

2025



# FINAL REPORT + 10 YEAR RETROSPECTIVE

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# TABLE OF CONTENTS

1

## 2025 FINAL REPORT

<b>Introduction</b>	<b>6</b>
A Changing Landscape	7
<b>Patient Population</b>	<b>8</b>
Gender	10
Age	10
Ethnic Identity	10
Where Patients Live	11
Primary Language	12
Employment & Military Status	13
Housing Status	13
Food Security	14
Health Insurance Status	14
Healthcare Access	15
Barriers to Care	16
Health Conditions	19
<b>Services Patients Received</b>	<b>20</b>
Dental	20
Medical	21
Vision	22
Resource Services	23
<b>Patient Impact</b>	<b>26</b>
<b>Volunteers</b>	<b>28</b>
Clinic Communication & Organization	29
Volunteer Experience	30
Volunteer Perspectives on Clinic Impact	33
<b>Clinic Administration</b>	<b>34</b>
<b>Conclusion</b>	<b>35</b>

# TABLE OF CONTENTS CONTINUED

2	<p><b>10 YEAR RETROSPECTIVE</b></p> <p>The Beginning 38</p> <p><i>Can Free Pop-up Clinics Save American Healthcare</i> 39</p> <p>by Roy Frank (Eroyn Franklin)</p> <p><i>Momentum</i> by Meredith Li-Vollmer 45</p> <p>What Have We Learned? 49</p> <p>Where Do We Go From Here? 51</p> <p><i>Health + Care</i> by Meredith Li-Vollmer 52</p>
3	<p><b>SKETCHES FROM OUTSIDE THE MARGINS</b></p> <p><b>Stories of Healthcare in 2025</b></p> <p><i>Physical Barriers to Accessing Healthcare</i> by Tatiana Gill 56</p> <p><i>Digital Divide</i> by Kelly Froh 57</p> <p><i>Maria's Story</i> by David Lasky 58</p> <p><i>My Medical Debt Story</i> by Tatiana Gill 59</p> <p><i>How'd That Work Out for You?</i> by ET Russian 60</p> <p><i>Leda's Story</i> by Whit Taylor 62</p> <p><i>The In Between</i> by Roy Frank (Eroyn Franklin) 64</p> <p><i>Med Maze</i> by ET Russian 66</p> <p><i>Ready for the Next Step</i> by Meredith Li-Vollmer 68</p> <p><i>Gallbladder</i> by Kelly Froh 69</p> <p><i>Three Buckets</i> by Meredith Li-Vollmer 70</p>
4	<p><b>2025 APPENDICES</b></p> <p>Leadership Team 72</p> <p>Donors 74</p> <p>Partners 76</p>

# **2025 FINAL REPORT**

## INTRODUCTION

Seattle/King County Clinic was held over four days, April 24–27, 2025, at Seattle Center. The project brought together more than 113 organizations and 4,529 volunteers to deliver a wide range of clinical services - offered free of charge on a first-come, first-served basis - to 3,319 individuals. The clinic successfully met its goal of serving a racially diverse and economically disadvantaged patient population, providing nearly \$3.1 million in dental, vision, and medical care. Organizers, volunteers, and patients alike remarked not only on the clinic's continued commitment to its values and providing a high-quality experience but also noted that this year's event was the smoothest in its ten-year history.

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

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



**3,319**  
Patients served



Saved patients  
**\$3M+**  
in out-of-pocket costs



**4,529**  
Volunteers

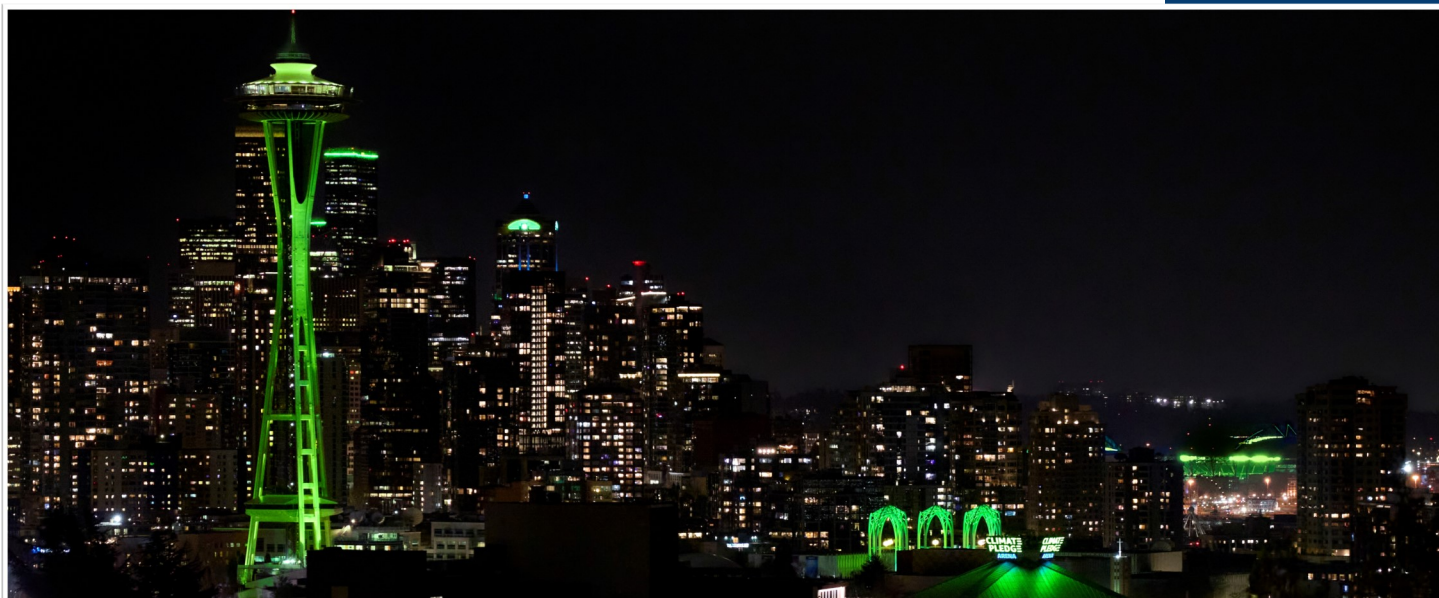


**113**  
Participating organizations



Photos © Auston James





## A Changing Landscape

This year, Seattle/King County Clinic occurred in a landscape marked by uncertainty. Impending cuts to essential social services and health insurance threatened future access to care. Science that has been fundamental to public health for decades was being called into question. Concerns about immigration enforcement were front of mind for organizers, volunteers, and patients alike, prompting adjustments to clinic protocols in response to shifting policies. While the clinic's resources had yet to be impacted, partner organizations and programs were already feeling the effects of federal funding reductions, straining the broader community network.

Leading up to the clinic, the community came together on April 7 (World Health Day) to urge stakeholders across sectors to take meaningful action in breaking down barriers to care. The day was locally recognized as Access to Healthcare Day, and clinic leadership placed an op-ed in *The Seattle Times* calling for systemic reform. Regional landmarks were lit green in solidarity with the cause, and a press conference was held with remarks from local leaders. Dozens of supporters and partners shared their own calls to action, amplifying the message for change.

In many other ways, the tenth anniversary was also a banner year. Volunteer turnout was at an all-time high, with the largest percentage of roles filled in the clinic's history. This robust support allowed service capacity to return to pre-pandemic levels. Community interest in collective action and mutual care remained strong, and the compassion on display throughout the event was a powerful reminder of the values at the clinic's core.

*"I am so grateful for the great work done by everyone on this team. The care is excellent, the services are comprehensive and the quality of the people is beyond praise. Thank you very, very much."*

*- Sandra, Patient*

## PATIENT POPULATION

People unfamiliar with the clinic often assume that those seeking services are unhoused, uninsured, and living with few material resources. While some patients do face these circumstances, a growing number are part of the 'missing middle' - working individuals who earn too much to qualify for subsidized care but not enough to afford out-of-pocket or sliding scale fees. Others face barriers such as language differences, securing transportation, or navigating the complexities of the healthcare system. Each patient has a unique story, but all come to the clinic because they are in need of care.

As one volunteer noted, “The state of access to healthcare in the U.S. is baffling and shameful. I know from experience that accessing services when you are not or underinsured can be tricky and can almost seem designed to rob you of your dignity. I was not surprised to see patients across gender, age, race, ethnicity, and socio-economic lines coming to access services. I remain so impressed by the scale of the SKCC and so sad by its need in the community.”

Outreach to prospective patients was conducted using a trusted messenger model, led by volunteers, clinic staff, and partner organizations with connections to target populations. Outreach methods included print, social media, radio, and television advertising, along with messaging disseminated through hundreds of community-based organizations and agencies. The City of Seattle’s Office of Immigrant & Refugee Affairs helped to place ads in ethnic media outlets, while Seattle Center coordinated non-ethnic media advertising. A team of volunteers also distributed wallet-sized cards and flyers translated into 18 languages. Increased investment in media relations led to more earned media coverage in local outlets than in past years, supplementing direct outreach efforts.







When asked how they learned about the clinic, 31.4% of patients said they were told by a friend, family member, or acquaintance. Social media accounted for 9.4%, while 8.2% saw a flyer or poster. Another 7.8% heard about the clinic through newspapers, radio, or television; 7.5% were informed by a community-based organization; 5.0% found it through an internet search; 2.2% were referred by a healthcare provider; 1.3% learned about it through school; and 0.8% through a faith-based organization. Another 26.5% did not answer.

Two core tenets of Seattle/King County Clinic are accessibility and privacy, and both were emphasized in patient outreach and onsite. To remain as low-barrier as possible, the clinic does not require identification or personal information beyond a name and birthdate to initiate their record. However, many patients voluntarily provide additional details, recognizing that this may aid in their care or contribute to broader healthcare insights.

Optional demographic questions were asked at registration, while health histories were documented during intake. Patients were assured that any data shared with the community would be de-identified and reported only in aggregate.

*“Everyone is so kind!  
I wouldn't be able to  
afford these services  
without you.”*

- Anonymous, Patient

## Gender

Registration data showed slightly more female than male patients; 54.4% of patients were female; 44.7% were male. Very few (0.4%) patients indicated they were transgender, non-binary, or other, while 0.5% preferred not to share.

## Age

A wide range of ages were represented at the clinic: young people, adults, and the elderly all came to get care. A small number of children were also treated. The average age of registered patients was 47 years old. Over three-quarters (80.4%) of patients were between 18 and 64 years old. The distribution of patients by their age is shown in Figure 1.

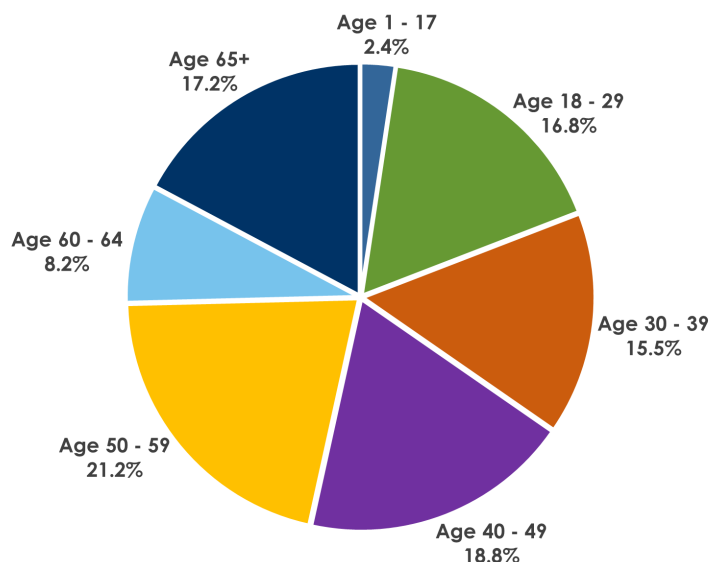


Figure 1. Patient distribution by age.

## Ethnic Identity

Patients spanned a variety of ethnicities. This year, 29.8% of registered patients identified their ethnic identity as Latino/Hispanic, down 10% from the previous year. 16.4% identified themselves as White, 15.4% as either Black or African, and 14.6% self-reported as Asian. The remaining 7.2% of patients who answered the question were spread across other ethnic identities as shown in Figure 2.

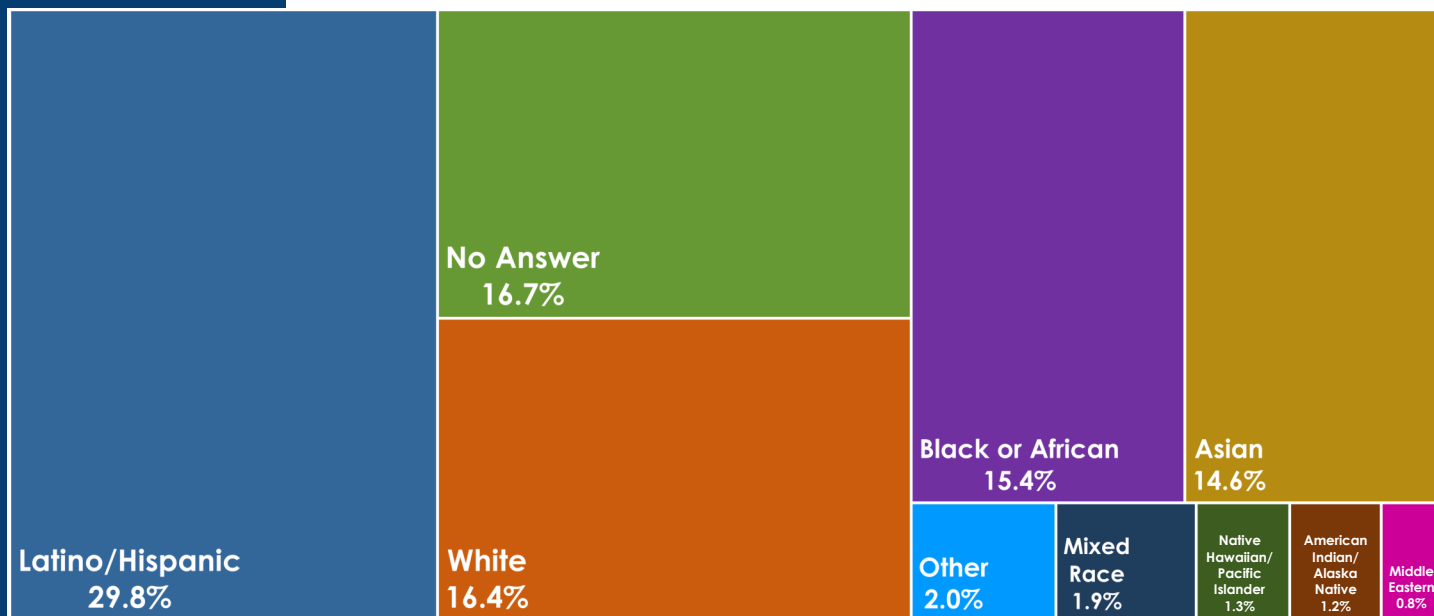


Figure 2. Patient distribution by ethnic identity.

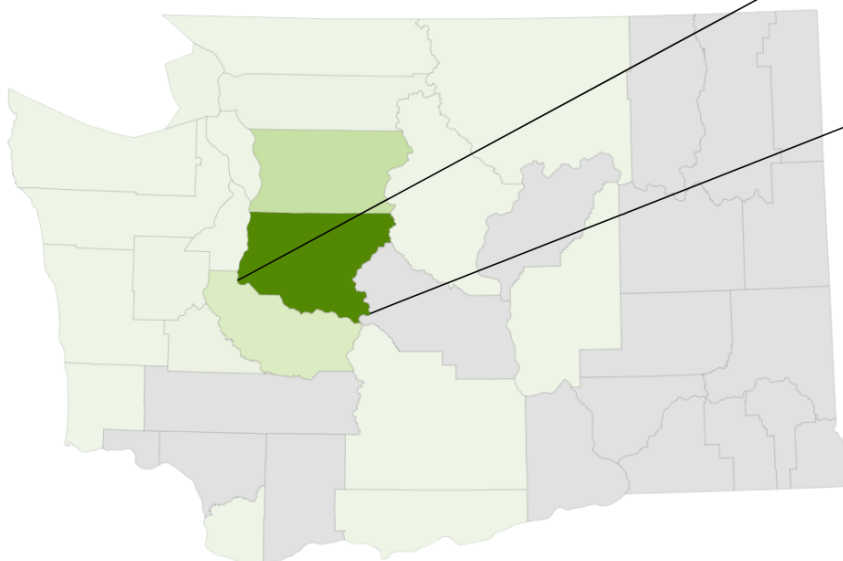
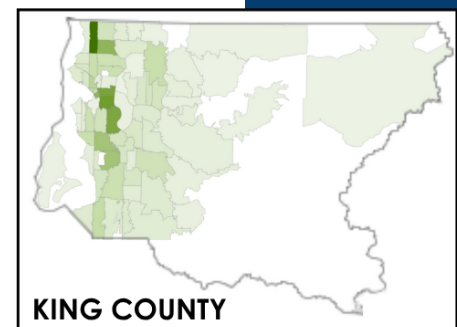




## Where Patients Live

Patients came from across the city, county, state, and country to receive care at the clinic. This year, registered patients came from 190 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 (51.3%) was based in the City of Seattle. 96.7% of patients traveled from within Washington, but a handful of patients hailed from six other states: California, Maryland, Minnesota, New York, Oregon, and Texas.

Based on zip code data, most patients reported residing in either King (75.7%), Snohomish (13.6%), or Pierce (5.3%) Counties. The remaining patients reported a range of zip codes from across Washington, spanning 20 different counties: Chelan, Clallam, Clark, Grant, Grays Harbor, Island, Jefferson, Kitsap, Klickitat, Mason, Okanogan, Pacific, San Juan, Skagit, Thurston, Whatcom, and Yakima. For a visual representation of statewide patient zip code distribution, see Figure 3.



**190**  
Unique patient zip codes

 **20**  
Washington counties

 **7**  
States

Figure 3. Map of Washington patient zip codes by density.

