Lessons in Caring from Neighborhood Fellowship

Dr. Richard Gunderman, MD, PhD

Hospitals often treat health as a product. Politicians often speak of it as a right. And even health professionals allow themselves to be called healthcare providers. But underlying the vernacular of contemporary healthcare is a deeper reality. Occasionally, health professionals stumble across such a reality, reminding us that health means wholeness, that caring is a gift, and that good care is mutual engagement.

Jim Strietelmeier, who died in 2023, lived and worked in a struggling urban neighborhood on Indianapolis' near east side, one marked by high rates of poverty, unemployment, and crime. He was one of the pastors of Neighborhood Fellowship Church, a community founded almost 40 years ago in his living room. For the majority of that time, the congregation has occupied a once-derelict church building that is well over a century old. When they moved in, you could look up from the basement and see the sky.

One of the most remarkable features of Neighborhood Fellowship remains the Indiana University Student Outreach Clinic, founded in 2009, which has since moved across the street. Jim recalled the day the idea for the clinic was hatched. He was talking to Javier Sevilla, MD, an IU faculty member and parishioner at a sister church in a more affluent part of town. Having visited Neighborhood Fellowship, Sevilla understood the healthcare challenges the community faced. He knew that medical students could help to meet those challenges. One day Sevilla called Jim.

"Jim," Sevilla said, "I would like to start a clinic in your church."

"That's great news, Javier," replied Jim. "We have been praying for this for 12 years."

"But please understand, it has to be free," said Sevilla.

"Absolutely," replied Jim. "We wouldn't have it any other way."

"And Jim," continued Sevilla, "it has to be student led."

"No problem," replied Jim. "You could offer nothing more than band aids and candy stripers, and we would be better off than we are now."

"And finally," said Sevilla. "I want you to share with these young doctors the work you and your church are doing. You see, many of them come from affluent backgrounds, and they have not been exposed to the contributions that faith can make to an underserved community."

"Come on in!" Jim responded.

Before the clinic was founded, Jim and his parishioners spent a surprising amount of their time ferrying neighbors to and from the hospital. Today much of that care is delivered on site. And though the clinic was initially staffed only by medical students, it has since expanded to include students from pharmacy, law, dentistry, social work, physical and occupational therapy, nursing, and public health, each serving a distinctive set of patient needs. To students from IU have been added others from institutions such as Butler University and the University of Indianapolis.

To the knowledge of those involved, it is perhaps the most multi-professional student-run clinic in the United States. Patients come for diagnosis and treatment of acute disorders such as respiratory infections and skin rashes, as well as more chronic problems such as diabetes and hypertension. But they can also get free medications, nursing and dental care, legal advice, connections to social service agencies, and help with rehabilitation from illnesses and injuries. Seeing about 30 patients each clinic day, it may be the largest student-run clinic in the US.

During its early years, the clinic operated out of multiple rooms in the church. The church's nursery doubled as a patient waiting room, and the clinic used one of the church's job training rooms for its legal and social services clinic. Supplies such as throat culture swabs, suture kits, and alcohol pads were stored in the basement in what was once a coal room. In some of the rooms, portions of the walls still awaited plaster and paint. Yet everything was neatly arranged, and despite the humble surroundings, the facilities evoked a commitment to service

Over the years the clinic has been in operation, the rate of emergency room visits from the surrounding community has plummeted. One way public health experts compare such rates is to create a color coded map of the zip code, representing neighborhoods with high rates of emergency room visits in red and those with low rates in blue. Neighborhood Fellowship's was once all red, but more recently it stood out as an island of blue.

The clinic makes a difference in patients' lives. One such patient was a former biker whose street name was "Ski", a man who spent much of his life in prison for dealing drugs. When he showed up at the clinic for the first time, he had a number of health needs. As these were tended to, his health improved, but he still faced a huge hurdle getting his life back on track. Specifically, his dental care in prison had been very poor, and his front teeth were missing. Although he could get odd jobs, he was never able to turn one of these jobs into a career.

Then the dental school developed a program to help clinic patients get their missing teeth replaced. Soon after "Ski" received new teeth, he found that he could get and hold a job. Before long, he found steady employment with an engineering company, and he moved so far up the ladder that he actually needed to move out of state to accept his next promotion. His story is one example of how the inter-professional services of the clinic have helped people turn their lives around. It attends to patients as whole human beings, something even the healthcare of the affluent often has difficulty doing.

