they lack resources.

Guillermo: The challenge is increasing La Clínica's services. Up until now they have depended on residents from hospitals and private doctors.

2. As seen by current and former staff, volunteers and members of La Clínica's Board

Current and former staff, volunteers and members of the board were more vocal when asked what they saw as challenges/areas for improvement. What emerged most frequently (31 individuals interviewed or 56%) was their concern that La Clínica's essence was under stress due both to the external requirements

being put on La Clínica by becoming achieving FQHC status and the departure of Dr. Juan Romagoza. Also mentioned, but with less frequency, were the financial and management challenges faced by La Clínica.

<i>Challenges faced by La Clínica</i>	<i>In Numbers</i>	<i>In Percentages</i>
N	55	
Challenges to essence with growth/external requirements	31	56%
Financial challenges	15	27%
Management challenges	12	22%
Staff increasingly overwhelmed (medical clinic)	10	18%
Space challenges (especially the medical clinic)	9	16%
Internal communications	6	11%
Low staff salaries	4	7%
Staffing issues	4	7%
Juan's departure	4	7%

Testimonies from medical personnel on La Clínica's staff and a member of La Clínica's management team reflect the principal concern expressed on regarding challenges to La Clínica's essence with growth and external requirements:

Member of La Clínica's management team: The FQHC model has a lot of requirements that must happen. We are going into something where we are not exactly sure how it will manifest. We don't have that experience internally; we need to work to gain it and be more knowledgeable.

Member of La Clínica's medical staff: In the last 18 months we have had a lot more stress on the staff. There is much more emphasis on how many people we see and the time we see them in. While this is important for productivity, it cause stress on people. When we see large amount of patients without insurance, each has a story but it takes longer. In private practice I can get through stuff relatively quickly, but at La Clínica we need to link them with other services. The Feds are looking at numbers. I worry will it change the heart? This is disconcerting. I literally run from the time I arrive at work to the time when I leave.

Another member of La Clínica's medical staff: Change is around the corner, not just Juan's departure, but the boon of becoming an FQHC also means more oversight and more regulations than before. My fear, and that of others, is that to meet the various requirements of FQHC the spirit and reality of what La Clínica does is going to have to change in a way that will make us practice medicine differently. I believe that we ultimately will be required to increase the number of patients per day, which will put us into a category of almost a managed care business. One of the strengths we have now is that we, the clinicians, are able to some degree more than other places actually hear our patients. Their needs of very complicated, their psychosocial needs are equally important as their physical needs and the two, of course, are linked. We already overstretch ourselves with our patients in the amount of time we have allotted. To imagine we will be required to squeeze more people with the same complicated issues into the same amount of time is an unhappy thought for both the provider and the patient.

It would be a rare non-profit organization that is not seen as having both managerial and financial challenges and La Clínica is no exception. As we have seen in the chapter on La Clínica's birth and evolution, La Clínica began as a loosely structured group of volunteers, most drawn to La Clínica because it was a cause that they believed in and not due to their managerial expertise. As La Clínica has grown in

both staff and funding it has experienced the full array of managerial challenges of a growing organization: putting in place policies, procedures, and systems; establishing discrete departments and clarifying roles between its departments; maintaining clear lines of communication

On the financial side, maintaining the stability in funding required for continuity of La Clínica’s growing programs has been and continues to be a challenge. Related challenges are the multiple reporting requirements of what are currently 50 funding streams and maintaining a positive balance sheet. The constant struggle to maintain stability in funding is one of the principal reasons that La Clínica chose to apply to become an FQHC.

A member of La Clínica’s management team reflects on a number of managerial and financial challenges that La Clínica faces with the further growth anticipated under FQHC and the departure of Juan Romagoza.

In the next five years La Clínica will have two to three new sites, we will double our patients. We need to lay the groundwork for continuing to expand. The management burdens of not being in one building will be a challenge. Another challenge will be launching a capital campaign which is intense; fund raising often drives the agenda. We will have a new leader. We will probably come to a point where we will have to decide whether to take all health insurance or just government issued insurance (Alliance, Medicare, Medicaid). We will confront the dilemma of having one patient slot open, and two patients want it: if one has insurance and one doesn't, who sets the policy? La Clínica's Board will need to become more proficient in financial management.

Another earth shattering shift with FQHC is that we will have to re-evaluate our Latino focus. With the opening of a clinic in Ward 5, in an area that has no other health center, we will have to gain cultural competency to deal with the non Latino population. We will have to ask ourselves, is our essence that we are a Latino clinic? Could our modality apply to other communities? Are there other ways that would be great for other communities, or is our model just good for Latinos or immigrants?

Other challenges are that FQHC drives the model. You are a primary health clinic, and you have secondary wrap around services. A lot of our services have taken such prominence that they are on an equal footing with the medical clinic. Could we envision a day when they spin off and become their own entities with whom we would have a sister relationship? Or do we subordinate them to primary care?

