

The semi-annual newsletter of Venice Family Clinic Fall 2009

Encounters

Who Needs Health Care Reform?

We all do. Story on Page 2.



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Who Needs Health Care Reform?

We all do.

Robert Cohen, 57, is like most entrepreneurs. He eats, sleeps, and breathes his business—a limousine service, with three cars and three drivers—and visualizes the day when his hard work pays off in profits. For now, though, everything he makes goes back into the business, so he has little take-home pay—certainly not enough to afford an individual health insurance policy, even if he were in perfect health.

But he's not in perfect health. He has a history of heart disease and diabetes. He can get insurance for his business, his home, his car, just not his health. Yet he knows that's where he needs coverage most.

In August, Cohen had a heart attack and was rushed to a private hospital downtown.

"I was very sick," he says. "The whole left side of my heart shut down. I think I surprised everyone by living."

He had two stents placed and spent eight days recovering. Then, two hours after he was discharged, he had another heart attack and was back in the hospital for another eight days.

Seeing that Cohen needed regular follow-up for his heart condition and management of his diabetes, his cardiologist (Dr. William Cabeen, see page 3) told him about Venice Family Clinic. Cohen had never heard of a free clinic; he had assumed no one would treat him if he couldn't pay.

"Before I went to Venice Family Clinic, I just kept thinking, 'I hope it doesn't hurt too badly to die like this,'" Cohen says.

"Before I went to Venice Family Clinic, I just kept thinking, 'I hope it doesn't hurt too badly to die like this,'" he says.

Right away, his doctor diagnosed him with congestive heart failure and sent him back to the hospital (operated by L.A. County, so it was free of charge). He has been in and out several times since, but still, he's relatively fortunate—many uninsured wait so long to seek care that they never recover.

"As long as you don't get sick," he points out, "no big deal."

Therein lies the problem. *Everyone gets sick*. Plus, as everyone knows, the health care system needs to do much more than just treat illnesses—it needs to prevent them. And that means seeing patients even when they are well.

This issue is growing in urgency as, in addition to the more than 46 million uninsured in America in 2008,¹ an additional 14,000 people lose their health coverage *each day*.² Not all lose it along with their jobs. Some lose it because their employers can no longer afford to provide group plans; others because their individual policy premiums have surpassed their rent or mortgage payments.

Then there are people like Cohen, whom no insurer will touch, no matter how much they are able to pay. It's a reality Cohen knows all too well—he's also a registered insurance broker.

"The one time someone said they would insure me, it made me nervous," he recalls.

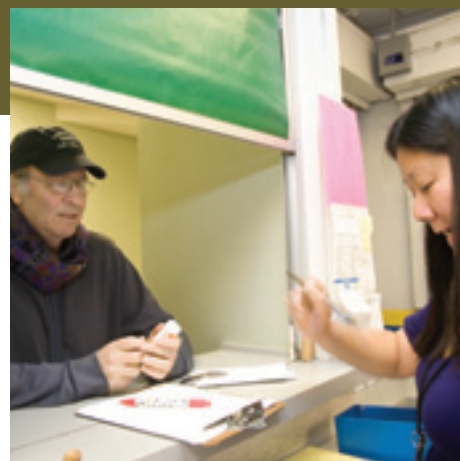
But you don't have to have an immediately life-threatening condition like heart disease to be uninsurable individually. A Venice Family Clinic employee, who asked not to be identified, recently discovered this when he enrolled in an alcohol recovery program offered by his group health plan.

"I was an extremely high-functioning alcoholic—I drank with dinner," the employee explains. "But one day I had something of a revelation. I realized I needed help, so I brought it up at one of my doctor's appointments. Then came this horrible, sinking feeling."

He realized his confession was going to follow him the rest of his life by way of his medical record. As soon as he got home from his appointment, he did an Internet search and quickly found insurance application forms that confirmed this.

One of them read, "If you have a condition, illness, or injury that is listed on the Medical Condition Rejection List below, you will most likely be declined for individual coverage."

Second on the rejection list: "Alcoholism (within five years)." Other forms said seven years. Others, ten years.