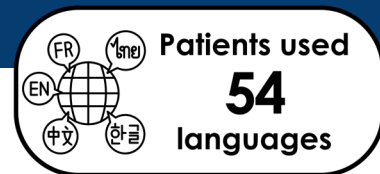
LANGUAGE	# PTS
Spanish	905
Mandarin	157
Amharic	109
Russian	57
Vietnamese	52
Tigrinya	51
Other	35
Mongolian	31
French	29
Cantonese	28
Farsi	26
Portuguese (BRA)	26
Ukrainian	26
Arabic	20
Indonesian	16
Swahili	16
Oromo	14
Tagalog	13
Dari	11
Filipino	9
Korean	8
Somali	8
Cambodian	7
ASL	6
Nepali	6
Punjabi	6
Thai	6
Japanese	5
Hindi	4
Turkish	4
Khmer	3
Pashto	3
Bengali	2
Malay	2
Marshallese	2
Croatian	1
Mien	1
Samoan	1
Tongan	1

Table 1. Primary languages other than English.

## Primary Language

Lack of language access can be a critical barrier to healthcare, both in terms of comprehension of diagnoses and medical advice as well as in the patient's perception of receiving culturally competent care. Patients used 54 primary languages at the clinic (Table 1) and just over half (51.4%) used a language other than English. For those who did not converse in English, interpretation assistance was available either from onsite volunteers or through a remote system with medically certified interpreters from AMN Healthcare. Onsite information and registration materials were printed in Amharic, Chinese, English, Russian, Spanish, and Vietnamese.

At registration, patients reported using 40 different languages. AMN Healthcare identified 15 “other” languages that were not listed in the patient registration system that required support during the clinic.



### OTHER LANGUAGES

Achi
Acholi
Armenian
Greek
Haitian Creole
Italian
Karen
Lao
Luganda
Persian
Polish
Portuguese (EU)
Soninke
Sudanese
Uzbek



AMN Healthcare provided 20,344 minutes (339 hours) of interpretation. These minutes do not include onsite volunteer interpretation, patients who had friends or family interpreting for them, or providers who knew other

languages and were able to converse with patients without assistance.



## Employment & Military Status

Nearly half (43.0%) of patients reported having either full-time or part-time employment, while one-third (33.0%) were unemployed. Of the remainder, 9.1% were retired; 4.1% were minors or students; 3.3% were on disability (Figure 4).

A few (2.3%) patients identified themselves as United States military veterans, and 0.1% reported being active members of the military.

## Housing Status

Contrary to common assumption, the majority of clinic patients are housed. Keeping with historical trends, only 5.0% of patients reported living in an emergency shelter, on the street, or in a vehicle. Over half (63.3%) of patients were renters. (Figure 5).

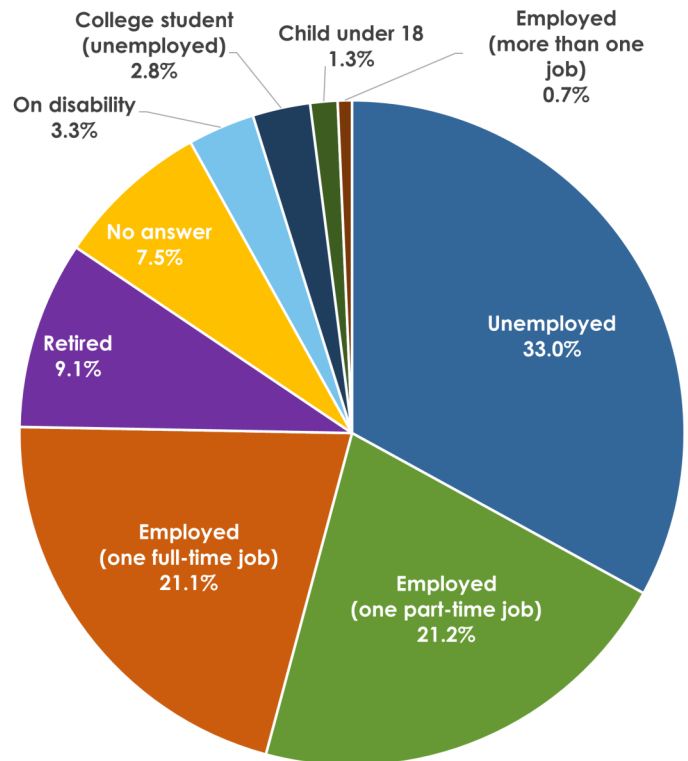


Figure 4. Patient employment status.

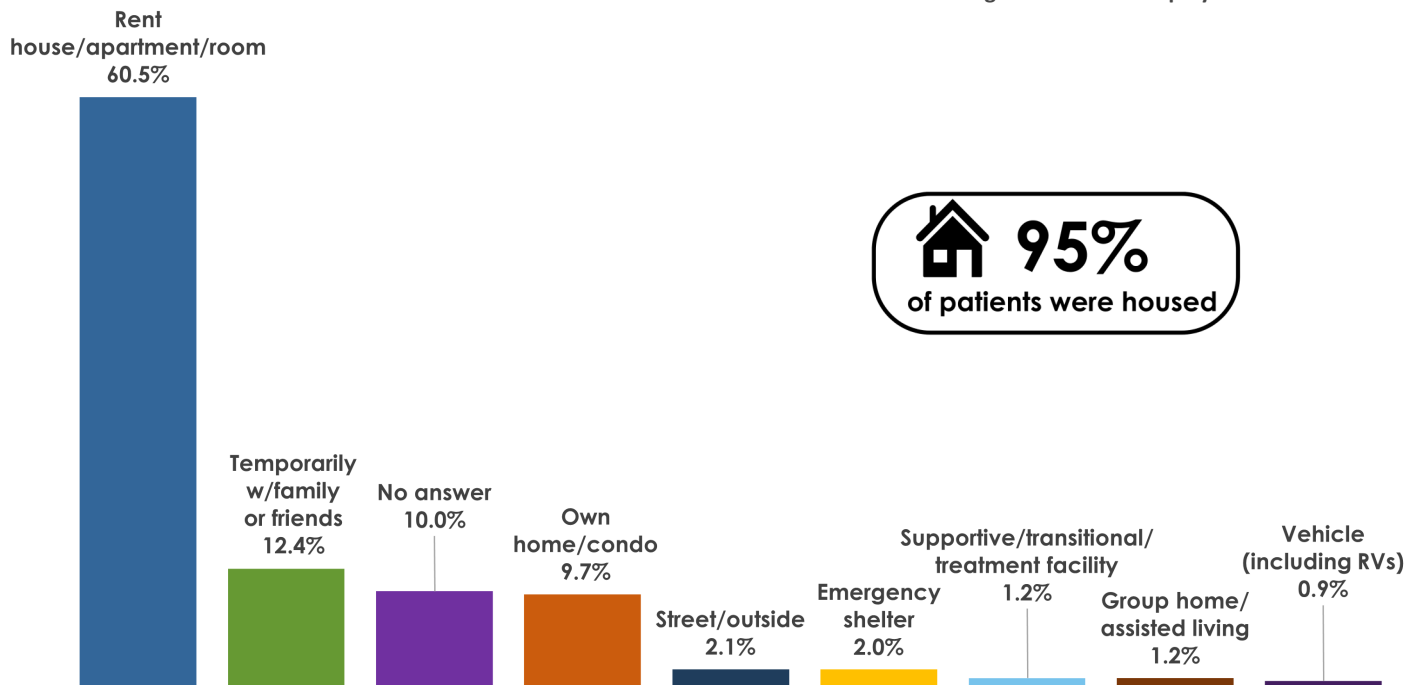
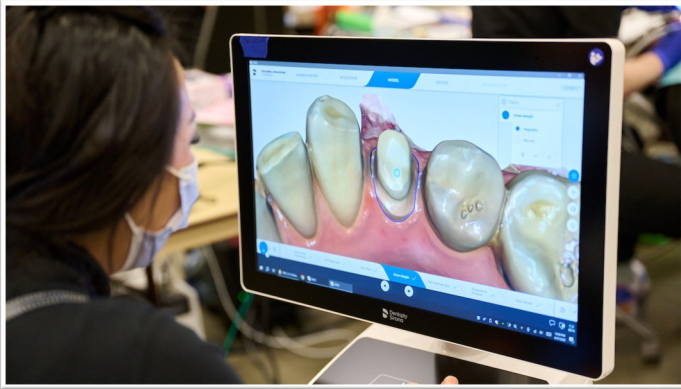


Figure 5. Patient housing status.



## Food Security

Patients were asked whether in the past 12 months they worried their food would run out before they got money to buy more. While 29.0% did not respond, about a quarter (25.9%) of patients replied yes; nearly half (45.2%) said no.

## Health Insurance Status

The clinic does not limit entry based on insurance status; clinic organizers hoped to attract people who needed services but had extremely limited means of accessing them. While the uninsured may understandably need healthcare services, the clinic also serves as a lifeline for patients who are underinsured; those who have high co-pays, deductibles, or catastrophic insurance plans that do not cover the services they need. Others cannot find in-network providers in their area, or the wait time to see a provider is too long.

This year, just over half (53.4%) of patients reported being uninsured. 37.1% indicated they had health insurance, the majority of whom had Medicare or Medicaid. The remaining 9.5% of patients did not report their insurance status (Figure 6).

No insurance  
53.4%

Medicaid/  
Apple Health  
16.7%

No answer  
9.5%

Medicare  
8.0%

Employer  
provided  
6.7%

Purchased  
myself  
3.4%

Spouse/parent  
provided  
1.7%

Veteran's  
Administration  
0.6%

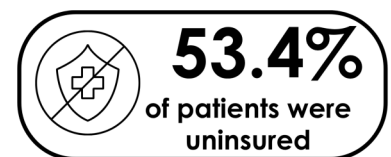


Figure 6. Patient health insurance.



## Healthcare Access

Registration data showed 50.6% of registered patients reported receiving medical care within the last year; 35.4% received dental care, and 23.1% reported receiving vision care. Patients were not asked whether that care was at Seattle/King County Clinic or another healthcare facility. Conversely, 14.3% of patients indicated they could not remember when they last received professional eye care, or it had been more than 6 years; 13.5% indicated the same for dental; 11.2% for medical (Figure 7).

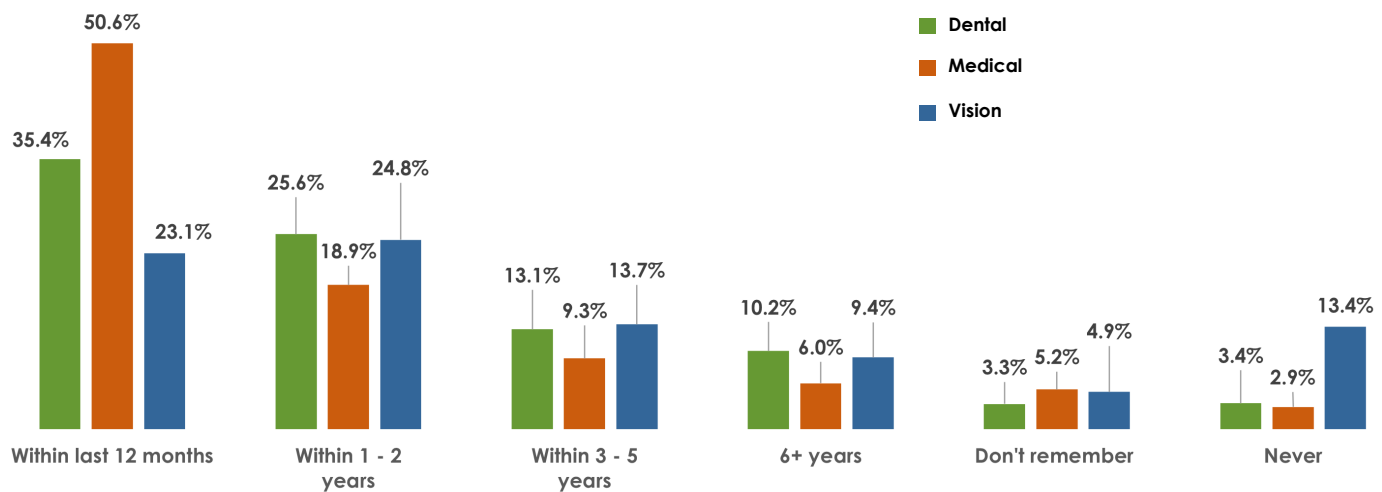


Figure 7. Time since last visit by care type.

When asked where they seek care when this clinic is not available, over one third (34.7%) of patients said they either do not seek care or go to the emergency room only, 23.1% stated they go to a location where they do have to pay and/or use insurance, and 19.2% reported going to a clinic or location where they do not have to pay (Figure 8).

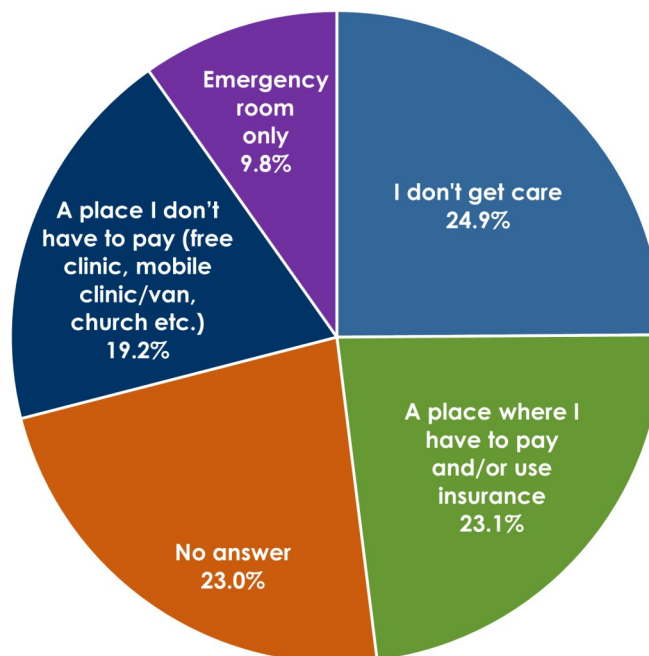


Figure 8. Where patients get care outside of the clinic.



## Barriers to Care

When asked to share what prevents them from accessing healthcare, nearly half of patients (42.8%) said they could not afford the cost, 10.5% reported their insurance did not cover the services they needed, 3.8% struggled to find a healthcare provider or the wait time for an appointment was too long, while 3.0% said the healthcare system was confusing to navigate. In other responses, 1.6% said transportation issues made it difficult to get to appointments, 0.8% could not get time off work or find childcare, and 0.7% said language was their primary barrier (Figure 9).

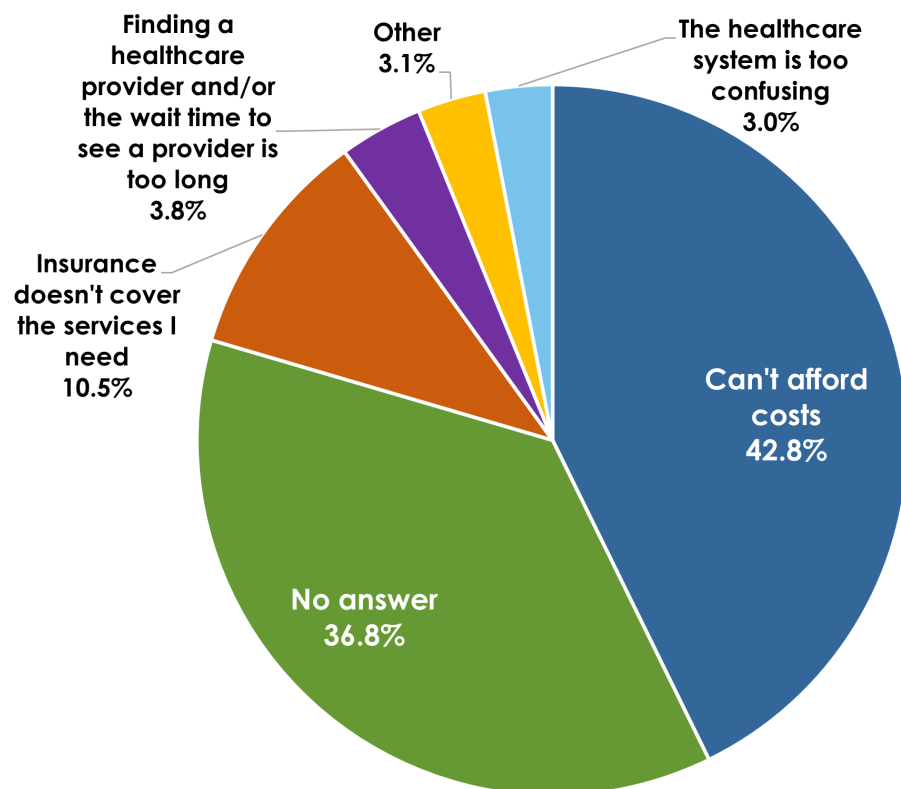


Figure 9. What prevents patients from accessing care.





As reported by the Commonwealth Fund, nearly three out of five (57%) underinsured adults nationwide said they avoided getting needed healthcare because of cost. When patients at the clinic were asked about the main reason for their visit to the clinic, 46.1% said they had been waiting more than seven months to get care, with 38.1% waiting more than a year (Figure 10). Delayed care has serious consequences; the Commonwealth Fund identified that 41% of adults nationwide who delayed care due to cost reported their health condition worsening because of it, often leading to higher bills, more complex treatments, and worse outcomes.

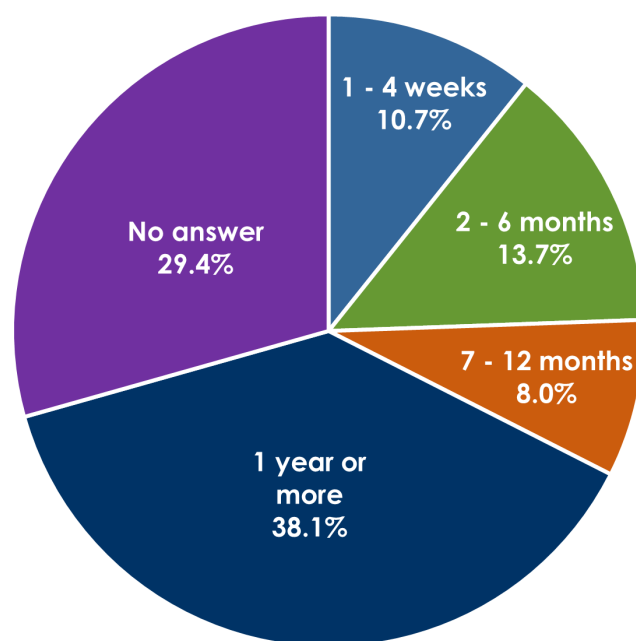


Figure 10. How long patients have waited for care.

