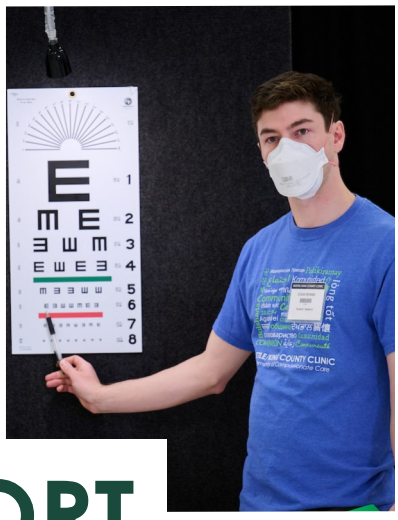
SEATTLE/KING COUNTY CLINIC

A Community of Compassionate Care



2022 FINAL REPORT

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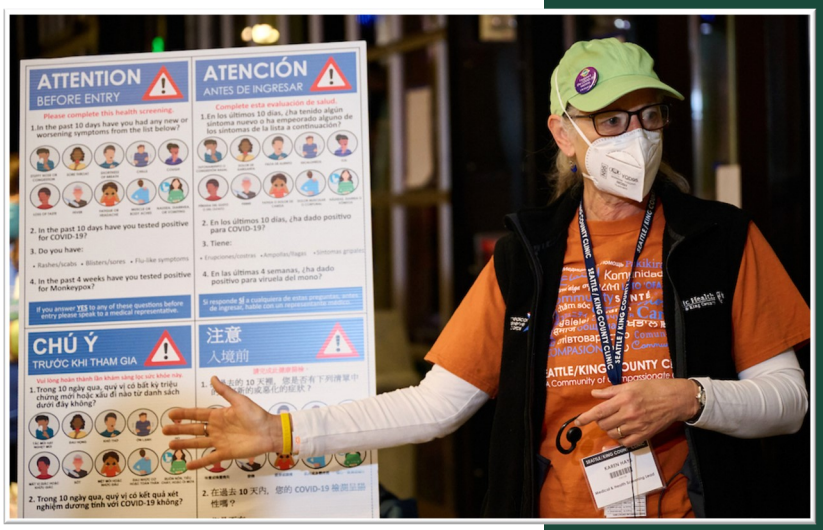
INTRODUCTION

Seattle/King County Clinic took place over four days October 20 – 23, 2022, at Seattle Center. Due to changed conditions resulting from the pandemic, as well as limited space availability, the clinic was unable to provide all of its usual services. Still, more than 45 organizations contributed to the project which offered comprehensive eye exams and new prescription eyeglasses, free of cost, on a first-come, first-served basis. Two and a half years after the last clinic was held, 1,058 volunteers and therapy dogs provided $613,210 in vision care to 1,039 individuals. The clinic achieved its goal of attracting a racially diverse and economically disadvantaged patient population. Organizers, volunteers and patients noted that even with different circumstances, the clinic successfully upheld its values and commitment to providing a quality experience.

This report includes a summary of findings from multiple data sources, including:

- Patient and volunteer registration data
- Patient service data
- Feedback from volunteers
- Feedback from patients



Returning After a Pandemic

The last Seattle/King County Clinic occurred in February 2020, one month before the World Health Organization declared a global pandemic. As the trajectory of COVID-19 unfolded, it was apparent that a clinic would not be held in 2021. Once pandemic restrictions started to lift and vaccines became available, discussions began between clinic organizers, leadership and partners about if, when and how to resume operations. It was assumed that there would be a need in the community after years of delayed care as well as the job and health insurance losses that occurred. However, there was concern about healthcare staffing shortages and burnout and whether that would affect the clinic's ability to provide care. In addition, it was also important that the clinic would be able to comply with changes to health safety and infection control measures to create an appropriate healthcare environment.

When it reached a point where organizers felt staffing and health safety could be addressed, the discussion turned to logistics and resource development. It requires ample lead time to identify dates when facilities, equipment, service providers and volunteers can all be available, as well as to raise the funds and in-kind resources necessary to support the operation. It was ultimately determined that due to limited space availability it would not be possible to hold a full clinic in 2022. That raised concerns about the ability of the clinic to return at all if reopening continued to be delayed. So, organizers explored other possible configurations and reached the conclusion that a vision clinic could be held.

"In a time of societal unrest it is so rewarding being involved in an effort that brings people together, that celebrates humanity with all its variations and allows us to care for one another."
– Anonymous Volunteer

Although it was disappointing that a full clinic could not be offered, the benefits of returning with a single service were recognized. The smaller scale allowed organizers to better explore, seek to understand and adapt to the new operating climate. Whether it was the comfort level of volunteers and patients to return to this environment, or the availability of sufficient resources to support the clinic, a lot had changed since 2020. It also offered the opportunity to try updated health safety protocols in a more contained manner. This included requiring all participants to wear masks, a daily health screening before entry, revised cleaning and disinfecting processes, as well as proof of COVID-19 vaccination for volunteers, contractors and staff working at the clinic. Organizers were pleased to find that only a few volunteers and patients decided not to participate when they learned about the health safety requirements. Patients also followed the guidance provided in outreach materials to not attend if they were feeling sick. Only a couple of patients could not be admitted due to COVID-like symptoms.

While the decision about which service to provide came down to what could physically fit in the space, the fact it turned out to be vision care was considered highly beneficial for patients. Comprehensive eye exams and new prescription eyeglasses are some of the least accessible services in the community for people in need. Most free clinics and community health centers do not provide vision care. Also, insurance coverage for vision is spotty and costs, especially for prescription eyeglasses, are frequently out of reach. So, organizers were very pleased that such an impactful service would be the one to lead the clinic out of the pandemic and back to operation.

PATIENT POPULATION

Demographic information about patients who attended the clinic was collected at two primary locations—registration and patient intake (where health history was taken for patients). Patients were required to provide only first and last name and birthdate to initiate their patient record. However, some patients willingly provided additional information, understanding that it may aid in their treatment, and that any of it used for community reporting purposes would be discussed only in aggregate.

Gender

Registration data shows a greater spread between female and male patients than in previous years; 54.9% of patients were female, 44.4% were male. About 0.7% of patients indicated they were transgender or other gender.

Age

The average age of registered patients was 48 years old. Just over three-quarters (76.3%) of patients were between 18 and 64 years old. The distribution of patients by their age is shown in Figure 1.