If it weren't for Venice Family Clinic's free on-site dispensary, Cohen would have to come up with more than \$1,000 per month to cover the ten medications he takes each day for his heart condition and diabetes. Photo: Margaret Molloy



Cohen has more than \$50,000 in medical bills, but he's most concerned with getting back to work. "I know I'm not the only one in this situation," he says. Photo: Margaret Molloy

"This is one of the perverted things about the health care system today," the employee says. "Too often, there's a disincentive to accessing the care you need, because anything you say can and will be used against you."

He knows he could be—probably will be—in Cohen's situation someday, unless the insurance system is overhauled. In fact, everyone at Venice Family Clinic takes the health insurance crisis personally. They are reminded on a daily basis that their coverage is simply an accident of employment.

And even those who succeed in getting individual coverage will note that almost no private policy covers pre-existing conditions. Yet almost everyone has some kind of pre-existing condition—allergies, injuries, surgeries, infections, headaches, insomnia, the list goes on—that could be used as the basis for refusal of a claim. Without group plans, the number of uninsured, or effectively uninsured, might be double, triple, or quadruple the current number.

It is this shared crisis—not the crisis of any one segment of the population—that is at the heart of the major health care reform bills making their way through Congress. The system is broken for everyone; some just have better luck in it than others.

Meanwhile, Cohen easily could be angry and dispirited over having more than \$50,000 in medical bills from his first two hospital stays, but he's not. He's focused on getting back to work, on adding to his fleet.

"I know I'm not the only one in this situation," he says. "I got lucky."

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To Everyone's Advantage: the Partnership with Pacific Heart Institute



William Cabeen, MD, FACP, FACC, and his colleagues at Pacific Heart Institute have been seeing Venice Family Clinic patients, free of charge, since 1991.

Low-income uninsured people find Venice Family Clinic in many ways—through the web site, a friend or family member, an outreach event, or simply living near or driving by one of the Clinic's eight sites. Others, like Robert Cohen (featured at left), hear about it from one of the Clinic's volunteer physicians.

"Frequently, the way it works is someone will come here for treatment and then, as in Robert's case, their insurance situation changes," says his cardiologist, Dr. William Cabeen, of Pacific Heart Institute, in Santa Monica. "I and the other physicians here feel we can't just give up on them. We try to bridge the gap."

But Pacific Heart Institute doesn't provide primary care, and it isn't a hospital. So the referral process works in both directions. Venice Family Clinic refers select patients in need of cardiology services to Pacific Heart Institute, which, in turn refers low-income uninsured patients to the Clinic for primary care and connections to L.A. County hospitals. It's a formula that has been working to everyone's advantage since 1991.

"If it weren't for Venice Family Clinic, Robert wouldn't have the resources to execute the therapies we recommend," Dr. Cabeen says.

Likewise, Dr. Cabeen and his colleagues provide services that Venice Family Clinic's patients cannot get at the Clinic or through a County hospital—either because they are not offered or because the wait times are too long. In the last 18 years, Pacific Heart Institute has provided hundreds of profusion scans, echocardiograms, pacemaker/defibrillator evaluations, and treadmill tests to Clinic patients. It has even donated equipment to the Clinic, such as EKG machines.

"We do what we can and the Clinic does what it can. You put all that together and things can work out for the patient," Dr. Cabeen says.

On the topic of health care reform, Dr. Cabeen is similarly concerned about it working out best for patients. He worries that the profit motive has taken over health care and that current reform legislation might not go far enough in controlling runaway costs. He doesn't want "window dressing"; he wants new policies that truly fix the access problems that so many people—not just the uninsured—face these days.

"If utopia was achieved, Venice Family Clinic would still care for patients, but people would have a different impetus for going there," Dr. Cabeen says. "Thank God it's there in the meantime."



