SEATTLE/KING COUNTY CLINIC

2026
FINAL REPORT

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INTRODUCTION

Seattle/King County Clinic was held over four days, April 23–26, 2026. Led by Seattle Center and Seattle Center Foundation, the project brought together more than 100 organizations and 4,727 volunteers to deliver a wide range of clinical services—offered free of charge on a first-come, first-served basis—to 3,164 individuals. The clinic successfully met its goal of serving a racially diverse and economically disadvantaged patient population, providing $3.1 million in dental, vision, and medical care. Participants appreciated the clinic's deep-seated values and continued effort to provide quality healthcare despite an increasingly challenging environment for patients, volunteers, partners, and organizers.

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

3,164 Patients served

Saved patients **$3.1M+** in out-of-pocket costs

4,727 Volunteers

100+ Participating organizations

Photos © Auston James

A Year of Heightened Pressures

In last year's introduction, it was noted that the clinic had taken place in a landscape rife with uncertainty—made up of an increasingly anxious social and political climate, rising unaffordability, growing austerity, and a healthcare system on the brink. In many ways, 2026 felt like an extension of the same forces that began to emerge in 2025, only sharper and more consequential.

As a community-driven project—one that operationally and financially relies on the cooperation, goodwill, and resources of dozens of partners and thousands of volunteers—the clinic, at its core, reflects the systems around it. Its greatest strengths are also its greatest vulnerabilities. The interdependence that fuels its ethos and impact also ties its ability to function to the stability, capacity, and overall health of the broader ecosystem in which it operates. When partners feel strain, the clinic feels it as well. Clinic pinch points mirror society's pinch points. And this year, pressures that had been simmering around the surface became even more salient.

Federal cuts that felt abstract in previous years began to produce concrete impacts for community partners and patients. Fears around immigration enforcement, affecting both patients and volunteers, reached an all-time high. Medicaid cuts started to take effect, and insurance premiums in Washington rose by an average of 21%. These were not just policy shifts; they changed the daily realities of the people served by the clinic and the organizations that support it.

The clinic felt these changes directly. Financial and in-kind contributions became less certain. Community partners and leadership members had less capacity to commit or engage, affecting planning, staffing, and resource development. On the first day of the clinic, patients lined up more than 18 hours in advance—earlier than ever before—serving as a striking reminder of the growing unmet need. The clinic continued to see a decline in Latino patient participation, down 10.8% since 2024, reflecting some of the fear, barriers, and distrust shaping access to care for underserved populations. Volunteers were also affected, initially signing up in large numbers driven by a desire to support community needs, followed by a high rate of turnover as the clinic neared and personal capacity came into clearer focus.

This year challenged the clinic to confront these realities with clarity and integrity. It underscored that the clinic is not separate from the systems around it; it is shaped by them and, in turn, offers a window into where those systems are fraying. Yet it also highlighted the steadfast humanity of partners, volunteers, and community members who show up despite the instability.

Importantly, it also illuminated the significance of human connection. Beyond direct service, the heart of the clinic's work is reflected in two common refrains: from patients, gratitude for having finally been seen, heard and believed; and from providers, the joy of reconnecting with the essence of human-centered care. These messages serve as a grounding reminder of some elements that are often lost within the healthcare system but are essential to truly meeting people's needs.

PATIENT POPULATION

Many people who have not encountered the clinic before tend to imagine that most patients are unhoused or have extremely limited financial resources. While some individuals do face those realities, in recent years a growing share are part of the “missing middle,” people who are housed and have some form of income but are still priced out of both subsidized programs and the rising costs of routine care. Others come up against hurdles like language access, transportation challenges, or the sheer complexity of navigating the healthcare system. Each person arrives with their own story, but all come to the clinic because access to essential care has become out of reach.

As one volunteer noted, “I continue to be shocked at the range of people seeking care: young people, elderly couples, parents with kids, people of all races and economic backgrounds. So many people are being failed by our current health care system.”

Outreach to prospective patients was conducted using a trusted messenger model, led by volunteers, clinic staff, and partner organizations with connections to underserved 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.

"It is incredible, the excellent work the entire team does to provide the very best service and give their absolute all. I was truly impressed by the logistics, organization, and the extensive portfolio of services they offer. I am deeply grateful. God bless you all."

- Luisa, Patient

When asked how they learned about the clinic, 38.1% of patients said they were told by a friend, family member, or acquaintance. Social media accounted for 15.4%, while 6.3% saw a flyer or poster. 6.5% heard about the clinic through newspapers, radio, or television; an additional 6.5% were informed by a community-based organization; 5.2% found it through an internet search; 2.1% were referred by a healthcare provider; 1.2% learned about it through school; and 0.7% through a faith-based organization. Another 18.0% 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 birth date 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.

Gender

Registration data showed more female than male patients; 52.9% of patients were female; 46.0% were male. Very few (0.5%) patients indicated they were transgender, nonbinary, or other, while 0.7% 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 (82.0%) of patients were between 18 and 64 years old. The distribution of patients by their age is shown in Figure 1.

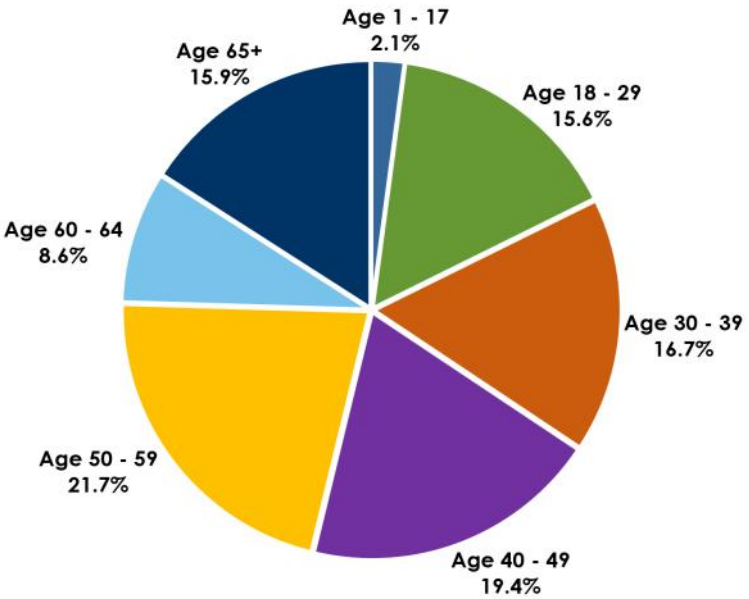


Figure 1. Patient distribution by age.

Ethnic Identity

Patients spanned a variety of ethnicities. This year, 29.4% of registered patients identified their ethnic identity as Latino/Hispanic, similar to the previous year. 17.6% identified themselves as either Black or African, 16.5% as White, and 14.8% self-reported as Asian. Another 7.6% of patients were spread across other ethnic identities as shown in Figure 2.

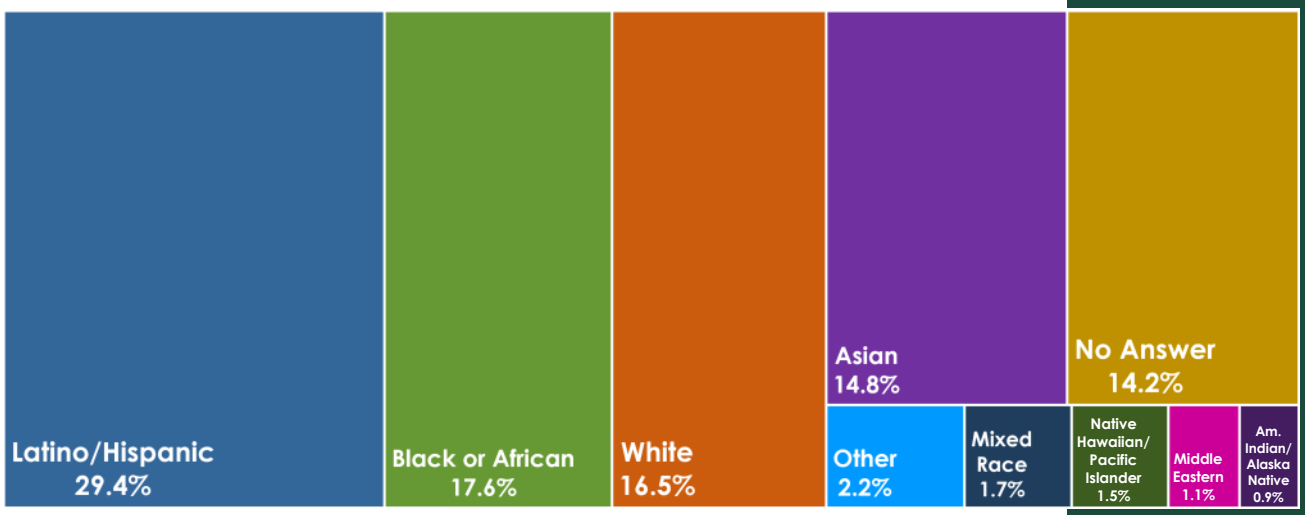


Figure 2. Patient distribution by ethnic identity.

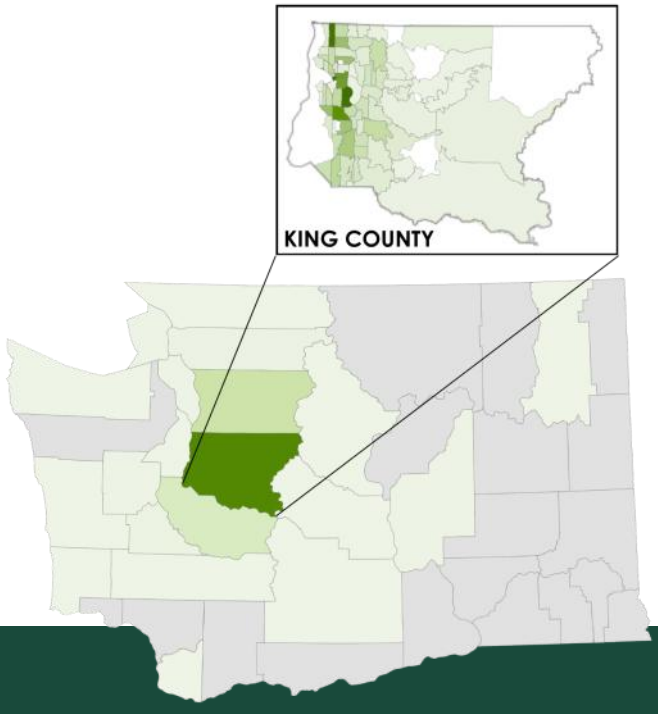
Where Patients Live

Patients came from across the city, county, state, and country to receive care at the clinic. This year, registered patients came from 188 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 (49.6%) was based in the City of Seattle. 96.3% of patients traveled from within Washington, but a handful of patients hailed from eleven other states: Alaska, California, Illinois, Minnesota, Missouri, Montana, New Jersey, North Carolina, Oregon, Pennsylvania, and Texas.

