

THE BEERSHEBA SPRINGS MEDICAL CLINIC

Garrett Adams, MD, MPH



We were on the porch of our summer home in Beersheba Springs, Tennessee. Our dear friend, Josephine, was bent over in pain holding the right side of her swollen, red face. I was alarmed; she had a serious sinusitis with accompanying cellulitis. “Josephine, you must go immediately to get medical care. You have a serious infection,” I told her. Josephine was in her eighties. I had known her all of my life.

Before the Civil War, Beersheba Springs was a famous resort on the Cumberland Plateau, part of the Appalachian Plateau that extends from New York state to central Alabama. In Tennessee, it is a broad flat-topped ridge 1,000 feet above the valley.

My grandchildren are the sixth generation of my family at Beersheba. When my father’s mother was 14 the family’s summer plans were to stay home in Nashville, but she writes in her memoir that fate intervened. “...The Monday morning that final exams began in the Public Schools, the children were sent home; the schools closed; cholera was pronounced epidemic! Papa got home almost as soon as I did. I heard him say, ‘We will go to Beersheba tomorrow.’”¹

Josephine did get treatment for her infection. She went to a hospital 40 miles away which is part of a large for-profit chain with business in 22 states, LifePoint Health. Her bill was about \$2,300; she didn’t have Medicare, because in her working years she found it more necessary to have all of her paycheck for her family rather than to have some removed for her future health needs. All she had was her savings.

The bill was unreasonable. Lane and I went with her to speak with the hospital cashier; they reduced it significantly. The following is a quote from LifePoint’s 2016 proxy statement:

“When patients are experiencing personal financial difficulties or have concerns about general economic conditions, they may choose to:

- defer or forego elective surgeries and other non-emergent procedures, which are generally more profitable lines of business for hospitals; or
- purchase a high-deductible insurance plan or no insurance at all, which increases a hospital’s dependence on self-pay revenue.

“Moreover, a greater number of uninsured patients may seek care in our emergency rooms.

“The occurrence of these events may impede our business strategies intended to generate organic growth and improve operating results at our hospitals.”

In 2015, LifePoint’s CEO & Chairman’s compensation was more than \$15 million.²

My wife, Lane, and I purchased a Beersheba cottage in 1984. Josephine was one of the local mountain people we came to know and to love. This incident drove home to me the dire economic circumstances of many of our friends. I resolved to help.

I went to see a longtime resident who knew the community leaders. I said, “We need a medical clinic in Beersheba, what can we do?” We assembled a small group and met on his porch.

First, we sought to determine the current availability of medical care in our area. Aside from the Grundy County Health Department, all medical facilities within reasonable traveling distance were too expensive. There were three hospitals in the general area, two run by LifePoint and one “not-for-profit,” St. Thomas River Park Hospital in McMinnville (35 miles away). Cost was an insurmountable barrier to care. Residents of our community simply could not afford health care.

The Health Department was convenient, but there were restrictive regulations. For example, the Health Department could not serve anyone with health insurance. I recently saw a woman with a \$6,800 deductible Humana plan. She was not eligible for services at the Health Department, because she had “insurance.” Additionally, a cultural barrier exists between the mountain community and the Health Department. There is subtle suspicion, “They ask too many questions.” Recently, St. Thomas River Park Hospital partnered with us in providing pro-bono diagnostic imaging studies for our uninsured patients — a wonderful boost for our clinical work. St. Thomas Health in Nashville also gave us a generous financial award, and we are cooperating with them in other areas.

We established organizing principles. First, the clinic was to be of, for and by the community; a population of 476 souls. It was to be secular, i.e., non-religious. We decided not to take insurance payments, thus avoiding the hassle and paperwork of billing insurance and allowing us to keep our staff size small. We wrote bylaws and secured a charter from the state as a volunteer not-for-profit medical facility, named the Beersheba Springs Medical Clinic. With the assistance of the Legal Aid Society, I wrote the 501(c)(3) tax-exempt application.

We rented a double-wide mobile home and, with labor donated
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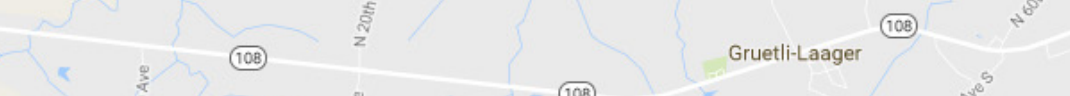
Dr. Adams sees a young patient



