

CLÍNICA ROMERO: Vital Resource Created by Refugees

by Paul Hoogeveen

In 1980, El Salvador was in the grip of civil war. Amidst the growing unrest in which the country was embroiled, Monseñor Oscar A. Romero, El Salvador's archbishop and an outspoken critic of the military government, was assassinated by the ruling junta. His death sparked further rebellion, and ever-harsher military crackdowns led to increasing numbers of refugees flowing north to the United States.

A year later, a group of these recent Salvadoran immigrants founded an organization in Los Angeles, Calif., called *El Rescate* (The Rescue), the initial function of which was to provide support for fellow immigrants from El Salvador. As more immigrants arrived from this and other Central American countries, such as Guatemala, it became increasingly apparent that medical and health education services were badly needed by this growing segment of the population.

Thus was born the idea of a free health clinic for Central American refugees, known today as Clínica Monseñor Oscar A. Romero ("Clínica Romero") – an organization that has grown from its modest beginning to become a full-service community health center with more than 16,000 clients.

"The idea of opening up the clinic evolved during the early '80s," explained Dr. Eduardo González, Clínica Romero's executive director.

"*El Rescate* was the first organization in the United States that provided immigration and social services to refugees from El Salvador and, eventually, Guatemala and the rest of Central America. One of the needs in the social services department was, obviously, the need for health care. We used to refer our clients at that time to county facilities and the handful of free clinics that were in the area, but obviously the need was overwhelming, and the capacity was not that great."

The clinic's beginnings were humble, according to González. At first, it offered little more than health education classes.

"We started gathering information and recruiting some volunteers – nurses, doctors, health educators – people who could help develop a clinic," he said.

"At the time, people were thinking 'what should we name it?' The guideline was to name it in a way that would resonate within the community – that it should be a name people would easily recognize, that people could know this is a place where they are welcome and where there is hope for them.

"It was a no-brainer to name it after Monseñor Romero. The clinic opened its doors in 1983 as a free clinic, with a handful of volunteers and a couple of staff members."

González himself is no stranger to the difficulties that faced refugees from El Salvador, Guatemala and other Central American countries. A native of El Salvador, he was forced to flee the country when the military clamped down at the University of El Salvador, where he was studying medicine.

"In July of 1980, the university was closed – the military government closed it by force," González recalled.

"Actually, the army took it over while students and faculty were on campus. It was a very difficult time in El Salvador, around the time that Monseñor Romero was assassinated, and when the civil war began. There was tremen-



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dous repression and persecution of anybody, particularly young people.

"If you were a university student, you were seen as an enemy of the establishment, because of the freedom of ideas and expression at the university at that time. There were violent incidents surrounding me that put my safety in jeopardy, and as a result, I decided to leave the country. I left all my family behind; I was the only one who left. It's particularly difficult

to leave your homeland when you aren't planning to make a life abroad. But compared to my compatriots, I don't consider myself as having gone through a great deal of difficulties in my new life."

In fact, working for *El Rescate* and helping launch the clinic was itself a means of easing his transition, said González, who was alone and had no other obligations at the time.

"There were many people coming from El Salvador at the time under very, very difficult and extreme circumstances, so I felt that I had found the opportunity to continue being of service. Because of that, I believe that my transition wasn't as hard, because I wasn't focusing too much on myself, but on what I could do for others."

González shares a long history with Clínica Romero; he was on the second board of directors of *El Rescate* when it was founded in 1983 and later became its executive director.

"I was the executive director of the clinic from 1991 to 1993. I returned in 2004 and have been executive director since then. It's been sort of a full circle for me because I saw Clínica Romero when it was born, then when it had grown and was still a free clinic, and now when it is a fully qualified health center."

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"We're a multisite organization. Our community center is mainly for community activities and other functions. Our other two sites are primary health care clinics, with medical, dental and mental health services. We also provide some prenatal and post-partum care, as well as pediatric through elderly – all ages and stages of life."