Robert Cohen, seen here with his Venice Family Clinic physician, Dr. Coley King, has a history of heart disease and diabetes. He can get insurance for his business, his home, his car, just not his health. Photo: Margaret Molloy

¹ U.S. Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2008* (September 2009); p. 20

² Families USA, *The Clock Is Ticking: More Americans Losing Health Coverage* (July 2009); p. 1

How You Can Help Venice Family Clinic This Holiday Season

The end of the year is a great time to make a gift to Venice Family Clinic. Celebrate the holidays with one of these special support opportunities.

Send a Child to the Children's Holiday Movie

No one would expect children to go without food or housing or education, right? Well, let's not let them go without health care either. Help Venice Family Clinic provide a medical home to uninsured kids in our community by making a donation through the Children's Holiday Movie. Your gift will help send a child to a special holiday party in December, featuring a screening of "Cloudy with a Chance of Meatballs" and gifts from Santa Claus. Most importantly, 95 cents of every dollar you donate will benefit Venice Family Clinic's pediatric programs in the coming year.

Special thanks to the Children's Holiday Movie Chair: Rick Bradley



Photo: Margaret Molloy

Spread Holiday Cheer with Artist Cards

If you send holiday cards to friends, colleagues, or customers, consider using Venice Family Clinic Artist Cards—limited-edition reproductions donated by Venice Art Walk & Auctions artists and renowned collections—featuring new images from Tony Berlant, Jean Dubuffet, Donna Ikkanda, and Barbara Schwan. Only Venice Family Clinic has them! Each carries a message explaining that all proceeds from the sale of Artist Cards benefit Venice Family Clinic. If you've been looking for a way to spread the word about your favorite charity, look no further.

Venice Family Clinic's Artist Cards Program is underwritten by a generous grant from the Frederick R. Weisman Philanthropic Foundation.



Vice-Versa, by Tony Berlant

Join Silver Circle

Silver Circle is Venice Family Clinic's premier annual giving group, whose members donate more than one million dollars annually. Join Silver Circle with a donation of \$2,000 or more and then celebrate the accomplishments of this remarkable group at the Thank You Gala on February 1, 2010, at the Beverly Wilshire Hotel in Beverly Hills. Lou Colen will receive the 2010 Humanitarian Award, and the husband-and-wife team of Neal Baer, MD, and Gerrie Smith will be honored with the 2010 Irma Colen Leadership Award. You may also place an ad in the Tribute Journal honoring Lou, Neal, Gerrie, or anyone else you feel deserves special recognition for their efforts to further Venice Family Clinic's mission of providing free, quality health care to people in need.

Special thanks to the Silver Circle Co-Chairs: Dr. Harley and Julie Liker



Silver Circle Co-Chairs Dr. Harley and Julie Liker. Photo: Margaret Molloy

Make a Year-End Gift

Support a specific clinical program or make an unrestricted gift that the Clinic can use in the area of greatest need.

To make a donation or for more information, please contact Venice Family Clinic's Development office at 310.392.9255 or visit www.venicefamilyclinic.org.



Photo: Margaret Molloy

Our Condolences to the Families and Friends of Our Departed Supporters

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Looking for an Easy Way to Support Venice Family Clinic? Include It in Your Will

It's easy to arrange. It can be changed at any time. And it can help ensure the sustainability of Venice Family Clinic's essential services for tens of thousands of low-income and uninsured individuals. Dozens of donors have taken the simple step of including Venice Family Clinic in their wills, and you can, too. A provision or amendment at the time you make or update your will or trust is all that is necessary.

Venice Family Clinic's Legacy Society recognizes those—both living and deceased—who have remembered the Clinic in their wills or other estate plans.

For more information about how to include the Clinic in your will or establish a life-income gift, please contact William L. Jones, Interim Chief Development Officer, at 310.664.7932 or bljones@mednet.ucla.edu.



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If you have already named Venice Family Clinic as a beneficiary in your estate plan, please contact us at 310.664.7932 so that we may appropriately recognize your generosity.

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Every donor is important to us. If your name is not listed within the appropriate category or is listed improperly, please accept our apologies and notify us at 310.664.7932 so the correction can be made.