When asked more generally if it was harder or easier to access healthcare in the last 3 years, nearly half (44.4%) of patients said it was harder. Out of the remaining patients, 18.0% felt it remained the same, 9.0% indicated it was easier, and 28.6% did not respond to the question.

Stationed in the clinic's dental building, representatives from the dental access program DentistLink polled patients who visited their table about the barriers they face when attempting to attend to their dental needs. Out of 471 respondents, 77.7% did not have dental insurance. When asked to select their primary barriers to dental care, cost was first with 80.5% of respondents indicating it as a top reason, 47.8% stated not having insurance, 10.8% said availability of appointments was a major factor, 5.5% added transportation as a barrier, and 3.8% felt language access impeded their ability to get care.

The clinic has long served as an opportunity for research. This year, a University of Washington PhD candidate studying barriers and facilitators to cervical cancer screening among Mandarin-speaking patients conducted interviews focused on access to preventive care within this population. Key themes that emerged included concerns about a lack of cost transparency, difficulty navigating the healthcare system, language barriers, and limited clinic hours—especially when compared to those available in many Mandarin-speaking countries. Cultural factors also posed challenges, such as fear of diagnosis, stigma surrounding reproductive health, religious beliefs, and other deeply rooted norms.







## Health Conditions

At intake, patients were asked about their health history and especially about conditions that might relate to their care at the clinic.

### Vaccination Status

56.9% of patients reported being vaccinated against COVID-19; 32.7% were vaccinated for Hepatitis B and 29.3% for Hepatitis A.

### Substance Use

14.5% of patients indicated they used alcohol excessively; 7.4% indicated they used cannabis; 6.8% used tobacco; 3.3% smoked e-cigarettes/vapor. Patients were also asked about illegal or excessive drug use. 0.5% admitted to using opioids; 0.6% used other drugs; 0.4% had overdosed on drugs; 0.1% used intravenous drugs.

### Behavioral & Mental Health

13.4% of patients suffered from anxiety; 11.7% had depression; 3.3% had emotional concerns or disorders; and 1.1% had a behavioral health concern or diagnosis.

### Other Health Issues

12.4% of patients self-reported having hypertension; 8.7% knew they had diabetes; 7.1% were dealing with cataracts; 5.9% were asthmatics; 2.5% reported having glaucoma or macular degeneration; 2.2% presented with either Hepatitis A, B or C; 2.0% had heart disease or had experienced a heart attack; 1.6% reported having an autoimmune disease; 1.6% had a history of seizures; 1.4% had a history of strokes; 1.0% had a history of STIs; 0.8% had liver disease; 0.6% had COPD; 0.4% were HIV+.

*“SKCC program is a blessing to the community! The support, medical, dental, and auxiliary department staff are to be commended for their service, professionalism and dedication. I thank everyone - one and all for time well served!”*

*- Arric, Patient*

## SERVICES PATIENTS RECEIVED

During the 48 hours of clinical operations, almost \$3.1 million in services were provided to people in need. This figure represents the out-of-pocket costs patients would have had to pay if they sought services at fee or insurance-based locations. It does not include the value of volunteer time, the costs for supplies and equipment, or other operational expenses. The enthusiastic volunteer enrollment, as well as a low 12.1% no show rate, helped return capacity to pre-pandemic levels.

### Dental

**1,642 patients received dental care. The clinic saved patients \$1,487,738 million in out-of-pocket costs.**

The services indicated in Table 2 are the top dental treatments documented on patient records.

The dental area has consistently faced low provider turnout on Thursdays, a challenge compounded in recent years by a nationwide shortage of dental hygienists. To help address this, the clinic partnered with Lake Washington Institute of Technology to obtain site approval from the Commission on Dental Accreditation. This allowed dental hygiene students—who had recently completed their board exams and were nearing graduation—to treat patients. Combined with higher-than-average provider turnout, this significantly increased Thursday’s patient capacity.

SERVICE	QTY
Amalgam 1 Surface	4
Amalgam 2 Surfaces	9
Amalgam 3 Surfaces	8
Amalgam 4 Surfaces	6
Biopsy	5
Composite 1 Surface	240
Composite 2 Surfaces	357
Composite 3 Surfaces	177
Composite 4 Surfaces	95
Debridement	121
Extraction	776
Flipper	61
Flouride Application	388
Mouth Guard	21
Prophy (Cleaning)	415
Root Canal	116
Scaling	211
Silver Diamine Fluoride	30
X-Ray - Bite Wing	920
X-Ray - PA	1221
X-Ray - Panorex	207

Table 2. Top dental services.







## Medical

**1,456 patients received medical care. The clinic saved patients \$964,497 in out-of-pocket costs.**

The services indicated in Table 3 were documented on patient records and reported by partners who managed specific services.

Medical services are often a secondary priority for patients after dental and vision care because, historically, they have been easier to access in the community. This year, however, there was a notable increase in patients seeking primary care and diagnostic testing as their primary reason for attending.

SERVICE	QTY
Acupuncture	177
Behavioral Health	94
Dermatology: Cryotherapy	41
Dermatology: Exam	242
EKG	60
Foot Care	135
Foot Care: Podiatry	78
Immunization: COVID-19	130
Immunization: Flu	133
Immunization: Hepatitis A/B	201
Immunization: MMR	118
Immunization: Shingles	79
Immunization: Tdap	156
Lab Tests	2574
Mammogram	178
Nutrition	138
Occupational Therapy	69
Occupational Therapy: Splint	53
Physical Therapy	196
Primary Care	470
Ultrasound	149
Women's + Trans Nonbinary Health	220
X-Ray	174

Table 3. Top medical services.





## Vision

**1,048 patients received eye care. The clinic saved patients \$643,910 in out-of-pocket costs.**

The services indicated in Table 4 were documented on patient records and reported by partners who managed specific services.

Many patients turn to Seattle/King County Clinic for eye care because most free clinics and community health centers do not offer these services, vision insurance coverage is often limited, and the cost - especially for prescription glasses - is prohibitive. This year there was a 115% increase in patients requiring ophthalmology referrals for conditions such as cataracts and glaucoma, the latter of which showed particularly high prevalence.

SERVICE	QTY
Eye Exam	976
Glasses - Readers	104
Glasses - Rx Bifocal	452
Glasses - Rx Single Vision	545
Pre-Testing	1029

Table 4. Top vision services.





## Resource Services

One goal of the clinic is to connect patients with community resources that help to provide ongoing care and, hopefully, prevent them from having to rely on short-term clinics to meet their healthcare needs. 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. This documentation indicated patient interest and need. Although monetary amounts are not attributed to these interactions as they are with dental, medical, or vision services, organizers know resource services are an invaluable part of a patient's care (Table 5).



This year, in an effort to connect more patients with care homes and year-round services, extra emphasis was placed on expanding the resource area. Two new aspects were added to the partnership with Project Access Northwest and CISC's Healthcare Access Team was brought on to help with Medicare enrollment and services for the elderly. In addition, efforts were made to improve awareness of these resources amongst volunteers and their ability to direct patients to those services.

### In-Clinic Resource Navigation

Social workers and health insurance navigators have always been central to 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—connecting 591 patients with external resources, an increase of 57% compared to 2024. Navigators assisted over 344 patients and their companions with health insurance questions and/or enrollment. Pharmacists were also available onsite to provide medication counseling and help patients get connected to free or affordable prescription drug programs.

### Emotional Support

Apart from the behavioral health service available inside the medical area, a roving behavioral health team was available to assist patients who needed support or a listening ear. A partnership with HOPE Animal-Assisted Crisis Response also provided trained dogs and handlers who roamed throughout the clinic and could be called on to comfort a patient. HOPE dogs were especially popular in the dental area or wherever anxiety-inducing procedures were performed.

SERVICE	QTY
CISC	119
City of Seattle	1423
DentistLink	115
Health Insurance Assistance	344
International Community Health Services	98
Kaiser Permanente Gun Safety	1240
King County 211	530
King County Metro	176
Link to Care WA	389
Nashi Immigrant Health Board	Not Tracked
Peer Seattle	412
PHSKC - Overdose Prevention & Response	398
PHSKC - TB Free King County	518
Project Access NW: Care Coordination	110
Project Access NW: Counseling Referrals	54
Project Access NW: DentistLink	45
Project Access NW: Ophthalmology Referrals	142
Sea Mar Community Health Centers	344
Seattle Roots Community Health	54
Social Work	591

Table 5. Resource services.

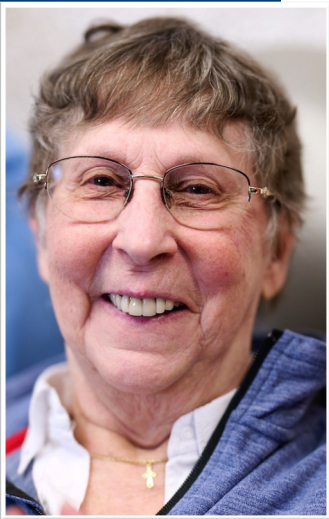


### **Community Health Centers**

Clinic organizers invited local community health centers to be onsite to meet with patients who needed follow-up care or to provide further information on their services. Representatives from International Community Health Services, Sea Mar Community Health Centers, and Seattle Roots Community Health were onsite to answer patient questions, explore care options, and schedule appointments. Although there is high interest and need, few opportunities exist among free clinics or community health centers for eye exams and optical services, and options for affordable dental care without a long wait time continue to be slim. In a continuation of last year's trend, patients reported having more difficulty accessing and affording medical services, even when attending clinics that offer sliding scale fees.

### **University of Washington School of Dentistry**

This year, the UW School of Dentistry accepted a limited number of patient referrals for services beyond the scope of the four-day clinic. These services were provided at no-cost through the university's residency program. Referrals included five patients in need of dentures, two requiring bridges, and four endodontic cases. In addition, staff were onsite to speak with patients interested in exploring further dental care at the university.



### **Project Access Northwest**

A long-time partner of the clinic, Project Access Northwest serves as a vital connector to specialty care for low-income and uninsured patients.

- Ophthalmology Referrals - As in years past, patients with eye diseases such as cataracts or glaucoma were able to get the specialty care they needed affordably. After initiating a connection at the clinic, Project Access Northwest then continued to support 142 patients as they established care with Kaiser Permanente or University of Washington Eye Institute.
- Pro-Bono Counseling - This year, 55 patients were connected with ongoing, no-cost counseling after being served by behavioral health providers in the medical area. The clinic also serves as a recruitment opportunity for adding providers to the pro-bono network, expanding capacity for this vital program.
- Care Coordination - In a new aspect of the partnership, representatives were onsite to provide wide-ranging case management and resource navigation for patients with health-related social needs. Their work included referrals for nutrition support, housing assistance, education and career support, immigration guidance, medical specialty services, and benefits navigation (SNAP, TANF, HEN, etc.), among others.
- DentistLink - Now a part of Project Access Northwest, DentistLink was stationed inside the dental building, helping uninsured patients or those with Medicaid find a dental care home. This team also conducted a small-scale survey exploring patients' dental insurance status and barriers to care.





## Community Tables

Select resource organizations were onsite in the facility where patients received tickets and waited for admission. Organizers selected an array of programs that were relevant to a broad swath of the clinic population, while offering distinct services.

- King County 211 connected people with a vast array of health and human services.
- Nashi Immigrants Health Board provided access to and information about healthcare and social service resources for immigrant communities, specializing in newly arrived Ukrainians.
- DentistLink provided free oral hygiene kits and dental health navigation.
- Link to Care WA helped connect patients to free or low-cost internet and technology to aid them in accessing virtual healthcare.
- Friends of the Seattle Public Library made reading materials available to help occupy patients' time.
- Public Health – Seattle/King County was represented by two of their community health programs: TB Free King County provided in-language information on tuberculosis as well as prevention, testing, and treatment options, while the Overdose Prevention & Response Program distributed hundreds of over-the-counter Narcan kits and trained recipients on how to use them to reverse a suspected overdose.
- King County Metro's Neighborhood Pop-Up program provided patients with public transit information, including the enrollment and printing of ORCA cards.
- Peer Seattle provided information and access to their LGBTQ+ health, harm reduction, and human services initiatives.
- The City of Seattle's digital equity, utility discount, and human services teams were onsite to discuss their respective programs.
- Kaiser Permanente's gun safety program informed patients about proper gun storage while distributing lock boxes and cable locks to those who needed them.

*"I came today for the healthcare and got care all around. Advice, information, and resources to keep me healthy both in body and mind. All workers were kind and informative. This event ran so smoothly. It took no more time than if I went to each individual service, with nothing but mindful care given. I'm so grateful."*

*- Shanna, Patient*



## PATIENT IMPACT

In addition to collecting demographic data, organizers sought to understand patient experiences through written and verbal feedback. Ensuring that patients not only received high-quality care but were also treated with dignity and respect was a key priority. Although few patients provided written comments - particularly critical feedback - many shared their appreciation with volunteers, expressing gratitude for the compassion they received and emphasizing how the services would positively impact their lives.

One volunteer shared their interaction with a patient who “was able to get all of the dental care he needed alongside support for future. He was so grateful for the medical professionals and volunteers. At the end of his day, he was able to meet with the volunteers who helped him get to where he needed to be and he hugged them and cried because of how grateful he was. He was able to ‘get new teeth’ which not only made him feel more confident but also alleviated the pain he previously had. He was beyond grateful, and it was extremely heartwarming to know how even the smallest interactions of kindness from volunteers can make such a large impact on a patient’s experience with us.”

This sentiment was echoed in an email from a patient, “This is probably one of the most phenomenal experiences I have had in my life. There is regard and genuine care here. There is joy in the volunteers here. I don't even know how such an event could be run so well, but I marvel at all of this -- so smooth, seamless, service-oriented. After a day of receiving true kindness, and true help with so many health needs (and with such quality...best dental cleaning, best physical therapy, and deepest acupuncture and most useful nutrition, ever) I said to myself, today people saw me as a human and treated me with kindness and care and zero condescension or pity; no one knew I was homeless; I could relax; I felt safe.”







“I had the opportunity to assist with a situation involving a young patient who needed prescription glasses,” one volunteer recalled. “The child’s parent initially refused the glasses due to cultural beliefs and a lack of understanding of the potential consequences. Despite clear explanations from the doctor, there was still hesitation. The doctor, concerned about the child’s long-term health, asked me to help bridge the communication gap. In collaboration with the doctor, we explained the importance of the glasses and the potential risks of not using them. After a thorough discussion, the parent agreed to proceed with the prescription. This experience showed me how collaboration between healthcare providers and interpreters can make a real difference in patient care. I was particularly impressed by the doctor’s commitment to ensuring the child received the care they needed.”

The extent to which volunteers went to provide care was also recognized by patients and their caregivers. “How may I share this extraordinary experience to the highest degree it deserves. To the depths of my existence, I cannot begin to tell you how very grateful I am. The miracles you all performed are evidenced by what I thought was unattainable. I am the mother of an adult daughter with Autism (Asperger’s) who has been self-treating her severe tooth infections for at least a decade. The primary reason was fear of dentists. We came a long way to attend the King Medical/Dental Clinic. I saw it on TV 5 years ago. I simply could not afford her major dental needs. Driving up multiple times she asked to turn around and/or ‘let’s go home!’ She completely ‘crashed emotionally’ finding she needed teeth pulled due to infection. Miraculously because of the tremendous support of the volunteers (very caring), doctors, especially Dr. Elizabeth, surgeons, and assistants, seven bad teeth were successfully removed. I cannot name one person who was not warm, friendly and supportive! You, each and every one of you, represent the finest of true human beings and very caring individuals.”

PROFESSION/ CLASSIFICATION	QTY
Acupuncturist	21
Community Resource Prof.	182
Dental Assistant	233
Dental Equipment Tech	10
Dental Hygienist	125
Dental Lab Technician	25
Dentist	281
Denturist	4
Dermatologist	27
Dietician & Nutritionist	26
Emergency Medical Tech	7
General Support & Interpreter	2185
Health Insurance Navigator	28
Healthcare Prof.	81
Medical Assistant	90
Mental Health Counselor	24
Nurse - RN & LPN/LVN	370
Nurse Practitioner	44
Nursing Assistant	50
Occupational Therapist	13
Ophthalmic Asst/Tech	46
Ophthalmologist	45
Optician	63
Optometric Asst/Tech	28
Optometrist	42
Pharmacist	25
Pharmacy Technician	4
Physical Therapist	30
Physician	64
Physician Assistant	4
Podiatrist	4
Psychiatrist	2
Psychologist	3
Radiologist	14
Social Worker	62
Student - Dental	24
Student - Dental Assisting	17
Student - Dental Hygiene	47
Student - Dietician/Nutrition	7
Student - Medical	40
Student - Optometry	1
Student - Pharmacy Intern	3
Student - Physical Therapy	8
Student - Psych/Mental Health	12
Student - Registered Nurse	50
Student - Social Work	13
Technologist - Medical Lab	8
Technologist - Ultrasound	18
Technologist - X-Ray	19

Table 6. Volunteer participation during clinic.

## VOLUNTEERS

The clinic would not have been possible without the dedication of 4,529 volunteers during the four days of patient services, along with 354 additional volunteers who supported preparation and wrap-up activities. Volunteers played a vital role in every aspect of the operation - not only delivering essential services but also contributing to evaluation efforts. They provided valuable feedback through an online survey, email, and conversations, offering insights that continue to inform learning and improvement.

While most volunteers came from Washington, primarily the Puget Sound region, others traveled from 17 additional states and three countries. Thanks to the efforts of clinic partners, volunteers learned about the opportunity through professional associations, volunteer networks, employers, workplace communications, academic institutions, media, and word of mouth. Collectively, they spoke more than 46 languages and represented over 50 professions or volunteer classifications (Table 6). A total of 373 healthcare professionals utilized the state-sponsored Volunteer and Retired Providers Program, which secures malpractice insurance and covers license renewal fees for eligible providers. An additional 94 volunteers received insurance as part of their membership in the Public Health Reserve Corps. Members provide a motivated workforce for the clinic and, in turn, gain valuable experience that can benefit the community during an emergency deployment.