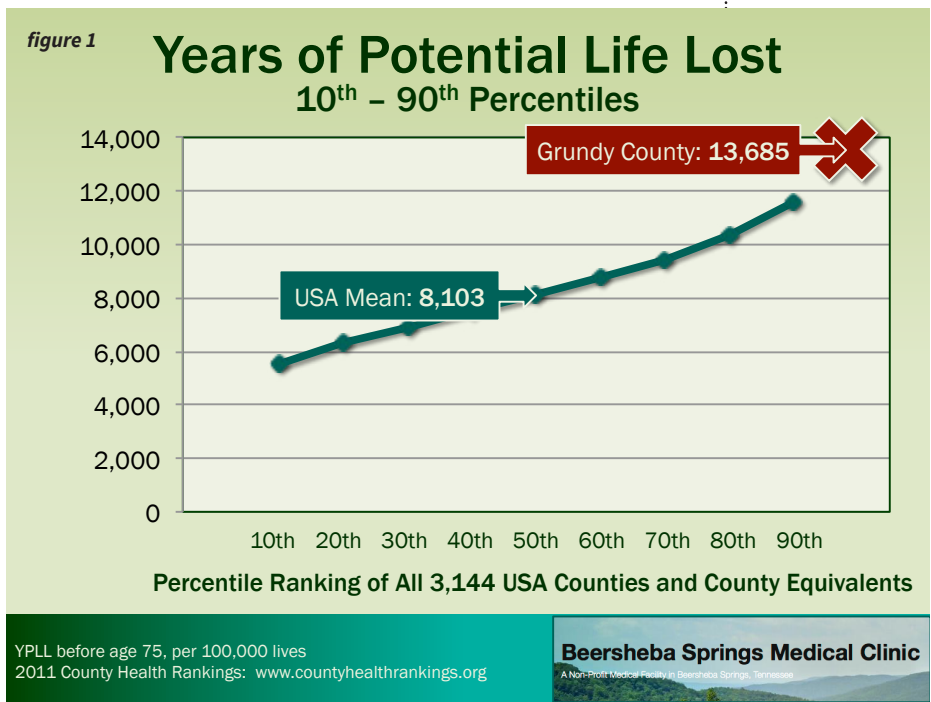
The mountains near Beersheba Springs



The staff of Beersheba Springs medical Clinic



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by an area ministry, adapted it to provide a clinic with two examining rooms, a reception and office area, a handicapped-accessible bathroom, a laboratory area, a conference room and a staff restroom.

We scavenged for used equipment and were given equipment. On November 23, 2010, we opened our clinic under my Tennessee medical license as the supervising physician.

We were fortunate to hire local people as our first employees, a certified physician assistant and an office manager. The advantage of local staff is that they know most of our patients personally. In 2012, with the help of a local grant, we hired a medical assistant.

I go every month to attend in the clinic.

A volunteer radiologist comes from Oak Ridge to perform ultrasound studies, and from time to time other specialists visit the clinic. Specialist referral is challenging. Fortunately, we know specialists who see our patients either pro-bono or for a discounted fee, but some serious or complicated conditions simply go untreated. Tennessee statutes establish liability immunity for voluntary provision of health care services in the clinic unless an act or omission was the result of gross negligence or willful misconduct (Tennessee Code Ann. 63-6-708).

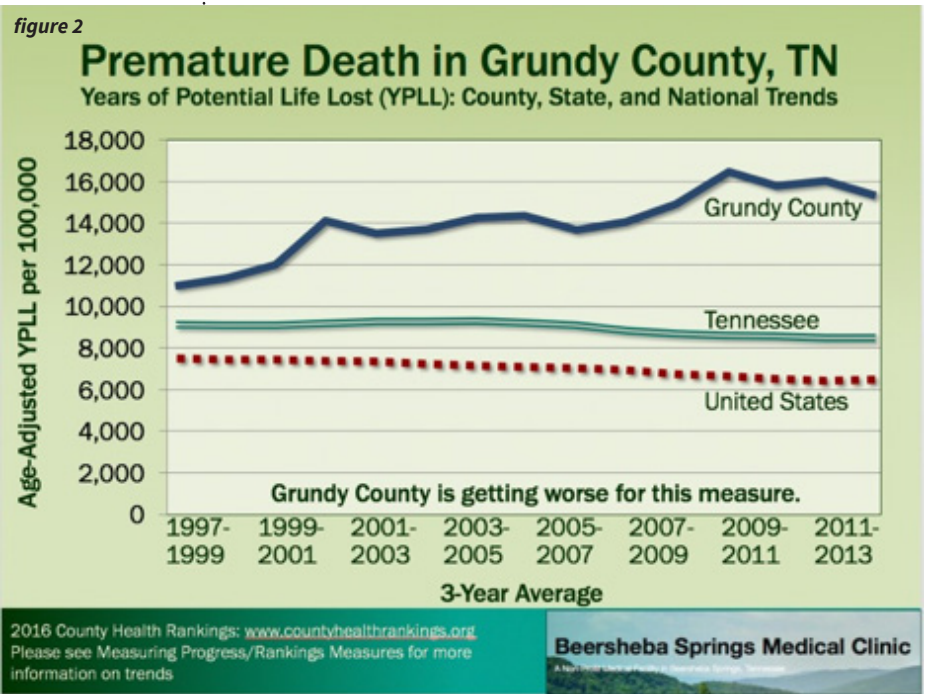
We treat acute illness and minor injuries; evaluate and manage chronic illness (e.g., diabetes, hypertension, cardiovascular complications of atherosclerosis, and depression); perform minor surgery; provide electrocardiograms and many inhalation therapy treatments. We focus on improving lifestyles (i.e., exercise and healthy

nutrition, weight control, smoking cessation and immunizations). We also host mammography clinics.