Venice Family Clinic to Say "Thank You" at Silver Circle, February 1, 2010

Lou Colen, Neal Baer, MD, and Gerrie Smith to Be Honored

Co-Chairs Dr. Harley and Julie Liker are pleased to announce that the 28th annual Silver Circle Thank You Gala will be held Monday, February 1, 2010, at the Beverly Wilshire Hotel in Beverly Hills. Silver Circle is Venice Family Clinic's premier giving group, whose members collectively donate more than \$1 million annually to help Venice Family Clinic provide free, quality health care to people in need.

In addition to saying thank you to its donors, Venice Family Clinic will take the occasion of the Thank You Gala to pay tribute to three individuals who have made extraordinary contributions to furthering the Clinic's mission: Lou Colen, who will receive the Humanitarian Award, and the husband-and-wife team of Neal Baer, MD, and Gerrie Smith, who will be honored with the Irma Colen Leadership Award.

Lou Colen and his late wife, Irma, for whom the Leadership Award is named, worked together for nearly 30 years to improve the quality of life for low-income, uninsured families in L.A. County through Venice Family Clinic. Indeed, their persistence and generosity were largely responsible for transforming Venice Family Clinic from a small storefront operation into what it is today—the largest free clinic in the country. Even Silver Circle itself, created by Irma in 1983, is emblematic of Lou and Irma's stellar achievements. It is the Clinic's biggest annual fundraising event.

Since Irma's passing, in 2006, Lou has remained every bit the leader, both as a donor and as a valued member of the Clinic's Philanthropy and Advisory Boards. Most recently, he made a \$1,000,000 gift to name Venice Family Clinic's new Mar Vista clinic, the Colen Family Health Center, which will open in early 2010.

Neal Baer and Gerrie Smith have supported Venice Family Clinic for nearly 15 years, beginning when Neal, who pursued a medical degree while simultaneously consulting and writing for the television show *ER*, performed part of his pediatric residency training at Venice Family Clinic. Neal later drew on this experience as executive producer of the hit television shows *ER* and *Law & Order: SVU*, with storylines that raised public awareness of a multitude of medical issues, including the plight of the uninsured.

Neal and Gerrie have been just as supportive privately, serving on various Venice Family Clinic boards and committees—Neal is a member of the Board of Directors—as well as hosting fundraising events and introducing many friends and colleagues from the entertainment industry to the Clinic and its work.

While most donors give specifically through Silver Circle, the Thank You Gala honors all donors of \$2,000 or more annually. All Silver Circle members are listed on Venice Family Clinic's Silver Circle Wall of Honor and receive complimentary tickets to the annual Venice Art Walk & Auctions. For more information, please contact Liza Alon, Campaign Manager, at 310.664.7912 or lalon@mednet.ucla.edu.



Lou Colen will receive the 2010 Humanitarian Award at the 28th annual Silver Circle Thank You Gala, February 1, 2010, at the Beverly Wilshire Hotel. Photo: Margret Molloy



The husband-and-wife team of Neal Baer, MD, and Gerrie Smith will be honored with the 2010 Irma Colen Leadership Award.

Patti Smith Talks and Performs for Venice Family Clinic and KCET

On Saturday, August 1, Venice Family Clinic, KCET, and *POV* presented An Evening with Patti Smith at the Santa Monica Museum of Art and Writers Boot Camp at Bergamot Station in Santa Monica. The "Godmother of Punk," as she is affectionately known, indulged 200 lucky fans with a screening of *Patti Smith: Dream of Life*, a documentary of the legendary rocker, poet, and artist, as well as a question-and-answer session featuring the film's director, Steven Sebring, and a solo, three-song performance. All proceeds from the evening benefited Venice Family Clinic and KCET. *Patti Smith: Dream of Life* will premiere December 30 on *POV* on PBS.



Left to right: Alison Dockray, Associate Development Director, Venice Family Clinic; Elsa Longhauser, Executive Director, Santa Monica Museum of Art; Steven Sebring, Director, *Patti Smith: Dream of Life*; Patti Smith; Mary Mazur, Executive Vice President & Chief Content Officer, KCET; William L. Jones, Interim Chief Development Officer, Venice Family Clinic. Photo: Michael Fuller



One Thing to Remember from the Board Chair

Dear friends,

We are on the cusp of something unprecedented in Venice Family Clinic's nearly 40-year history. Indeed, it is unprecedented in our lifetimes.