188
Unique patient zip codes

20
Washington counties

11
States



Based on zip code data, most patients reported residing in either King (75.9%), Snohomish (11.9%), or Pierce (5.9%) counties. The remaining patients reported a range of zip codes from across Washington, spanning 17 additional counties: Chelan, Clallam, Clark, Grant, Grays Harbor, Island, Kitsap, Kittitas, Lewis, Mason, Pacific, San Juan, Skagit, Stevens, Thurston, Whatcom, and Yakima. For a visual representation of statewide patient zip code distribution, see Figure 3.

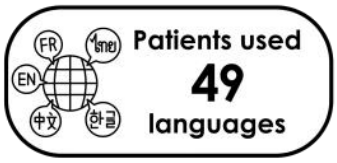
Figure 3. Map of Washington patient zip codes by density.

LANGUAGE	# PTS
English	1592
Spanish	856
Mandarin	123
Amharic	98
Tigrinya	53
Russian	44
Farsi	38
French	37
Dari	32
Cantonese	29
Vietnamese	25
Other	23
Portuguese (BRA)	22
Arabic	19
Oromo	19
Somali	19
Mongolian	18
Tagalog	15
Indonesian	12
Ukrainian	11
Turkish	10
Swahili	9
Wolof	9
Hindi	7
Japanese	6
Filipino	5
Korean	5
ASL	4
Pashto	3
Punjabi	3
Romanian	3
Thai	3
Urdu	3
Cambodian	2
Lao	2
Mien	2
Tongan	2
Marshallese	1

Table 1. Primary languages.

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 49 primary languages at the clinic (Table 1) and just under half (49.7%) 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, Mongolian, Russian, Spanish, Tigrinya, and Vietnamese.



At registration, patients reported using 37 unique languages. AMN Healthcare identified 12 more languages that were not listed in the patient registration system that required support during the clinic.

OTHER LANGUAGES
Acholi
Albanian
Bosnian
Hatian Creole
Hmong
Kinyarwanda
Lingala
Mam
Other
Persian
Portuguese (EU)
Serbian

AMN Healthcare provided 41,622 minutes (694 hours) of interpretation, more than double the prior year. However, 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.

"I found that everyone was surprisingly very nice, friendly, and attentive, and I felt seen and valued, even though I know that there's a lot of people to tend to."

- Duncan, Patient

Employment & Military Status

Nearly half (44.8%) of patients reported having either full-time or part-time employment, while one-third (31.0%) were unemployed. Of the remainder, 9.1% were retired; 3.9% were minors or students; 4.0% were on disability (Figure 4).

A few (2.1%) patients identified themselves as United States military veterans, and only one person reported being an active member of the military.

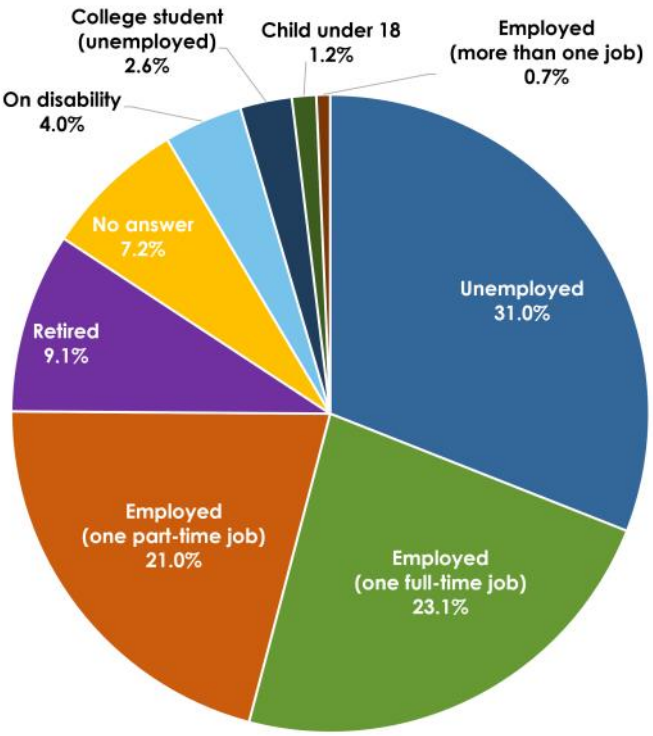


Figure 4. Patient employment status.

Housing Status

Contrary to common assumption, most clinic patients are housed. Keeping with historical trends, only 4.4% of patients reported living in an emergency shelter, on the street, or in a vehicle. Over half (61.1%) of patients were renters (Figure 5).

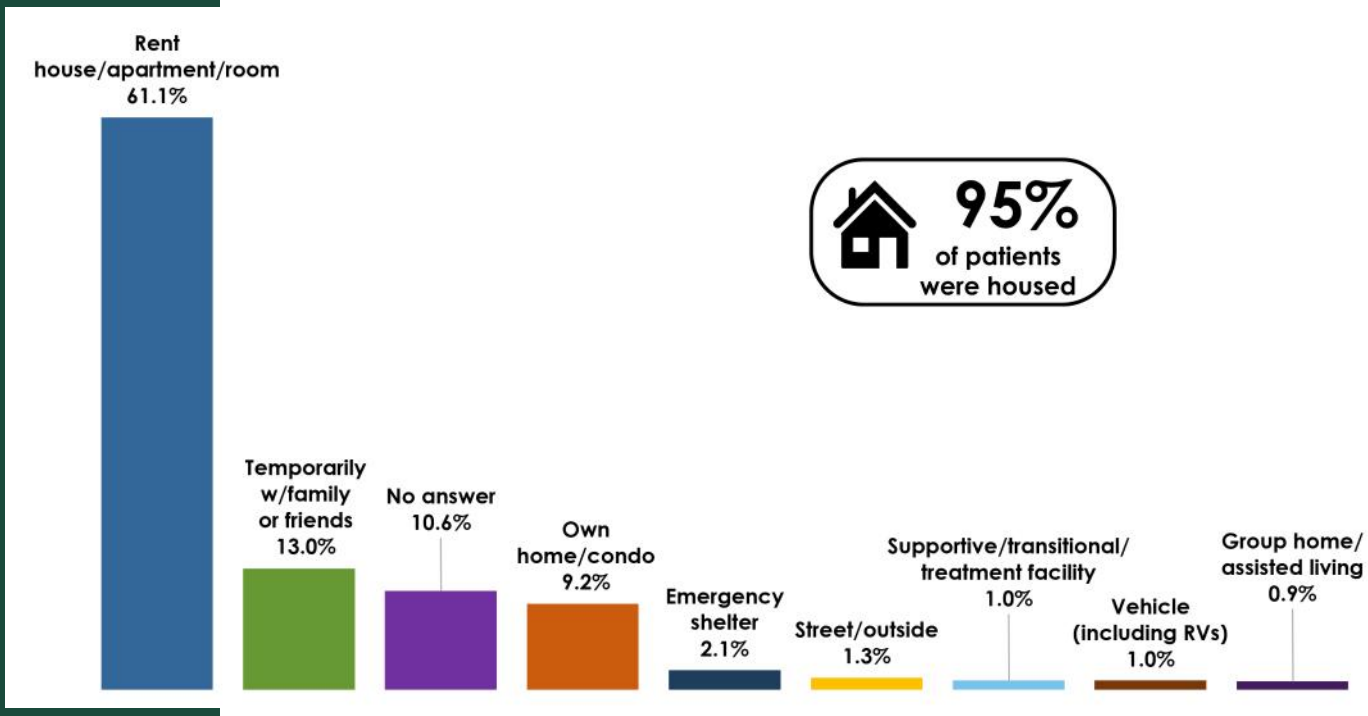
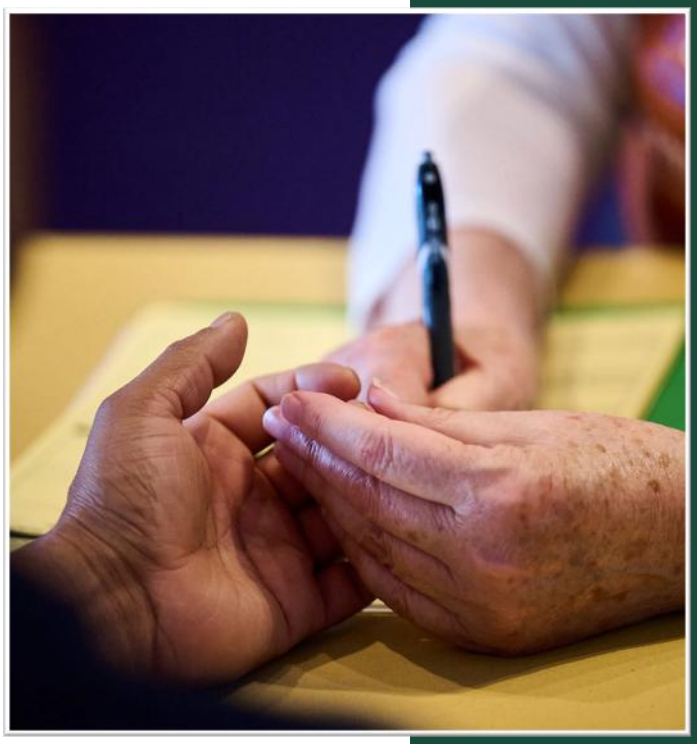


Figure 5. Patient housing status.

Food Security



Patients were asked whether in the past 12 months they worried their food would run out before they received money to buy more. While 23.7% did not respond, over one quarter (26.9%) of patients replied yes; nearly half (49.4%) said no.

Health Insurance Status

The clinic does not limit entry based on insurance status; clinic organizers aim to reach people who need services but have extremely limited access to them. While uninsured individuals understandably seek care, the clinic also serves as a lifeline for patients who are underinsured—people facing high co-pays, large deductibles, or catastrophic insurance plans that do not cover the services they need. Others struggle to find in-network providers in their area, or face long wait times for appointments.