Independent Sector, a national organization focused on nonprofits, estimates the value of volunteer time in Washington at \$41.70 per hour. Based on over 48,800 recorded hours during the week of the clinic, volunteers contributed at least \$2,034,960 in donated time. However, considering the professional value of healthcare volunteers and the many additional, untracked hours dedicated to planning and preparation, the true value of this contribution is likely significantly higher.







## Clinic Communication & Organization

Effective communication with volunteers is essential to the clinic's success, and feedback reflected a high level of satisfaction. An impressive 98.6% of volunteers reported that the materials provided in advance helped them feel prepared and effective. Additionally, 94.5% found the onsite orientation informative and useful, while 95.6% agreed that job-specific training supported their success in their roles. Leadership was also highly rated, with 97.3% stating they received clear directions and helpful responses to questions that arose.

"Everything [was helpful] really, including the maps. I also appreciated the materials to remind myself about the needs of patients, so I can better understand the barriers people face to getting health care and be knowledgeable about how to treat everyone with respect."

**97.0%** Felt their time and skills were well-utilized

Volunteers also expressed appreciation for the clinic's strong organization and inclusive environment. A total of 98.1% said the clinic was well-organized, and 97.0% felt their time and skills were well-utilized - contributing to a sense of purpose and value.

## Volunteer Experience

A strong correlation exists between the experiences of volunteers and patients. Accordingly, equal attention was given to cultivating and evaluating the volunteer experience. The majority (99.5%) of volunteers who responded to the survey indicated their experience was worthwhile and said they appreciated the culture of support and collaboration among volunteers (99.5%).

“The break areas, pacing of the shifts, and the emotional support staff (human and canine) created community for the volunteers. Countless patients told me that they had been recommended to the clinic from someone they know, which speaks to their community. The setup of the clinic made it easy to create a respectful, dignified environment for everyone.”

Furthermore, 98.6% of volunteers said their participation made them feel more connected to the community and/or their profession, while 95.8% reported that it deepened their awareness about the state of healthcare in the community and the needs facing this patient population.

**98.6%** Felt more connected to the community and/or profession

**95.8%** Deepened awareness about the state of healthcare and needs facing patient population

“During my time volunteering at the Seattle/King County Clinic, I observed how the clinic creates a strong sense of community. It provides not only healthcare but also a safe space where patients, many of whom face language barriers or financial struggles, feel supported and heard. The staff and volunteers

genuinely care about the well-being of patients, fostering trust and making people feel comfortable. The clinic’s focus on cultural competence and holistic care ensures all patients, regardless of background, receive respectful and inclusive treatment. Ultimately, the clinic strengthens the community by offering more than just medical services—it builds connections and provides a sense of belonging.”





Almost all (99.2%) respondents agreed that they would be interested in volunteering again and 98.9% would recommend the experience to others.

**98.9%** Would recommend this experience to others

Volunteers were also asked about the clinic's impact on them personally and professionally. Many healthcare providers expressed a renewed sense of pride or connection to their profession. Others shared that the experience gave them valuable perspective on the healthcare system, underserved communities, and the power of cross-professional, cross-cultural, and intergenerational teamwork.

"On a personal basis, as a Boomer without children or grandchildren, I have very limited daily interaction with the Alphabet Generations (X, Y, alpha, what have you, hard to keep track of them all!) I really enjoyed the opportunity to work with some very delightful students and hear about their worlds, thereby broadening my exposure to younger folks in my community. And wow, all the interpreters! I so love living in a melting pot / sanctuary city and seeing people from so many other countries all helping to make our world a better place and treating each other with respect."

The most prominent theme, however, was a sense of hope for the future. In times marked by increasing isolation and polarization, many volunteers expressed deep gratitude for the sense of community the clinic fostered and for the opportunity to witness people coming together in service of the common good.

"I loved working with the patients, and I had many meaningful experiences with them, but to be honest what moved me the most that weekend were the volunteers. I'd been feeling so hopeless about the lack of empathy present in the country, particularly towards non-white Americans. It helped me so much to see thousands of people coming together and saying firmly that it's wrong not to care about people, and it's important to try and help them. It did my soul good."

"It's so uplifting to see people helping others with something so important as healthcare, especially at a time when our government is failing us so wildly in this arena. I may feel powerless politically, but I can feel part of a local, human-powered solution when I help with this clinic."



### Student Participation

Since its inception, the clinic has served as a valuable learning environment for healthcare students. While many participate in support roles, the clinic also offers a platform for research and educational initiatives. Recent efforts included expanded opportunities for dental hygiene students and a study exploring barriers to cervical cancer screening among Mandarin-speaking patients. The clinic also welcomed students from Washington Area Health Education Centers (AHEC) for a listening project. Working in interdisciplinary teams, these students spent time with patients to better understand their circumstances and experiences within the broader healthcare system - gaining meaningful insights to carry into their future careers.

A common theme that emerged was patients' desire to be seen and heard not just as patients, but as people. Many emphasized the importance of providers demonstrating patience and offering clear, patient-centered explanations. Others expressed frustration with a healthcare system that, rather than being nurturing, has become overly politicized and business-focused - often leaving patients feeling traumatized.





## Volunteer Perspectives on Clinic Impact

Volunteer feedback also provided insight into both the quality-of-care patients received and the reasons they attended the clinic.

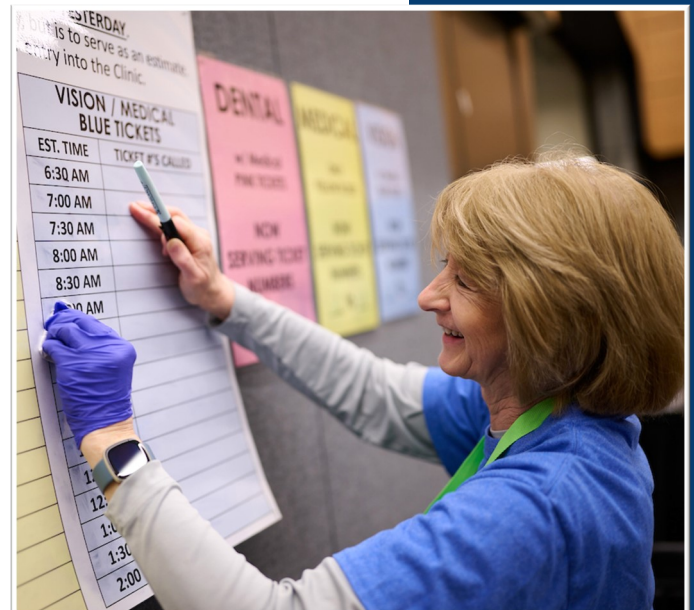
**99.1%** Patients appeared satisfied with the services provided

99.2% agreed that patients received quality treatment, and 98.2% felt they had adequate time to spend with patients. "Every single patient was such a pleasure to care for. In a healthcare system that can often feel fragmented, it felt like everyone was on the same team, operating under the same goal of whole-person care."

**99.2%** Patients recieved quality treatment

"This is a clinic that allows people to give as much as they can without judgement by other volunteers and by the staff that helped keep things running smoothly. We were volunteers that have come together with the intention to use our skills without worrying about insurance coverage, the boss or office manager looking at production, without a single volunteer judging our patients because everyone was equal."

Thirty-four percent of volunteers - primarily first-time participants - said they were surprised by the demographics of the patients and why they sought services at the clinic. "It has raised my awareness of the continuing need for free care in our community despite the fact that many have insurance coverage. Their insurance may not cover the services they need, providers are hard to find, there are delays and denials and sometimes prohibitive costs."





## CLINIC ADMINISTRATION

Seattle Center Foundation serves as the nonprofit fiscal agent for Seattle/King County Clinic, securing the funds and resources needed to operate beyond what Seattle Center contributes through project management, facilities, and event labor. Cash expenses remained relatively consistent to the prior year, with the most significant increase related to labor costs.

Most in-kind donors did not assign a monetary value to their contributions, making it challenging to assess the total cost offset. However, cash expenses were largely reduced through the donation or loan of healthcare supplies, equipment, and services; interpretation and translation support; operating equipment; and volunteer labor. Remaining needs were met using cash resources (Figure 13).

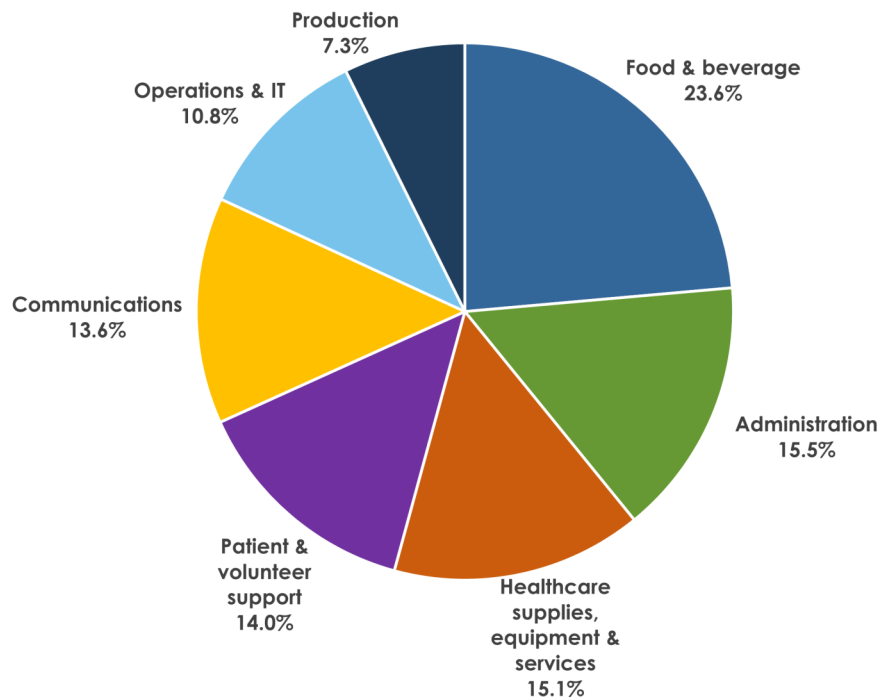
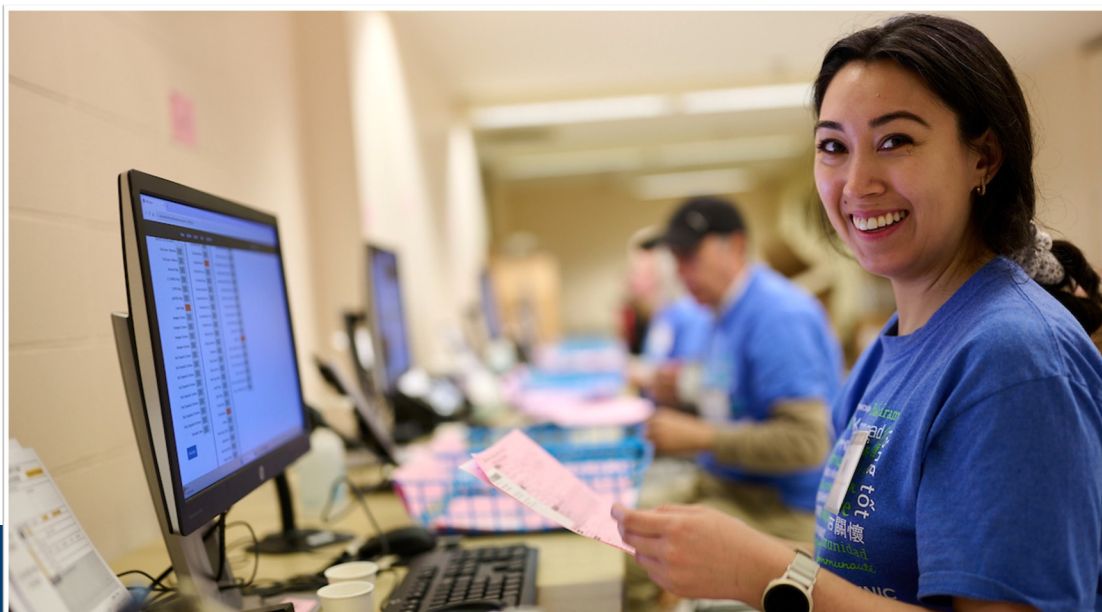


Figure 10. Cash resource allocation.



## CONCLUSION

Over ten years, organizers and stakeholders of all kinds have consistently acknowledged that Seattle/King County Clinic is not a long-term solution to healthcare needs - expressing a shared hope that one day it will not be necessary. Still, they continue to appreciate its role in the community. This year was no exception. Amid growing challenges in healthcare access, the clinic once again upheld its core values and demonstrated what is possible through compassionate, patient-centered, community-driven care.

As expressed by a volunteer, “The Clinic creates a space where patients, providers, interpreters, and volunteers from all walks of life unite around a shared goal; dignified, equitable healthcare for all. In just a few days, complete strangers become collaborators, advocates, and supporters. I witnessed patients who came in alone leave with renewed hope, volunteers checking in on each other like longtime colleagues, and countless moments of genuine human connection. The Clinic not only addresses immediate health needs but also strengthens trust between the healthcare system and the underserved. It fosters a sense of belonging—for those receiving care and those giving it. It’s a reminder that community isn’t just about proximity; it’s about showing up for one another.”



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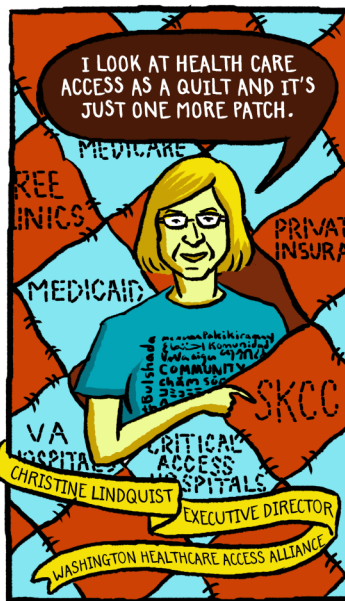
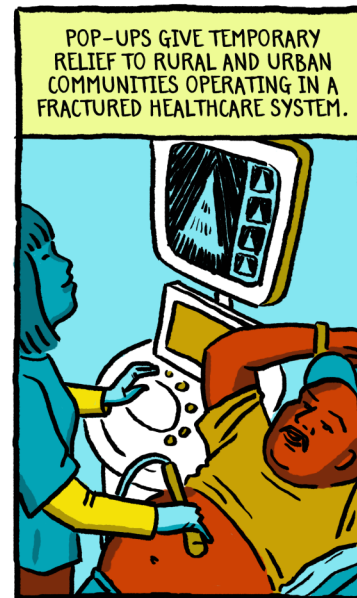
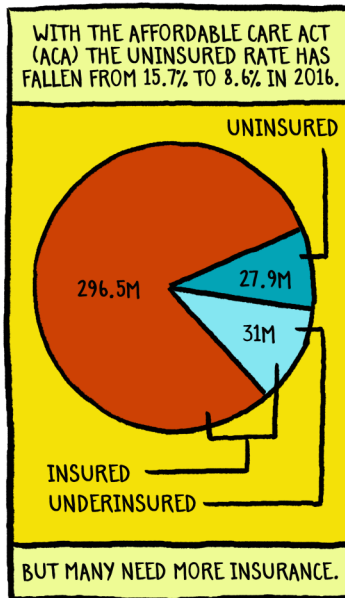
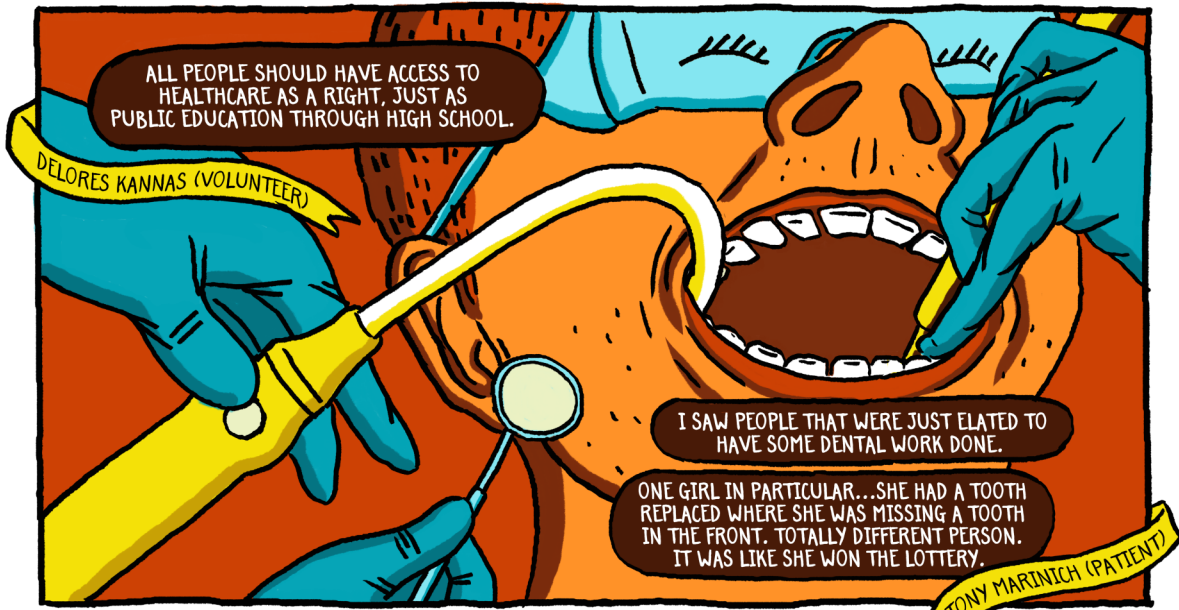
# **10 YEAR RETROSPECTIVE**

## The Beginning

The year is 2014. The nation is midway through President Obama's second term. The Affordable Care Act (ACA) has just been fully implemented, same-sex marriage is legal in several states, and the largest Ebola outbreak in history has been declared a Public Health Emergency of International Concern.

In Seattle, a cross-sector coalition has formed and is in the midst of developing a new community-driven project to serve the public. By October, Seattle/King County Clinic is born, transforming KeyArena into a large-scale, temporary healthcare operation for what would become its inaugural year.