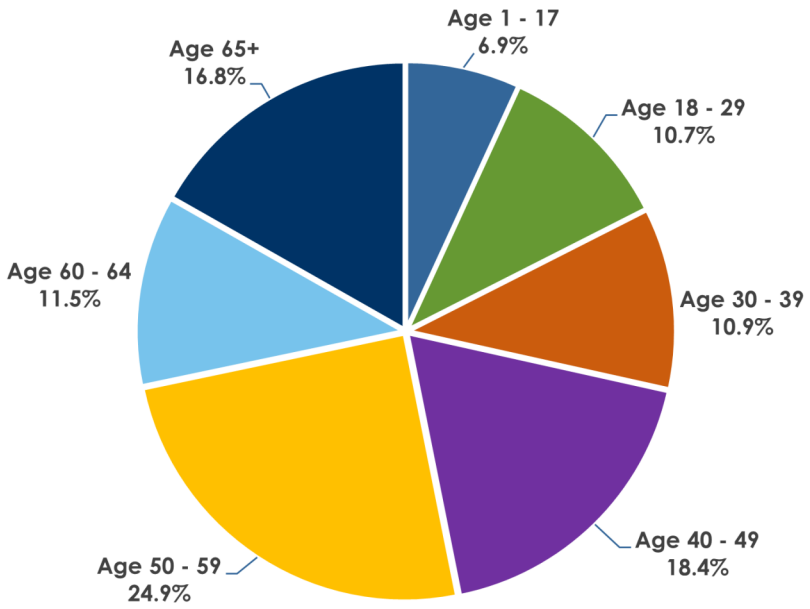


Figure 1. Patient distribution by age.

Ethnic Identity

Over one-quarter (27.3%) of registered patients identified their ethnic identity as Hispanic/Latino; 21% were Asian; 16.7% identified themselves as White/Caucasian; 9.5% reported their race as Black/African American. The remaining patients were spread across other ethnic identities as shown in Figure 2. 9.2% of patients did not identify their ethnicity.

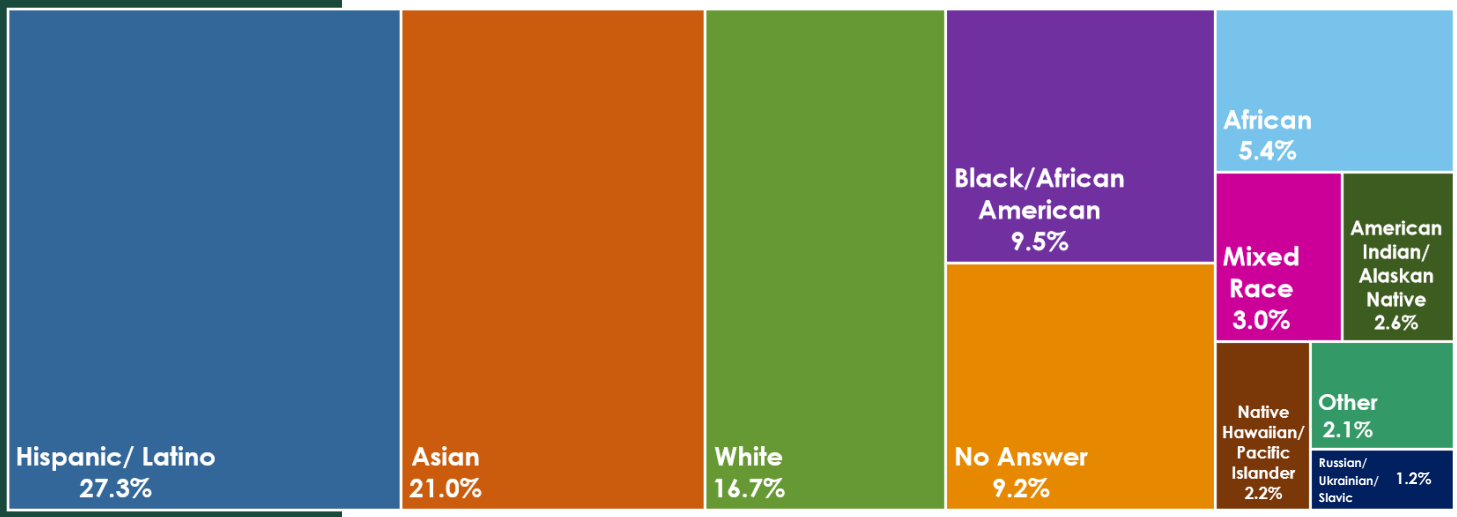


Figure 2. Patient distribution by ethnic identity.

Where Patients Live

Registered patients came from 127 unique zip codes. The distribution indicates the clinic reached an audience throughout the central Puget Sound region where outreach was focused. The highest concentration of patients (38.4%) reported coming from the Seattle Metro area, including: Beacon Hill, Central District, Downtown, North Seattle, U District, Rainier Valley and White Center.

Based on zip code data, 80.6% of clinic patients reported residing in King County. 11.3% reported coming from Snohomish County and 6% reported traveling from Pierce County. The remaining patients reported a range of zip codes from across Washington, including Clark, Island, Kittitas, Skagit, Thurston and Whatcom counties. A few patients came from four other states.

"THANK YOU volunteers for all the resources. THANK YOU doctors and providers. This was really valuable. You are doing an incredible service :)"
– Anonymous Patient

Primary Language

Patients used 30 primary languages (Table 1). For those who did not converse in English, interpretation assistance was available either from onsite volunteers or through a remote system from AMN Healthcare. Onsite information and registration materials were also printed in English, Spanish, Chinese and Vietnamese.

At registration, patients reported using 26 different languages. Twenty-three patients indicated a language other than what was listed in the clinic's registration system. AMN Healthcare's medically certified interpreters assisted with 4 of these other languages and provided 5,982 minutes of interpretation overall.

Employment & Military Status

We were curious whether the unemployment rate would be drastically different from just before the pandemic. This year, under one-third (31.7%) of patients reported being unemployed, 2% higher than the patients we saw in February 2020; 19.8% were employed with one full-time job; 17.9% were employed with one part-time job; and 0.6% were employed with more than one job. Of the remainder, 11.6% were retired; 5.9% were disabled; 7.3% were minors or students (Figure 3). Veterans or active members of the United States military represented 3.1% of patients.

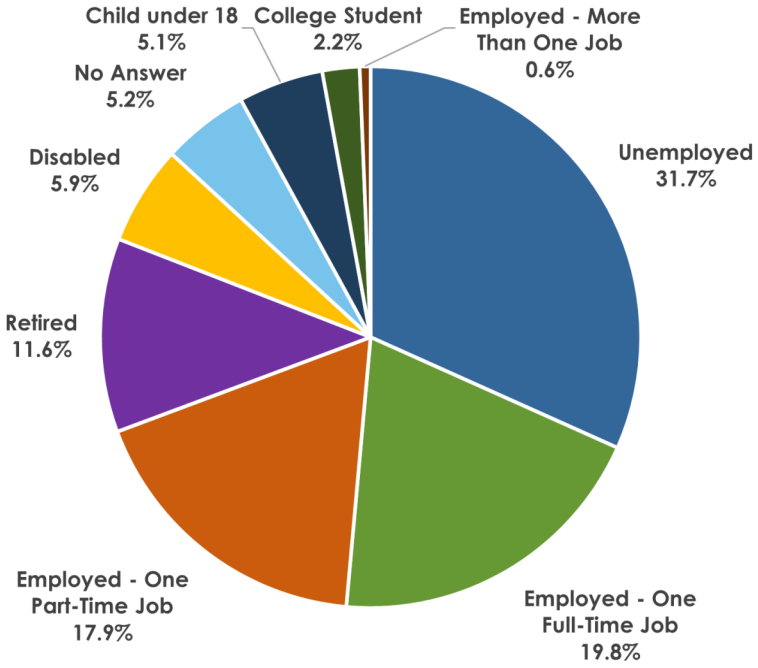


Figure 3. Patient employment status.