This year, just over half (55.8%) of patients reported being uninsured with 5.1% indicating they lost or had to cancel their insurance within the past six months. Another 36.2% stated they had health insurance, the majority through Medicare or Medicaid. The remaining 8.0% of patients did not report their insurance status (Figure 6).

In addition, representatives from the dental access program DentistLink polled patients who visited their table in the clinic's dental building. Of the 426 respondents, 89.5% did not have dental insurance.

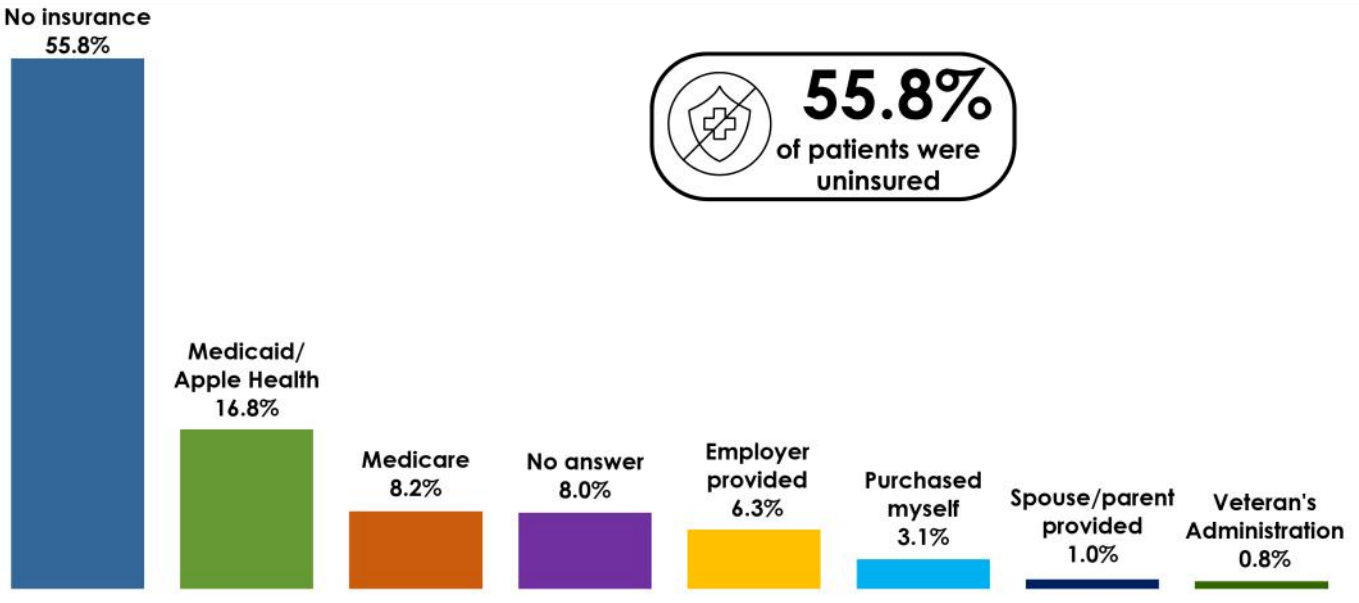


Figure 6. Patient health insurance status.

Healthcare Access

Registration data showed 50.2% of registered patients reported receiving medical care within the last year; 37.3% received dental care, and 25.7% reported receiving vision care. Patients were not asked whether that care was at Seattle/King County Clinic or another healthcare facility. Conversely, 13.9% of patients indicated they could not remember when they last received professional eye care, or it had been more than 6 years; 13.3% indicated the same for dental; 10.7% for medical (Figure 7).

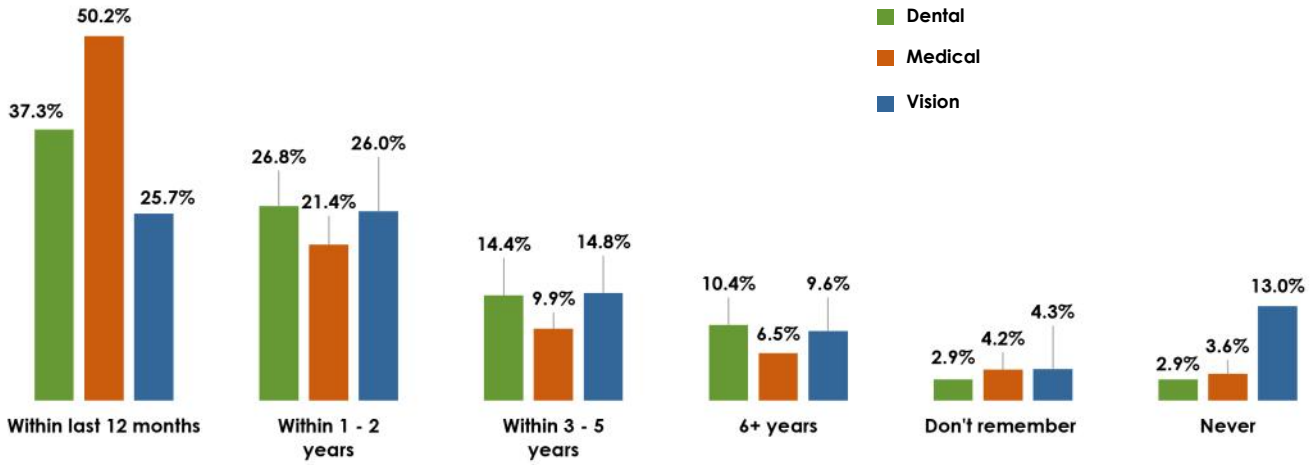


Figure 7. Time since last visit by care type.

When asked where they seek care when this clinic is not available, over one third (36.8%) of patients said they either do not seek care or go to the emergency room only, 22.6% stated they go to a location where they have to pay and/or use insurance, and 19.9% reported going to a clinic or location where they do not have to pay (Figure 8).

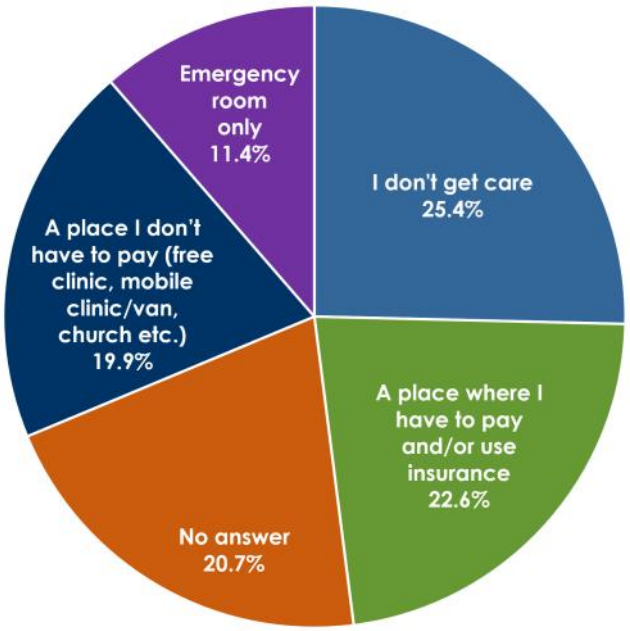


Figure 8. Where patients get care outside of the clinic.

Barriers to Care

A 2025 Consumer Healthcare Experience State Survey found that over two in three Washingtonians (68%) reported experiencing at least one healthcare affordability burden in the last year; such as being uninsured due to cost, delaying or forgoing needed health services entirely due to cost, or finding themselves in financial burden due to their healthcare.

This year, cuts to Medicaid and other federal health insurance subsidies have further compounded these challenges. The Washington Health Benefit Exchange, the state's direct-to-consumer health insurance marketplace, saw a 13% drop in enrollment, the largest since its inception in 2013. Meanwhile, according to the Office of the Insurance Commissioner in Washington State, health insurance premiums increased by an average of 21%, driven in part by the expiration of pandemic-era tax credits.

When clinic patients were asked generally if it was harder or easier to access healthcare in the last three years, half (50.6%) said it was harder. Out of the remaining patients, 18.6% felt it remained the same, 8.2%. indicated it was easier, and 22.6% did not respond to the question.

When we inquired more specifically about what prevents them from accessing healthcare, over half of clinic patients (52.6%) said they could not afford the cost. Another 10.0% of patients 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 2.3% said the healthcare system was confusing to navigate. In other responses, 1.0% said language was their primary barrier, 0.9% said transportation issues made it difficult to get to appointments, and 0.7% could not get time off work or find childcare (Figure 9).

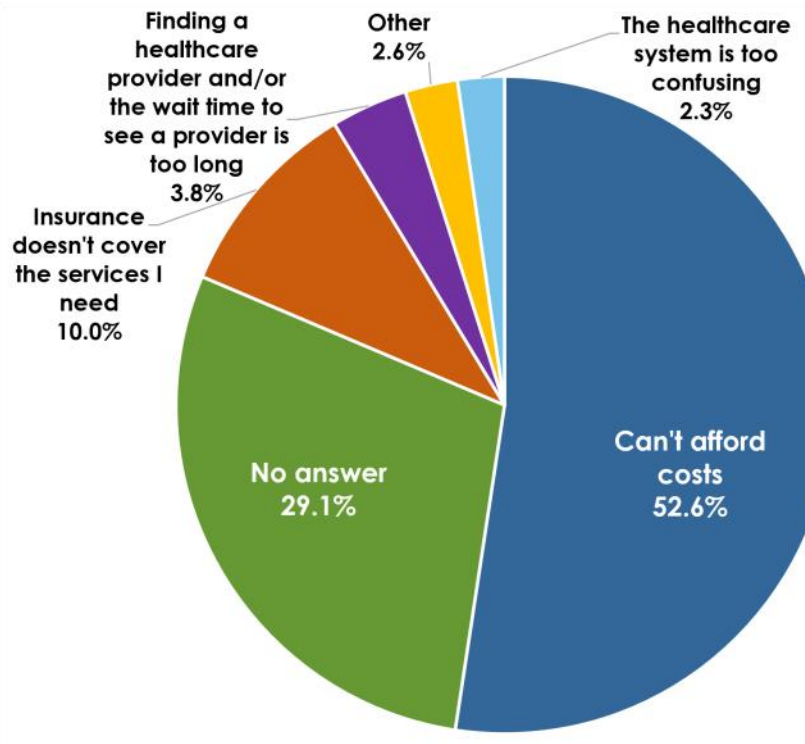


Figure 9. What prevents patients from accessing care.

"I am truly grateful for the great work you have done and the help you all have given to so many people with this amazing project."