3. As seen by individuals from outside of La Clínica

Ten individuals interviewed from outside of La Clínica, who are closely familiar with La Clínica’s operations, commented on what they saw as La Clínica’s key challenges. The themes raised by these individuals mirror those that emerged from interviews with La Clínica’s current staff:

<i>La Clínica's Challenges</i>	<i>In numbers</i>	<i>In percentages</i>
<i>N</i>	<i>10</i>	
Challenges to La Clínica’s essence with growth/external requirements	6	60%
Financial challenges	4	40%
Management challenges	4	40%

These challenges are illustrated in the following quotes:

A person that has worked closely with La Clínica over the years: FQHC is looked at as a way to achieve sustainability. La Clínica has money to move forward on their renovation. How are they going to get all this done? The competing priorities are enormous for staff that is already overwhelmed. How do they realistically do this with the current structure? Are they really sitting down and saying how are we going to get all this done? They want to plunge into a building in Ward 5 for which they will need \$2 million but they haven't thought this out. It's almost like nobody thought they would get FQHC. My fear is that they will be compelled into taking decisions that aren't strategic. The critical piece is, are they seeing this as whole cloth, the strings required, the UDS reporting, corporate compliance. The Feds will probably give them a couple of years to meet the requirements.

Eliana Loveluck, National Hispanic Health Care Alliance: We experienced something similar at our organization: The funders and others get frustrated with us because we go through this very long process of developing a draft with community input, testing it at community level, going back out again. It takes a long time but it is worth it in the end because the product is better. I see it similarly at La Clínica; things take a long time. But to do things differently would be contrary to their philosophy.

Chapter VI: La Clínica's Essence

When this case study was being designed, La Clínica's leadership requested that the study focus on identifying what gives La Clínica its identity or "essence". This chapter focuses on La Clínica's essence: how it is defined by the various individuals interviewed for this case study; and how this essence has evolved over the years in the face of the constant challenges of growth. La Clínica's essence, as can be seen in this chapter, draws on a number of La Clínica's strengths that were identified in Chapter V.

A. Defining La Clínica's essence

Individuals interviewed from within La Clínica and outside were asked to describe La Clínica's "essence". Each was given latitude, in responding to the question, to define what made La Clínica special. Out of these interviews emerges a portrait of an organization that:

- Deeply cares about its patients and clients.
- Was created by and for the community: a large proportion of the staff have similar backgrounds to and "look" like the patients.
- Has staff that are deeply committed to, and willing to go the extra mile, to meet the needs of its patients and clients.
- Treats its patients/clients as equals; with dignity, and respect
- Provides a refuge, a secure and trusted place; for many, La Clínica is seen as a second family.
- Provides health care that is culturally sensitive, relevant, and which evolves to meet the changing needs of its patients and clients.
- Approaches patients as holistic entities who have physical, mental, emotional, spiritual, socio-cultural, and political needs.
- Goes out of its way to do everything possible to ensure that every patient/client know that s/he has the right to adequate health care as well as the responsibility to make sure her/his health needs are met.
- Is based on the premise that advocacy/making one's voice heard is fundamental: as a means of pushing for change, of providing patients/staff a vehicle for exerting their rights, of forming community, and of providing a therapeutic vehicle for many individuals whose rights have been violated.
- Seeks out and listens to the views of both its patients and its staff.

Two patients share their views of La Clínica's essence:

Guillermo: One of the most magical things that happens at La Clínica is that the structure isn't linear; once you walk in you are part of La Clínica. This is first thing you sense. If you have a complaint, you can raise your voice and Juan's or Alicia's door is always open. Through my years living here, who did I come to say I was jobless, when I didn't have money to pay rent? They immediately put me on an emergency fund to pay rent. They gave me food cards from the Safeway. Every time when I come with an emergency I sense I am as important as any other priority going on. I don't feel like I am being put aside. There is a sense of empowerment. It is important to love and safeguard this place – do everything that is within one's power to keep La Clínica running. This is my commitment.

Susana: La Clínica is caring, it was created by and for the people It has a familiarity with the culture of the people being services. The staff is invested in their patients. There is a bond with every patient. If the patient not doing what he or she should be, there is a sense of a failure for everyone trying to provide that, what is it that they aren't doing.