LANGUAGE	# OF PATIENTS
English	564
Spanish	261
Mandarin	52
Cantonese	46
Amharic	39
Vietnamese	26
Other	23
Korean	15
Ukrainian	8
Marshallese	7
Tigrinya	6
French	4
Russian	4
Arabic	3
Nepali	3
Hindi	2
Laotian	2
Punjabi	2
Somali	2
Tagalog	2
Thai	2
Burmese	1
Farsi	1
Japanese	1
Polish	1
Portuguese	1
Sign Language	1
OTHER LANGUAGES (Highest to Lowest Use)	
Swahili	
Dari	
Chuukese (Trukese)	
Haitian Creole	

Table 1. Patient primary language.

"The people attending the clinic seemed to feel especially welcomed when they had translation assistance. Seeing their relief and happiness when someone came to assist them really emphasized the positive impact of community."
– Anonymous Volunteer

Housing Status

Over half (60.8 %) of patients stated that they resided in a rented room, apartment or house; 9.4% stated they lived in a shelter, on the street or in a vehicle, in transitional or supportive housing; 7.3% said they were temporarily staying with family or friends; 7.3% did not respond to the question (Figure 4).

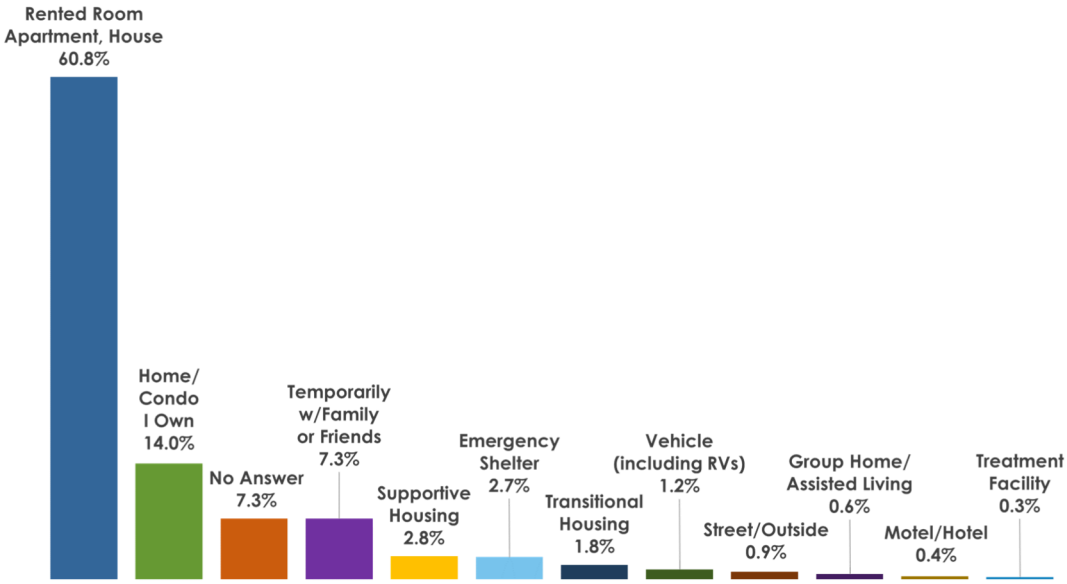


Figure 4. Patient housing status.

Health Insurance Status

The clinic imposed no access restrictions related to whether patients had health insurance; clinic organizers hoped to attract people who needed eye care but had extremely limited means of accessing it. Over the years, the rate of uninsured patients has vacillated. This year the uninsured rate was 39.8%. Although 53.3% of patients indicated they had health insurance, including 31.1% on Medicaid and 10.7% on Medicare, we recognize that having health insurance does not necessarily mean that eye care is included. People on Medicare, for example, have to pay 100% of the cost of routine eye exams and prescription eyeglasses, while many Medicaid plans don't cover prescription eyeglasses for people age 21 and over (Figure 5).

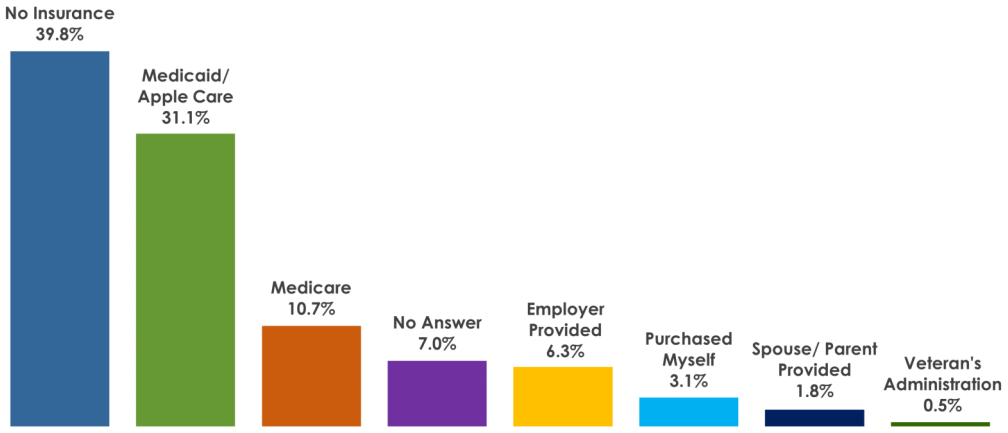


Figure 5. Patient health insurance.

Time Since Last Healthcare Visit

Although the Clinic did not offer dental and medical services this year, we still asked patients about when they last received care in all three service areas. Registration data shows 64.9% of registered patients reported seeing a doctor and receiving medical care within the last year; 41.6% reported having dental care; 21.1% reported receiving vision care within the last year. Conversely, 29.8% of patients indicated they had never sought professional eye care, could not remember when they last received care, or it had been more than 5 years; 20.1% indicated the same for dental; 9.5% for medical (Figure 6).

In addition, with an increase in phone and telehealth options becoming available during the pandemic, we inquired how patients attended their last medical appointment. In person visits were still predominant (76.9%); only 4.5% attended via phone or telehealth; 2.3% did not remember; 16.4% did not answer the question.