- Anonymous, Patient

When patients were asked about the main reason for their visit to the clinic, 44.8% said they had been waiting more than seven months to get care for their primary concern, with 36.3% waiting more than a year (Figure 10).

Figure 10. How long patients have waited for care.

Health Conditions

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

Vaccination Status
53.2% of patients reported being vaccinated against COVID-19; 33.1% were vaccinated for Hepatitis B; and 30.4% for Hepatitis A.

Substance Use
15.7% of patients indicated they used alcohol; 6.9% indicated they used tobacco; 6.4% used cannabis; 3.1% smoked e-cigarettes/vapor. Patients were also asked about illegal or excessive drug use. 0.7% reported using opioids; another 0.7% used other drugs; 0.3% had overdosed on drugs; 0.1% used intravenous drugs.

Behavioral & Mental Health
13.1% of patients reported suffering from anxiety; 10.8% from depression; 2.2% had emotional concerns or disorders; and 1.1% had a behavioral health concern or diagnosis.

Other Health Issues
14.7% of patients self-reported having hypertension; 10.0% knew they had diabetes; 6.9% were dealing with cataracts; 6.5% were asthmatics; 2.6% reported having an autoimmune disease; 2.3% reported having glaucoma or macular degeneration; 1.8% presented with either Hepatitis A, B or C; 1.8% had heart disease or had experienced a heart attack; 1.8% also had a history of seizures; 1.7% had liver disease; 1.0% had a history of strokes; 0.6% had a history of STIs; 0.6% presented with COPD; 0.3% were HIV+.

"Seattle/King County Clinic puts a massive systemic shortfall on full display of the desperate need for more accessible healthcare for under-resourced communities and individuals across the country."

- Nathan, Volunteer

SERVICES PATIENTS RECEIVED

During the 48 hours of clinical operations, over $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.

Dental

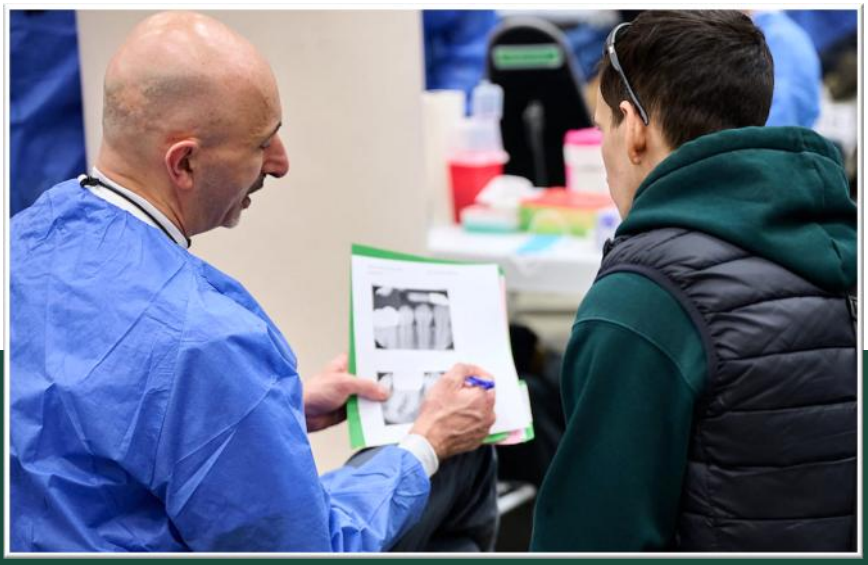
1,600 patients received dental care. The clinic saved patients $1,362,407 in out-of-pocket costs.

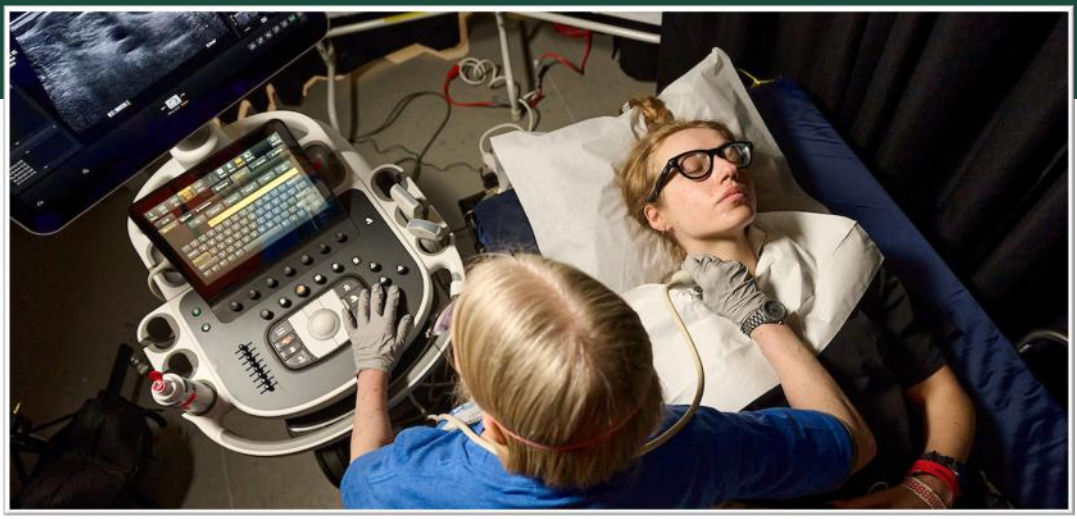
The services indicated in Table 2 are the top dental treatments documented on patient records.

Dental care continues to be the greatest area of need among clinic patients, which is not surprising given that approximately 1 in 3 adults in Washington (28%) lack dental insurance, according to statewide data from Arcora Foundation. Even for those who do have coverage, high out-of-pocket costs can make it difficult to access the full range of services they need. Two such services saw notable growth at the clinic this year. The dental lab increased production by 32.8%, providing temporary partial teeth (flippers) to help patients eat more comfortably, speak more clearly, and smile more confidently. However, it was oral biopsies that had the most significant increase (140%), helping to diagnose abnormal lesions and, hopefully, provide patients with peace of mind.

SERVICE	QTY
Amalgam 1 Surface	6
Amalgam 2 Surfaces	12
Amalgam 3 Surfaces	8
Amalgam 4 Surfaces	4
Biopsy	12
Composite 1 Surface	268
Composite 2 Surfaces	315
Composite 3 Surfaces	170
Composite 4 Surfaces	97
Debridement	115
Extraction	667
Flipper	81
Fluoride Application	456
Full Mouth Scaling	92
Mouth Guard	40
Porcelain Crown	105
Prophy (Cleaning)	384
Root Canal	75
Silver Diamine Fluoride	27
X-Ray: Bite Wing	793
X-Ray: PA	1092
X-Ray: Panorex	173

Table 2. Top dental services.





Medical

1,570 patients received medical care. The clinic saved patients $1,171,756 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 have historically been a lower priority for patients compared with dental and vision care, largely because they have been more readily available in the community. Since 2024, however, there has been a 25.2% increase in patients seeking medical services at the clinic. This year, demand was particularly strong among individuals wanting immunizations - up 65.0% from last year - and those needing laboratory testing. Dermatology visits have risen by 41.5% since 2024, likely reflecting the decline in independent providers in the community. This growth prompted the introduction of onsite biopsies this year, further strengthening the clinic's dermatology services and leading to an important skin cancer diagnosis for one patient.

SERVICE	QTY
Acupuncture	197
Behavioral Health	97
Dermatology	342
EKG	95
Foot Care	139
Foot Care: Podiatry	34
Immunization: COVID-19	212
Immunization: Flu	203
Immunization: Hepatitis A/B	303
Immunization: MMR	144
Immunization: Shingles	139
Immunization: Tdap	200
Lab Tests	2911
Mammogram	197
Nutrition	111
Occupational Therapy	82
Occupational Therapy: Splint	77
Physical Therapy	228
Primary Care	507
Ultrasound	145
Women's + Trans Nonbinary Health	251
X-Ray	188

Table 3. Top medical services.

"I now have hope for humanity. It was great to see we still have the human spirit in the capacity of helping one another."

- Liz, Volunteer

Vision

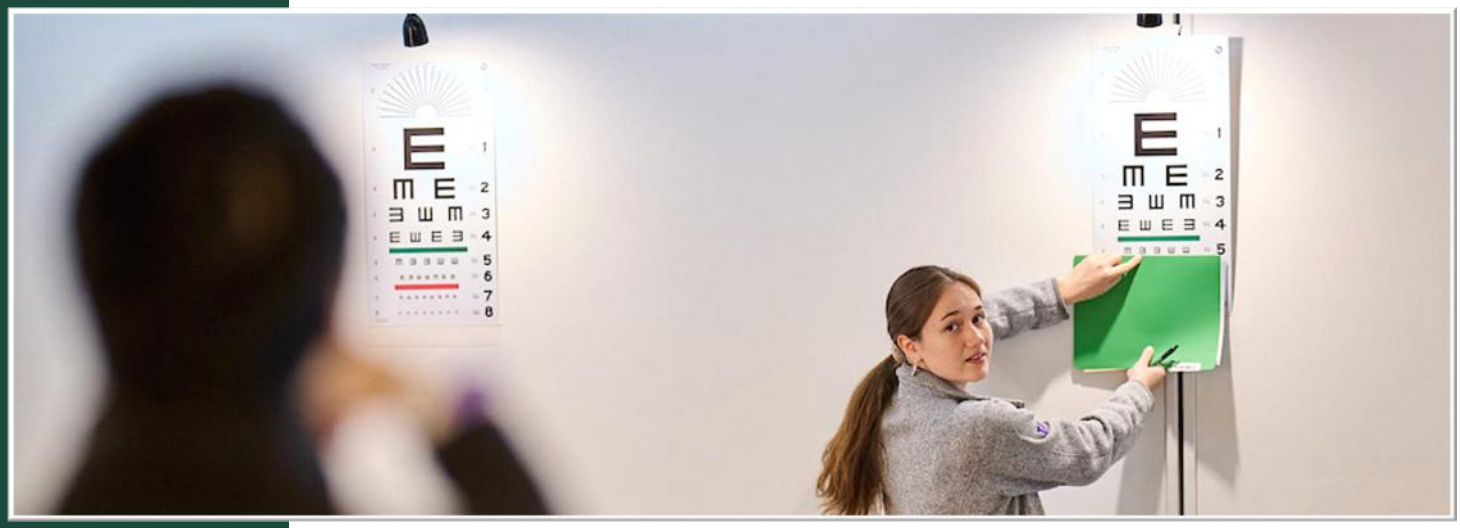
978 patients received eye care. The clinic saved patients $612,490 in out-of-pocket costs.