Two members of La Clínica's staff and a member of La Clínica's board identify what they see as key ingredients to La Clínica's essence:

Dr. Peter Gergen, volunteer pediatrician since 1990: *The coordinators and staff are of the community. Regardless of how much you talk to the person, it is that linkage which makes patients more comfortable, that helps us understand what their true needs are, what other sources of care are needed, what is possible to be done given their financials or jobs. Mom may need a letter to give to her employer so that she can bring her child to La Clínica. It's the integration in the community, being a part of the community, providing quality care that is doable, appreciating the difficulties of the population.*

Rebecca Muñoz, Communities of Faith Coordinator, HIV Department who began as a volunteer in 1994: *La Clínica is a place where we can accompany people in their pain, who struggle to obtain documentation, support those who have been abused. It's not just that the patient comes to La Clínica that the doctor examines the patient, and gives the patient medicine. When you interview patients they say that they have changed; that they have a different way of thinking; that they can be part of a larger family. This is due to the way that Dr. Juan has implemented La Clínica's holistic approach continuing the legacy of Monsignor Romero. Advocacy is hard for us Latinos. We come from countries where rules are imposed on us, where we aren't permitted to exercise our rights. The rich person has a right to do what s/he wants with poor people. La Clínica teaches us that we all have the right to good health.*

Robert Hardies, Minister of All Souls Unitarian Church and secretary of La Clínica's Board: *La Clínica's essence lies in its radical commitment to its patients and its staff. Juan Romagoza has exemplified this radical commitment through his servant hood to his people. He is a values based organizational leader. He has a holistic commitment to its people. We are not talking about health care narrowly defined. We are talking about advocacy; work on the social justice level. What is phenomenal is that La Clínica has a leadership that is not only culturally sensitive and devoted to its patients and staff but one that is willing to push the cultural bounds. It is amazing to see little old Salvadoran ladies and transgender Latinos in the same waiting room.*

Two management consultants to La Clínica, both closely familiar with La Clínica's operations, comment on what they see as La Clínica's essence. The first reflects on the role of Dr. Juan Romagoza who she and others see as having been the moral authority, the keeper of La Clínica's essence:

Robin Katcher, Management Assistant Group: *La Clínica is an organization founded to serve low income refugees and has been led by a refugee. Juan Romagoza is hands on in community outreach. By training he is a doctor, but he is really an advocate. He is the voice for the community. Juan Romagoza's concept of health and well being as a human right goes way beyond what a health center ordinarily does. He is a symbol in La Clínica, in the surrounding community, and in the broader community; he plays an important role. I don't think you will find another Executive Director with a personal story as powerful.*

Juan's humility, his authority as a doctor and his spiritual leadership provide a servant leadership model which is very important to this community. There are very few Latino leaders that have that platform and leadership in the community.

Sarah Coviell, Coviello and Associates: *The care and concern they have for the people they serve is pervasive. They are absolutely mission driven and constituency centered -- more than any other organization I've encountered.*

B. The evolution of La Clínica's essence

La Clínica was established in early 1983 by a group of Salvadoran and U.S. activists strongly opposed to U.S. foreign policy in Central America and deeply concerned over the fact that Central American refugees arriving in Washington – in addition to lacking legal immigration status -- lacked access to basic health care. From the start these individuals truly cared; they were committed to addressing the needs of the refugee Central American (in the early years primarily Salvadoran) population. Moreover, they believed that access to adequate health care as a human right was an important part of the equation. The term "health care is a right, not a privilege", taken from David Werner's book "Where There are No Doctors" and which served as the initial text for training health promoters, was an important unifying theme.

Over time, and with the arrival of Dr. Romagoza in 1987, an approach to health care evolved that builds in the importance of adopting a holistic approach to health care – which includes mental health, alternative medicine, and an increased focus on community health education/outreach. With Romagoza's taking over La Clínica, health care as a basic right was strengthened to become both a right and a responsibility. Decision-making based on the input and participation of both patients and staff became sine qua non of La Clínica's operations. Advocacy became incorporated into La Clínica's day to day operations.

Over the years La Clínica's commitment to the Latino population has continued. Its staff composition, as we saw in Chapter IV, in large part mirrors the characteristics of its patients. Today La Clínica is known both within and outside as an organization that has an enormous respect for its patients/clients, deeply cares about them, and goes the extra mile to assure that their health and related needs are met.

C. Opportunities and challenges to the ingredients that make up La Clínica's essence

Things, however, have NOT always been smooth sailing. Throughout its existence La Clínica's "essence" has been continually challenged, both by opportunities and by road blocks that have arisen along the way.

Accommodating to the evolving needs of its patient population has been an important challenge for La Clínica since its inception as, with these evolving needs, La Clínica has had to look for funding for new types of services. With La Clínica's increased dependence on outside funding in order to maintain these services have come problems of continuity. One example that emerges in the chapter on La Clínica's birth and evolution is funding for mental health which, following September 11, 2001, ballooned and then sharply contracted when two of three grants that La Clínica received from SAMHSA were not renewed as expected. A second example has been La Clínica's constant struggle to fund its community health outreach and prevention programs. These are but two examples of multiple instances in which La Clínica has had to exercise creativity, in the face of losses in or lack of continuity of funding, in finding ways to keep operational programs that are fundamental to its essence.