The mission was clear: while this free clinic would not solve all the problems of the healthcare system, it could help to meet the immediate healthcare needs of those who had fallen through the cracks and in doing so, spotlight the gaps still requiring attention. Over the course of four days, volunteers cared for 3,386 patients from all walks of life, and the community became galvanized – intent on providing accessible and compassionate care to its neighbors.







LIKES HER PRIVATE INSURANCE, BUT HAS NO DENTAL PLAN.



SHE HASN'T SEEN A DENTIST IN SEVEN YEARS.

A FREE CLINIC IN TACOMA COULDN'T DO THE PROCEDURE AND TOLD HER TO COME HERE.



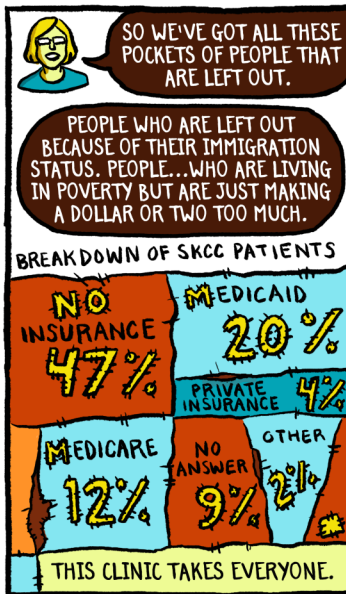
THERE ISN'T [ANOTHER] OPTION. I LIVE ON SUCH A SPARSE AMOUNT OF MONEY EVERY MONTH THAT THERE'S NO MONEY FOR ANYTHING.



WASHINGTON WAS ONE OF 32 STATES\* THAT EXPANDED MEDICAID. POP-UPS ARE VITAL IN THE STATES THAT DIDN'T.

PARADOXICALLY MOST INSURANCE PLANS COVER EYE EXAMS, BUT NOT GLASSES, WHICH YOU CAN GET HERE.

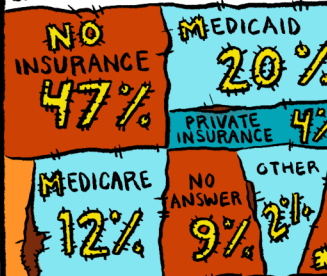
\*INCLUDING DC.



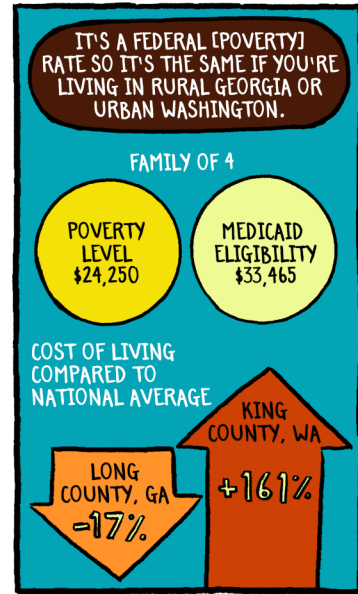
SO WE'VE GOT ALL THESE POCKETS OF PEOPLE THAT ARE LEFT OUT.

PEOPLE WHO ARE LEFT OUT BECAUSE OF THEIR IMMIGRATION STATUS. PEOPLE...WHO ARE LIVING IN POVERTY BUT ARE JUST MAKING A DOLLAR OR TWO TOO MUCH.

BREAKDOWN OF SKCC PATIENTS



THIS CLINIC TAKES EVERYONE.



IT'S A FEDERAL [POVERTY] RATE SO IT'S THE SAME IF YOU'RE LIVING IN RURAL GEORGIA OR URBAN WASHINGTON.

FAMILY OF 4

POVERTY LEVEL  
\$24,250

MEDICAID ELIGIBILITY  
\$33,465

COST OF LIVING COMPARED TO NATIONAL AVERAGE

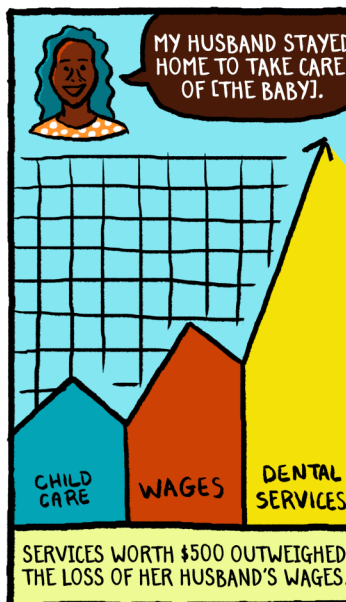
LONG COUNTY, GA  
-17%

KING COUNTY, WA  
+161%



A MEDICAL TECHNICIAN, WHO'S UNEMPLOYED AFTER A RECENT BIRTH AND BETWEEN INSURANCE, NEEDS DENTAL WORK.

X-RAY



MY HUSBAND STAYED HOME TO TAKE CARE OF [THE BABY].

CHILD CARE WAGES DENTAL SERVICES

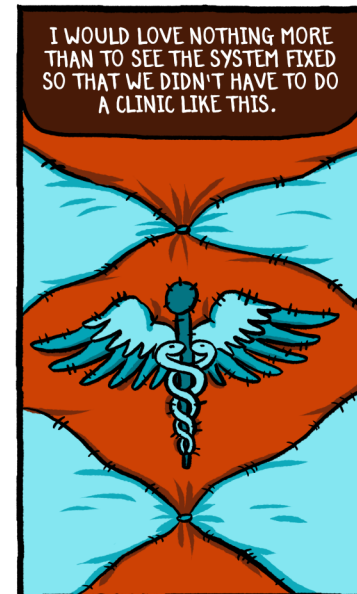
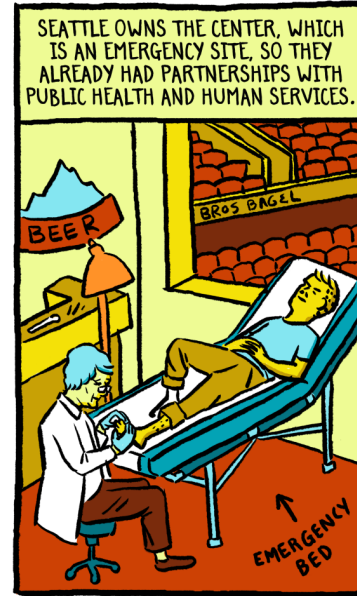
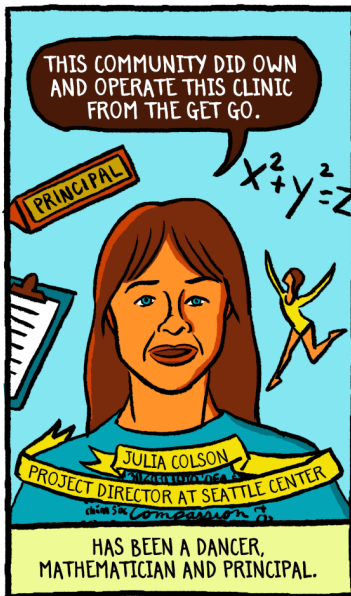
SERVICES WORTH \$500 OUTWEIGHED THE LOSS OF HER HUSBAND'S WAGES.



HERE PEOPLE CAN GET HELP WITH THE HEALTHCARE EXCHANGE APPLICATION.

BACK HOME [IN KENYA] IF YOU DON'T UNDERSTAND SOMETHING YOU GO TO YOUR NEIGHBOR'S DOOR AND KNOCK AND TELL THEM, "CAN YOU HELP ME?"

BUT HERE YOU DON'T EVEN KNOW WHO YOUR NEIGHBOR IS.



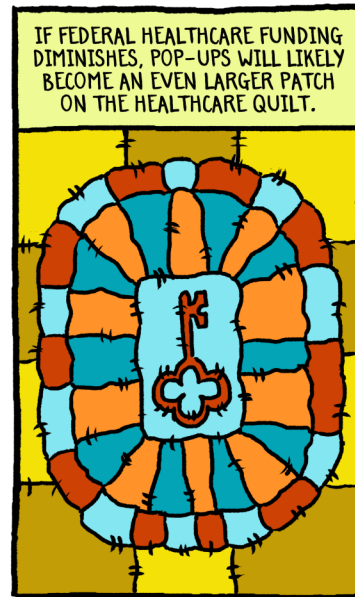
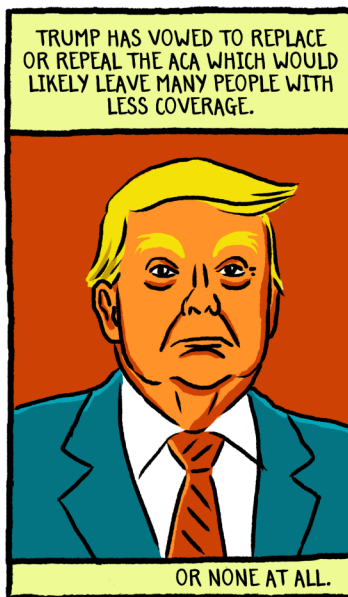
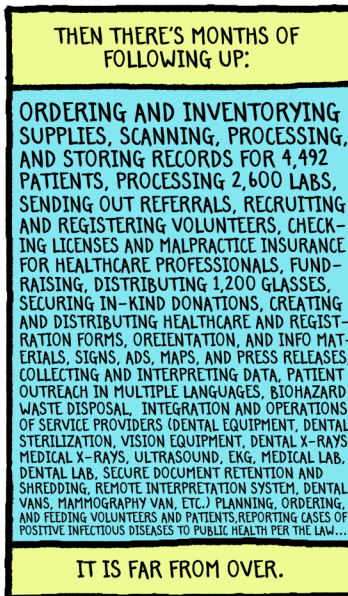
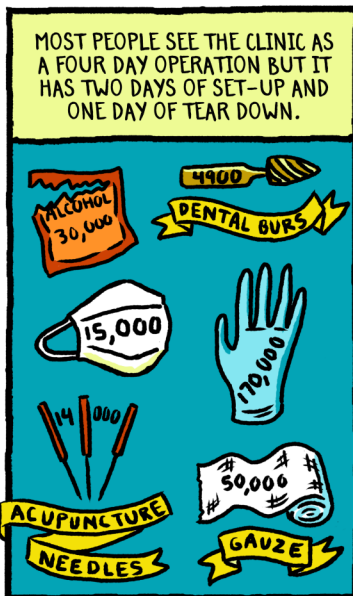
\*PATIENTS CAME FROM 262 ZIPCODES











The clinic was not initially conceived as an annual event. In 2014, there was hope that the band aid the clinic provided would eventually be replaced by real systemic change. The healthcare debate preceding the passage of the ACA had finally acknowledged what most Americans already knew: our healthcare system was broken, and people were suffering as a result. The ACA's rollout, while imperfect, brought a wave of optimism as millions gained greater access to insurance and healthcare options almost overnight.

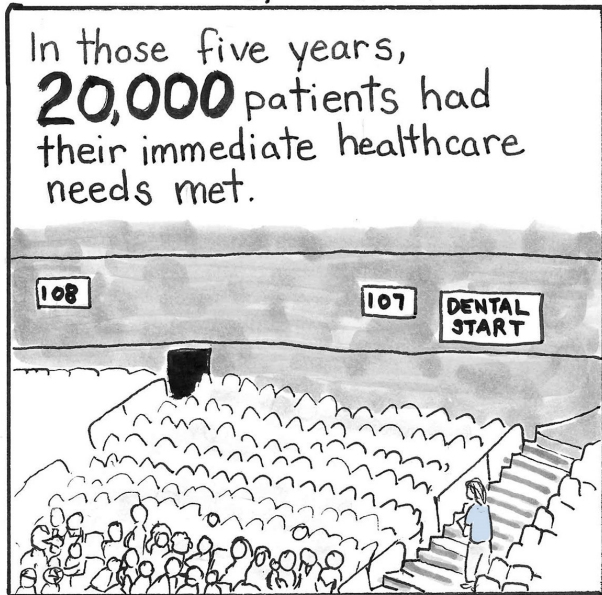
Yet gaps remained and grew more evident as thousands of patients flowed through the clinic each year with similar stories. While Medicaid expansion had increased coverage, finding providers who accepted it could be difficult. The system offered a stronger safety net for those with very little or no income but left behind individuals earning minimum wage or above – those who did not qualify for assistance yet still could not afford care. Insurance plans grew more expensive while offering less coverage. Barriers also persisted for immigrants and people who used languages other than English.

As politics shifted and the healthcare debate waxed and waned, millions were left behind in the shadows of an unfinished conversation – stuck in healthcare limbo amongst rising costs and diminished access. Despite the longstanding hope that the clinic would be put out of business, the need for free, low-barrier care grew. So, the clinic adapted – evolving from a one-time event into an annual institution.

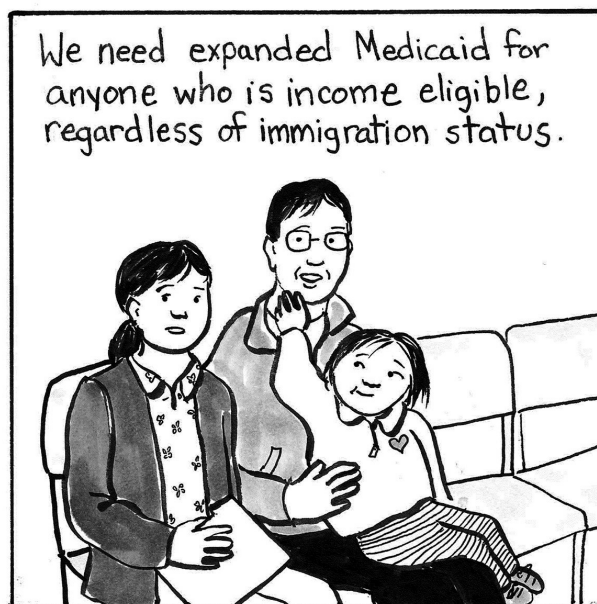
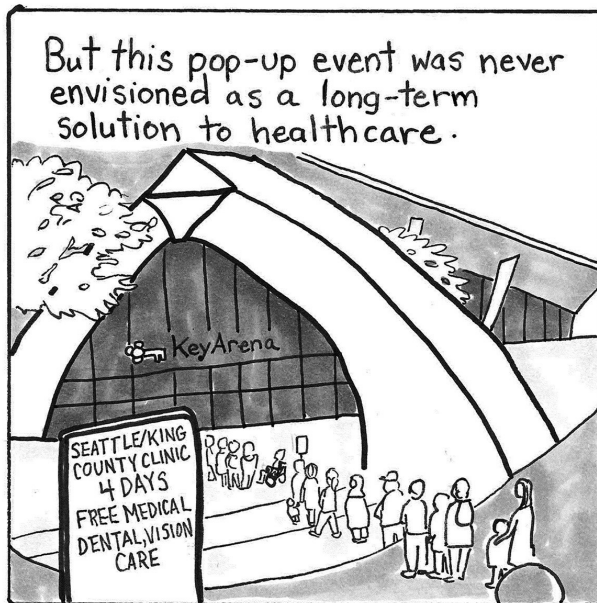


# MOMENTUM

by Meredith Li-Vollmer









We need increased reimbursement rates for Medicaid providers so that more providers serve this population.



We need to get rid of bureaucratic hoops that make it harder to get care.



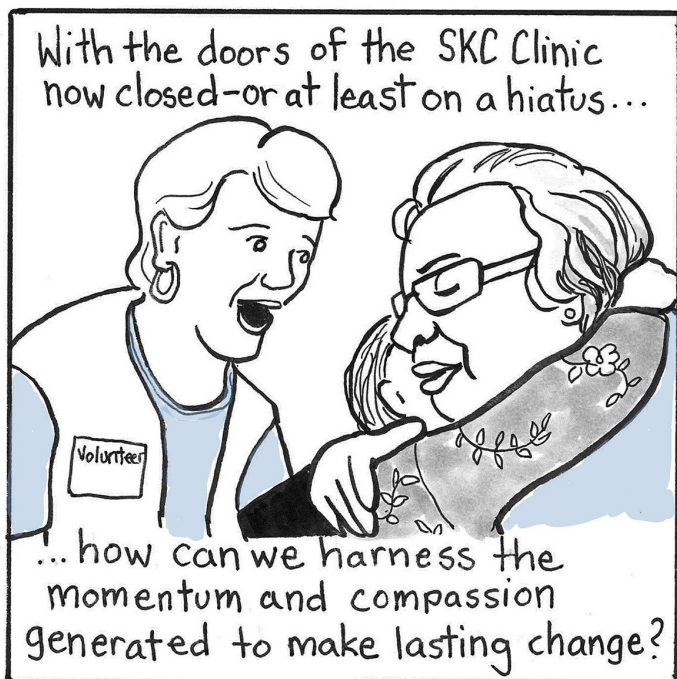
Meanwhile, it's 2019 and the future of the Seattle/King County Clinic is a little up in the air.



When the Clinic started, the Affordable Care Act was in it's infancy. There was so much hope.

That feels like such a different time.







It's now 2025, and we've just completed the tenth clinic and much has changed. Our leadership team has grown from around 25 to more than 150 individuals with expertise across a range of clinical and non-clinical sectors. In 2020, the clinic found a new home in four buildings on the Seattle Center campus: an opera hall, two event spaces, and a small theater. Without the expansive footprint of the arena, the operation was reduced to two-thirds of its previous capacity. Yet, through ingenuity and community commitment, patient care continued with minimal disruption. When the pandemic shuttered the clinic's doors for two years, we utilized our infrastructure, expertise, and coalitions to help develop and operate three mass vaccination sites.

Whether the clinic would return after the pandemic remained an open question. With changes to safety protocols, partner relationships, and funding sources, we knew the road ahead would require a significant rebuilding effort. After testing the environment in 2022 with a vision-only clinic, the stories of unmet patient needs compelled us to take the leap. We have weathered date changes, supply chain disruptions, healthcare workforce shortages, and more. Through it all, we have united hundreds of partner organizations and more than 35,000 volunteers to provide care to over 33,000 people, saving them an estimated \$30 million in out-of-pocket expenses - an impact unimaginable on that first autumn day over ten years ago.