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

SERVICE	QTY
Eye Exam	917
Glasses: Readers	91
Glasses: Rx Bifocal	454
Glasses: Rx Single Vision	497
Pre-Testing	978

Table 4. Top vision 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 eyeglasses—is prohibitive. While the number of ophthalmology referrals for conditions such as cataracts and glaucoma remained consistent with last year, Project Access Northwest staff noted during the care coordination process a significant increase in commercially insured and Medicare patients who were unable to afford their co-pays and deductibles and required assistance in order to seek care.



Resource Services

One goal of the clinic is to connect patients with community resources that help to provide ongoing care and, ideally, prevent them from having to rely on short-term clinics to meet their healthcare needs. In recent years, organizers have expanded onsite social service offerings, increased awareness of available resources among both patients and providers, and strengthened processes that help guide patients toward the most appropriate support for their circumstances.

However, as the healthcare landscape has narrowed, so has the clinic's ability to help patients secure and maintain follow-up care. Even sliding-scale services have become unaffordable for many, and a growing number of individuals earn too much to qualify for subsidized care or public insurance programs, yet not enough to afford private coverage or out-of-pocket healthcare costs.

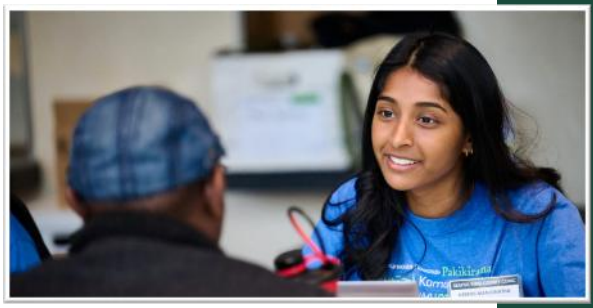
At the same time, provider shortages and longer wait times for appointments, combined with gaps in insurance coverage, leave even insured patients without access to essential services. These challenges are often heightened for individuals covered by Medicaid, Medicare, or lower-premium catastrophic insurance plans. Accessing vision and dental services can be particularly difficult as availability of these services may be limited or excluded entirely from coverage.

Although the clinic meets some of this need through the services provided over its four-day span, both the clinic and its resource partners are still operating within a strained and fragmented system. As options dwindle, the demand for accessible, affordable care continues to grow, placing increasing pressure on safety-net clinics that are already overtaxed, under-resourced, and struggling to remain viable.

Within this increasingly complex system, resource services have become even more critical in supporting a patient's overall health and well-being. While these interactions are not assigned monetary values at the clinic like dental, medical, or vision services, resource volunteers were asked to track the number of patient interactions they had to help document the level of interest and need (Table 5).

SERVICE	QTY
CISC	150
City of Seattle: Utility Assistance	357
Health Insurance Assistance	220
International Community Health Services	86
King County Metro	499
Nashi Immigrant Health Board	167
Neighborcare Health (1 day)	17
Peer Seattle	183
PHSKC: Overdose Prevention & Response	303
PHSKC: TB Free King County	372
Project Access NW: DentistLink	426
Project Access NW: Ophthalmology Referrals	111
Project Access NW: Resource Connections	117
Project Access NW: Pro-Bono Counseling	69
Sea Mar Community Health Centers (1 day)	18
Seattle Roots Community Health	64
Social Work	449
Urban League of Metropolitan Seattle	300
UW School of Dentistry	34
Washington 211	651
Washington Immigrant Solidarity Network	181

Table 5. Resource services.



"One of the most rewarding volunteer experiences that I keep coming back for. The positive culture of the people who chose to be there volunteering sets a good tone, always. The grateful appreciation by the people being served is humbling."

- Kathleen, Volunteer

In-Clinic Resource Navigation

Social workers and health insurance navigators have always been central to the clinic's resource services strategy. Social workers helped to identify community services to meet a wide variety of needs—from food and housing to healthcare—connecting 449 patients with external resources. Navigators assisted over 220 people with health insurance questions and/or enrollment, and representatives from Public Health – Seattle & King County's Access and Outreach team enrolled patients in a variety of social service support programs. Pharmacists were also available onsite to provide medication counseling and help patients get connected to free or affordable prescription drug programs.

Community Health Centers & University of Washington School of Dentistry

Clinic organizers invited local community health centers and the University of Washington School of Dentistry (UWSoD) to be onsite to meet with patients who needed follow-up care or to provide further information about their available services. Representatives from International Community Health Services, Neighborcare Health, Sea Mar Community Health Centers, and Seattle Roots Community Health were onsite to answer patient questions, explore care options, and schedule appointments, while UWSoD provided information about their low-cost clinics. Although interest and need remain high, few free clinics or community health centers offer eye exams or optical services, and finding affordable dental care without lengthy wait times continues to be challenging. Continuing last year's trend, patients reported increasing difficulty accessing and affording medical services, even when seeking care at clinics that use sliding-scale fee structures.

Emotional Support

In addition to the behavioral health services 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 patients experienced anxiety with procedures or conversations.

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.

- Community Resource Connection – Coordinators enrolled 59 patients into their case management program and engaged 117 patients with resource navigation. Their work with patients included a wide range of social service referrals, the most common being for primary care, housing, and legal assistance.
- 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. They engaged 426 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 111 patients as they established care with Kaiser Permanente, University of Washington Eye Institute, or other practices that partner with Project Access Northwest to provide specialty care.
- Pro-Bono Counseling – This year, 69 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.

Community Tables

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

- Friends of the Seattle Public Library made reading materials available in multiple languages to help occupy patients' time.
- King County Metro's Neighborhood Pop-Up program provided patients with public transit information, including ORCA enrollment and card printing.
- Nashi Immigrants Health Board provided access to and information about healthcare and social service resources for immigrant communities, specializing in newly arrived Ukrainians.
- Peer Seattle provided information and access to their LGBTQ+ health, harm reduction, and human services initiatives.
- Public Health – Seattle & King County was represented by two of their community health programs. TB Free King County provided in-language information on tuberculosis—including prevention, testing, and treatment options. Meanwhile, 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.
- Seattle City Light's utility assistance program provided information about financial support programs and helped patients begin applications.
- Urban League of Metropolitan Seattle connected patients with economic, educational, and employment support, as well as information about its health services programs.
- Washington 211 connected people to a vast array of health and human services.
- Washington Immigrant Solidarity Network provided immigrant communities with information and assistance on legal advocacy and other social service resources.

PATIENT IMPACT

Beyond gathering demographic information, organizers worked to capture a clearer picture of the patient experience at the clinic by inviting both written and in-person feedback. A primary emphasis was ensuring that care was not only clinically sound but delivered in a way that upheld each patient's dignity. Although only a small number of patients left written remarks many conveyed their thanks directly to volunteers or staff, often noting how the services they received, along with the warmth and respect they experienced, made a meaningful difference in their lives.

Volunteers in all service areas noted the relief patients expressed after receiving the care they desperately needed. As one volunteer observed, "I can't count the number of people I saw check in at Behavioral Health looking tired, distressed, and worried, who then walked out laughing and feeling lighter due to the support they received."

Similarly in primary care, one volunteer reflected: "Several patients who had been wondering for years about certain health conditions or concerns felt relieved when they were finally able to obtain the X-ray or ultrasound or mammogram or physical exam that they had been unable to access previously."

In vision care, emotions were clearly displayed: "A patient asked me how much his glasses would cost, and I told him they were free - that all the services he received were free, and that everyone he saw around him, including the doctors, were volunteers and not getting paid. He was in disbelief and began to tear up, expressing how grateful he was."

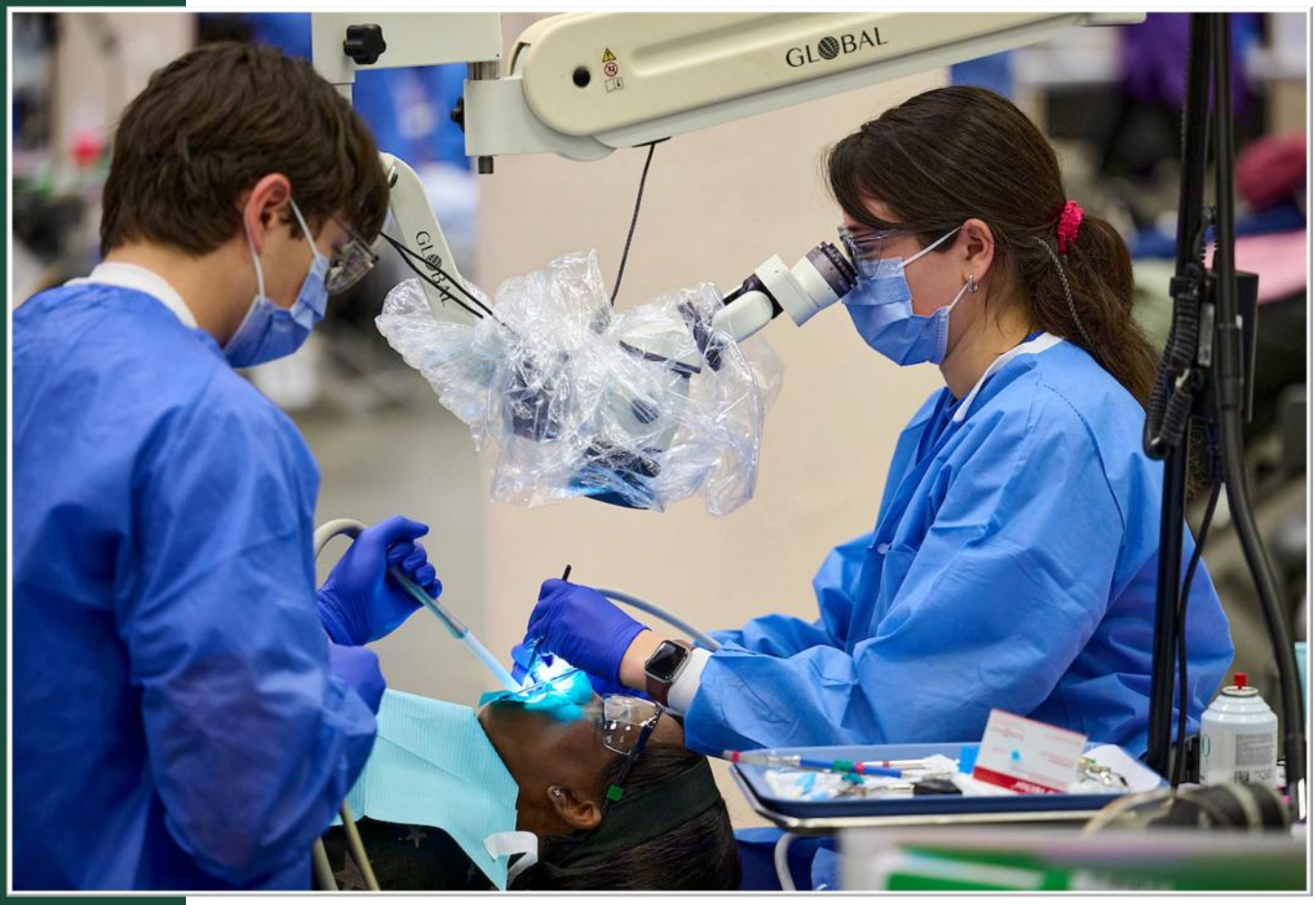
"It feels universal among the volunteers that EVERYONE deserves dignified healthcare. It is heartening to be surrounded by the generosity and determination of this community."