Unanticipated external crises have brought opportunities and challenges for La Clínica's essence. The May 1991 riots in Mt. Pleasant reminded La Clínica and those closely affiliated with La Clínica of the tremendous traumas being experienced by La Clínica's population and of the need to find ways to address these traumas. The 1991 riots also brought to the fore the problems of the Latino population living in Washington, D.C. and, with it, infusions of funding for the Latino community, with La Clínica being one of the beneficiaries. With the terrorist attacks of September 11, 2001 traumas among La Clínica's population again resurfaced, serving again as a reminder of how important culturally sensitive/relevant mental health care is. 9/11 also provided a valuable, albeit brief, infusion of funding to treat victims of trauma.

Other external events, which have also brought new sources of funding, have made it possible for La Clínica to further its mission of providing free, culturally appropriate health services to the Latino community and, in so doing, provide continuity to its essence. They include: (1) The emergence of Ryan White Care Act funds from the Federal government in the early 1990s which has permitted La Clínica to start an active and vibrant HIV treatment program which takes on a holistic approach to health care, coupled with funds from the CDC and others which has made it possible for La Clínica to offer an innovative HIV/AIDS prevention program targeted at heterosexuals and the GLBT community; (2) The dramatic increases in the D.C. Latino population, which has served as an impetus for Howard University Hospital to approach La Clínica in the late 1990s to propose what has been a nearly 10 year collaboration which has brought many financial and medical benefits to La Clínica; (3) The closing of D.C. General Hospital and the emergence of the D.C. Health Care Alliance in 2002 which has made it possible for many of La Clínica's patients (including undocumented patients) to be insured and, with it, have access to badly needed specialized health care. Funds generated from the D.C. Alliance have also provided an added source of revenue to La Clínica that it has used to provide services for patients who don't have health insurance.

However, new sources of funding have also brought challenges to La Clínica's essence. Challenges include: (1) Increasing requirements imposed by funders in terms of reporting (which takes away from patient/client face time and/or which requires further staff to do the reporting); (2) Elevated scrutiny that comes with increased funding; (3) Increasing restrictions on what a given funding source can finance and not finance..

And there have been both opportunities and challenges associated with La Clínica's own growth. La Clínica's split with CARECEN in 1995 gave La Clínica the opportunity to pursue its essence and grow according to its own image. The dialogue/hand-wringing on the late 1990s on whether to remain a free clinic or start accepting government funding through Medicare/Medicaid reimbursement brought to the fore the contentious issue of whether patients should be charged given that receiving health services is a human right and thus should be provided free of charge. Putting in place systems, creating structures, and purchasing and moving to a new building to accommodate increased grant and contract funding and an increase in both the staff and the client population have also presented both positive and negatives for La Clínica's essence.

D. And these opportunities and challenges continue....

The latest challenges to La Clínica's essence – both being played out as the data was being gathered for this case study – include: (1) La Clínica's having been achieved in June of 2007 FQHC status; and (2) the departure, in late January 2008, of Dr. Juan Romagoza after 20 years of providing leadership to La Clínica.

Becoming an FQHC has not been something that La Clínica has pursued lightly. It has been under contemplation by La Clínica since the early 1990s but not aggressively pursued until the early 2000s. Achieving FQHC status provides La Clínica with a number of opportunities to continue and enhance its essence. With the stability of funding that will become available through FQHC, combined with the opportunity to increase its third party reimbursements from patients that qualify for Medicaid, La Clínica will be able to serve an increased number of patients. Through FQHC, La Clínica will have access to a broad range of opportunities for training and technical assistance, as well as access to medical goods at a discount, which will permit it to further improve the quality and efficiency of its patient care. With this assistance, La Clínica, among others, will be better able to track the quality of patient services and, with this information, have the potential of further improving the quality of its health care service delivery. Eventually, through an expected increase in third party reimbursements from Medicaid, La Clínica will have increased discretionary funding which will make it possible to maintain as well as expand culturally relevant/holistic programs.

Becoming an FQHC also presents challenges to La Clínica, especially to its essence. One challenge is the requirement that La Clínica institute a sliding fee scale which goes against the philosophy that health care as a human right should be free. Another, which is a source of distress to a number of La Clínica's current medical staff, is the pressure to increase the number of patients per hour that doctors see with the potential of adversely affecting the culturally sensitive approach to treating patients which La Clínica prides itself on.²³ Increased requirements for data gathering and reporting, if not handled well, can take away from quality patient time. La Clínica is also beginning to see indications that private foundations, with the knowledge that La Clínica has become an FQHC, are contemplating withdrawing their small donations of discretionary funds that La Clínica has welcomed and depended upon over the years.

The departure of La Clínica's beloved Juan Romagoza is a major challenge to La Clínica's essence. Romagoza, as we have seen in the many testimonies in prior pages, is broadly recognized as La Clínica's moral authority, the keeper of its essence.. As La Clínica has faced continual challenges to its essence over the years Romagoza, as La Clínica's leader, has remained steadfast in guiding La Clínica into the winds of change while minimizing adverse impacts on the organization's essence. Two questions on the minds of the many individuals interviewed for this case study have been: (a) Will it be possible to find a replacement that has the same vision of health care?; (b) Will his replacement have the same leadership role or will the focus be more on a more "traditional" leader who focus is usually on fund raising and management?