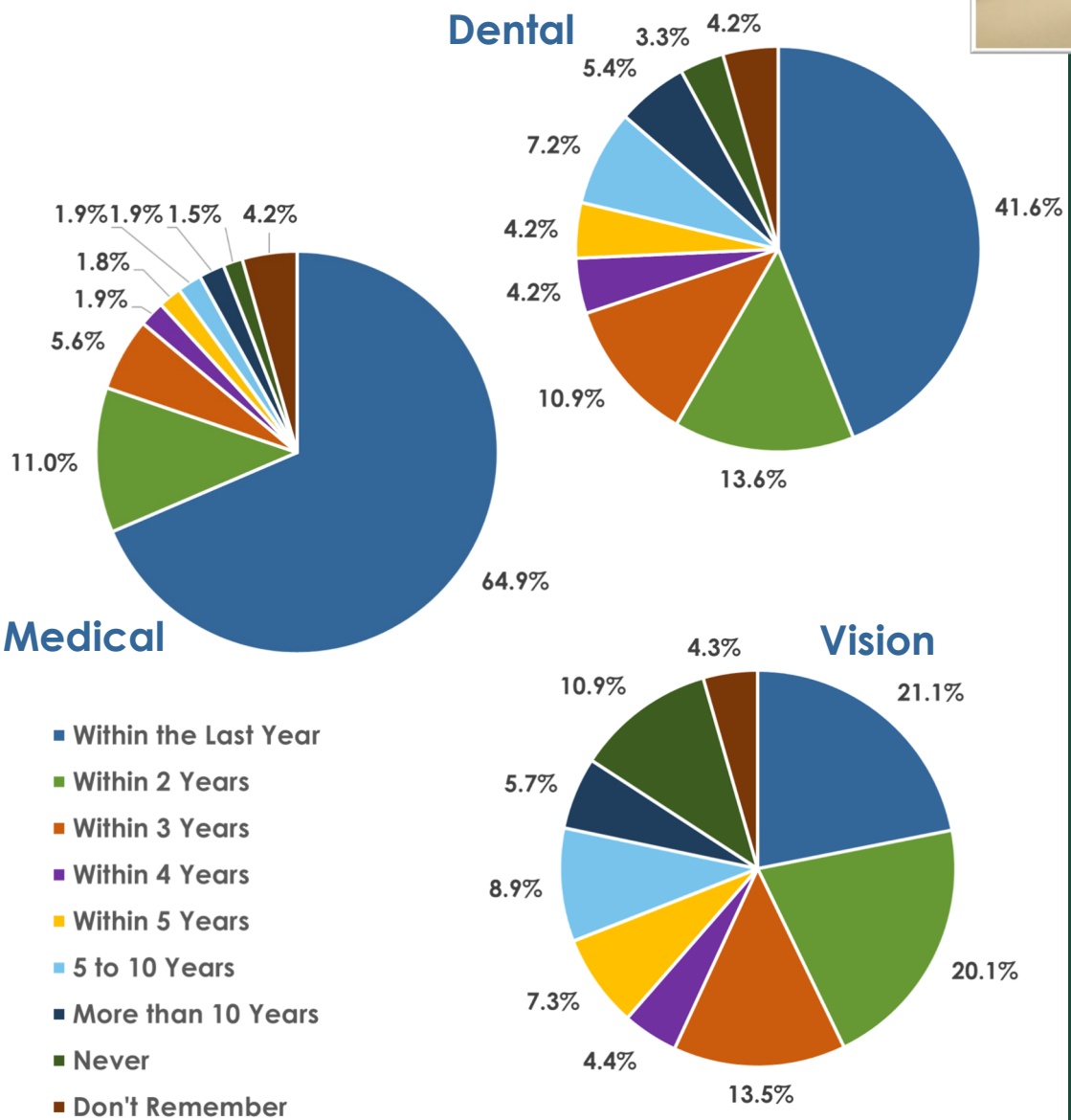


Figure 6. Time since last visit by care type.

Barriers and Access to Care

While more than one-third (35.3%) of patients declined to share what prevents them from accessing healthcare, 30.6% indicated it was lack of insurance. Another 20.4% of patients said although they had insurance, they still could not afford healthcare costs or insurance did not cover needed services (Figure 7).

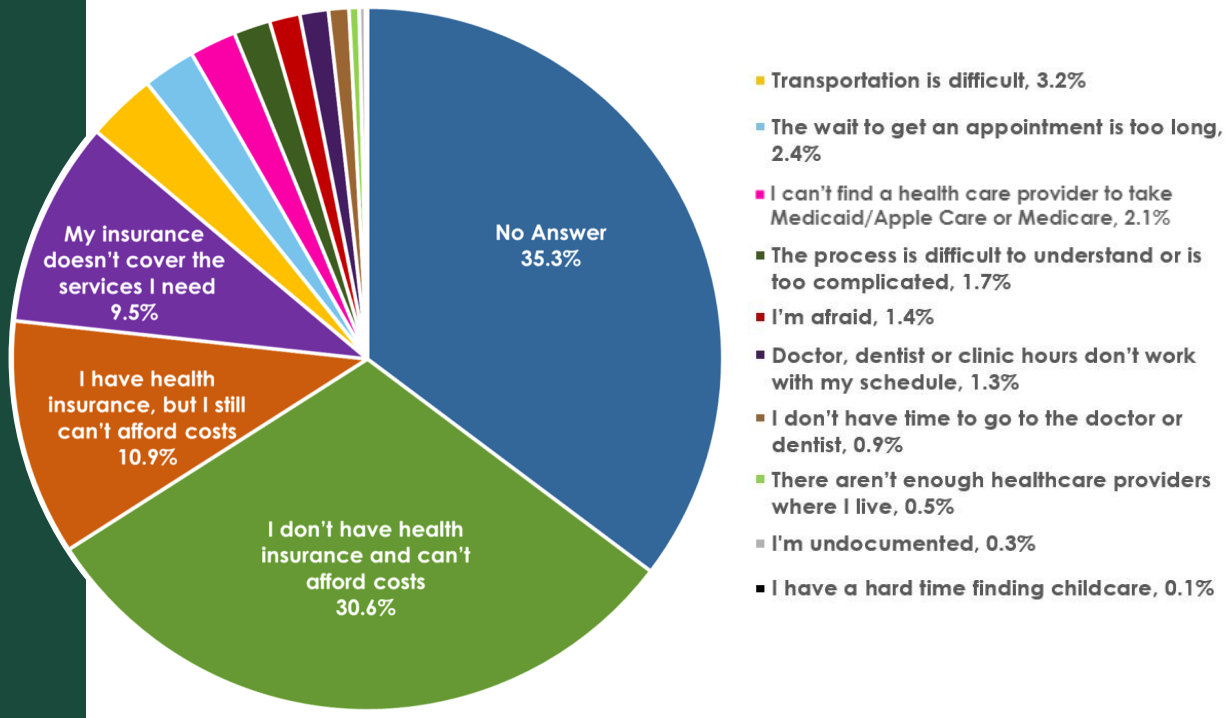


Figure 7. What prevented patients from accessing care.