Some years ago, a large health system tried to replicate the clinic's success. Its strategic planners analyzed the patterns of patient visits to its nearby hospital's emergency room and identified the neighborhood supplying the greatest numbers. So it partnered with a local church and started a clinic staffed by its own personnel. As a large health system, it could make greater resource investments than Neighborhood Fellowship. However, this second clinic did not succeed. Patients did not seek care there in sufficient numbers, and within a year it closed.

This second clinic's closure provides insights into the enduring success of the clinic at Neighborhood Fellowship. Said Jim, "I think the clinic failed in part for the very reason it was founded. The people at the large health system were interested in such a project because they thought it would reduce emergency room visits**.** To them, opening a free clinic appeared to be a new and more cost-efficient way to deliver services to the neighborhood. And from the point of view of hospital executives, this made sense."

"But what they didn't understand," continued Jim, "is that people in poverty put relationships first. To a middle-class person who has insurance and money, it does not matter so much who provides the service, so long as you get what you need. But to a poor person, relationships are everything, so you stick with the relationships you know. Our neighbors knew that our church was not just delivering services to poor people in the neighborhood. Far from it, we ARE the poor people in the neighborhood, and this means that people trust us."

"Just think what happens even today when a neighbor visits a hospital emergency room," Jim continued. "What is the first thing they see? Often it isn't a greeter or someone there to provide service. It is a security guard behind a barrier. And at night, it isn't just a security guard but also a guard dog. What kind of message does this send to people? Basically, it says that the hospital does not trust the people it is serving. Poor people notice this, and it makes them feel very unwelcome and distrustful. Who would go to such a place unless they absolutely had to?"

Jim believed there is another lesson to be learned from the failure of the second clinic. As he described it, "The health system that started the second clinic wanted immediate results. They expected to see significant numbers of patients and declines in emergency room visits right away. When that didn't happen, they pulled out. In our case, everyone knows that we are not pulling out. They know no one is making any money here. We have no place to go, and as a result, we are in it for the long haul."

"A final factor for our success" said Jim, "is the way the church values people in the neighborhood. People who don't have a job, rely on public assistance, or have been in trouble with the law have been made all their lives to feel worthless. But they know that we do not value them based on their wealth and productivity. The church values them because they are made in the image of God. They know that we are here to be kind and promote their dignity. When you have that kind of relationship as a foundation, a clinic like ours can thrive."

Charles Goodwin, who now practices medicine in Michigan, was once a fourth-year medical student who had been volunteering at the clinic since it opened. "I first started

coming here because I was working on a PhD after my second year of medical school, and I wanted to keep a hand in patient care. But I soon discovered something remarkable. The people you meet here are not walking stereotypes of the poor. These are real people with real lives, and when you get involved in helping to care for them, you begin to discover how immensely rewarding it can be."

Goodwin recalled one homeless patient who showed up for the first time in the clinic one day. He had come in for one reason: his toenails hadn't been trimmed for several years, and he was now having difficulty walking. This was not what Goodwin went to medical school to learn to do, but he and the supervising faculty member got a pair of scissors and spent over an hour working together to trim the man's toenails. Meanwhile, Jim's daughter ran back to their house to get a clean pair of his socks for his feet.

"This may not sound like much," said Goodwin, "but we made a huge difference in this man's life. For the first time in months, he could walk normally again. He was so appreciative. I grew up in a largely secular family, and did not know the Bible terribly well when I got here. But since then I have read it, and I have come to the conclusion that it is pretty clear what Christianity should look like, and I find it here. After a while you begin asking yourself, 'Why aren't there clothing banks, food pantries, and free clinics in every church?'"

Jim echoed this sentiment. "Some people are surprised that we devote ourselves to the service of the poor and downtrodden. But to us, this is the Christian mission. They are our brothers and sisters. I think of one of my foster children, who is moderately mentally handicapped. He may not be as bright as other kids, but he loves us, and we love him. When someone asks whether he is worth our time, I answer this way: 'To me, he may seem mentally limited. Yet just think how much more limited I must appear to God, and yet He loves me. It is through serving those in need that we enter into God's grace.'"

Compared to the strategic plans of large healthcare corporations and the provisions of state and national health policy, the student-run clinic at Neighborhood Fellowship represents an anachronism. It begins not with revenue but needs. And instead of delivering healthcare, it serves people. For these and other reasons, its lessons may not be readily exportable to other communities. Yet in one poor community on the near east side of Indianapolis, it continues to teach and offer genuine compassion, helping to promote true wholeness not only for patients but for the people who care for them.