²³ La Clínica's doctors currently see an average of two patients an hour. The target, under FQHC, is to expand to three patients an hour.

Chapter VII: Lessons from the La Clínica experience

This closing chapter reflects on lessons that can be learned from the La Clínica experience both for La Clínica's staff and for community health clinics that serve refugee populations many of whom have experienced trauma: in their countries of origin, in the receiving country, and in travelling from their country of origin to the receiving country. These lessons are also relevant for community health clinics that serve populations that live under tremendous stress and whose rights have been denied: by their economic rights, victims of abuse and domestic violence, or other forms of abuse. Many of these lessons center on steps that La Clínica has taken, over the years, to both nurture and maintain its essence.

These lessons are as follows:

- The importance of having at the helm a leader and moral authority that, while willing to accommodate to the pressure of change, maintains an eye on the “essence”. This role was played in an exemplary fashion for over 20 years by Dr. Juan Romagoza. A visionary but also a pragmatist, Romagoza recognized that with growth, and especially with accepting non-discretionary sources of funding, comes the need to compromise. His “can do” message, that “we can take on challenges as they arise but we will not change our identity”, has been fundamental in moving the organization forward while maintaining its essence.
- The importance of selecting and nurturing a management team that buys into the essence and passes it on in their dealings with their department staff. It is a tribute to Romagoza and to the individuals he selected to become part of his management team that the persons that run La Clínica are firmly committed to La Clínica's essence. For the most part, they exemplify this essence in the way they run their departments.
- The importance of having individuals on the staff of the health clinic who are committed and who care. The doctors and other staff who are employed by La Clínica are not there for the money or because it is simply a “job”. They are there because they deeply believe in what they are doing, because they want to serve people in need, and because they want to provide service with excellence.
- There are advantages to being a health clinic that was established by and for the community: The fact that the majority of the La Clínica staff themselves come from similar backgrounds as their patients/clients has made it easier for them to be able to identify with their patients/clients and their needs and to provide them with health services that are culturally relevant. A special feature of La Clínica's medical program is the patient care coordinators, individuals trained as medical assistants who are from the Latino community. Their role extends beyond that of the traditional “medical assistant”. They accompany the patient throughout the medical visit – doing intake, during the consultation with the doctor, helping the patient with follow up after they see the doctor. Since they are of the community and speak the same language, they are able to establish relationships of trust with the patients that make it possible for them to learn things about the patients that doctors wouldn't ordinarily become aware of.
- The importance of being seen as a safe and trusted place, a “sanctuary”, a home away from home. Added to this is the importance, in this safe place, of establishing an atmosphere that respects the dignity of each refugee; a refuge or sanctuary where patients can open up and express their multiple needs, and where the staff does the best that it can to see to it that these needs are addressed. This is particularly relevant for populations that have been or are being persecuted, be it because they are residing illegally in a country where they are not welcome or because they have another “identity” (gay, lesbian, bisexual, transgender) that is not accepted by their families and by broader society.
- There are benefits to taking the time to address the needs of the patient in a holistic fashion: An important underpinning of La Clínica's “essence” is that patients need to be treated as human beings

with a wide range of health needs that are interrelated: physical, mental, emotional, spiritual, socio-cultural, political. While all of us benefit from this type of approach, patients who are victims of trauma manifest the traumas they have experienced in many ways: emotionally, physically, in the way they relate to family members.