When asked more generally if it was harder or easier to access healthcare in the last 5 years, 39.4% of respondents said it was harder; 16.8% indicated it was easier; 15.4% felt it remained the same; 33% did not respond to the question.

One-quarter (25.5%) of patients said they had been waiting 7 months or more to get eye care. A sizable 41.1% did not respond to the question (Figure 8).

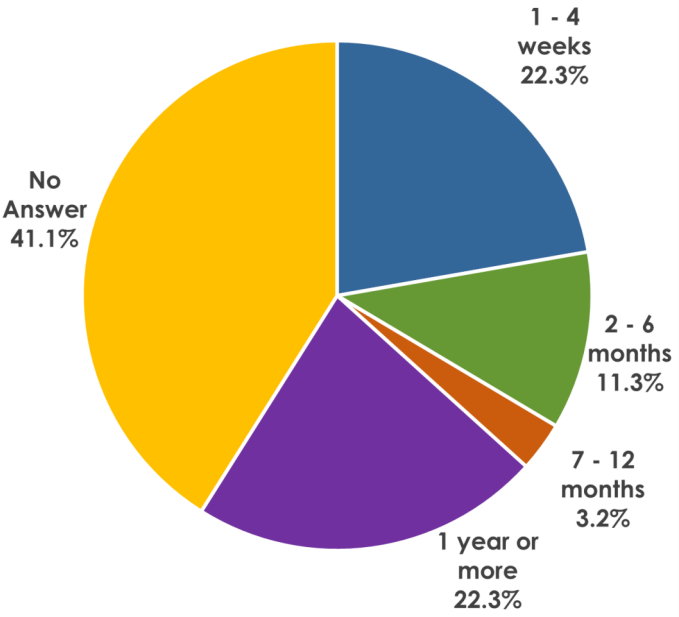


Figure 8. How long patients had been waiting for care.

Health Conditions

At intake, patients were asked about their health history and especially about conditions that might relate to their care at the clinic. 19.2% of patients self-reported having high blood pressure or hypertension; 16% indicated they used alcohol excessively; 10.1% used tobacco; 8% said they used marijuana; vapor products were used by 3.3% of patients; 8.5% were asthmatics; 13.1% suffered from anxiety; 13.6% were diagnosed with depression; 5.1% had other emotional concerns; 11.2% said they had diabetes; 13.7% presented with either Hepatitis A, B or C; 2.9% had a history of seizures or stroke; 2.8% reported having a heart attack or heart disease; 8.9% of patients were dealing with cataracts; 2.7% said they had glaucoma; 0.5% reported macular degeneration. Patients were also asked about illegal or excessive drug use. 1.1% admitted to using opioids; 0.7% had overdosed on drugs; 0.8% used intravenous drugs; 0.8% abused other drugs. Although we did not ask how many patients had been diagnosed with COVID-19 over the past 2.5 years, we did learn that 77.6% were fully vaccinated.

"I'm heartbroken that it is so difficult for people in the US to get vision exams and glasses if they don't have money and/or insurance. Patients invest time moving through the SKCC system, but are met with care and kindness the whole way. The impact of this isn't just the necessary vision care, but is also the human care, especially for marginalized individuals. I wish that patients at every level of our healthcare system were treated the way they are treated at SKCC. Volunteering at SKCC reinforces my humanity."
– Anonymous Volunteer

"Really satisfied with the healthcare. Thanks to doctors and other staff for taking time to explain, etc. THANK YOU SO MUCH FOR DOING THIS THIS YEAR!!"
– Anonymous Patient

Patient Outreach

Outreach to prospective patients is conducted by a team of volunteers and partner organization staff who have connections to the target populations. The team extends their reach into the community by enlisting other sources that are trusted by and accessible to prospective patients.

This year, communication efforts tried to emphasize that the clinic would only offer eye exams and prescription eyeglasses rather than its usual combination of dental, vision and medical care. Methods included print, radio, television and social media advertising, especially in ethnic media sources, flyers written in 11 different languages, and messaging through community-based organizations and agencies. Communications also attempted to address health safety measures that were in place to help participants prepare and feel comfortable attending.

However, many volunteers commented that they wished there was greater awareness and media coverage. "The clinic has a great effect on our volunteers and patients, there is only one degree of separation between us. It helps keep people out of hospitals, helps them contribute to their community, and helps the overall health of the community. Beyond us and our immediate contacts, though, for the rest of the community we are a blip on the news if we exist at all, and their understanding of who we serve is mostly incorrect. They don't know the actual gaps we fill, they don't know the bulk of our clientele's situations, and they don't see themselves as being only a layoff or a retirement away from needing us."

SERVICES PATIENTS RECEIVED

During the 4 days of clinical operations, over $600,000 in services were provided to people in need.

Vision
1,039 patients received eye care.

Quite a few arrived with a current prescription and just needed to get eyeglasses.

The services indicated in Table 2 were documented on patient records and reported by partners who managed specific services.

The clinic provided more than $613,210 in vision services.

SERVICE	QTY
Eye Exam	983
Glasses - Bifocal	515
Glasses - Readers	54
Glasses - Single Vision	531
Triage	983

Table 2. Vision services.

Resource Services

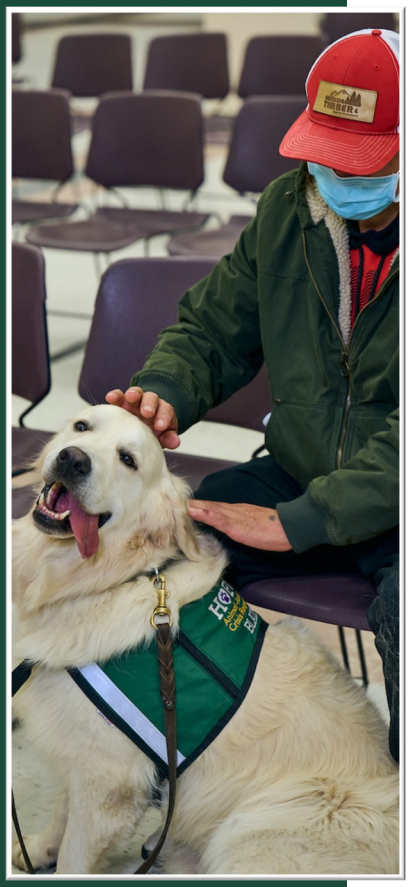
One goal of the clinic is to connect patients with community resources that can help to provide on-going care which was even more important this year with dental and medical services not being offered. Since healthcare records were not always available to document consultations, resource volunteers were asked to separately track how many patient interactions they had in the clinic. The documentation provided an indication of patient interest and need. Although monetary amounts are not attributed to these interactions as they are with vision services, we know that resource services are an invaluable part of a patient's care (Table 3).