If enacted, any of the major Congressional health care reform proposals (as they exist at the time of this writing, in early November) will result in one of the biggest changes to America's health care system in history, on par with the creation of Medicare in the 1960s.

Many of us, especially those who have been involved with Venice Family Clinic since its infancy, are skeptical. We've seen the cause of health care reform taken up before, at the state and national levels, only to fail. We're wondering, "Is this really happening?" Yes, it really is happening. But there's a catch.

We must keep the pressure on.

There are powerful forces at work against reform, the biggest of which just might be human nature. It will take more than just a majority in the House and 60 "Ayes" in the Senate—those votes will come last. In the meantime, it will take the level of effort and commitment usually reserved for presidential election campaigns. Maybe more.

But don't let that discourage you. In this newsletter we have included information to help you learn more about, and campaign on behalf of, health care reform. Please read it, share it, and act on it. And don't just do it on behalf of Venice Family Clinic and its patients. Do it for yourself.

Sincerely,

Jimmy H. Hara, MD
Chair, Board of Directors

Jimmy H. Hara, MD, FAAFP, is Lead Physician for Community Benefit for Kaiser Permanente Southern California and Residency Program Director for the Family Medicine Residency at Kaiser Permanente Los Angeles. He is also a Clinical Professor of Family Medicine for the David Geffen School of Medicine at UCLA. In addition, Dr. Hara is Chair of the Healthcare Workforce Policy (Song-Brown) Commission for the Office of Statewide Health Planning and Development. He has been a volunteer physician at Venice Family Clinic since 1971.

Frequently Asked Questions about Health Care Reform

How many people in America are uninsured?

Estimates vary and are subject to some interpretation, but many, including that from the 2008 U.S. census, put the number at nearly 47 million, which is roughly 16% of the population. (It is difficult to arrive at a precise number since people are continuously gaining and/or losing their coverage.) This number has implications for everyone. Hospitals, for example, charge higher rates to people who can pay for their care to help offset the cost of visits made by those who can't.

Is health care reform just about helping everyone get (and keep) insurance?

No. In addition to health insurance being hard to come by, health care costs are out of control; the quality of care is suffering; prevention is poorly funded; and primary care doctors are in short supply. In addition, even those who have insurance are not guaranteed to find doctors who will treat them, since insurance plans are not universally accepted.

Who are the major stakeholders in health care reform?

It is safe to say that every American, as a patient or consumer, has a stake in health care reform. But some have a larger or more complicated stake than others. Doctors, nurses, and other health care workers make their living practicing medicine, and, besides wanting to see patients get the care they need, they want to know that they won't be put out of business by reform or the lack thereof. There are also hospitals, drug companies, equipment manufacturers, insurers, and unions, each of which has its own unique set of interests.

How much does America spend on health care annually?

It is estimated that national spending on health care will reach \$2.5 trillion, or 17.6% of gross domestic product (GDP), in 2009. (GDP is the market value of all final goods and services produced in the United States annually.) But as staggering as these aggregate numbers are, they tell only a fraction of the story. Health spending is rising faster than GDP; health insurance is the fastest growing expense for employers; medical debt is the leading cause of personal bankruptcy; and, over the last decade, the cost of employer-sponsored health plans has increased more than 130%. In other words, as bad as it is, the situation is getting worse.

How did the United States end up with an employer-based health insurance system?

During World War II, the National War Labor Board—a government agency—enacted a wage freeze to help prevent labor disputes that might hurt the war effort. The wage freeze did not apply to fringe benefits, however, so employers began offering health insurance to attract employees. That system remains in place today, with more than 58% of Americans in 2008 still receiving their health insurance through their employers. Such a system is problematic since so many other countries' citizens are covered by single-payer (i.e. government-run) plans financed by income taxes, meaning American businesses often shoulder costs that employers in other countries do not. This has caused many employers in the U.S. to drop their group health plans to remain competitive globally.