- There is much to be learned from the way in which La Clínica has incorporated volunteer service into its model. The benefits are multiple: volunteers provide La Clínica with person power to run its programs (such as health fairs, community outreach) that do not require individuals with specific certification. They also permit La Clínica to identify potential new staff members. For the volunteers the benefits are: a feeling of belonging, the satisfaction of helping others, the ability to appropriately contribute their skills (especially applicable for volunteers with medical backgrounds who aren't certified to practice in the U.S.), the ability to acquire new knowledge and skills (for personal benefit and potentially for future employability). For some, especially those who have experienced trauma, volunteering can be therapeutic.
- The value of being on the lookout for ways to incorporate cultural sensitivity into one's programs. La Clínica places high value on cultural sensitivity. Most of La Clínica's staff come from the same backgrounds as their patients and clients which makes it easier to provide culturally sensitive care. In 1995 La Clínica received a grant to prepare a manual to be used with new employees on how to conduct themselves in a culturally sensitive fashion at La Clínica. This manual is in the process of being updated. In addition, La Clínica has hired a liaison between Howard University Hospital and La Clínica who is responsible for assisting La Clínica patients to navigate through the Howard University Hospital system.
- It is important to adopt a proactive approach that involves constantly reaching out and consulting with one's clients, seeking client/employee input in decisions to be taken: La Clínica has a patient committee that meets bi-monthly to provide feedback to the director and personnel of La Clínica. Community fora, open to La Clínica patients and the broader Latino community, provide individuals with another place where they can air health needs and concerns. Through its HIV/AIDS promoters who fan out throughout the Washington metropolitan area and through its health fairs, La Clínica is able to identify health trends and related needs in the Latino population that assist it in its programming. When an important decision is to be taken, such as instituting a sliding scale under FQHC or selecting Romagoza's successor, the views of patients and staff are actively sought out. By adopting this approach, La Clínica sends out the message to its patients and others that they are worthy of dignity and respect, that they are equals, and that their views are valued.
- While it comes with risks, there are advantages to being "bold" and holding to one's values. A continual theme that emerged in the interviews is that La Clínica has remained true to its values and what it sees as being the "right" thing to do, even when it means possibly ruffling feathers. La Clínica has been lauded, by individuals interviewed from the outside, for taking the risk of reaching out to the Latino gay, lesbian, bisexual, and transgender community and incorporating them alongside their broader patient population in their medical program. In being an active participant (and in some cases the leader) in successfully lobbying the D.C. and Federal government for change in health policies that impact on the Latino population, La Clínica has taken the risk of alienating the very agencies that, up to now, have helped finance its services.
- Approaching health as both a right and responsibility is tremendously empowering. It makes sense from a patient health perspective to demystify the role of the doctor as the all-knowing authority upon whom the patient puts responsibility for his/her health care, and instead impress upon the patient that the primary responsibility for the patients' health care (especially with patients who have chronic diseases such as diabetes and high blood pressure) is the patient. This approach, fundamental to La Clínica's essence, is also empowering, especially for Latino immigrants who have come from countries where they have few rights and where what the doctor says is "the last word".

- There is value to adopting a comprehensive approach to advocacy. Advocacy in the La Clínica context involves individual advocacy by the staff on behalf of each patient. It also involves advocacy at a systemic and political level. Patients are encouraged to participate in events organized by La Clínica (protest marches, community fora with city authorities, and interviews with the media) in which they to advocate for new and important health and other initiatives. In addition to being empowering, for individuals who have been traumatized, participating in a broader social cause can also be therapeutic.

Attachment A

Case Study Methodology

This case study was not an initiative of La Clínica del Pueblo but rather mine. In the course of conducting a case study of another Community Based Organization in the Columbia Heights/Mount Pleasant area, the Latin American Youth Center (LAYC),²⁴ I had the opportunity to interview the then Director of La Clínica del Pueblo where I became intrigued with La Clínica's philosophy and approach to health care. Eager to learn more about La Clínica, and at the same time committed to documenting best practices and lessons learned of grass roots programs that promote leadership and empowerment, I approached La Clínica in May of 2007 with an offer to conduct a case study of La Clínica as a volunteer. In extending my offer to La Clínica I set forth two conditions: (a) that the outcome of the case study, in addition to being of broader interest outside of La Clínica, needed to be of direct use to La Clínica; and (b) that, in conducting the case study, the outcomes reflect where the data took me. My offer was readily accepted by La Clínica's senior management and board of directors.

Data Collection

The case study was conducted between June and December of 2007. The principal data collection mode was semi-structured and open-ended interviews. One hundred forty individuals were interviewed for the case study. Interviewees included: (a) members of La Clínica's current staff (including all 10 members of its management team); (b) former members of La Clínica's staff; (c) current and former La Clínica volunteers; (d) current and former members of La Clínica's Board of Directors; (e) individuals from outside of La Clínica who are familiar with its services. A random sample of La Clínica patients was also interviewed. A list of the individuals interviewed, according to the categories listed above, may be found in Attachment B.

Interviews, which lasted on average one hour, followed a set of protocols developed in advance for each target group of interviewees. A number of individuals were interviewed two, three, or more times. Detailed notes, ranging from two to 30 pages single-spaced, were taken during the interviews. Each individual interviewed was told at the beginning that the interview was strictly confidential. All patients, prior to being interviewed, were asked to sign a consent form prepared specifically for this study. Interviewees were given the option of seeing and commenting on their interviews.

Interviewees were asked initially to share something about them: where they were born; if born outside the U.S. what their living conditions were in their country of origin; how they got to the U.S. and what life was like when they arrived. The interview then turned to the interviewee's connection to La Clínica and reflections about their La Clínica experience. Patients, current and former staff, and volunteers were asked to reflect on how their affiliation with La Clínica had impacted their lives. All interviewees were asked to reflect on what they saw as La Clínica's strengths and challenges or areas for improvement. Most interviews lasted approximately one hour. Several individuals were interviewed multiple times. All interviews were confidential. All the quotes included in this case study have been approved by the individuals quoted.

Document review included documents available at La Clínica, plus citations on the internet on topics that are relevant to La Clínica's birth and evolution. The author was particularly fortunate to be given access to an extensive collection of newspaper clippings about La Clínica and events in the community that have been collected over the years by La Clínica's Executive Director, Dr. Juan Romagoza.