The clinic also puts a great deal of emphasis on health education. It has two programs that cover diverse aspects of health awareness and prevention issues. The first, González said, is the Clinical Health Education Program, which teaches clients to help manage their own illnesses and health conditions, such as diabetes, hypertension, arthritis and also includes a prenatal program for pregnant women and dental care programs – particularly for children – focused on prevention.

"This is geared toward patients with an established medical condition, for instance, diabetes. Such patients, besides the health care, the labs and the medications, will also receive classes where we'll work with them so they can fully understand what their diabetes is all about, and how they can participate in taking care of this disease, which is not curable, but is manageable."

The second program, Community Health Education and Prevention, provides education on substance abuse and other issues.

"Right now we have a program on tobacco, alcohol and drug use prevention. We're also starting a program focusing on obesity. We also have a goal – or a dream at this point – to develop a healthy communities initiative in our service area, where we will involve the community members, schools, businesses, churches, supermarkets, et cetera, as well as elected officials, to make the area a healthy area where kids, for instance, will be able to have access to nutritional foods, areas for physical activities.

"It's a very comprehensive approach; it will take many years, but we think we will be able to do it slowly but surely. We want to empower the community to take charge."

Clínica Romero has ongoing agreements with medical schools such as the University of Southern California (USC) and the University of California at Los Angeles (UCLA) in which medical doctors in residence programs, particularly in family practice, do rotations. It also offers internships for

medical assistants and works with mental health graduate students and with dentists who need to complete the hours required for a license.

While it has its roots in *El Rescate's* work to help Salvadoran refugees, Clínica Romero's mandate has since broadened and become far more inclusive, encompassing the whole of the community in which it is based.

"Our mission is to provide this service to the uninsured and underserved. While we were originally created to respond to the needs of the growing population from El Salvador and other Central Americans, we now provide health care to anyone who needs health care in our service area. However, because of our name and our history, people still think we provide care only for Central Americans, but that's not true."

Indeed, the clinic has become so successful in providing much-needed care to the underserved in its service areas of Los Angeles, it hardly needs to advertise its existence.

"We don't publicize our services, except for our Web site. It's basically by word of mouth – it's the most effective outreach in the community. We get demand for more services than we could possibly provide. However, we are trying to grow our Medi-Cal (Medicaid) population – still low-income, still underserved, but they have health insurance. And because we are a qualified community health center, we get reimbursement for each Medi-Cal visit. That helps us subsidize care for the uninsured. Right now, about 25 percent of our visits are from Medi-Cal patients; we'd like to grow it to 40 percent. So the outreach we do is specifically geared toward that population, which is mostly women and children."

González also points out that while Clínica Romero continues to provide services to the uninsured and to those on welfare, over 90 percent of its patients are fully employed, but lack health insurance through their employers.

"I think people need to know that we're taking care of the working poor – people who don't have access to health care because they don't have health insurance.

The clinic has become something of a business model; recently, it received its pharmacy license, a nearly unique occurrence in its service area. "Only one other health center in Los Angeles has a pharmacy. We are becoming more integrated, almost like a business."

Now in its 25th year, Clínica Romero launched its current capital campaign a year ago with the goal of raising \$5 million in order to purchase the 123 South Alvarado Street site, which it was in danger of losing. Having raised over \$4 million thus far, with the help of such monetary gifts as \$850,000 from the S. Mark Taper Foundation – the single largest private donation in the clinic's history – it seems well on its way.

"It's an exciting time for me. We've started new and exciting projects; we're almost at the end of the capital campaign, and we're looking forward to expanding and providing more services. We're still a community-based organization. We're very lucky to have an excellent staff – and medical, dental and mental health providers – people who are really committed, people who really care about this community, people who really care about their call in providing health care and don't necessarily care too much about the salary or the benefits."

But perhaps it is his full-circle journey of which he remains most proud. "From every angle that I look at it, it was a very positive thing for me. And I would do it all over again if I had to. If Clínica Romero can do it, established by mostly immigrants from Central America, that tells the world that anyone can do it."