- Tricia, Volunteer

The impact was equally powerful in the dental area: "A Ukrainian immigrant told me he came to the U.S. and focused on getting a job, food and a roof over his head. He had neglected his teeth due to these circumstances. He was so happy to get his smile back and hadn't realized how hiding his smile had adversely affected him. He was radiating with joy."

Others noticed the quality of care provided, including the impact of language access and community connection. One volunteer shared, "People mentioned in various ways how they were grateful to have all these services given without being rushed, and that they were in-depth and thorough. The interpreters were wonderful. Three patients who seemed worried at first were so happy and relaxed after hearing what the interpreters said to them. They walked away from my area as friends, smiling and chatting."

Despite the largely positive expressions of gratitude and goodwill shared by patients and noted by volunteers, the feedback also highlighted areas for improvement. Common concerns included long wait times, disappointment when patients were unable to access specific services or the full scope of care they wanted, and occasional issues involving individual volunteers or aspects of clinic operations. When possible, concerns were addressed immediately onsite, and additional feedback has been reviewed and will be incorporated into future planning efforts.



VOLUNTEERS

The clinic would not have been possible without the dedication of 4,727 volunteers during the four days of patient services, along with 501 additional volunteers who supported preparation and wrap-up activities. As in 2025, volunteer enthusiasm was high, particularly during the initial registration period. Within the first week, most nursing and non-clinical roles were filled, and by the end of the first month, 69% to 92% of clinical shifts were staffed. However, unlike last year, the two months leading up to the clinic had significant turnover and a surge in late cancellations. The latter issue sometimes left organizers believing roles were adequately staffed, only to discover last-minute shortfalls with too little time to secure replacements.

Still, volunteers played a vital role in every aspect of the operation—not only delivering essential services but also contributing valuable insights about the clinic and the broader healthcare ecosystem. The feedback they shared through an online survey, email, and in-person conversations continues to deepen understanding and inform ongoing learning across a wide spectrum of topics.

While most volunteers came from Washington, primarily the Puget Sound region, others traveled from 23 additional states and two 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 47 languages and represented over 48 professions or classifications (Table 6). A total of 368 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 90 volunteers received insurance as part of their membership in the Public Health Reserve Corps. These members provide a motivated workforce for the clinic and, in turn, gain valuable experience that can benefit the community during an emergency deployment.

PROFESSION/ CLASSIFICATION	QTY
Acupuncturist	27
Community Resource Prof.	180
Dental Assistant	259
Dental Hygienist	109
Dental Lab Technician	41
Dentist	258
Denturist	8
Dermatologist	31
Dietician & Nutritionist	26
Emergency Medical Tech	11
General Support & Interpreter	2290
Health Insurance Navigator	20
Healthcare Professional	65
Medical Assistant	109
Mental Health Counselor	21
Nurse - RN & LPN/LVN	433
Nurse Practitioner	39
Nursing Assistant	52
Occupational Therapist	12
Ophthalmic Asst/Tech	51
Ophthalmologist	46
Optician	63
Optometric Asst/Tech	28
Optometrist	35
Paramedic	1
Pharmacist	33
Pharmacy Technician	5
Physical Therapist	27
Physician	85
Physician Assistant	10
Podiatrist	2
Psychiatrist	3
Radiologist	13
Social Worker	49
Student - Dental	18
Student - Dental Assisting	5
Student - Dental Hygiene	30
Student - Dietician/Nutrition	6
Student - Medical	27
Student - Pharmacy Intern	7
Student - Physical Therapy	7
Student - Physician Assistant	16
Student - Psych/Mental Health	18
Student - Registered Nurse	100
Student - Social Work	2
Technologist - Medical Lab	14
Technologist - Ultrasound	20
Technologist - X-Ray	15

Table 6. Volunteer participation during clinic.

Independent Sector, a national organization focused on nonprofits, estimates the value of volunteer time in Washington at $42.98 per hour. Based on over 51,000 recorded hours during the week of the clinic, volunteers contributed at least $2,191,980 in donated time. However, considering the professional value of healthcare volunteers and the many additional, untracked hours dedicated to planning and preparation, the true monetary value of this contribution is likely significantly higher.

This year's volunteer feedback was overwhelmingly positive, highlighting personal and systemic impact, patient stories, volunteer connections, and meaningful time spent. Still, there were critiques: some volunteers felt underutilized while others felt overworked. A few reported negative interactions with fellow volunteers or leadership. Some felt underprepared by orientation or training materials, while others felt inundated by the information. Each year, feedback commonly includes thoughts on process improvements, document edits, schedule adjustments, supply needs, and training suggestions. Clinic organizers log these insights, explore solutions, and implement improvements wherever possible.

Volunteer Experience

A clear connection exists between the experiences of volunteers and that of the patients they serve. For that reason, organizers placed equal emphasis on shaping and assessing the volunteer experience. Among those who responded to the survey, 98.5% reported that their participation was meaningful, and an even greater share (99.5%) highlighted the strong sense of support and collaboration amongst volunteers.

99.5% Appreciated the culture of support and collaboration among volunteers

"It was wonderful to be amongst like-minded individuals that were all passionate about health equity and facilitating access to healthcare. We all knew our limitations in having a pop-up clinic, but everyone was inspired to make the most impact with what we had and hoped to leave a permanent mark on the individuals in the community. I appreciated the focus on trying to address immediate healthcare needs while also connecting patients with resources for long term care."

Volunteers also expressed appreciation for the clinic's strong organization and inclusive environment. A total of 98.7% said the clinic was well-organized, and 94.1% felt their time and skills were well-utilized - contributing to a sense of purpose and value.

“I'm impressed by the level of logistical planning and organization that a) enables thousands of patients to receive care, but also b) enables thousands of volunteers to feel that they are meaningfully contributing. You have brilliantly broken each general support role down to such a simple task that virtually anyone off the street can learn the task in 10-15 minutes and be successful at it for the life of the shift.”

Furthermore, 96.0% of volunteers said their participation made them feel more connected to the community and/or their profession, while 96.8% reported that it deepened their awareness about the state of healthcare in the community and the needs facing this patient population.

96.0% Felt more connected to the community and/or profession

96.8% Deepened awareness about the state of healthcare

“Volunteering introduced me to a like-minded community while also exposing deeper flaws in the healthcare system. The patients who showed up represent only a small, visible portion of a much larger issue, and their willingness to seek care despite limited options highlights both their courage and the barriers many others still face unseen.”

Almost all (98.4%) respondents agreed that they would be interested in volunteering again, and 99.2% would recommend the experience to others.

99.2% Would recommend this experience to others

“I was both humbled by the opportunity to serve and awed at the level of organization, attention to detail, and care put into the clinic, which in my view surpassed for-profit hospitals/clinics in every way: better organized, more accessible, and with more positive patient outcomes both clinically and emotionally. The people I worked with were clearly happy and passionate about being there and were incredibly welcoming and supportive to new volunteers - I never felt confused, lost, overburdened or mistreated. Likewise, the relief at being able to access healthcare with so few barriers and with such devotion to access from patients was palpable.”

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.

"I was really impressed by the community created within the clinic. Everyone working together to achieve a common goal and to support each other. The world needs more of that kind of community."

