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Free medical clinic moves to new home in Newton

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NEWTON — After operating out of donated space in downtown Newton for the past two years, the Free Clinic Newton will reopen Monday at what, for the first time, will be its own dedicated facility just a few hundred feet from Newton Medical Center.

It's a huge milestone in the realization of what Dr. Jeffrey Liegner, the clinic's founder, envisioned more than two years ago when he spoke not only of his immediate goal of bringing a professional level of medical care to an underserved population while relieving the pressure on crowded hospital emergency rooms, but also his hope, in time, of growing the clinic into a community asset.

Making the move was not a decision taken lightly: For the first time, Liegner said, the clinic will be responsible for coming up with \$1,000 in monthly rent at its new location in the former Newton Pharmacy building at 67 High St. That's a break from what would otherwise be the going rate on commercial space of this type, but it's an additional expense nonetheless.

The clinic's walk-in hours — Monday and Thursday from 6 to 8 p.m., and the first and third Saturday of each month from 9 to 11 a.m., except holidays — and its practice of never turning away any patient remain unchanged from what they were at the space formerly provided to it at the Moose Lodge, whose facility on lower Spring Street is set to undergo major repairs.

New location, same mission

When the free clinic first opened in 2012, Liegner had no way of knowing how it would be received.

He recalled a visit from one official early on who told him the ramp at the Moose Lodge was not pitched at the required height needed for wheelchair access.

"It (the ramp) was actually there before we got there and was just for pushing beer kegs up into the space, but I said fine, if it's a problem, I'll just move to Hampton or someplace else," Liegner said. "Somebody else came around and said our sign was a little bigger than what was allowed under the town ordinance, but then they just went away."

But other than those very minor tiffs, "the Town of Newton and the Police Department have been extremely supportive of us," Liegner said.

The steadily increasing patient load since then — the clinic had more than 1,200 patient visits in the last year alone — has also been accompanied by a steadily increasing number of volunteers, now numbering close to 40. Both left little doubt in Liegner's that the clinic had long since outgrown its former digs and that the time had come to find it a permanent home.

"We're going to start a campaign for more donations in the near future and are going to have to be more dedicated to fundraising, but we're also going to have better power, lighting and temperature control and will be more capable of providing services that we weren't necessarily able to provide before," Liegner said.

With a steady source of power for refrigeration, he said, the clinic will be able to store insulin and other

medications that, until now, it was unable to keep on-site.

“I probably have obtained, through donations, more than \$300,000 in high blood pressure medicines, diabetic medicines, inhalants for lung disease and asthma — even EpiPens (a self-administered injection used for treating severe allergic reactions to bee stings and other emergencies) — that people can’t afford because of lapses in their insurance or inadequate coverage or just no money at all,” Liegner said.

Most of the donated medications, he said, have come directly from the pharmaceutical companies that manufacture them.

“I go out and work the system,” was how Liegner — who is also president of the Sussex County Medical Society — put it.

Every patient has a story

Liegner said the patients seen at the clinic have included, most recently, a woman with basal cell carcinoma all over her scalp that had gone untreated for lack of funds and who is now receiving an experimental medication by arrangement through the clinic.

Another patient, an immigrant from Turkey without any kind of insurance, had been suffering from diabetic retinopathy, which is the leading cause of blindness for those under 65 years of age. Liegner, an ophthalmologist, has since provided the man with laser treatment at his medical practice in Sparta that will reduce the symptoms and enable the man to preserve what vision he has left.

Another patient — Joanne Mady, 49, who agreed to speak with the New Jersey Herald — had no insurance and had been suffering from whole-body psoriasis so severe she had not worn a short-sleeved shirt in public in nearly 10 years. During that time, she had also begun suffering from rheumatoid arthritis — which, like the psoriasis, was the result of an autoimmune reaction — and figured it was only a matter of time before she would have to quit her waitress job, which she said she loves.

In early August, after she injured her pinky — which she had thought was broken but turned out not to be — an acquaintance suggested to Mady, who lives in Milford, Pa., that she visit the free clinic. She never expected, as a result of that visit, that Liegner would offer her help in obtaining a treatment for her psoriasis, but that’s exactly what happened.

Since then, through the free clinic’s sponsorship, Mady has begun receiving Enbrel — a drug used to treat psoriasis and other autoimmune diseases — from a nonprofit foundation supported by the drug’s manufacturer. The drug, she said, would otherwise cost her \$5,600 per month — an amount she would never be able to afford on her own.

Not just for

bumps and bruises

But as Liegner explained, the free clinic is about far more than treating bumps and bruises. When a patient comes in who has a condition requiring special expertise or resources, efforts are made to coordinate that care with other medical providers including endocrinologists, psychiatrists, orthopedists and others who support the clinic’s work.

In fact, he said, “The medical professionals in our community deliver free care to patients every day. It is just hidden in their offices and kept away from the public’s view. Now with the free clinic, we want the community to see there is a place that they can go instead of the emergency room for professional medical care.”

With the pain from her arthritis easing and her psoriasis gradually fading into remission, Mady — a mom of two and grandmother of one — cried as she told of looking forward to next spring when, for the first time in a decade, she hopes once again to enjoy the simple pleasure of wearing a short-sleeved shirt without having to remain covered up even as the temperature soars to 90 degrees or above.