In addition to the above, the author attended a number of La Clínica events where she both observed and participated: monthly employee staff meetings, new employee orientation, a training course of HIV/AIDS

²⁴ Bernbaum, Marcia and Isaac D. Castillo. *With Dignity, Hope and Joy: a Case Study of La Clínica del Pueblo*, July, 2007.

promoters, the Mi Familia mental health program, community for a, health fairs, a memorial service for a La Clínica patient, La Clínica's annual Christmas party, La Clínica's annual gala event.

Data analysis

To report on La Clínica's strengths, challenges faced by La Clínica, and impacts on patients, staff, and volunteers it was necessary to summarize, tabulate, and analyze the data obtained. This was done by: reviewing information obtained; drawing from the information repeated themes; coding data by themes; and tabulating frequencies of response.

An internal review was done of the data to see if there were any differences by gender or categories of individuals interviewed. Where there were differences (for example, challenges) these data were disaggregated for reporting purposes.

Chapters IV (impacts) and V (strengths and challenges) report the data obtained in both numbers and percentages followed by quotes that illustrate the themes that emerged with most frequency.

ATTACHMENT B
Individuals Interviewed for La Clínica del Pueblo Case Study²⁵

La Clínica senior staff

1. Juan Romagoza, Executive Director
2. Enrique Cobham, Administrator
3. Meredith Josephs, Medical Director
4. Alicia Wilson, Development Director
5. Jose Segura, Social Services Department Director
6. Lisa Zimmerman, Mental Health Department Director
7. Isabel Van Isschot, Interpreter Services Program Director
8. Marco Castro, Clinical Services Department Director
9. Lilian Meza, Community Health Outreach Department Director
10. Catalina Sol, HIV Department Director

Other La Clínica staff/consultants

1. Margarita Abreu , Medical Receptionist
2. Silvia Castellanos, Medical Receptionist
3. Sally Hamlin, Assistant to the Executive Director
4. Dietrich Johnson, Human Resources & Corporate Compliance Officer
5. Juana Ubau, Case Manager
6. Eudom Ixthayul, Fitness Activities Coordinator
7. Isael Ramirez, Certified Addiction Counselor
8. Alma Hamar, Mental Health Counselor
9. Maria Hayag, Medical Interpreter
10. Laura Estrada, Medical Interpreter
11. Madeline Wilks, Lead Clinician
12. Joshua Kolko, Family Physician
13. Ricardo Caldera, HIV Physician
14. Deborah Bombard, Nurse Practitioner
15. Marlene Fuentes, Clinical Care Manager
16. Rosa Quinteros, Clinical Services - PCC
17. Vilma Arrieta, Laboratory Technician
18. Krishna Roy, Grants & Contract Evaluator
19. Brigida Guyot, HIV/AIDS Outreach Coordinator
20. Rebecca Muñoz, HIV/AIDS Outreach, Communities of Faith
21. Omar Reyes, CTR Program Manager
22. Dilcia Molina, Support Groups Facilitator
23. Ernesto Cedeño, HIV Health Educator
24. Zoila Elias, Building Manager
25. Maria Orellano, Janitor
26. Joel Iglesias, Intake Worker
27. Blanca Tovar, Health Education & Outreach Coordinator
28. Jessica Mikuliak, Nurse Practitioner
29. Yolanda Jimenez, Mental Health Counselor
30. Edgardo Menvielle, Psychiatrist
31. Joe Goren, Clinical Psychologist

²⁵ When a name appears in italics it means that this person belongs to more than one category and has already appeared in the other category.

Former La Clínica staff/consultants

1. Andrew Schames, medical director
2. Margarita Sol, nurse
3. Abby Goldstein, medical services director
4. Michelle Ruiz, medical services director
5. Roxana Zepeda, patient care coordinator
6. Lilia Leon, patient care coordinator
7. Carlos Armando Mejia, education/outreach coordinator
8. Sonia Umazor HIV/AIDS nurse
9. Minozka King, HIV housing director
10. Candace Kattar, HIV/AIDS director
11. Felix Marques, HIV/AIDS director
12. Gloria Elliott, mental health director
13. Patricia Telleria, mental health director
14. Rene Wallace, development director
15. Margarita Sol, early PCC
16. Maribel Raudales, mental health counselor and subsequently PCC
17. Maria Rodriquez, PCC
18. John Cavanagh, systems
19. Bridgitte Ladisch, Clinical Psychologist
20. Mariana Neimtssoff, Psychiatrist
21. *Peter Shields, founding doctor and volunteer, later medical director and on board*

