



tors, two dentists, and assorted lay volunteers on duty this evening mingled freely with waiting patients as they ushered people in and out of examining rooms.

And when they call it the free clinic, they mean "free."

"No money exchanges hands here," said Barry Cohen, 31, a researcher with the National Cancer Institute who has given one night a week to the clinic for almost six years. "No money whatsoever! There's no pressure to get people in and out, no pressure about paying bills or paying salaries because there aren't any." What the clinic has, said Cohen, is "a pleasant atmosphere and a group of patients who appreciate what they have." Cohen, who is by now skilled in minor medical procedures, said he comes because he doesn't believe the wealthy should monopolize health care, and the clinic embodies a radical shift in another direction.

Dr. Michelle Pearson, a 30-year-old internist at Cook County Hospital, for the last two years has volunteered one night a week. "I've seen a lot of health care environments," she said. "I've seen sliding-scale fees and all that, but I've never seen anything like this."

Another 30-year-old internist, Dr. Lori Soglin, has also been a weekly regular for two years. "I'll tell you why I come," she said. "It's because there's a complete separation of service from payment. Working here is the favorite thing I do, medically, all week. And there's a real community spirit. The people in the neighborhood, the patients themselves, chip in with their time to keep the place going."

At the clinic, patients, former patients, and interested community members volunteer their services, providing carpentry, painting, maintenance, and even much of the scheduling and other paperwork. "We're more like a big family," Carmelita Poole, 30, a local mother of three who works as a receptionist and dental assistant at the clinic two nights a week. "The patients don't even seem to mind waiting, and that's rare from the doctors' offices I've seen."

"Compared to the places I've been, there's no wait at all," said Zetta Pinex, a 64-year-old grandmother under treatment for chronic high blood pressure. "At County [Hospital], I used to come in early in the morning and sit all day long. I mean *all day*. If I have to wait an hour here, that's nothing." When she needed special tests, the clinic arranged her appointment at Michael Reese Hospital. "It went fine," said Pinex. "I ain't seen no kinda bill from the clinic or the hospital, and I guess I won't, either."

The clinic, which has been in full operation since 1982, currently has 6,000 patient visits a year. The volunteer staff includes 35 doctors, six dentists, and about 30 specialists who accept referrals from the clinic, also free of charge. Most of the clientele is from the immediate South Side of Chicago, though some regulars come from as far away as the suburbs of Chicago Heights and Maywood. The primary service area—the inappropriately named "New City" community—includes decaying mansions along West Garfield, overcrowded old apartment buildings, crumbling two-flats, and scores of storefront churches. The per capita income level is among the lowest in the city, the infant mortality rate among the highest.

Moving slowly through the clinic and addressing the patients by name was its founder, sponsor, and head physician, Dr. Eric Kast. With his gray beard, tousled hair, and rumpled medical coat, he had the disheveled

look of a man unconcerned about social convention.

Impossible to ignore was the constant tremor in Kast's right hand and arm. When he was sitting, his right leg shook as well, sometimes causing sympathetic vibrations in chairs and desks. He had had the affliction, a chronic form of Parkinson's disease, for almost 38 years. "It's gradually getting worse all the time," he acknowledged with a kind of cheerful indifference.

"I took a few doses of something for it a long time ago," said Kast, "but drugs interfere with the immediacy of living."

Slow medicine: Of course, the condition interfered somewhat with normal activity. "I can't do intravenous work or even put a cap on a tube," said Kast. "I've had to teach myself to write with my left hand. But that's all right. I refuse to see adversity as a negative thing."

In the bowels of the New City neighborhood, Kast chose to spend his spare time practicing medicine and directing a clinic. And it was always "slow" medicine that he practiced, insisting that his staff of volunteers practice slowly as well. "If someone has a cold or flu, we don't prescribe a drug and send him home," said Kast. "We want to get to know the person. Illnesses, you see, are rarely only physical in origin."

First-time visitors to the clinic were interviewed by Kast for an hour or more. He would inquire in his gently persistent style about their lives, hopes, and frustrations. "We talk about family, religion, sex, personal problems, a whole maze of matters," said Kast. "And I talk about myself, too. It helps, I think, that people see I too am

human. I too am sick, just like they are."

Not everyone opened up to Kast at first, especially those who were accustomed to the assembly-line style of "fast" medicine popular in many clinics. Sometimes it took three or four visits for patients to relax, bare their souls, and perhaps find their bodies responding. Willa Mae Williams, a 47-year-old mother of 10, claimed the clinic is the only place that has been able to control the "high blood" she's suffered from since she was 13. "The people are so kind and interested in you, you feel better before you take the medicine," she said.

Kast, who had an 18-month residency in psychiatry, said developing personal relationships with patients is tragically undervalued in medicine today. "Years ago, people went to a priest, a rabbi, a confessor or a trusted uncle for solace," he said. "So I try to fulfill some of that function, to act as a priest-friend, a spiritual healer."

Surprisingly, he said, slow medicine is a lot less taxing on the physician than fast medicine. "I'd be drained at the end of the day if I treated people mechanically," said Kast. "I'm usually refreshed because I've developed personal relationships with other human beings. That's why I think people like to work here."