SERVICE	QTY
Health Insurance Navigation	147
Project Access NW Referrals	98
Social Work Assistance	97
DentistLink	357
Somali Health Board	162
Urban League	Unknown

Table 3. Resource services.

Social workers and health insurance navigators have always been the backbone of the clinic's resource services. Social workers helped to identify community services to meet a wide variety of needs, from food and housing to healthcare. Navigators assisted patients and their companions with health insurance questions and/or enrollment. As one volunteer described, "We saw people come for the eye care services and receive many other resources because social workers were on-site to assist with other important needs. This Compassion Clinic helps to connect community members with healthcare, but it really helps them feel included, accepted, and loved! It was very rewarding to see how excited people became when they were being cared for. Heartwarming is an understatement."

A partnership with Project Access Northwest helped patients with eye diseases such as cataracts or glaucoma get the specialty care they needed affordably. Patients identified as requiring advanced care met with onsite representatives from Project Access Northwest to start the process of being placed with a provider. Project Access Northwest then continued to assist patients as they established care with Kaiser Permanente or University of Washington Eye Institute.



More resources were in the facility where patients waited to receive admission tickets. DentistLink helped connect people to dentists who accept Medicaid. Urban League provided health insurance assistance as well as voter registration. The Somali Health Board offered a variety of resources and educational information that focused on reducing health disparities that disproportionately affect immigrants and refugees.

PATIENT IMPACT

In addition to patient demographic information, organizers were interested in learning about patient experiences at the clinic. Patients were given the option of providing written feedback, although fewer patients utilized this method than in previous years. Others provided verbal feedback to volunteers or staff which was then documented and given to organizers.

Patient Satisfaction & Descriptions of the Clinic

It was important to organizers that patients not only received high-quality care, but that they were treated with respect. While no formal effort was made to survey patient satisfaction, patients expressed their gratitude and shared how this experience impacted them. Many of their reactions were conveyed by volunteers.

"This project is a life saver for many people who because of economics, language, access to affordable healthcare, do not have regular doctors, only see a doctor when they are very sick, or have never had a vision exam, etc. The Latinx community that I was fortunate to get to know a little through my interpreting at this clinic are humbled and grateful by what this project provides and for the kind and compassionate way in which the services are delivered."

"At Patient Registration, we see it all. I saw the happiness and excitement on people's faces as they're a step closer to receiving new prescription eyeglasses. I saw patients who hugged their interpreters because they had someone who could understand them and help communicate their needs to us. I saw a lot of groups of friends and families who came together to receive services. After the two years of isolation in the pandemic, human interaction is more appreciated and valued. We had chatty patients who told our volunteers their entire life story. One of the volunteers told us that his neighbor came to receive services. There's also not a singular face to what a patient looks like. It's people from all walks of life and backgrounds. No one judges them and they're able to access the care they need."

Few criticisms were offered about the clinic directly, more were received about the structure of the healthcare system in general. Patients did share feedback about what additional information would be useful to them in advance of the clinic, the food that is difficult for them to consume because of dental or other health issues, as well as the framef selection process. This gives organizers helpful insights to improve operations in the future.

"Thank you so much for this great service. Everyone who served us from the beginning when we had our eyes checked to now [eyeglasses dispensing] have been kind and genuine in the way they offered their service to us."
– Anonymous Patient

VOLUNTEERS	QTY
Advanced Registered Nurse Practitioner	8
General Support/ Interpreter	643
General Support - Healthcare Professional	9
General Support - Healthcare Student	5
Health Insurance Navigator	18
Healthcare Resource Professional	47
Licensed Practical/ Vocational Nurse	2
Medical/ Ophthalmology Student	18
Mental Health Counselor	4
Ophthalmic Assistant/ Technician	59
Ophthalmologist	53
Optician	53
Optometric Assistant/ Technician	15
Optometrist	50
Physician	4
Registered Nurse	47
Social Work Graduate Student	4
Social Worker	10
Vision Equipment Technician	9

Table 4. Volunteer participation during clinic.

VOLUNTEERS

The clinic could not have happened without the commitment of 1,058 volunteers during the four-day clinic, 122 volunteers who assisted with preparation and wrap-up activities, as well as 60 who helped with eyeglasses dispensing. Volunteers contributed to all aspects of the operation making them a resource not only for the clinic, but for evaluative information as well. Volunteers provided feedback about their experiences and observations in an online survey, through email, as well as in verbal discussion. This input is an invaluable means for learning.

Most of the volunteers came from Washington, the Puget Sound region more specifically. Through the collective efforts of clinic partners, volunteers learned about the opportunity to participate from professional associations, volunteer organizations, employers, workplace communications, academic institutions, media, family and friends. They spoke over 29 languages (both interpreters and other professions alike) and represented a variety of professions or volunteer classifications (Table 4). The participation of 55 healthcare professionals was facilitated by the state-sponsored Volunteer and Retired Providers Program, which secures malpractice insurance for eligible volunteer and/or retired providers.

Independent Sector, along with the University of Maryland's Do Good Institute, values volunteer time in Washington at $34.87/hour. With over 9,920 recorded hours, this results in at least $345,910 in donated time. However, given the professional rates of healthcare volunteers, as well as the untallied hours that went into planning the clinic, a higher figure can easily be assumed.

Clinic Communication & Organization

Effective communication with volunteers is paramount to the success of the clinic. Organizers were pleased that 96.5% of responses indicated that the registration website was easy to use. 95.7% of volunteers also agreed that organizers communicated well with them in advance of the clinic, and 97.3% said the orientation materials they received helped them to be effective.

Volunteers were also asked questions about communication within the clinic. Most of the respondents (99.1%) agreed that volunteers communicated well with each other; 94.7% said they received proper guidance and instructions to be successful in their role; 99.1% also reported area leadership was helpful in answering questions that came up. “Appreciated the leadership's strong communication about visual fairness and emphasizing giving patients respect and showing patience. This emphasis was carried through to the leaders in my area and set a tone that enabled the calm implementation of procedures. Patients who appeared agitated or upset were provided clear communication and support to help everyone get what they needed. I felt like this created a strong sense of community of neighbors supporting neighbors.”

Still, there are always lessons to be learned, especially when it comes to difficult conversations. “I am sure you were motivated to spare my feelings, but honesty is the best policy. Rather than move me to a position where I was not needed, you should have pulled me aside and told me your concerns.” Constructive feedback helps organizers develop better training for leadership and volunteers who come from a variety of backgrounds and experiences and are unaccustomed to regularly working with each other.