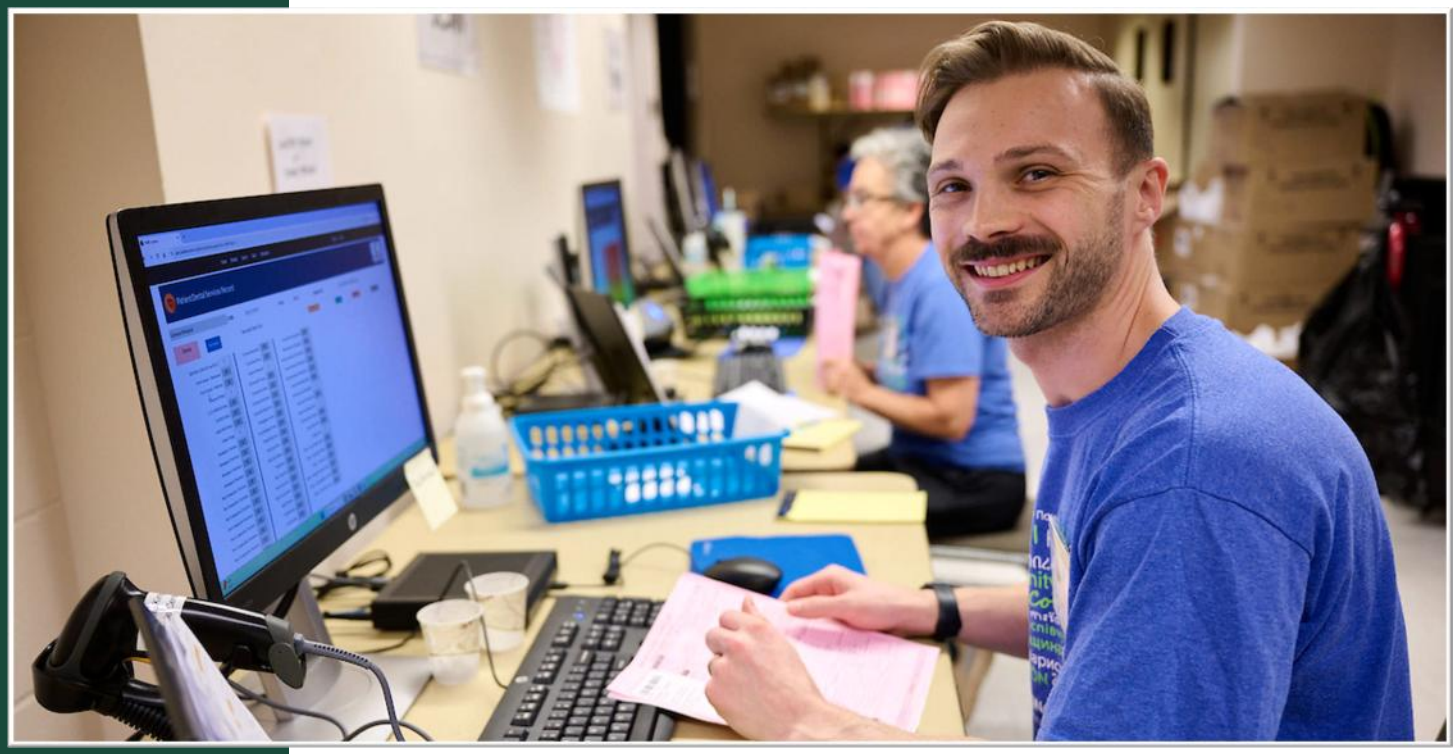
- Katha, Volunteer

"When I was working in dental triage, I was moved just by the range of experiences represented by providers and assistants. Looking down the hall of dental triage stations, I could see so many different languages and ethnicities represented; this, to me, is America - where equitable outcomes across economic divides can be achieved by a diverse group of people working for no apparent benefit to themselves other than helping people in need of their services. I loved the effort to make patients feel comfortable by making sure they could be understood and cared for, even across a language barrier. I will probably never forget that."

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 work in global health, it's been a really tough year for my professional community. For me, volunteering at the clinic has been an uplifting reminder of the power of community to take care of each other, even when we're facing an uncertain future."

"Volunteering at this event was my first time. As a dentist trained abroad, it was a joy to witness a high-scale clinic run with such effortless brilliance. Beyond the logistics, it was the warmth of the volunteers that stayed with me, their care reinforced my belief that humanity is the heartbeat of healthcare. Seeing patients thrive in an environment where they felt truly seen and supported was inspiring. I left the event feeling not just happy, but deeply thankful to have been part of a team that balances professional skill with genuine heart."



Volunteer Perspectives on Clinic Impact

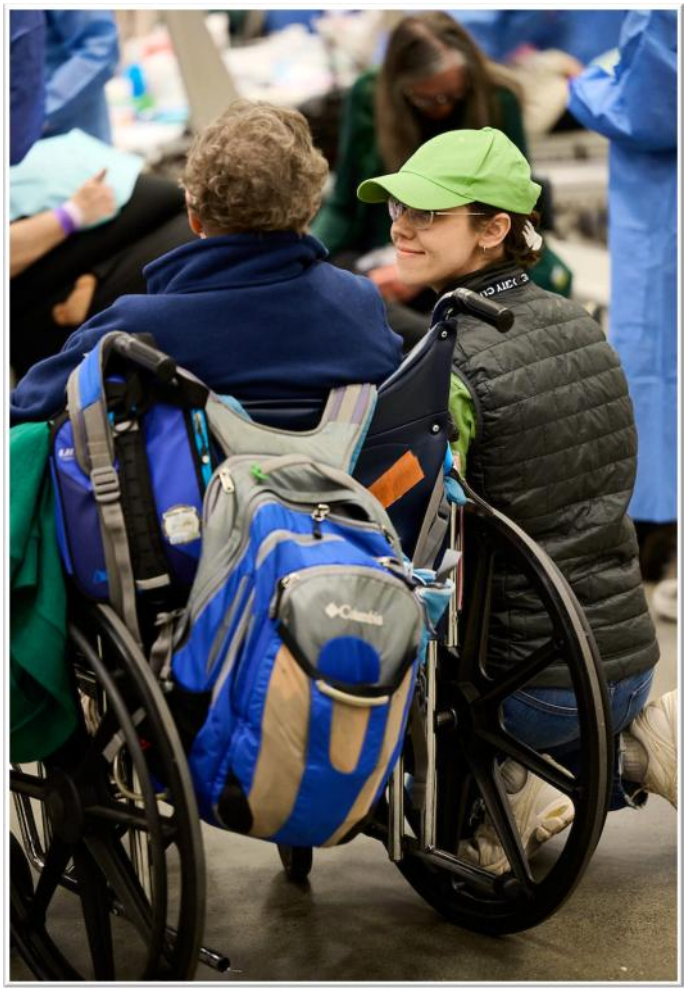
Volunteer feedback also provided insight into both the quality of care patients received and the reasons they attended the clinic.

98.0% Patients appeared satisfied with the services provided

98.0% of volunteers said patients appeared satisfied with the services provided. Among healthcare professionals who responded to the survey, 98.6% agreed that patients received quality treatment, and 97.9% felt they had adequate time to spend with patients. One volunteer noted, “Volunteering reminds me why I do what I do and how grateful people are, and I can do treatment for people without worrying about how much they’ll have to pay.”

98.6% Patients received quality treatment

Thirty percent of volunteers—likely those who were first-time participants—said they were surprised by the demographics of the patients and why they sought services at the clinic. Returning volunteers have learned more about the circumstances of people seeking care. “Over my seven years of doing this, I've learned so much about the difficulty for people seeking medical care without good insurance...even working folks cannot have their needs met.”



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 increased by more than 26.1% compared to the prior year, with the most significant changes tied to labor, service, and supply costs across all categories.

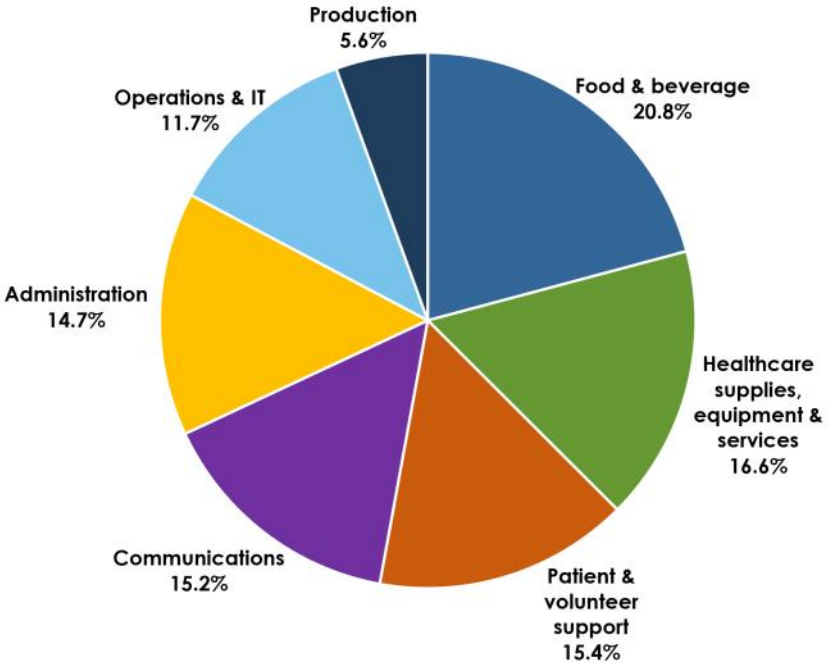


Figure 10. Cash resource allocation.

Many 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 10).

CONCLUSION

Seattle/King County Clinic fulfilled its primary goal of providing healthcare and resource services to people in need, but its purpose also includes offering insight into the experiences of those who struggle to access care, with the hope that these perspectives can help shape future solutions that meet the needs of the community.

This year, alongside predominant barriers such as affordability, both patients and providers expressed deep frustration with a healthcare system that feels disconnected, segmented, and increasingly impersonal. Patients described their experiences with care in other settings as often being shaped by checklists and algorithms rather than the authentic human attention and consideration they receive at the clinic. This has a tangible impact—when patients are heard, understood, and respected, not only are they more inclined to seek care, but their health experiences can be more holistically addressed, making the care they receive more responsive to their needs.

Meaningful change will require reconsidering all of the elements that make healthcare truly accessible and effective. Improving access demands more than expanding insurance coverage or increasing capacity; it calls for restoring the full human experience at the center of care.

LEADERSHIP TEAM

Clinic-Wide

Melissa Bañales Mejia, Interpreter Lead
Jennifer Basiliko, Seattle Center Event Manager
Alanna Beebe, Interpreter Manager
Stephen Burke, IT Lead
Casey Byrne, Engagement & Support Lead
Bryan Cadena, Volunteer Check-In Lead
Michael Chandler, Patient Line Manager
Jaideep Chimni, Volunteer Reassignment Lead
Adel Clifton, Radio Base Lead
JulieAnn Clifton, Production Director
Steven Colson, Breakroom & Snacks Lead
Lizzy Crotty, Clinic Supplies Lead
Emily Dittig, Healthcare Resources Lead
David Efroymson, Escorts & Waiting Areas Lead
Sean Fix, Escorts & Waiting Areas Lead
Jackie Harris, Engagement & Support Lead
Sadie Heim, Entry & Exit Lead
Jerin Howard, Patient Line Manager
Vivian Huang, Patient Registration Manager
Serah Isaac, Records Processing Lead
Lesley Jacobs, Clinic Operations Support
Auston James, Photographer
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, Engagement & Support Director
Ray Kusumi, Volunteer Reassignment Lead
Lydia L., Breakroom & Snacks Lead
Iranie Levasseur, Escorts & Waiting Areas Lead
Meredith Li-Vollmer, Communications Lead
Dan Lydin, General Support & Logistics Deputy Director
Tasha Madsen, Patient Line 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, Clinic Operations Support
Don Nunn, Patient Registration Manager
Katie Plymale, Seattle Center Event Manager
Pete Rush, Communications Lead
Bertha Sanders, Records Processing Manager
Mike Schuh, IT Lead
Shawn Shelton, IT Lead
Theresa Tamura, Volunteer Reassignment Lead
Allison Taylor, Volunteer Check-In Lead
Andrew Trindle, Healthcare Resources Manager
Ezzie Turner, Volunteer Check-In Manager
Pam Voss, Records Processing Support
Cheri Woolley, Engagement & Support Lead
Ken Yu, Clinic Operations Support