## What Have We Learned?

Reflecting on a decade of care, we are struck by how many of the healthcare challenges we observed in the beginning still persist today. Dental care remains the top priority for many patients, followed by vision, then medical - mirroring systemic gaps in the healthcare landscape. Low reimbursement rates have limited locations that can serve as dental care homes for those on Medicaid, and many of our patients still lack dental insurance. Vision care continues to be difficult to access with few options for free or low-cost services and prohibitively expensive rates for prescription eyeglasses, even for the insured. When the clinic began, we were surprised by the strong demand for medical care given the broader safety net for basic needs. But many patients still report being unable to afford the care they require, especially diagnostic and specialty services. Across all three areas, even sliding scale fees remain unaffordable for some, or entirely inaccessible for others who earn too much to qualify for financial breaks yet still struggle with high healthcare costs relative to the cost of living.

The population of patients seeking care at the clinic has remained largely consistent over the years, much to our disappointment. As the Affordable Care Act became more established, we had hoped to see a noticeable shift in patient demographics. For example, an increase in patients who were unemployed or uninsured might have been an indication that the broader healthcare system was beginning to effectively support those with stable income and insurance coverage. Instead, unemployment and uninsured rates at the clinic have remained steady, and we continue to see many individuals with stable income and insurance who still struggle to access care. On average, just over a third of patients (35.6%) have reported being unemployed, and slightly more than half (51.3%) have been uninsured. Among those with insurance, an average of 18.2% were covered by Medicaid, while 10.7% had Medicare.

Another change we had hoped to see was a reduction in wait times for appointments. Yet despite the expanded use of options like telehealth - designed to improve access - the amount of time patients must wait to see a provider has remained largely unchanged. On average, nearly half (41.5%) have reported waiting more than seven months to receive care for the primary issue they hope to address - reflecting a broader, persistent challenge across the healthcare system.

One demographic trend that runs counter to regional conditions is the proportion of patients who are unhoused. While homelessness has increased in the community, the percentage of unhoused individuals seeking care at the clinic has slightly declined over time - starting at 7.9% in 2014, reaching a low of 4.2% in 2023, and averaging 5.8% over the past ten years. This continues to surprise many, as the clinic is often assumed to primarily serve people experiencing homelessness. However, we have observed that the healthcare safety net for unhoused individuals is sometimes more resourced than it is for others living on the margins.

Volunteers have also offered valuable insight into the healthcare system from the workforce perspective. Many report that healthcare has become increasingly business-driven, and their work environments often prevent them from delivering truly patient-centered care. Decisions are frequently shaped by insurance constraints and cost negotiations, while pressure to prioritize cost-saving or revenue-generating services leaves little room for individualized treatment or meaningful patient relationships. For some, these systemic pressures have contributed to burnout, prompting early retirements or exits from the field altogether. In their feedback, volunteers express deep appreciation for the clinic, which allows them to reconnect with the essence of healthcare - being fully present with patients, using all of their senses and expertise for care and diagnosis, thinking creatively about treatment, and working free from the burdens of digital checklists, quotas, or billing systems. It's a powerful reminder that a patient-centered model benefits more than just patients - it impacts the caregivers as well.

## Where Do We Go From Here?

When Seattle/King County Clinic began, we were hopeful that we would witness steady progress toward a more equitable and effective healthcare system. Ten years later, it feels instead like we have regressed. We are now facing unprecedented cuts to essential programs like Medicaid, shrinking public funding, rising costs, reduced reimbursement rates, provider shortages, and a host of other barriers to care. At the same time, science that has long been a cornerstone of public health is increasingly under attack. Our healthcare system, already strained and fragmented, is now under even greater pressure. It's easy to feel discouraged. So how do we move forward? How do we achieve the aspirational goal of patient-centered care - accessible to everyone, when and where they need it?

If the clinic has taught us anything, it is the power of collective action when our systems fall short. Real solutions to the healthcare crisis will require all of us. It will take combining our talents and resources, stepping out of our comfort zones, challenging outdated and imbalanced models, standing up for our values, and being willing to take a leap of faith into an uncharted landscape. Yes, it's daunting - but the consequence of inaction is far greater than the risk of standing still. As the clinic's April 2025 op-ed in The Seattle Times explained, "Access to healthcare isn't just about individual wellbeing, it's about the health and strength of our entire community. And that's something worth fighting for."



# Health + Care: 10 Years of Seattle/King County Clinic

By Meredith Li-Vollmer



Seattle Center wants to hold a giant pop-up clinic? What can they be thinking?

When plans for Seattle/King County Clinic started, the Affordable Care Act was new. Hope was in the air.

We're considering turning KeyArena into a big, free clinic.

A healthcare facility in the basketball venue?

Julia Colson, Founder

At the first clinic in 2014, 2621 volunteers participated and provided free medical, vision, and dental care to 5386 patients.



The community support and participation have been amazing. Folks are already asking if we can do this again in a year or two.

It's 2025.



The goal never was for this to be a long-term endeavor. But the need is greater than ever, so we're still here.

The Clinic is now held in performance and exhibition spaces on Seattle Center's campus.



Thank you for letting us be in this beautiful space.

This is your space, too!

In these 10 years, 35,000 volunteers at the Clinic have served over 50,000 patients, saving them \$50M in out-of-pocket costs.



Have you volunteered before?

Been here since the very beginning!

The Clinic in February of 2020 was held just weeks before the pandemic was declared.



Do you have any of these symptoms?

Then the Clinic went on hiatus until 2022.

April, 2025.

I thought the pandemic would be the wake-up call to take care of the health system. But things have gotten worse.

When we started, we were treating mostly the lowest income patients. Now we also see the "missing middle," people who can't afford the high cost of living.



Even if they have insurance, what it covers is not very much. They can't afford the high deductibles.



I make too much to qualify for Medicaid, but the insurance I can afford doesn't cover vision. These glasses are so old. My blurry vision makes it hard to work.



The healthcare system has become much more complicated to navigate.



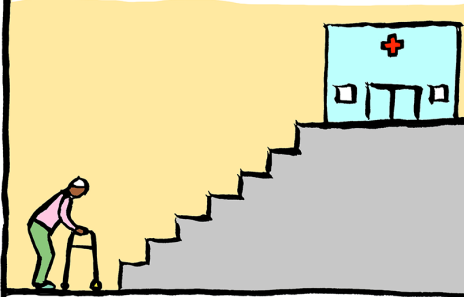
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# SKETCHES FROM OUTSIDE THE MARGINS

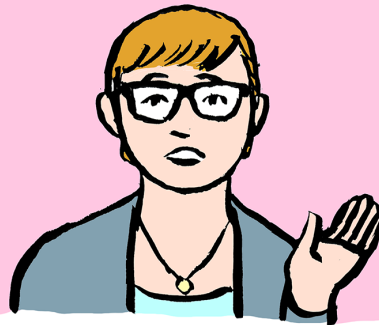
Stories of Healthcare  
in 2025

## PHYSICAL BARRIERS TO ACCESSING HEALTHCARE



INTERVIEW WITH  
CHRISTINE LINDQUIST, MPH  
EXECUTIVE DIRECTOR OF  
WASHINGTON HEALTHCARE  
ACCESS ALLIANCE (NHAA)

THERE ARE MANY BARRIERS  
TO PEOPLE ACCESSING THE  
CARE THEY NEED



AND THE ONES WHO NEED  
IT THE MOST HAVE IT THE  
HARDEST.

THERE IS THE LACK OF  
TRANSPORTATION-  
PERSONAL, PUBLIC,  
AND ACCOMODATING  
MOBILITY DIFFICULTIES.



DISTANCE TO PROVIDERS IS  
AN ISSUE. HEALTHCARE IS  
NOT EVENLY DISTRIBUTED  
THROUGH KING COUNTY OR  
WASHINGTON STATE.

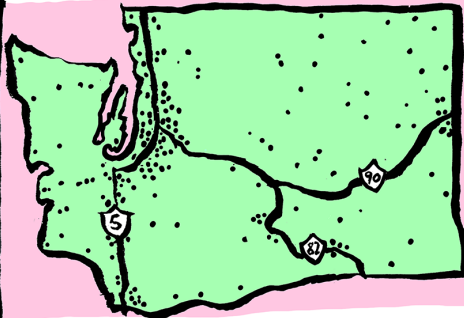


IMAGE SOURCE: WA STATE  
GEOSPATIAL OPEN DATA PORTAL

DISTRIBUTION ALSO  
CREATES A LACK OF TYPES  
OF HEALTHCARE. WE HAVE  
MULTIPLE COUNTY AREAS  
WHERE THERE'S NOT A  
SINGLE LICENSED  
PSYCHOLOGIST.



THERE'S AN OPPORTUNITY  
TO BRIDGE SOME OF  
THESE GAPS WITH  
TELEHEALTH



BUT PEOPLE IN RURAL  
AREAS CAN ALSO LACK  
INTERNET SERVICE.

EVEN IF YOU CAN GET  
CARE FROM A FREE CLINIC,  
THERE AREN'T ALWAYS  
OPTIONS FOR FOLLOW-UP  
CARE- SPECIALTY CARE,  
LAB SERVICES, MEDICATION.



PEOPLE WHO ARE IN  
POVERTY OR WHO DO SHIFT  
WORK CAN'T TAKE TIME  
OFF TO GET CARE. AND  
THEY'RE MORE LIKELY TO  
HAVE CHRONIC ILLNESS OR  
GET INJURED ON THE JOB.



WE LOSE OUT ON SO MANY  
PEOPLE WHO ARE ILL OR  
INJURED, WHO COULD BE  
MADE WHOLE IF WE HAD  
A SYSTEM THAT TOOK  
EVERYONE INTO ACCOUNT



BUT WE DON'T.



Gerrie got a letter from her insurance carrier informing her that from now on she needed to receive her prescriptions via mail order.



She was instructed to sign up online. Fortunately, Gerrie does have a computer.



The next step was calling her doctor's office and having her prescriptions officially transferred.



Gerrie is hard of hearing and talking on the phone is really frustrating for her.



When she set up her account online, she promptly forgot her password.



In order to retrieve it, the only option was 2-Step authentication, where they send a code to your cell phone, which Gerrie does not have.



In the same week, we learned another Bartell Drugs closed, leaving many people with less access to a place to pick up their meds in their neighborhood.



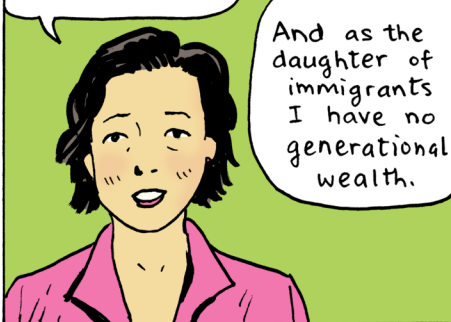
When I visited Gerrie, I sat on hold with her doctor's office while trying to update her password on her computer.





## Maria's Story

I started with a masters in public health, and worked for 20 years with local governments. But it was contract work with no benefits.



I needed a new career. Because I'm passionate about healthy communities and healthy living...



I became a real estate agent with a focus on healthy homes and helping clients buy a first home.



Health is important to me. But health insurance has not been easy. I've had to pay for things on my own.



With the WA State Exchange, the options are not spectacular. Mental health is not highlighted. I pay \$200/hour that's not covered.



I'm divorced. So I'm on my own - and pay \$170.00 per month for health insurance. That's pretty steep!



\$170.00 per month, and the Exchange doesn't provide the same level of service as employer-provided insurance.



When I get my teeth filled, when I have a heart episode, it costs me more money.



Last year I went over the handlebars and broke 2 ribs.



My story is **not** unusual. To be in one's 40's or 50's, on a new path in life - with children or without, there will be GAPS in what's covered.



Unless one is in the tech or biomedical industries, there will be a gap in what's covered. Plus home prices are too high here.



I'm at the age where my peers are dying. We're in risk groups. **WE NEED TO BE ABLE TO TAKE CARE OF OURSELVES.**



# MY MEDICAL DEBT STORY

BY TATIANA GILL



I GOT SOBER IN 2009. THE STRESS MADE MY BAD ECZEMA FLARE TO A FULL-BODIED BLOODBATH, INCLUDING MY HAIR FALLING OUT.



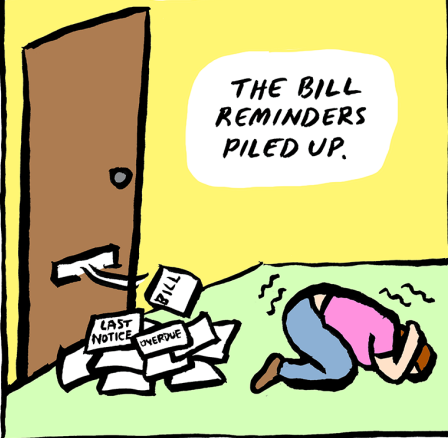
MY INSURANCE COVERED UVB TREATMENT. I WENT A FEW TIMES A WEEK AND IT HELPED A LOT.

A FEW WEEKS INTO MY TREATMENT, MY EMPLOYER CHANGED INSURANCE POLICIES. I ASSUMED IT WAS COMPARABLE.



A FEW MONTHS LATER I REALIZED MY TREATMENTS WEREN'T BEING COVERED. MY BILL WAS FOR TENS OF THOUSANDS OF DOLLARS.

I WAS LAID OFF FROM MY JOB. THE MENTAL ILLNESS I HAD IN THE WAKE OF SOBRIETY WAS OVERWHELMING.



WHEN I DIDN'T PAY UP, THE MEDICAL CENTER SOLD MY BILL TO A DEBT COLLECTION AGENCY. THEY SENT ME A LETTER SAYING THEY WERE TAKING ME TO COURT.



TERRIFIED, I SET UP A PAYMENT PLAN FOR SMALL MONTHLY INSTALLMENTS - MOSTLY PAYING INTEREST. I WAS PERPETUALLY UNDEREMPLOYED WITH NO CREDIT.



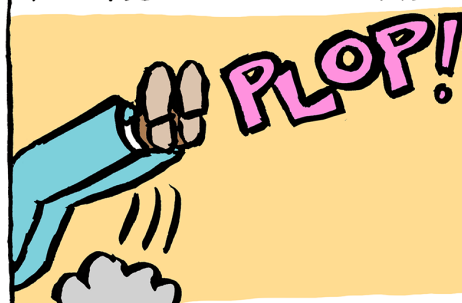
I WAS IN A CONSTANT STATE OF PANIC OVER SEVERAL THINGS INCLUDING THIS DEBT.

I REACHED A CRISIS POINT INCLUDING SUICIDAL IDEATION. MY BOYFRIEND HELPED ME PAY OFF THE DEBT. OTHERWISE I MIGHT STILL BE PAYING IT.



THE DAY IT WAS PAID OFF, IT FELT LIKE WEIGHTS HAD BEEN TAKEN OUT OF MY SHOES!

IN RECENT YEARS, I'VE LEARNED THAT MEDICAL PROVIDERS SELL DEBTS LIKE MINE TO COLLECTION AGENCIES FOR PENNIES ON THE DOLLAR!



THAT WHOLE ORDEAL DIDN'T EVEN SUPPORT THE CLINIC THAT HEALED ME!

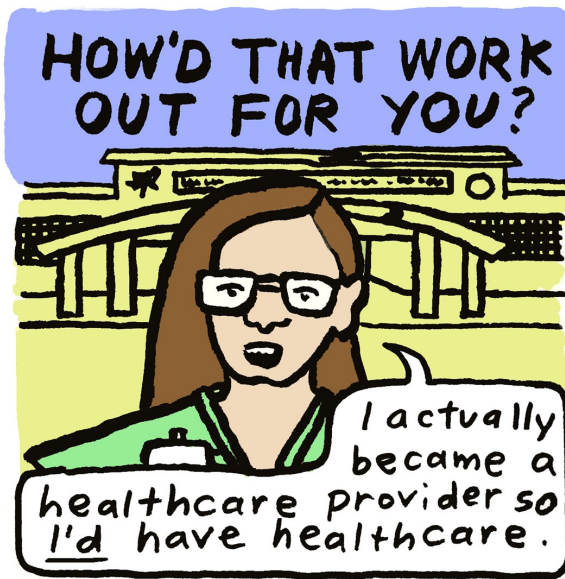
FROM UNDU MEDICAL DEBT.ORG:

OVER 100 MILLION PEOPLE IN THE U.S. ARE STRUGGLING WITH MEDICAL DEBT, OWING AT LEAST \$200 BILLION COLLECTIVELY.

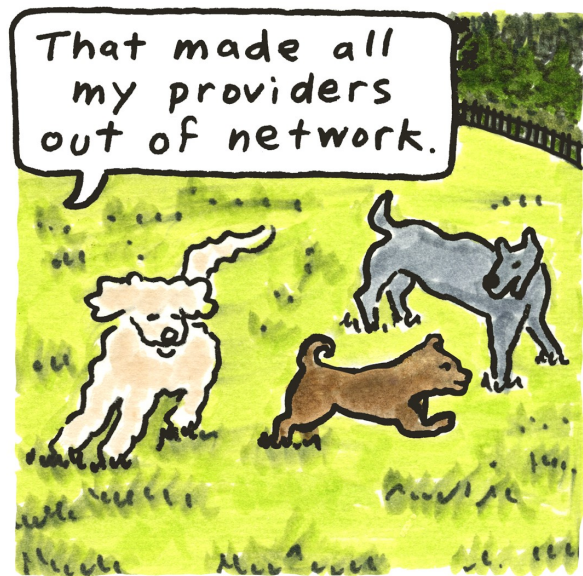
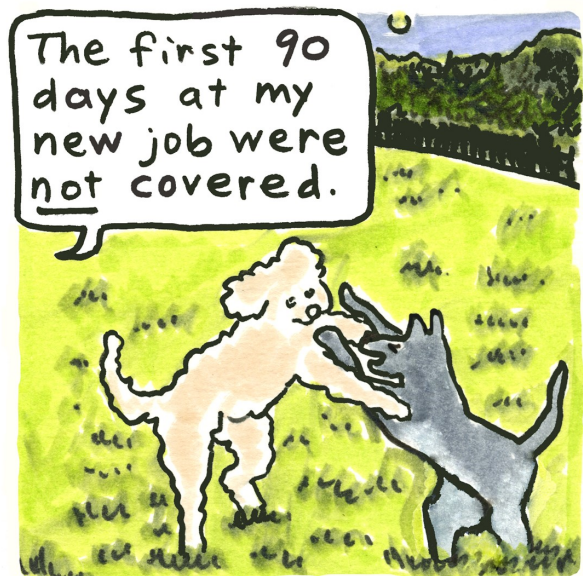
NEARLY 1/2 OF U.S. ADULTS STRUGGLE TO AFFORD HEALTHCARE COSTS.