Communication often goes hand in hand with organization. “The Clinic was exceedingly well planned and executed. Volunteers were clear about their roles and patient wait time was minimized. Also, the ability of leadership to pivot for process improvement is always impressive.” A few volunteers did express frustrations about the last shift on Sunday which did not have much activity because the process and patient flow moved more quickly than anticipated that day. This information will help organizers to adjust scheduling for the next clinic. Overall, 97.4 % of volunteers indicated the clinic was well organized and had adequate supplies (99.1%) (Figure 9).

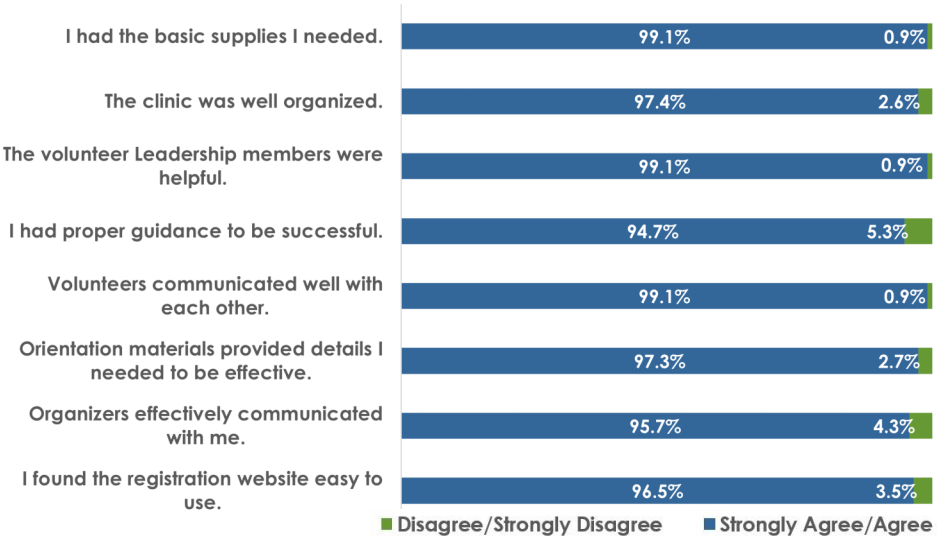


Figure 9. Clinic communication and organization.

Volunteer Experience

Organizers understand the important correlation between volunteer and patient experience. As such, equal emphasis was placed on cultivating the volunteer experience. The majority (95.6%) of volunteers who responded to the survey indicated their experience was worthwhile and said they were treated well by other volunteers and organizers (97.4%). Furthermore, 95.5% of volunteers said their participation made them feel more connected to the community and/or their profession and that they deepened their awareness about the state of healthcare in the community and the needs facing this patient population. Almost all (99.1%) respondents agreed that they would be interested in volunteering again, while 97.4% would recommend the experience to colleagues and friends (Figure 10).

Figure 10. Volunteer experience.

Volunteer Perspectives on Clinic Impact

Volunteer feedback also contributed information about the treatment patients received as well as the broader implications of the clinic.

99.1% of respondents who interacted with patients said that volunteers treated patients with respect and an equivalent amount also said that patients appeared satisfied with the services provided. “I feel like the clinic works to provide care in a respectful way that doesn't further stigmatize the patient population. I found clinic leaders modeled inclusiveness and compassion.” Healthcare professionals who responded to the survey (97%) said patients received quality treatment. 93.1% indicated they had adequate time to spend with patients (Figure 11). “The goal of no judgement health care for all makes the largest impact. I got to work with patients who might not have received care otherwise, and ensuring ocular health is a major way to improve and impact the community. It's clear by the amount of people who were seen that this clinic is a needed resource.”

35.8% of volunteers said they were surprised by who sought services at the clinic. They indicated they expected people who were uninsured, unemployed and/or living homeless. Many found patients were employed and/or had health insurance but learned many “had Medicare or Medicaid and vision coverage in those programs is inadequate.” The experience heightened awareness about existing healthcare gaps and who exactly is in need.

Frequently, volunteers expressed disappointment in the state of the healthcare system and that there is a need for the clinic but valued the role it plays in the community. “Thank you for your commitment to bridging gaps in healthcare access for residents of Seattle, King County, and beyond. Seattle/King County Clinic is a vital part of the healthcare safety net in our region, and is an example of how empathic, patient-centered care should be provided.”

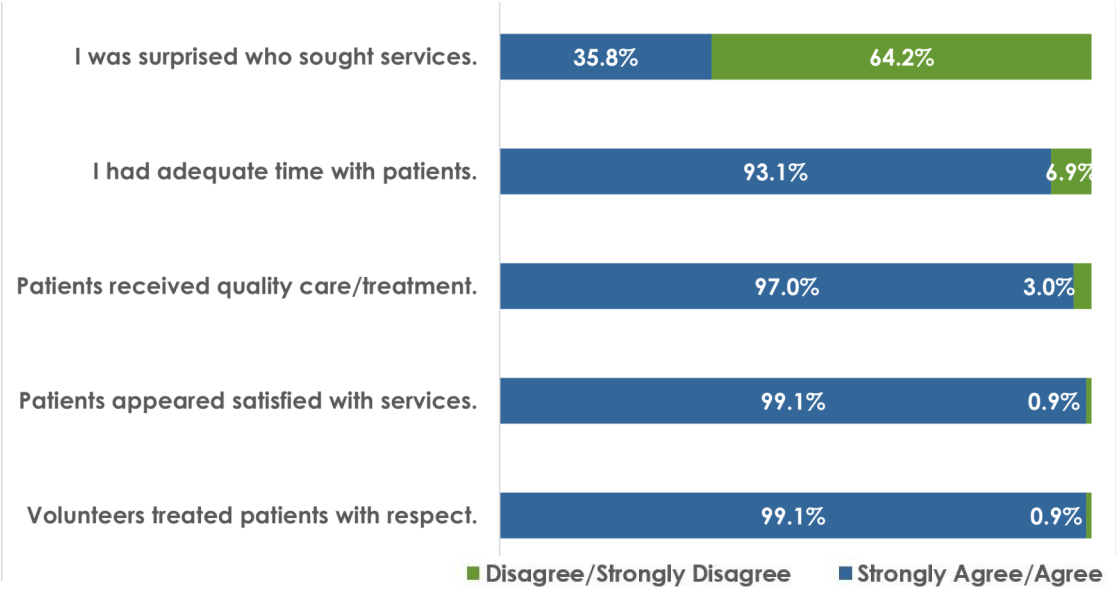


Figure 11. Volunteer perspectives.

CLINIC ADMINISTRATION

Seattle Center Foundation serves as the non-profit fiscal agent for Seattle/King County Clinic, raising funds and resources required to operate. As anticipated, the clinic was impacted by inflation. Depending on the category, expenses increased by 10% - 20% especially related to supplies, food and service costs. The budget also had a different balance among categories than in previous years due to only one service being offered. This resulted in a lesser quantity of healthcare supplies being needed but did not alter communications costs, for example, because outreach and advertising efforts still tried to reach the same communities.