Each of the patients seen by Liegner and the other physicians who volunteer at the clinic — Dr. Farhad Idjadi, a retired surgeon; Dr. Gary Peter Muccino, a retired family practitioner; Dr. Paul Owens, a cardiologist; and Dr. Geeta Sehgal, an obstetrician/gynecologist — brings their own story.

But the patients, by and large, fall into three categories.

‘The poor and the proud’

Among them are many who are unemployed or considered to be working poor — or, as Liegner calls them, the poor and the proud. Frequently they include those who are between jobs or who, because they have little or no insurance, may have delayed critical treatment for anything from broken bones to chronic conditions like diabetes or high blood pressure because they can’t afford the high cost of medication and doctor visits.

Also included in this group are those who have jobs but who have high-deductible policies that they obtained through an employer or from a private insurer under the Affordable Care Act — a real and growing challenge, according to Liegner.

“Having insurance with high deductibles when you're living hand-to-mouth or you're barely making a living does not equate to having access to care if you can't afford the deductibles and you can't afford the co-pays,” Liegner said. “Do we turn these people away? No, we don't. We actually take care of them to the extent we can.”

A second group of patients commonly seen at the clinic are those described by Liegner as being “off the grid” — that is, those who may be in the country without documentation or, for any number of other reasons, are living in the shadows and are afraid to disclose their real name or social security number.

“They may earn money — it's a cash relationship — but they don't want to apply for Obamacare, don't want to be connected to the IRS, and don't want to be asked why they haven't filed a tax return,” Liegner said. “But where are they going to get healthcare in a system that's designed to capture all individuals' identity?”

A third group of patients, he said, includes those who, either because of impaired cognitive abilities or mental illness or other limitations, “cannot participate in this highly regulated, highly sophisticated, technology-based system that we have. They can't use a computer, can't fill out an application, can't sit on the phone, can't connect with the government, but they're desperate and they're sick and aren't getting the proper care, and I see them all the time. They're in our communities and on our streets, and we don't know why they're having a problem but they do.”

Volunteers from

all walks of life

Liegner said he sees a surprising number of children at the clinic as well — something he didn't originally expect since the state actually has a publicly funded program, NJ Family Care, for low-income families with children.

But, he said, “The reality is we see children, and it's because at any given time, there's a large number of people moving into the area with sick children who haven't yet been enrolled in the system, or they're traveling through the area and they're looking for someplace where they can find work, and their children are sick and have nobody to take care of them.”

How do they all find out about the clinic?

“They find out,” Liegner said. “If you go online, it pops up. Plus they're talking to their friends, and their friends know friends. People come from Allentown, from Bergen County, from Scranton. You can't believe people would travel so far to get here, but they have nobody to take care of them. That's why we're here.”

The free clinic includes on its staff not only physicians but also volunteer nurses and technicians such as EMTs, x-ray and respiratory technicians who are familiar with medicine and able to assist with other functions such as dispensing medications.

The clinic's volunteers, Liegner said, also include a surprising number of people with no medical background at all but who nonetheless want to help any way they can.

“There's a tremendous number of people who have always been interested in medicine but never went into a medical profession, but they're great humanitarians and want to be involved in medicine,” Liegner said. “And that's a wonderful place because we need them for receptionists, for management issues, and to help give our patients direction, to hear their stories, and to help explain access to other resources in the community whether it's vaccinations through the Health Department, pregnancy help, or homeless or abused individuals who need access to the DASIs (Domestic Abuse and Sexual Assault Intervention Services) of the world.”

An additional benefit of the clinic, Liegner said, has been the number of high school and college students with a budding interest in medicine who, through volunteering at the clinic, have been able to obtain a direct exposure to medicine and to decide if it's a career they wish to pursue.

Nobody gets turned away

Though young people continue to volunteer as candy strippers or in other capacities at local hospitals, Liegner said patient privacy laws today generally prohibit them from having direct patient contact — a consideration that, in a charity care setting, can be relaxed a bit.

At the hospital, Liegner said, “they flip hamburgers, they stack boxes, they do inventory. Here, these volunteers can participate in direct patient care. They can put their hands on a grandma, they can listen to people, we can give them a stethoscope and teach them how to do blood pressure tests, and they can decide

if this is a path they really are interested in long before they decide to go down a track toward medicine.

As compared with an average of \$167 per Medicaid patient, Liegner said the clinic — which pays no salaries and is entirely volunteer-based — has been able to treat patients, until now, for an average of \$15 each. That amount, he said, will increase somewhat now that the clinic is paying rent, but it still will fall well short of the average charge under Medicaid.

The clinic's policy states that free care will be provided to any patients who lack insurance to pay for the care they need and who make \$44,000 a year or less for a family of four, or below 200 percent of the federal poverty level.

But in the interest of minimizing overhead and bureaucracy, the clinic does not engage in the extensive pre-qualifying of patients found at most other public and private facilities. Doing so, Liegner said, would require “an enormous amount of administrative effort, and the very people who need this service are sometimes individuals who can't produce those documents and who cannot comply with the do-this, do-this, do-that. So we choose to provide that care for free, and we trust our family in our community to not take advantage of us, to not take services away from somebody else who needs it when that person could afford it themselves.”

He added: “Some people might say I'm naive, but the reality is there will always be some people who will take advantage of us — shame on them. But there are also people who are denied care when they go through the process of pre-qualifying, so the reality is I would rather give care away and be taken advantage of and sleep comfortably knowing I delivered that care than to deny care to someone who really deserved it.”

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