Routine laboratory tests are performed on site; others are sent out; lab test results are discussed with the patients. We provide common medications free, and prescribe medicines that can be purchased at discount pharmacies. Outrageous price hikes in common medicines have been shocking. In June 2015, our cost for bulk doxycycline temporarily jumped from \$70 to \$700, and glimepride from \$13 to \$318. A generous donor has provided a small fund for patient assistance that we use sparingly in particular circumstances.

The clinic was established by the Beersheba Springs community to provide free medical services for the community, but we quickly became aware that the desperate need for medical care extended far beyond Beersheba; patients have come from 13 surrounding counties. Clinic days are Monday and Wednesday, 8 a.m. to 4 p.m. On Wednesdays we have a second PA-C, who volunteers. We average 30 visits/day, up to 3,000 visits a year.

The clinic does not charge fees, does not bill insurance and receives no government funding. Expenses are met entirely by voluntary donations from individual donors, patients and small local grants. In the first few years, donations were matched by a generous donor. We do not solicit support from for-profit hospitals or health insurance companies. We gratefully accept support from area businesses and friends; donations are encouraged and are necessary to the clinic's sustainability. The gifts mean that mountain people now have relief from pain and suffering, which they did not have before. The clinic





Physician Assistants-Certified at the Beersheba Springs Medical Clinic, Linda Elrod and Norma Sparks

is diagnosing and treating illness earlier, and we are helping people manage their chronic diseases better.

Annual expenses are around \$100,000 — the largest expenses are salaries: 65 percent, followed by medicines: 15 percent and labs: 10 percent. In 2015, 85 percent of income was from donations: 55 percent philanthropic, and nearly 30 percent from patient donations. Dash to the Door, a 5K Fun/Run event, accounted for 15 percent of income. (DTTD pictures are at www.beershebaclinic.org).

We have a Board of 17 Directors, 14 are full-time Beersheba area residents. Our bylaws require that the majority board membership come from the community or nearby area.

Of Tennessee's 95 counties, Grundy ranks 95, both in income and in health outcomes. An important measure of population health is Years of Potential Life Lost (YPLL) before age 75. For example, a death at age 65 accounts for 10 years of potential life lost before age 75; a death at age 50 equals 25 years of potential life lost. Figure 1 (page 14, top) illustrates that on this statistic Grundy County is off the chart - above the 99th percentile.³

Figure 2 (page 14, bottom) illustrates the huge disparity between Grundy County; the state of Tennessee, and the United States in YPLL, with a surging gap between 2000 and 2009.

These graphs make two points. The first is that Grundy County

stands at the top of the nation in YPLL. Secondly, there was a dramatic increase in YPLL in Grundy County between 2000 and 2009 without a corresponding increase in Tennessee and the USA. We need to understand the reason for this growing surge in Grundy's YPLL. A local epidemic of methamphetamine and other illicit drug use occurred during those years. This is a possible explanation.

How will the change of political administrations in our country affect the Beersheba Clinic? A few of our patients benefited from the Affordable Care Act. Some were able to get health insurance that did not have it before, nevertheless we think we had a net gain in numbers of patients in spite of the ACA. Given the current political climate, this trend will continue, and there will be an even greater need for free health care in the future. The health care income gap between people who can afford care, and those who can't, is growing as costs rise. The richest people pay the most for health care and have the best outcomes, but they pay the lowest percent of their income for health care. The Rev. Dr. Martin Luther King, Jr. said, "Of all the forms of discrimination and inequalities, injustice in health is the most shocking and most inhuman."

We started the Beersheba Clinic, not because of the lack of available health care, but because of the lack of affordable health care. My friends and neighbors were suffering. I knew this intuitively, but since opening the clinic, I have witnessed their pain firsthand; it has been a profound experience. A couple of years ago I described this sad reality in testimony for Senator Bernie Sanders at a US Senate hearing entitled, "Is Poverty a Death Sentence?" I spoke about people I have known, all of whom failed, or were failing, to get life-saving health care because they couldn't afford it; for whom poverty is, has been or will be a death sentence, and also those for whom illness is a poverty sentence. You can see this testimony at www.beershebaclinic.org. I closed my testimony with these words, "Thank you for this opportunity to speak for those without a voice, who have died or will die as a result of our country's unwillingness to acknowledge that health care is a human right and to provide affordable, high quality health care to every resident."

Not long ago I stepped into an examining room to see a woman with a tooth abscess. The right side of her face was swollen almost to the size of a baseball. She was holding it with her hand. As I looked in her mouth at the abscessed tooth, she said, "I seen videos about you. I'm so glad that somebody cares." Then she started crying, I put my arm around her and I cried too. 📺

Dr. Adams is a retired pediatric infectious disease specialist.

REFERENCES

1. Almon, Clopper. ed. Beersheba Springs, a History. Volume II: Families, Homes, Lore and More. Beersheba Springs, TN: Beersheba Springs Historical Society, 2014.
2. Accessed at www.lifepointhealth.net/investor-relations/proxy-state-ments-annual-reports, 6.4.16
3. YPLL before age 75, per 100,000 LIVES. 2016 County Health Rankings: www.countyhealthrankings.org