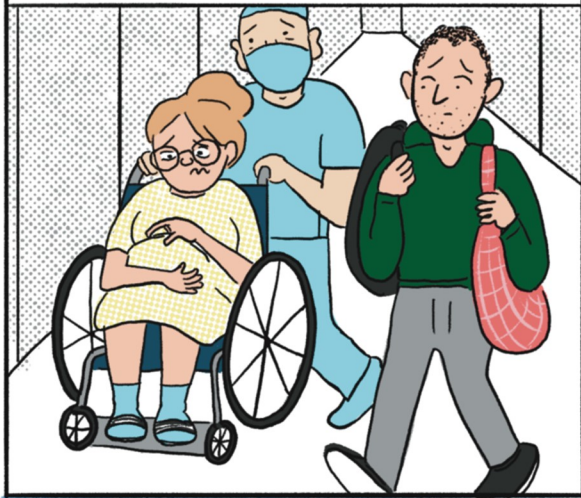




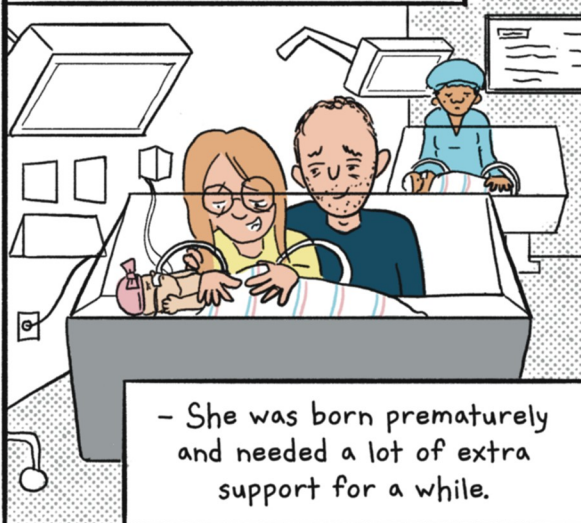
# Leda's Story

Drawn by Whit Taylor

My family was on Medicaid from 2018-2022.

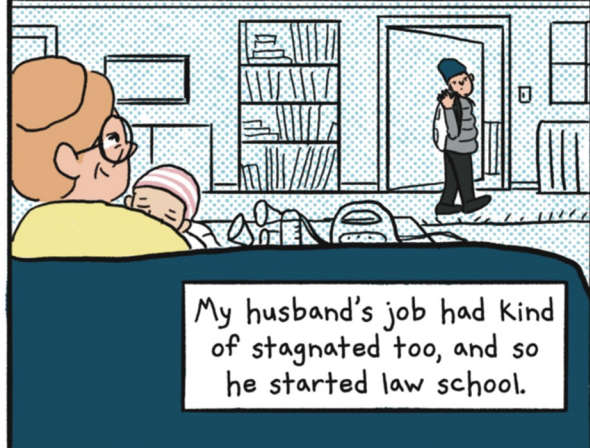


I had my first kid in 2018-



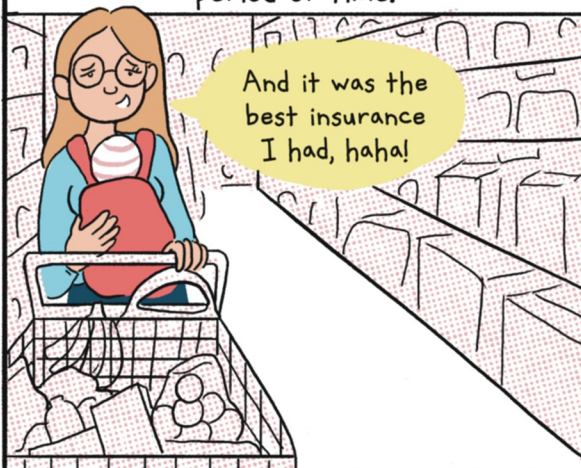
- She was born prematurely and needed a lot of extra support for a while.

I wasn't able to go back to work full-time, freelance jobs were few and far between, and weren't paying well.



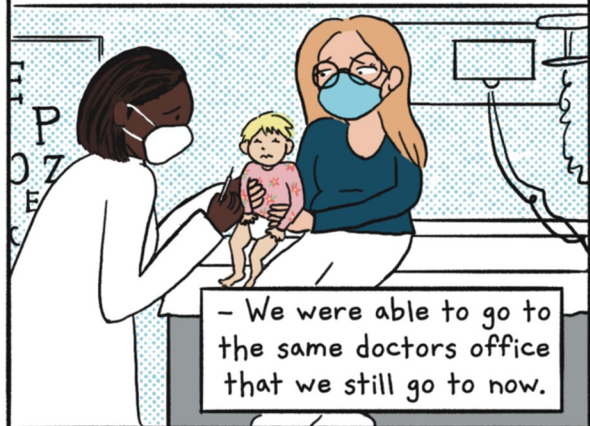
My husband's job had kind of stagnated too, and so he started law school.

We were on Medicaid and SNAP throughout that financially shaky period of time.



And it was the best insurance I had, haha!

It covered everything: primary care, pediatrician visits, dental, and obgyn visits while I was pregnant with our second child-



- We were able to go to the same doctors office that we still go to now.



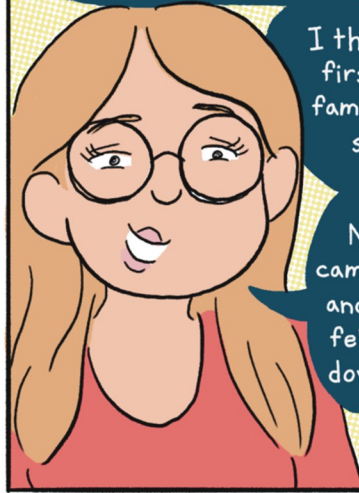
I never sensed any judgement or felt like I was being treated differently at the doctor while on Medicaid. And I was always treated with dignity by the people at the Medicaid Office.



I had a lot of misconceptions about Medicaid initially!

I think we were the first people in our families to use such social welfare programs.

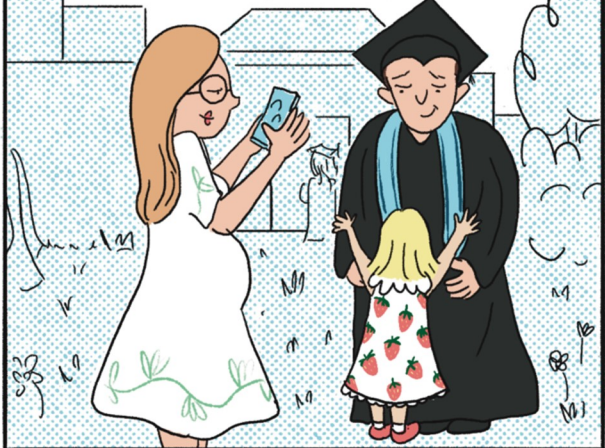
Neither of us came from wealth, and it very much felt like slipping down the ladder.



The more I talked to other parents, the more I realized that a bunch of us used Medicaid.



We got off of these programs one month before our second child was born, when my husband graduated school and started working as a lawyer.



I'm so thankful Medicaid (and SNAP!) allowed my family to be where we are today.

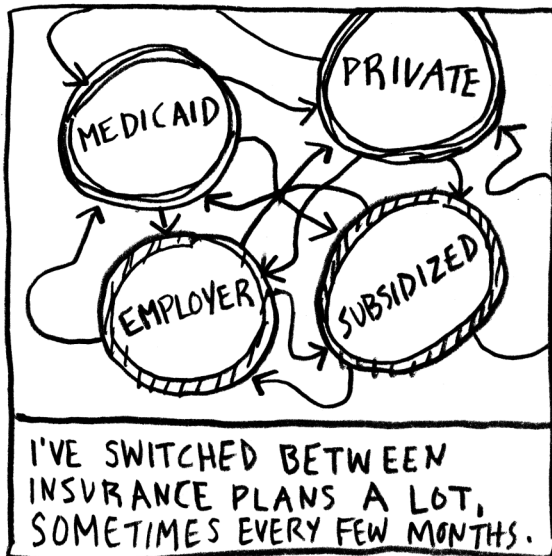


I worry about other families who are currently in the same position we were in 2018-



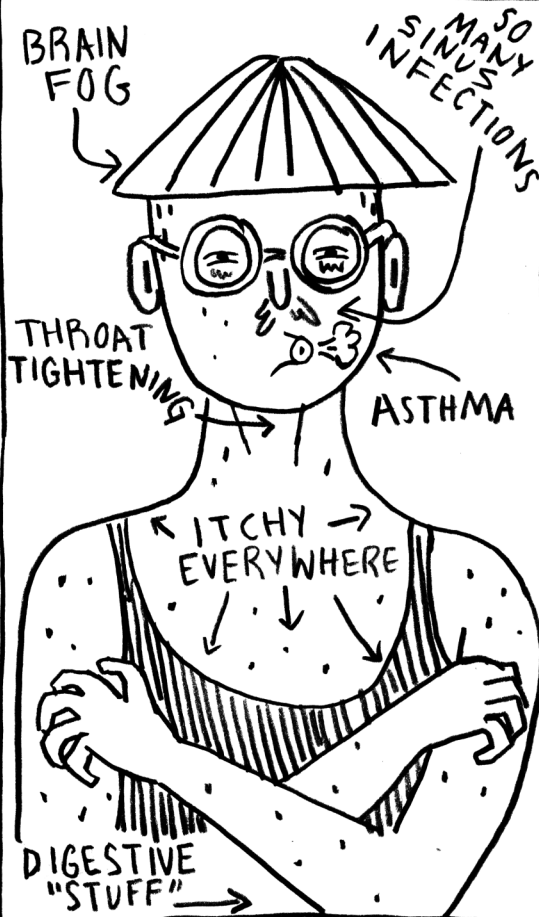
- I want everyone to have the same opportunity that we did.





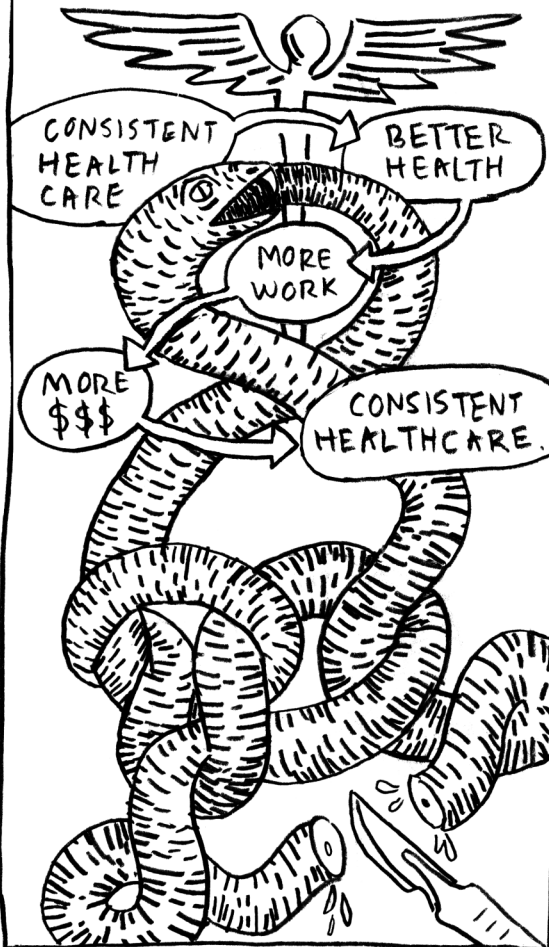
\*HARD TO TELL FROM MY DRAWINGS BUT I'M A MIDDLEAGED ADULT.

THIS CAN BE ESPECIALLY HARD  
WITH CHRONIC CONDITIONS.



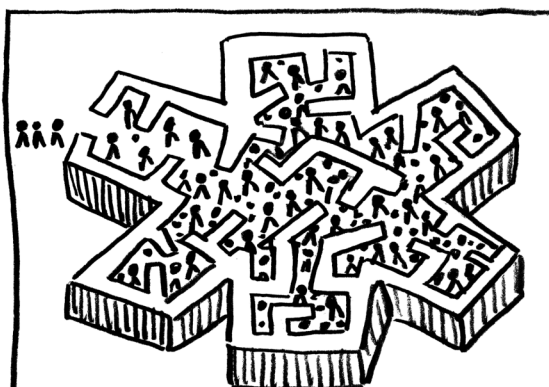
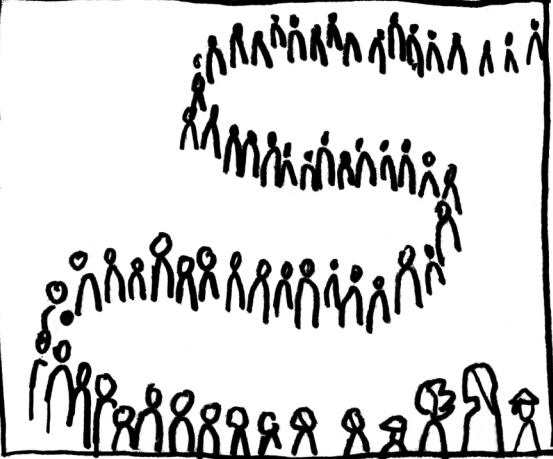
MY ALLERGIES TRIGGER HEALTH  
ISSUES THAT MAKE ME LOSE WORK.  
TREATMENT IS FIVE YEARS OF SHOTS.

A GAP IN THE REGIMEN MEANS  
I HAVE TO START OVER.



WHEN THE ENDS ARE REQUIRED  
FOR THE MEANS, FOLX LIKE ME  
CAN'T GET THE CARE WE NEED.

NAVIGATING INSURANCE INSECURITY  
IS THE NORM FOR MANY IN AMERICA...

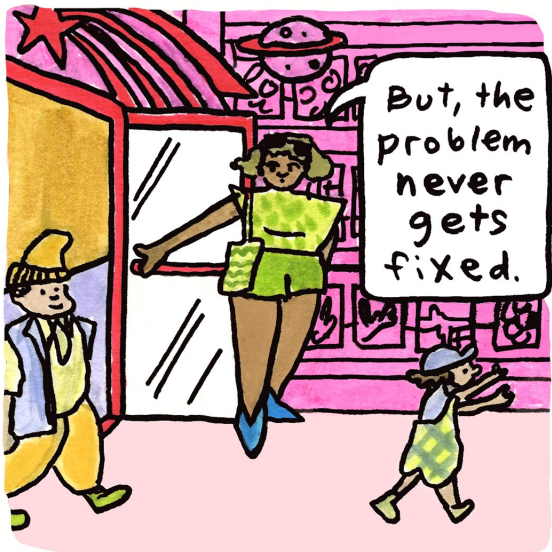


IN A SYSTEM BUILT BY & FOR  
PEOPLE WHO WILL NEVER  
FACE SUCH DESTABILIZATION.

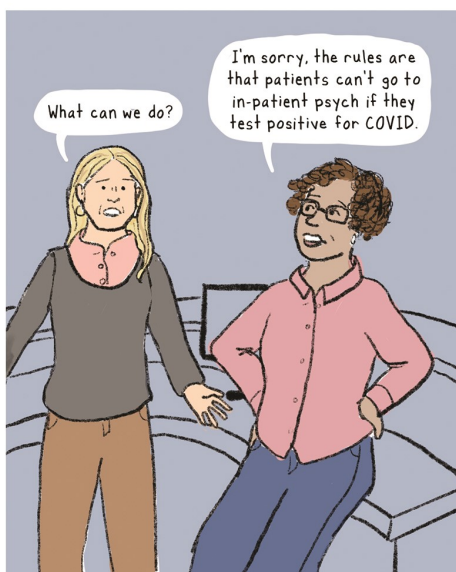
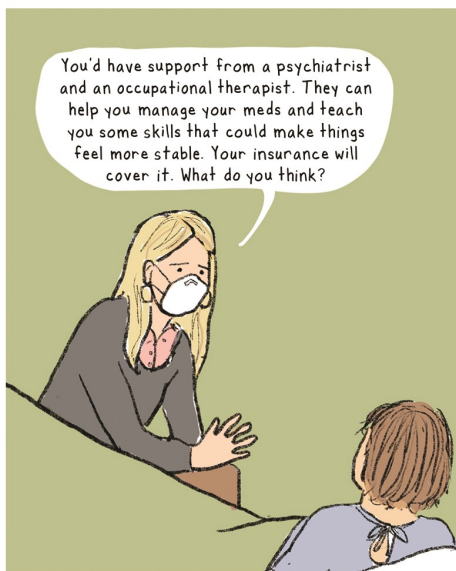
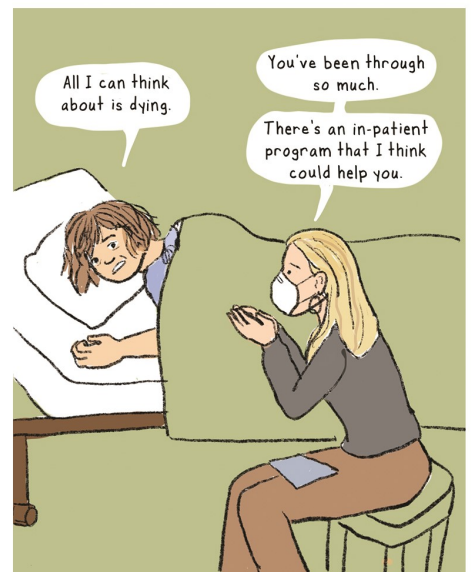
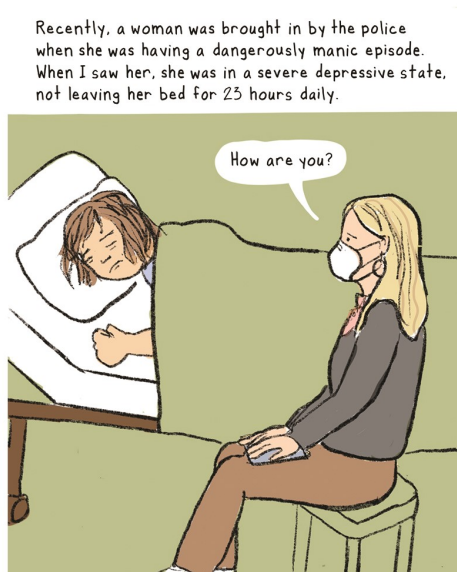














I felt a sudden pain in my side ... it radiated up my body into my jaw. I wondered for a second if I was having a heart attack.