Kast also maintained this slow approach in his successful private practice downtown and at Michael Reese Hospital. Naturally, some people thought he was "flaky," said Dr. Richard Shapiro, a surgeon at Michael Reese who knew Kast for more than 20 years. Medically, he was very conservative, said Shapiro, "very slow to

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his degree in medicine at Loyola University Medical School in 1943, served his internship at Michael Reese Hospital, and set up a private practice as an internist in a downtown office. In time he became a senior staff physician at Michael Reese.

That initial confrontation with his Jewish heritage was the catalyst for Kast's later self-definition. Over the years he pondered the diverse traditions that had formed him. And he fashioned out of it all a unique persona that was part Christian, part Marxist, part Jewish and part humanist, with a bit of Freud sprinkled in for good measure.

What sort of human being emerged from this hybrid of seeming contradictions? Remarkably, one whose approach to life was so simple as to dazzle friends and befuddle critics.

Free for all: It was 7 p.m. on a summer evening, and 31 patients were waiting at Saint Basil's Health Service-Free People's Clinic on West Garfield Boulevard in Chicago. Most were black and elderly, although several mothers with babies and a few young men were sitting around. No wall or other demarcation separates the reception area from the inner sanctum where doctors and nurses reign. As a result, the five doc-



EDITORIAL



Loyalty to special interests outdoes alleged principle

Conservatives, especially President Reagan, believe deeply in the principle of local self-government and states' rights—and they deplore centralized control and elitist government in Washington. Right? Well, sometimes—but only if it furthers their agenda. If it doesn't, then they subordinate this popular principle to something more basic.

More recently—10 days after the presidential election—the administration did just that. The New York State Public Service Commission had given its final approval to Gov. Mario Cuomo's agree-

ment to abandon the Shoreham nuclear power plant. The nuclear industry and its allies in the White House didn't like this precedent, or a similar one at the Pilgrim nuclear plant in New Hampshire—which was also threatened with permanent shutdown by Massachusetts Gov. Dukakis—so Reagan decreed that the Federal Emergency Management Agency could itself promulgate emergency evacuation plans for those who live near these plants. In other words, states' rights went out the window while the nuclear industry walked in the front door. Governors Cuomo and Dukakis, under heavy popular pressure, had opted for public safety. Reagan opted for the protection of corporate profit—greed—and centralized power.

Not surprisingly, in the light of a series of announcements of other unpopular decisions by the administration just after the November election, this move had been approved by the President's Domestic Policy Council months earlier. Asked about this by the *New York Times*, a White House official, "who spoke on the condition of anonymity," allowed that Reagan's decree "could have been slowed down because of the election."

Even the Constitution bows before ideology

This latest attack on our federal system—and on citizens' rights—was no anomaly for the Reagan administration. Back in 1986, at the height of Reagan's efforts to overthrow the Nicaraguan government, he wanted to send National Guard units to Honduras for "training exercises." A few governors, among them Michael Dukakis of Massachusetts and Rudy Perpich of Minnesota, objected. They attempted to assert their right to refuse Washington's assumption of control over the Guard, relying on a clause in Section 8 of Article 1 of the Constitution "reserving to the States respectively, the appointment of the officers and the authority of training the militia."

But Reagan was more interested in pursuing his war in Central America than in the Constitution, and with the help of an amendment sponsored by Rep. G.V. "Sonny" Montgomery (D-MS) that was attached to the Defense Authorization Act in August 1986, he got his way. To their great credit, both Dukakis and Perpich then sued to have the 1986 amendment declared unconstitutional. Dukakis lost on

appeal to the 1st U.S. Circuit Court of Appeals in October, but last week the 8th Circuit Court upheld Perpich's challenge. Declaring that the Montgomery amendment is unconstitutional, the court said it contravenes the intent of the Constitution's framers, who designed the militia (National Guard) "to serve as a check on the potential abuse of military power by the federal government."

It is true that the Constitution makes the president commander-in-chief of the militia, as well as the Army and Navy, but only when it is "called into the actual service of the United States." This, the court said, the government had not done. Nor did it "demonstrate that the effectiveness of either the national defense or the National Guard would be diminished by adhering to the constitutional principle of basic state control over National Guard forces, absent a declaration of war or national exigency."

The Montgomery amendment violates the plain language of the Constitution, is at odds with declarations of the U.S. Supreme Court and "departs from an unbroken pattern of congressional deference to reserved state authority," the court declared.

For now, the issue remains unsettled. Last week's ruling applies only to the states covered by the 8th Circuit. In those covered by the 1st Circuit, Reagan's law still applies. This means the Supreme Court will probably have to resolve the dispute. How it does will be a test of the Court's commitment to "strict interpretation."

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(ISSN 0160-5992)

Published 41 times a year: weekly except the first week of January, first week of March, last week of November, last week of December; bi-weekly in June through the first week in September by Institute for Public Affairs, 1300 W. Belmont, Chicago, IL 60657, (312) 472-5700

Member: Alternative Press Syndicate

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