What do the leading Congressional health care reform proposals have in common?

While their means can vary considerably, each of the major Congressional health care reform proposals offer numerous changes, including a mandate requiring individuals to purchase coverage; a mandate requiring employers to provide coverage to their employees; subsidies to individuals and employers to help them purchase coverage; expansion of public health insurance programs, such as Medicaid, to cover more of the low-income uninsured; insurance pooling mechanisms to help individuals and small employers purchase qualified coverage; minimum/standardized benefits packages; changes to private health insurance, including requirements that insurers offer coverage without regard to health status, use of services, or pre-existing conditions; and measures to control costs, improve quality, emphasize prevention, and facilitate long-term care for the aged and disabled.



One of the most important elements of the major Congressional health care reform proposals is the expansion of Medicaid (known in California as Medi-Cal). Fifty percent or more of Venice Family Clinic's patients would gain coverage. Photo: Margaret Molloy

What would Venice Family Clinic like to see come out of health care reform?

Venice Family Clinic would like to see a health care system that provides everyone with health care coverage and access to services. Coverage needs to include a core benefit package that provides medically necessary, comprehensive care, including preventive care, early detection and screening, care for chronic conditions, emergency care, acute care, prescription drugs, and end-of-life care. Pre-existing conditions should not be excluded from coverage, and insurance companies should not be allowed to drop people who become sick. Health insurance needs to be portable, meaning individuals can keep their health plan even if they lose or switch their jobs. Legislation needs to address and build more access to primary health care through expansion of community health centers and free clinics and by providing incentives to increase the number of primary care physicians.

Furthermore, health care reform must be systemwide. Piecemeal reform that helps some categories of people to the detriment of others would not bring our country closer to an optimal health care system. Reform needs to ensure that all Americans receive excellent health care. It needs to include equitable financing that eliminates cost-shifting across both public and private insurance programs and payers. And it must include a simplified administrative structure that reduces variations that currently confuse patients, payers, and providers.

What would happen to Venice Family Clinic, as well as other clinics and health centers, in the event of health care reform?

There once was a time when free clinics were seen as a bandage on the health care crisis. Today, however, free clinics, along with community health centers, are indispensable to low-income patients and other health care providers alike. They will play central roles in reforming the system, for several reasons. First, they have expertise reaching individuals and communities that have had the hardest time accessing health care, such as the homeless and the working poor. Second, low-income communities typically have higher incidences of chronic diseases, and free clinics and community health centers have developed specialized knowledge in addressing those conditions. Third, it is estimated that medical costs for people who receive their care at a community clinic are more than 40% less than for those who receive the majority of their care elsewhere. In short, health care reform can't happen without free clinics and community health centers.



In addition to the crisis of the uninsured, America's health care system is suffering from a shortage of primary care doctors. Meaningful reform must include incentives for doctors to choose primary care. Photo: Margaret Molloy

Learn More about Health Care Reform

There is no shortage of analysis of the various health care reform models and legislative proposals. In fact, you might find all the coverage a little daunting, so here are some resources to help you identify the major issues and then, if you like, the finer points, too.

Kaiser Health Reform Gateway: healthreform.kff.org

The Kaiser Family Foundation is a non-profit, non-partisan, private foundation focusing on the major health care issues facing the U.S. Its health reform gateway is a superb source of information and includes background on the history of health reform efforts in the U.S., a side-by-side comparison of current major reform proposals, analysis of key issues—such as costs, quality, and coverage—a glossary of key terms, and an explanation of how reform legislation works.

New Yorker Magazine, "The Cost Conundrum": www.newyorker.com

Surgeon and writer Atul Gawande compares two Texas border towns—McAllen and El Paso—to learn more about why health spending (specifically, through Medicare) varies so greatly from one local health care system to another, with no appreciable difference in quality. The answers might surprise you. Visit www.newyorker.com, enter "Cost Conundrum" in the search field, and scroll down to the main article from June 1, 2009, under the heading "Annals of Medicine."