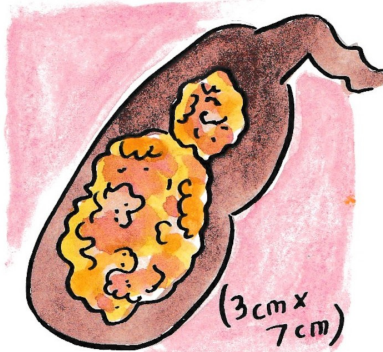
It subsided after 10 min.

The EKG test showed no issues with my heart, but I had another episode a few weeks later...



It was scarier because I was not at home.

Two large stones were detected, one almost filling the whole organ.



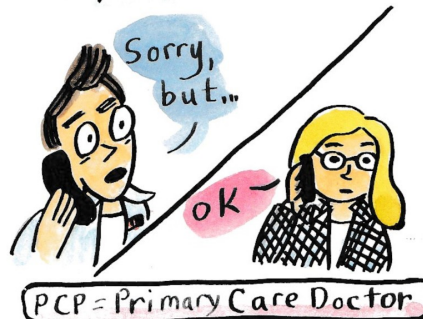
It happened again a few months later. I quickly took an aspirin and then waited it out. A friend online warned me not to ignore early signs.



I finally got a referral to a cardiologist and made the first available appointment in... 6 months!



Over the phone the Cardiologist said I'd have to go back to my PCP for the next steps of treatment.



I was the first person to check in at the walk-in clinic, yet everyone after me was seen before me and I had to wait 3 hours.



At the appointment, I described my symptoms and the cardiologist said,



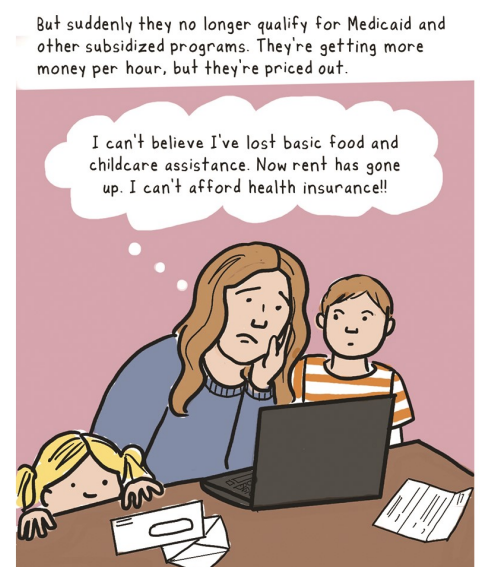
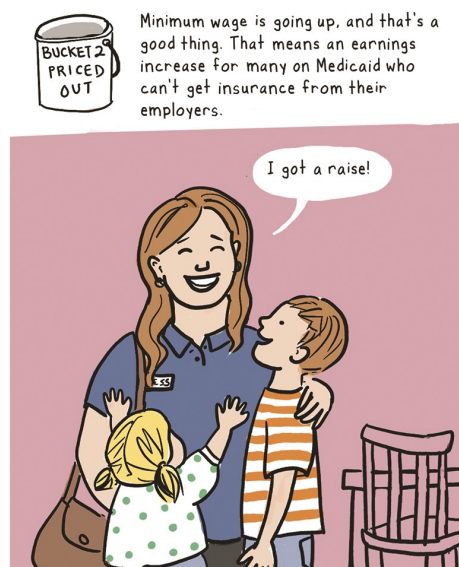
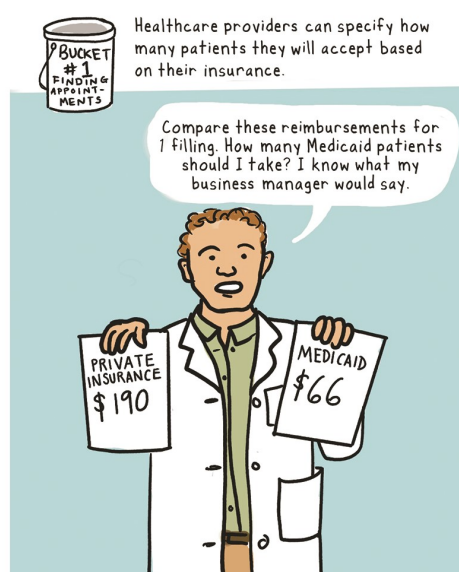
He quickly scheduled me for an ultrasound.

A few days earlier I received a letter informing me my doctor quit and I'd have to start over with a new one.



Kelly Froh





# **2025 APPENDICES**



# LEADERSHIP TEAM

## Clinic-Wide

Liliana Arnold, Health Screening Lead  
Tasia Baldwin, Clinic Supplies Lead  
Melissa Bañales Mejia, Interpreter Lead  
Jennifer Basiliko, Seattle Center Event Manager  
Alanna Beebe, Interpreter Manager  
Stephen Burke, IT Lead  
Casey Byrne, De-Escalation Response Lead  
Michael Chandler, Patient Line Manager  
JulieAnn Clifton, Production Director  
Adel Clifton, Radio Base Lead  
Steven Colson, Breakroom & Snacks Lead  
Amy Curtis, Patient Intake & Nursing Manager  
Emily Dittig, Healthcare Resources Lead  
Ned Dunn, Patient Line Lead  
David Efroymsen, Escorts & Waiting Areas Lead  
Sean Fix, Escorts & Waiting Areas Lead  
Jackie Harris, De-Escalation Response Lead  
Sadie Heim, Entry & Exit Lead  
Jerin Howard, Patient Line Manager  
Vivian Huang, Patient Registration Manager  
Serah Isaac, Patient Records Lead  
Lesley Jacobs, Clinic Operations Support  
Auston James, Photographer  
Vivian Jensen, Patient Intake Lead  
Dave Johnson, Pharmacy Lead  
Callista Kennedy, Healthcare Resources Lead  
Sarah Kinney, Radio Base Lead  
Kym Kinoshita, Entry & Exit Lead  
Shane Knode, Production Lead  
Julia Konkell, Radio Base Manager

Susie Kroll, De-Escalation Response Director  
Raymond Kusumi, Volunteer Reassignment Lead  
Lydia L., Breakroom & Snacks Lead  
Iranie Levasseur, Escorts & Waiting Areas Lead  
Meredith Li-Vollmer, Communications Lead  
Dan Lydin, De-Escalation Response Lead  
Noushin Maktabi, Pharmacy Lead  
Edward McClain, IT Lead  
Rachel McGivern, Patient Line Lead  
Sarah Miller, Entry & Exit Lead  
Aaron Mullen, Entry & Exit Lead  
Ganita Musa, Healthcare Resources Lead  
Colt Nelson, General Support & Logistics Director  
Dave Nichols, General Support & Logistics Director  
Don Nunn, Patient Registration Manager  
Debbie Perez, Clinic Supplies Lead  
Katie Plymale, Seattle Center Event Manager  
Pete Rush, Communications Lead  
Bertha Sanders, Patient Records Manager  
Jennifer Sarriugarte, Infection Prevention Director  
Michael Schuh, IT Lead  
Theresa Tamura, Volunteer Reassignment Lead  
Gretchen Taylor, Clinic Operations Support  
Ted Taylor, Clinic Operations Support  
Allison Taylor, Volunteer Check-In Lead  
Kit Tobin, Patient Intake Lead  
Andrew Trindle, Healthcare Resources Manager  
Ruth True, Volunteer Check-In Lead  
Ezzie Turner, Volunteer Check-In Manager  
Ken Yu, Clinic Operations Support

## Dental

Nouwar Alkhatib, Sterilization & Supplies Lead  
Elizabeth Alpert, Dental Deputy Director  
Christopher Anderson, Entry & Exit Lead  
Sherill Aumiller, Lab Lead  
Shannon Beatty, Escorts & Waiting Areas Lead  
Crys Busby, Escorts & Waiting Areas Lead  
Kayla Campbell, Entry & Exit Lead  
Kaitlin Clancy, Hygiene Lead  
Patsy Cosgrove, Hygiene Lead  
Susanne Daniell, Entry & Exit Lead  
Brittany Dean, Dental Director  
Christopher Delecki, Triage Lead  
Mark DiRe, CEREC Lead  
Bill Disantis, Lab Lead  
Kayli Dragoo, Interpreter Lead  
Angela Fuller, Patient Records Lead  
Mike Galvin, Dental Floor Operations Lead  
Juanita Jackson, Checkout Lead  
Lesly Lam, Sterilization & Supplies Lead  
Shaula Levy, Dental Floor Operations Lead

Ivy Lin, Dental Deputy Director  
CJ Madsen, Checkout Lead  
Bonnie McDonald, X-Ray Lead  
Vicky Nguyen, Endodontics Lead  
Michelle Northfield, Patient Records Lead  
Randy Ogata, Triage Lead  
Tracey Olson, Dental Floor Manager  
Sushmitha Panem, Sterilization & Supplies Lead  
Jeff Parrish, Dental Director  
Maria Partida-Aguilar, Sterilization & Supplies Lead  
BJ Peterson, Dental Director  
Marilynn Rothen, Hygiene Lead  
Shelly Sisler, X-Ray Lead  
Jung Song, Dental Deputy Director  
Mike Washington, Escorts & Waiting Areas Lead  
Laurie Watson, Sterilization & Supplies Manager  
Priscilla Wig, Triage Lead  
Jackie Wong, Oral Medicine Lead  
Lindsey Yap, Endodontics Lead  
Alan Yassin, Oral Surgery Lead

## Medical

Mackenzie Alkan, Triage Lead  
Rick Arnold, Medical Director  
Mary Arnold, Nutrition Lead  
Siggi Bjarnason, Patient Records Lead  
Julie Anne Black, Radiology Manager  
Margo Bykonen, Immunizations Lead  
Jun Castillo, Lab Director  
Jenifer Castillo, Lab Lead  
Maureen Chomko, Nutrition Lead  
Amy Cummings-Garcia, Behavioral Health Lead  
Matthew Currier, Physical Therapy Lead  
Christian Curtis, Acupuncture Lead  
Sherese Danielle Ezelle, Behavioral Health Lead  
Gabrielle Flowers, Mammography Lead  
Hugh Foy, Medical Director  
Katie Hall, Escorts & Waiting Areas Lead  
Karen Hays, Medical Director  
Aida Hidalgo, Interpreter Lead  
Shayla Holcomb, Immunizations Lead  
Nancy Ishii, Acupuncture Lead

Andrea Kalus, Dermatology Lead  
Courtney Kassow, Escorts & Waiting Areas Lead  
Emily Krouse, Sonography Lead  
Stellan Mathiesen, Escorts & Waiting Areas Lead  
Tara Nelson, Triage Lead  
Eric Newman, Checkout Lead  
Bridget Nichols, Clinic Supplies Lead  
Aaron O'Neill, Escorts & Waiting Areas Lead  
Reshma Patel, Primary Care Lead  
Carol Recor, Occupational Therapy Lead  
Iris Saravia, Interpreter Lead  
Jackie Siegel, Foot Care Lead  
Lauren Smrcina, Women's + TNB Health Lead  
Rebecca Talbot-Bluechell, Foot Care Lead  
Aaron Thompson, X-Ray Lead  
Tiffany Villigan, Escorts & Waiting Areas Lead  
Libby Watson, Escorts & Waiting Areas Lead  
David Wells, Checkout Lead  
Lukas Wood, Mammography Lead

## Vision

Nicole Askarian, Optical Lead  
Michael Brush, Vision Director  
Keri Davis-Thy, Escorts & Waiting Areas Lead  
Jason Dettori, Vision Deputy Director  
Tong Yuan Douville, Interpreter Lead  
Danielle Dufault, Entry & Exit Lead  
Lynn Girdlestone, Vision Director  
Anndrea Grant, Vision Deputy Director  
Amanda Hayes, Entry & Exit Lead  
Mandi Lewis, Checkout Lead  
Tasha Madsen, Checkout Lead

Sathi Maiti, Vision Director  
Ginny Mercer, Vision Deputy Director  
Carrie Mills, Patient Records Lead  
Ka Hang Ng, Optical Lead  
Laura Ogas, Vision Deputy Director  
Lauren Okada, Entry & Exit Lead  
Joshua Penix, Patient Records Lead  
Jenny Richards, Patient Records Lead  
Amy Sabella-Malone, Vision Director  
Gerbielyn Valentin, Escorts & Waiting Areas Lead  
Amy Walker, Escorts & Waiting Areas Lead

## Staff

Julia Colson, Project Executive  
Franny Schwarz, Project Director  
Joel Metschke, Project Manager  
Olivia Sarriugarte, Project Manager  
Sophie True, Project Manager



## CASH DONATIONS

### \$180,000 +

Amazon  
Climate Pledge Arena  
Kaiser Permanente National  
Community Benefit Fund at The  
East Bay Community Foundation  
Public Health - Seattle & King County

### \$25,000 - \$75,000

Costco Wholesale  
Gates Foundation  
Grousemont Foundation  
Gull Industries, Inc.  
Lucky Seven Foundation  
The Norcliffe Foundation  
Providence Swedish  
Underwood Gartland Development  
Virginia Mason Franciscan Health  
Vitalogy Foundation

### \$5,000 - \$10,000

Anonymous (2)  
Cambia Health Foundation  
Delta Dental of Washington  
Humana  
In memory of Pickles, a beloved  
HOPE dog forever in our hearts  
Optum Care Washington  
Patterson Foundation  
Seattle-King County Dental Foundation  
T-Mobile  
Washington Academy of Eye  
Physicians and Surgeons

### \$1,000 - \$3,000

Anonymous (4)  
Eric Lo  
Kate Becker  
- Tribute to Julia Colson  
Mary Mahoney Professional Nurses  
Organization  
Nancy Eliason  
Seattle's Bravest Charity  
Snohomish County Dental Foundation  
Theresa L. Tamura

### \$5 - \$600

Albert John Calvelo  
Angelica Huyen Tran  
Anne Nolan  
Anonymous (16)  
Anu Apte  
- Tribute to the restaurant and bar  
workers of Seattle  
Arlene Kappraff  
Benjamin Chotzen  
Breanne Dawson  
Brian Hsi  
Cathryn & Carl Sander  
Chris Coffman  
- Tribute to Lynn Coffman  
Danh Luong  
Darlene Germino  
David & Amy Efroymsen  
Deborah VanDerhei  
Eirene Fudenna  
Garrett Rogerson  
Jamie Wavra  
Jodi Finkel  
- Tribute to Dr. P. Scott Pollock  
Kellen LaVigne  
Lisa McClarron  
Lisa Phillips  
Lucy Hwang  
Margaret Elwood  
Megan McFeely  
Michael Buschmohle  
Monica DeLano  
Navitus Health Solutions  
Sadie Heim  
Tim Lundberg  
- Tribute to Jade Ausbrooks  
Tom Bishop  
Wendy Lagozzino  
William LaMarche

*Not inclusive of employer matching gifts*

## IN-KIND DONATIONS

141 Eyewear	Lacrosse Balls Direct
Affinity Contemporary Dentistry	Mediterranean Inn
Alacart LLC	Metrex
AMN Healthcare	Microsoft
Arcora Foundation	MOD Super Fast Pizza LLC
Auston James Photography	Nomi Quality Dental Supplies LLC
Bellevue Dentistry	Oakview Group Hospitality
Blue Water Taco Grill Seattle Center	OneSight EssilorLuxottica Foundation
Brushmo	Pacific Office Automation
Burkhart Dental Supply	Pagliacci Pizza
Cherry Optical	Patterson Dental
Cisco Systems	PhenoPath
Cornish College of the Arts	Philips Healthcare
CORT Party Rental	Premier Meat Pies LLC
DCG ONE	Public Health – Seattle & King County
Dentsply Sirona	Raymond Kusumi
Dunn Lumber	Seattle Center
Envista Smile Project	Seattle Center Foundation
Eyeballz Ltd	Seattle Fire Department
FastSigns	Seattle Information Technology
Foothills Dental Services	Seattle Police Department
Fred Hutchinson Cancer Center	The Skillet Group
Friends of Seattle Public Library	Solventum
Harrow Inc.	Starbucks
Heidelberg Engineering	Subway
Henry Schein Inc.	Taphandles
Hepatitis Education Project	Tokuyama Dental America
Jordco, Inc.	Ultradent
Julia & Steven Colson	UW Medicine/UW School of Medicine
Kabab Corner & Greek Deli	UW School of Dentistry
Kaiser Permanente	WA State Department of Health
KLS Martin LP	Wing Dome LLC
Labcorp	Zeiss

*Not inclusive of volunteer/staff time*



# 2025 SEATTLE/KING COUNTY CLINIC PARTNERS

## PLATINUM



## GOLD



## SILVER



## BRONZE

Cambia Health Foundation  
CISC  
Cisco Systems  
Cornish College of the Arts  
DCG ONE  
DentistLink  
Heidelberg Engineering  
HOPE Animal-Assisted Crisis Response  
Humana  
International Community Health Services  
King County 211  
King County Medical Society

King County Metro  
KLS Martin LP  
Link to Care WA  
Mediterranean Inn  
Microsoft  
Nashi Immigrants Health Board  
National Association of Social Workers  
Oakview Group Hospitality  
Pacific Office Automation  
Patterson Foundation  
Peer Seattle  
PhenoPath

Sea Mar Community Health Centers  
Seattle King County Dental Foundation  
Seattle Roots Community Health  
Solventum  
Tokuyama Dental America  
Ultradent  
VOSH Northwest  
WA Acupuncture & Eastern Medicine Association  
WA Association of Naturopathic Physicians  
WA Emergency Nurses Association  
WA State Dental Laboratory Association  
Zeiss

Seattle Center Foundation  
305 Harrison Street, Seattle, WA 98109  
[seattlecenter.org/skccclinic](http://seattlecenter.org/skccclinic) | [SKCClinic@seattlecenter.org](mailto:SKCClinic@seattlecenter.org)