This year, the majority of in-kind donors did not declare a value for their contributions making it difficult to evaluate how much cost was offset. Cash expense was largely defrayed through the donation or loan of healthcare supplies, facility use, interpretation and translation service, operating equipment and volunteer labor. As represented in Figure 12, these resources addressed a wide array of needs.

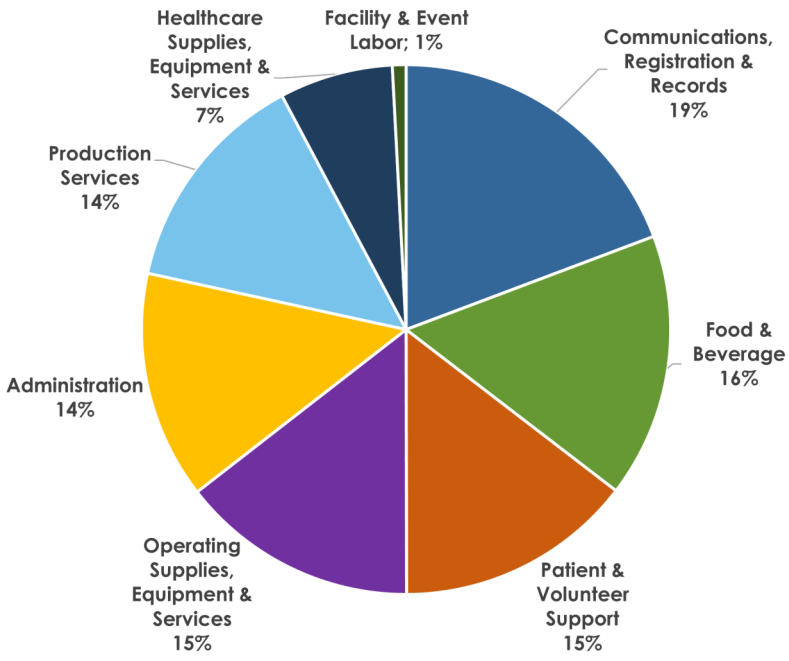


Figure 12. Cash resource allocation (does not represent value of services to patients or volunteer time).

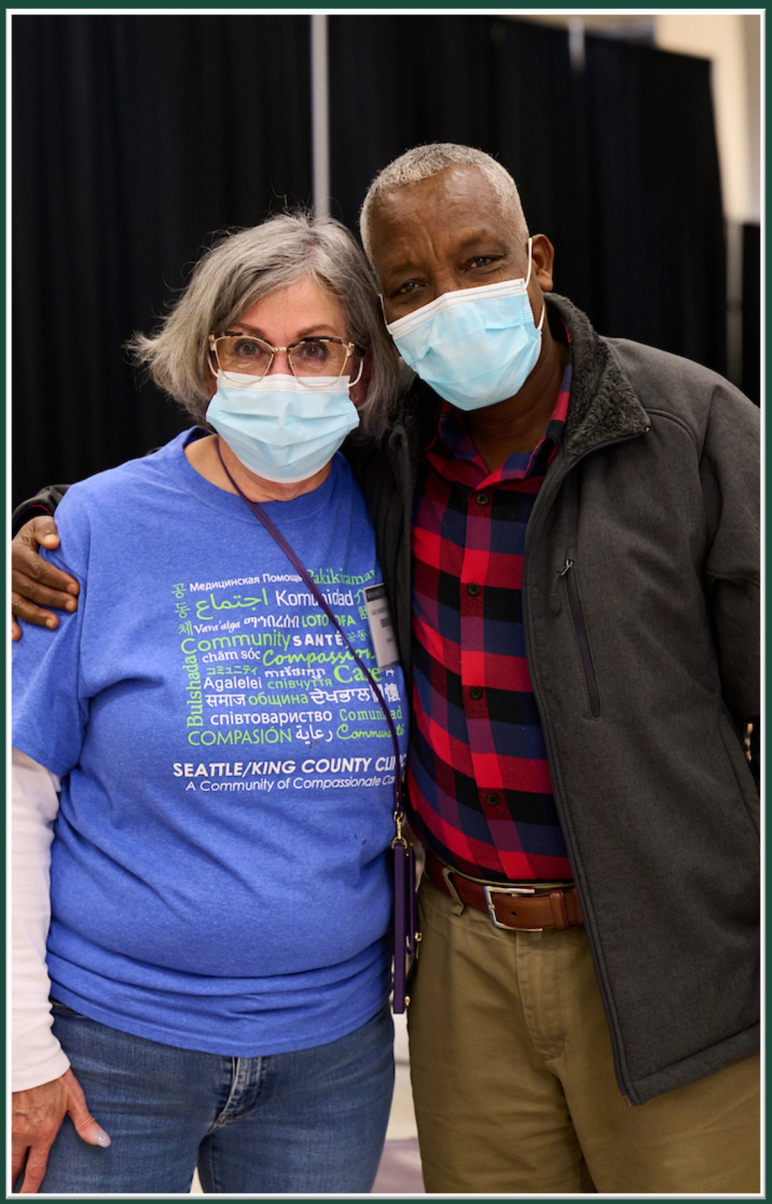
CONCLUSION

The final words about the clinic are from those who experienced it.

"I have volunteered with the SKC Clinic since its inception. As a Public Health Nurse Practitioner with a Master's in Public Health in Health Disparities, I have a very strong conviction that this clinic saves lives. I have seen it firsthand in my time volunteering. Eye care has a special place in my heart as I have bad (uncorrected) vision and understand how hard it is to navigate the world without seeing what is in front of you. No one is safe or can do work without good vision. Our community is so lucky to have a very talented and dedicated team running the event and awesome volunteers who bring experience and empathy to the patients."

"One patient told me that not just getting glasses, but quality and stylish glasses, will really open doors for him. The clinic has impact on patients' ability to move confidently through life and increases their sense of dignity. For those in marginalized populations, they are shown respect and acknowledged as equal members of our community. These impacts are much more than just getting a pair of glasses."

"Bravo! The workers are so friendly and patient. Thank you for the snacks too. Keep up the good work!!!"
– Suharti, Patient



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Anonymous (5)

Anonymous
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Not inclusive of volunteer/staff time.

"Holding these clinics is a MONUMENTAL endeavor, but the fact that it fundamentally, positively, and immediately changes the lives of so many of the guests makes it all worth it. Until the political will and financing emerge to serve ALL of Washington's residents with necessary vision, dental, and medical care, clinics like this need to exist and are hopefully perceived as a recognition that all people, regardless of their circumstances, deserve to be cared for."

– Anonymous Volunteer

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