La Clínica Volunteers

1. Peter Schweitzer, Plenty International, founding volunteer
2. Priscilla Wheeler, Plenty International, founding volunteer
3. Ulrike Korte, resident at D.C. General Hospital, founding doctor
4. Mary Lou Shefky, early volunteer
5. Ed Horowitz, early volunteer
6. Gretta Seibentritt, early volunteer, now part time translator/interpreter
7. Phillip Shambaugh, doctor (Chiropractor)
8. Peter Gergen, doctor (Pediatrician)
9. Amy Smith, GWU medical school rotation
10. Clara Munoz, also a patient
11. Carlos Munoz, also a patient
12. Rosa Rodriguez, also a patient
13. Elsa Mantilla, mental health director
14. Mauricio Bautista, long-time volunteer, construction etc.
15. *John Cavanagh, volunteer in 1980s*
16. *Margarita Sol, early volunteer, PCC coordinator*
17. *Helen Burstin, doctor (Internist)*
18. *Peter Shields, founding doctor and volunteer, later medical director and on board*
19. *Sonia Umazor, nurse and early volunteer, later on staff*
20. *Patricia Telleria, former mental health director*
21. *Gloria Elliott, former mental health director*
22. *Rebecca Munoz, now on La Clínica staff*
23. *Brigida Guyot, now on La Clínica staff*
24. *Alma Hamar, now on La Clínica staff*
25. *Vilma Arrieta, now on La Clínica staff*
26. *Sylvia Castellano, now on La Clínica staff*
27. *Ernesto Cedeño, now on La Clínica staff*
28. *Laura Estrada, now on La Clínica staff*

Patients' Committee

1. *Paula Vasquez, Board member*
2. *Juan Blanco, Board member*
3. *Carlos Munoz, former Board member*
4. *Jose Salgado, Board member*

Current/former members of La Clínica Board

Current

1. Mauricio Silva, current Chair
2. Hellen Burstin, current Vice-Chair
3. Miguel Agüero, current Secretary & patient
4. Stefan Alber-Glanstaetten, current Treasurer
5. Paula Vasquez, current at large & patient
6. Rob Hardies, current at large
7. Juan Blanco, current at large & patient
8. Carlos Munoz, current at large
9. Lizette Culley, current at large
10. Kathleen Malloy, current at large
11. Jose Salgado, current at large & patient
12. Leonel Flores, current at large
13. Carlos Otero, current at large

Former

14. Charlotte Jones Carroll, former Chair
15. Nilda Aponte, former Vice-Chair
16. Eliana Loveluck, early Board
17. *Margarita Sol, early Board*
18. *Peter Shields, former Chair*

La Clínica patients

Women

1. Ana Maria Bernal
2. Catherine Cardona
3. Ilse Lanza
4. Juana Chavez
5. Milagros Abulto
6. Paula Encina
7. Rosa Rodriguez
8. Rosa Lozano
9. Rosanel Rivera
10. Sofia Martel
11. *Paula Vasquez*

Men

12. Alfonso Lanza
13. Carlos Muñoz
14. David Flores
15. Hector Cisneros
16. Israel Contreras
17. Jorge Gamara
18. Julio Saenz
19. Marcelo Silva

20. Ricardo Villanueva
21. *Ernesto Cedeño*
22. *Miguel Aguero*
23. *Juan Blanco*
24. *Jose Salgado*

Outside of La Clínica

Involved in early founding/support of La Clínica

1. Joaquin Dominquez Parada, founder of Carecen and La Clínica
2. Patrice Perillie, founder of Carecen and of La Clínica
3. Silvia Rosales Fike, former Carecen

Management consultants to La Clínica

4. Sarah Cobiello, Cobiello & Associates
5. Emily Gantz-McKay Mosaica
6. Robin Katcher, Management Assistance Group

Funders

7. Channing Wickham, Washington AIDS partnership
8. Donald Babbs, HIV/AIDS administration
9. Jean Delgado, National Hispanic Health Care Alliance
10. Eliana Loveluck, National Hispanic Health Care Alliance
11. Kathy Freshley, Meyer Foundation
12. Thomas Gaiter, Howard University Hospital Medical Director
13. Bill Longdon, Centers for Disease Control
14. Margaret O'Bryan, Consumer Health Foundation
15. Louise Green, All Souls Church
16. *Robert Hardies, All Souls Church*

Knowledgeable about La Clínica's operations from an outside perspective

17. Sharon Baskerville, D.C. Primary Care Association
18. Eugenio Arene, Council of Latino Agencies
19. Maria Gomez, Mary's Center
20. Lori Kaplan, Latin American Youth Centers
21. Jose Artiga, SHARE
22. Marina Blanco, ex CISPES
23. Rev. Phil Wheaton, EPICA
24. Roland Roebuck, DC Government
25. Tina Guzman, Carlos Rosario Charter School
26. Pedro Avilez, former Central American Resource Center (CARECEN)
27. Catherine Dunham, former Robert Wood Johnson Community Leadership Program
28. Lilian Perdomo, Multicultural Community Service
29. Priscilla Mendelhall, Northern Va. Health Education Center
30. Ernesto Clavijo, UNIVISION manager
31. Douglas Mejia, Telemundo reporter
32. Ernesto Roncal, El Pregonero newspaper