President Obama's Plan: www.healthreform.gov

This web site is run by the Department of Health and Human Services to promote President Obama's key goals for health care reform: to lower costs, to improve quality and coverage, and to protect consumer choice. President Obama's plan is the first comprehensive presidential health care reform effort since President Clinton's, in the early 1990s.

Venice Family Clinic's Facebook Page: www.facebook.com

By signing up as a Fan of Venice Family Clinic on Facebook, you'll automatically receive content that Venice Family Clinic thinks is important to the health care reform debate, such as patient stories, news articles, and videos. Just log in at www.facebook.com, enter "Venice Family Clinic" in the search field, and click the "Become a Fan" link next to the Clinic's name at the top of the page. That's all it takes. Updates from Venice Family Clinic will then appear in your feed.

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Mass H1N1 Vaccination Program Underway

In partnership with the Los Angeles County Department of Public Health, Venice Family Clinic is conducting a mass H1N1 vaccination program through dedicated clinics at two of its sites, four days a week.



Rosa Lopez-Cruz, 20, receives an H1N1 flu vaccine from Venice Family Clinic Medical Assistant Edna Vicente. The Clinic's mass H1N1 vaccination program is open to all high-risk residents of Los Angeles County, through the middle of January. Photo: Tim Smith

The vaccine is available to all high-risk residents of Los Angeles County, regardless of income, assuming adequate supply. No appointment is necessary, and the vaccination is free.

Walk-ins are welcome at the Simms/Mann Health and Wellness Center at 2509 Pico Boulevard, Santa Monica, on Tuesdays and Wednesdays from 3:00 to 5:00 pm and 6:00 to 8:00 pm, and at the Milken Family Foundation Medical Building at 604 Rose Avenue, Venice, on Thursdays from 3:00 to 5:00 pm and 6:00 to 8:00 pm. Clinics will also run on select Saturdays; please call 310.392.8636 for more information.

Venice Family Clinic is following the Department of Public Health's priority vaccination guidelines, focusing on pregnant women, anyone age six months through 24 years old, people living with or caring for infants less than six months old, those 25 to 64 years old with certain chronic medical conditions or a weakened immune system, and health care workers.

Funding and vaccines are provided by the Los Angeles County Department of Public Health. The program is scheduled to run through the middle of January.



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Venice Art Walk & Auctions Turns 30 and Celebrates with More Art, Artists, and Artful Destinations than Ever

If you attended the 30th anniversary Venice Art Walk & Auctions on Saturday and Sunday, May 17 and 18, 2009, you experienced more than ever before—the biggest Silent Art Auction ever, at over 450 pieces; more artists' studios than ever, topping out at nearly 70; and more stunning homes than ever, including those on a third Art & Architecture Tour, on Sunday. And it raised nearly \$400,000 to help Venice Family Clinic provide free, quality health care to people in need.

How does the event keep breaking new ground? Through volunteers, of course. So save the date for the 31st annual Venice Art Walk & Auctions, May 22 and 23, 2010, and watch your mailbox/inbox for more information about volunteer opportunities. If you would like to be involved in the planning of next year's Venice Art Walk & Auctions, please e-mail VFCAWVolunteer@mednet.ucla.edu.

Special thanks to the 2009 Steering Committee: Leslie Adler (Co-Chair), Alison Dockray (Co-Chair), Mary Jensen (Co-Chair), Karen Chu, Amy Coane, Rhonda DeVictor, Lisa Gelber, Deborah Glusker, Michael MacLachlan, Pam Morgenstern, Jodie Rea, Katrina Revenaugh, Ellen Roggemann, Alan Shaffer, Valerie Shavers, Ricki Sherlin, Sandy Singer, Matt Tager, Jessamine Tepper, Jamie Theis, Irene Weibel



Left to right: A volunteer outside the studio of painter and sculptor Michael Giancristiano, one of more than a dozen new artists whose studios appeared on the artists' studio tours; Jheri Redding commemorated the 30th anniversary with 30 ceramic Venice Art Walk honey bears; and hundreds of lucky winners left the Silent Art Auction with new works for their walls, such as this piece by Bill Barminski. Photo: Janko Woltersmann