Dental

Elizabeth Alpert, Dental Deputy Director
Christopher Anderson, Escorts & Waiting Areas Lead
Sherill Aumiller, Lab Lead
Qalid Awale, Sterilization & Supplies Lead
Shannon Beaty, Escorts & Waiting Areas Lead
Breinn Bertrand, Dental Deputy Director
Kayla Campbell, Entry & Exit Lead
Kaitlin Clancy, Dental Hygiene Lead
Patsy Cosgrove, Dental Hygiene Lead
Susanne Daniell, Entry & Exit Lead
Christopher Delecki, Triage Lead
Mark DiRe, CEREC Lead
Bill Disantis, Lab Lead
Kayli Dragoo, Interpreter Lead
Shahin Etemadi, Endodontics Lead
Angela Fuller, Records Processing Lead
Kerry Gallo, Sterilization & Supplies Lead
Mike Galvin, Dental Floor Operations Lead
Kelly Hafner, Sterilization & Supplies Lead
Juanita Jackson, Checkout Lead
Kavita Kode Malling, Lab Lead
Lesly Lam, Sterilization & Supplies Lead
Shaula Levy, Dental Floor Operations Lead
Ivy Lin, Dental Director
CJ Madsen, Checkout Lead
Bonnie McDonald, X-Ray Operations Lead
Michelle Northfield, Records Processing 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
Julie Pickering, Escorts & Waiting Areas Lead
Marilynn Rothen, Dental Hygiene Lead
Shelly Sisler, X-Ray Operations Lead
Jung Song, Dental Deputy Director
Mike Washington, Escorts & Waiting Areas Manager
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
Liliana Arnold, Health Screening Lead
Rick Arnold, Medical Director
Julie Anne Black, Radiology Manager
Margo Bykonen, Immunizations Lead
Jenifer Castillo, Lab Lead
Jun Castillo, Lab Director
Maureen Chomko, Nutrition Lead
Priya Christensen, Escorts & Waiting Areas Lead
Amy Cummings-Garcia, Behavioral Health Lead
Matthew Currier, Physical Therapy Lead
Amy Curtis, Patient Intake Manager
Christian Curtis, Acupuncture Lead
Andrea Deisher, Infection Prevention Lead
Avery Erdman, Clinic Supplies Lead
Nancy Faith, Pharmacy 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, Patient Intake Lead
Nancy Ishii, Acupuncture Lead
Vivian Jensen, Patient Intake Lead
Andrea Kalus, Dermatology Lead
Courtney Kassow, Escorts & Waiting Areas Lead
Emily Krouse, Sonography Lead
Noushin Maktabi, Pharmacy Lead
Tara Nelson, Medical Floor Manager
Eric Newman, Checkout Lead
Bridget Nichols, Clinic Supplies Lead
Aaron O'Neill, Escorts & Waiting Areas Manager
Carol Recor, Occupational Therapy Lead
Wendy Renneke, Escorts & Waiting Areas Lead
Elijah Russu, Escorts & Waiting Areas Lead
Luis Sanchez Santos, Mammography Lead
Iris Saravia, Interpreter Lead
Jennifer Sarriugarte, Infection Prevention Director
Jackie Siegel, Foot Care Lead
Lauren Smrcina, Women's + TNB Health Lead
Khamph Southisombath, Medical Deputy Director
Rebecca Talbot-Bluechell, Foot Care Lead
Aaron Thompson, X-Ray Lead
Anthony Thomson, Escorts & Waiting Areas Lead
Kit Tobin, Triage Lead
Jodi Warren, Immunizations Lead
Libby Watson, Escorts & Waiting Areas Lead
David Wells, Checkout Lead
Jonathan Wells, Primary Care Lead

Vision

Nicole Askarian, Optical Lead
Michael Brush, Vision Director
Jason Dettori, Vision Deputy Director
Tong Yuan Douville, Interpreter Lead
Danielle Dufault, Entry & Exit Lead
Riley Forbes, Vision Exam Lead
Lynn Girdlestone, Vision Director
Anndrea Grant, Vision Deputy Director
Brandi Hair, Records Processing Lead
Amanda Hayes, Entry & Exit Lead
Mandi Lewis, Checkout Lead
Christine Lindquist, Checkout Lead
Mya Mackowski, Escorts & Waiting Areas Lead
Sathi Maiti, Vision Director
Ginny Mercer, Vision Deputy Director
Carrie Mills, Records Processing Lead
Dan Montgomery, Escorts & Waiting Areas Lead
Ka Hang Ng, Optical Lead
Laura Ogas, Vision Deputy Director
Lauren Okada, Entry & Exit Lead
Joshua Penix, Records Processing Lead
Amy Sabella-Malone, Vision Director
Abby Wagner, Records Processing Lead

Staff

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

"SKCC serves as a reminder that there is still kindness in the world, bringing a large city together with one shared mission: providing free, quality health care to those in need."

- Diana, Volunteer

CASH DONATIONS

$100,000 +

Amazon
Climate Pledge Arena
Kaiser Permanente
Virginia Mason Franciscan Health

$25,000 - $50,000

Cambia Health Foundation
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Gull Industries, Inc.
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American Association of Endodontists Foundation
AMN Healthcare
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Optum Care Washington
T-Mobile
The Trina Putzi Charitable Foundation
UW Medicine - Family Medicine
Washington Academy of Eye Physicians and Surgeons

$1,000 - $5,000

Anonymous (5)
Anonymous
- Tribute to Dr. Ernest Barrett

The Barnard Charitable Fund
Eric Lo
Harrington Charitable Fund
Lori Brown
Nancy Eliason
Patterson Foundation
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Snohomish County Dental Foundation
Theresa Lampkin Tamura
The Thomas White Fund
Waterfront Horizons

$5 - $950

Angelica Huyen Tran
Anita Steele
Anonymous (30)
B Michelle Johnson
Caitlin Feldman
Catherine Cassady
Connie Clark-Redmond and Kirk Redmond
Darlene Germino
David Lazar
Edythe Lurie
Jordan Richardson
Kara Blaisdell
Kellen LaVigne
Kelley Rozo
Ken Yu and Lesley Jacobs
Kenji Tran
Kerry March
Lisa McClarron
Liz Bucklew
Mary Jo Bukovic
Megan Manetas
Panache Lim
Rachel Robinson
Ronald Klein
Sharon Giampietro
Sheetal Nand
Strojan Kennison
William Jennings
- Tribute to James, a kind and gentle man who frequently slept in 29th & Yesler bus shelter

William LaMarche

Not inclusive of employer matching gifts

IN-KIND DONATIONS

141 Eyewear
AMN Healthcare
Arcora Foundation
Auston James Photography
Avero Diagnostics
B&L Biotech USA, Inc.
Brasseler USA
Brushmo
Cherry Optical
Cisco Systems
College Place Optical
Cornish College of the Arts at Seattle University
CORT Party Rental
DCG ONE
Dentsply Sirona
Dunn Lumber Company
Envista Smile Project
Foothills Dental Services
Fred Hutchinson Cancer Center
Friends of Seattle Public Library
GC America, Inc.
GDI Optical LLC
Heidelberg Engineering
Henry Schein, Inc.
Hepatitis Education Project
Jordco, Inc.
Kaiser Permanente
Kiarashanaya Ent, Inc.
KLS Martin LP
Lacrosse Balls Direct
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Morel USA
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OneSight EssilorLuxottica Foundation
Pacific Office Automation
Padholder
Pagliacci Pizza
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PhenoPath
Philips Healthcare
Public Health - Seattle & King County
Quest Diagnostics
Raymond Kusumi
Seattle Center
Seattle Center Foundation
Seattle Fire Department
Seattle Information Technology
Seattle Police Department
Solventum
Sonendo
Steven and Julia Colson
Top Pot Doughnuts
UW School of Dentistry
Vision Technologies, Inc.
WA State Department of Health

Not inclusive of volunteer/staff time

2026 SEATTLE/KING COUNTY CLINIC PARTNERS

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AMN Healthcare

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UNDERWOOD GARTLAND DEVELOPMENT

Virginia Mason Franciscan Health™

VITALOGY FOUNDATION

WHAA washington healthcare access alliance

Washington State Department of HEALTH

SILVER

141

APTA Washington A Chapter of the American Physical Therapy Association

ARCORA Foundation

AUSTON JAMES PHOTOGRAPHY

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Envista SMILE PROJECT

King County Medical Society

KING COUNTY NURSES ASSOCIATION

NASW National Association of Social Workers WASHINGTON CHAPTER

OPTICIANS ASSOCIATION OF WASHINGTON

Optometric Physicians of Washington

Optum

CITY OF SEATTLE FIRE DEPT.

Seattle HOUSING AUTHORITY

Seattle Information Technology

SKCDS Seattle King County Dental Society

Seattle Neighborhoods

Seattle Office of Immigrant & Refugee Affairs

SEATTLE POLICE

Snohomish County DENTAL SOCIETY

T-Mobile

UW Medicine UNIVERSITY of WASHINGTON FAMILY MEDICINE

SCHOOL OF DENTISTRY UNIVERSITY of WASHINGTON

WASHINGTON ACADEMY OF EYE PHYSICIANS & SURGEONS

adha Washington DENTAL HYGIENISTS' ASSOCIATION

WSDA WASHINGTON STATE DENTAL ASSOCIATION

WSMA Washington State Medical Association Physician Driven, Patient Focused

WSNA WASHINGTON STATE NURSES ASSOCIATION

WSSOMS WASHINGTON STATE SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS

BRONZE

American Association of Endodontists Foundation
Avero Diagnostics
Bellevue Dentistry
Cherry Optical
CISC
Cornish College of the Arts at Seattle University
DCG ONE
Foothills Dental Services
Friends of the Seattle Public Library
Heidelberg Engineering
Henry Schein, Inc.
HOPE Animal-Assisted Crisis Response
International Community Health Services
King County Metro
KLS Martin LP
Mary Mahoney Professional Nurses Organization
Mediterranean Inn
Microsoft
Nashi Immigrants Health Board
Neighborcare Health
Northwest Translators & Interpreters Society
Oakview Group Hospitality
Pacific Office Automation
Patterson Dental
Patterson Foundation
Peer Seattle
PhenoPath
SeaMar Community Health Centers
Seattle City Light
Seattle Roots Community Health
Snohomish County Dental Foundation
Urban League of Metropolitan Seattle
Vision Technologies, Inc.
VOSH Northwest
Washington 211
WA Acupuncture & Eastern Medicine Association
WA Emergency Nurses Association
WA Immigrant Solidarity Network
WA State Dental Laboratory Association

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