Giving of themselves: What Virginia B. Andes volunteers do for love

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Volunteer Phyllis Maloney, left, works with Carole Giarrante, a volunteer department head who manages other volunteers.

When Virginia B. Andes passed away on Dec. 29, 2014, at the age of 95, most would consider her greatest legacy to be the Charlotte County health care clinic that bears her name.

But the Virginia B. Andes Volunteer Community Clinic, serving the uninsured and underinsured of Charlotte County, could not go on without the volunteers who make the organization possible. These are everyday men and women with an extraordinary concern for the people in the community.

These volunteers — all 220 of them — donate their time and talent for the wellbeing of others. About 130 fill nonmedical positions. The medical volunteers include physicians who have agreed to treat VBA patients off-site in the offices of their private practices.
These volunteers comprise up to 95 percent of the VBA staff. They are teenagers performing community service and older people fulfilling a desire to help people less fortunate.

“This isn’t ‘I’ll come in for a few hours, file a few papers and leave,’” said Noreen Chervinski, the clinic’s director of operations.

“These people really have to be trained to do a clinic job or pharmacy screening or screening for financial eligibility. They have to really know what they’re doing (on the job), and they have to be committed to being in that seat each week for four hours. (They have) to be depended on, because we are open, just like (any) clinic and pharmacy.”

While volunteers don’t need previous medical training, they must demonstrate extraordinary dedication to helping the clinic manage its massive influx of patients.

According to VBA Executive Director Suzanne Roberts, the clinic has seen 40,000 patients since opening seven years ago. She says the pharmacy has served 24,000 patients and has filled 35,000 prescriptions.

“Without volunteers, we can’t meet our mission,” she said. “It’s a constant recruitment effort to make sure we have the capacity to meet the needs of people who come through those doors.”

And that isn’t easy — especially in finding physicians willing to volunteer.

“There’s a huge patient load,” said volunteer Linda Tierney, who has been a registered nurse for 40 years. “There’s a lot of frustration. For example, when dental patients come in, we only have enough dentists to see one or two patients per month, and there are 45 on the list. They’re going to have to wait years.”

Carole Giarrante, an 11-year clinic veteran who manages the screeners in the pharmacy, said that the pharmacy can be inundated with more than 100 patients within a few hours.
“It gets unbelievably busy and it’s getting worse,” Ms. Giarrante said.

Hard work. Frustration. Not enough resources. Odd hours. Why would anyone want to be a volunteer?

**Getting more than they give**

“I do it because you have to give back, and I want to give back,” said **Rita Gontaruk**, a five-year pharmacy volunteer. “It’s wonderful working here because there’s nothing better than to hear somebody say, ‘Thank you. You saved me.’ So it’s wonderful, but it’s also very frustrating because people get very frustrated when they can’t get their meds or we can’t help them. They get upset. It’s a high and a low — but the highs are the best.”

“I volunteer because this place makes you feel that you’re really contributing to the community,” said **Mike Moses**, an EMT who works as part of the nursing staff. “It’s a very unique kind of clinic in that the people who work here love each other.”

For **Phyllis Crider**, who volunteers on the VBA’s event and development committee, it started when she watched her son-in-law die of cancer because he was out of a job and had no insurance.
“My husband and I went to pick up a prescription for him,” she recalled, fighting back tears. “The lady in front of us was picking up a prescription for her husband, but she didn’t have any money for it. It was something he had to have, so we paid for it.

“I said to my husband, ‘I can’t believe that in the United States we’re in the position where people can’t even afford their own medication.’

“So when my husband passed away, I made up my mind that, now that I have nobody to take care of, I would dedicate my time to the clinic. And I’ll tell you, when you walk through that door and you see the faces of some of the people who walk in there with no hope, and they walk out knowing they’re getting help and their spirits are lifted, you’d want to volunteer, too.”

Ms. Crider has become a “volunteer’s volunteer.” When she discovered that many of the volunteer physicians and nurses were coming directly from their jobs without taking time to eat dinner, she began providing meals to feed them. For her dedication, last year she was recognized by the United Way and given its community spirit award.

For some, volunteering is the work of religious conviction. For others, it’s a moral imperative, a social obligation or simply the right thing to do. For many others, a common theme in giving is that it simply feels good to give back.

“I get more than I give,” Ms. Tierney said. “I feel good having a talent that I can use. The patients are so grateful and it’s very humbling.”

“I enjoy it,” Ms. Giarrante said. “I love doing this kind of work. It’s very gratifying to help people. Most of the people who come here are extremely happy that we can help them, and they’re always telling us how much they appreciate it. It makes it well worth it.”
“It’s a wonderful opportunity for us to help people,” Ms. Chervinski agreed. “I’ve had volunteers say they need us as much as we need them. That’s pretty powerful.”

And then there are the stories about the patients themselves.

**Saving lives**

“You’re helping people, and some of these people have the saddest stories and they’re so real, most of them,” Ms. Gontaruk said. “And those are the people you want to help.”

She sometimes thought of quitting, she confessed — not because of the work, but because of the stress of understanding the sad lives of some of the patients.

Many are homeless, living in tents or under bridges.

“My eyes have been so opened,” Ms. Gontaruk said. “I worked in a school system in Ohio. I’ve seen a lot of things, but not like this. I have never seen so many young people who have no homes — nowhere to turn. The thing that bothers me the most is when young people come in whose parents live here while they live in a tent. They have no help from mom and dad. I don’t know how you can let your kids live in the woods.

“One girl said that her mother lets her come home once a week to do her wash, but she lives in a tent. She was so bitten up by mosquitos she needed to get meds for that. It was that bad. I don’t understand that.”

Ms. Chervinski talks about a lady who lost her insurance and had no resources to afford her $300-a-month inhaler for her medical condition. She had no idea what she was going to do. A friend suggested she visit VBA.

“She came in and met with our pharmacy people, and she said the attitude and the sunshine and the willingness to help her that they displayed made her lift her whole outlook. Not only were we able to
give her medication, we were able to put her into a program so she could continue to get her medication at no charge.”

“Later, the woman confided that she had been contemplating suicide because she felt no one cared about her and she had no options left.

“‘The clinic gave me an option,’” she said.

Some stories are more dramatic than others, but each is touching. There are innumerable stories of need and how the Virginia B. Andes Volunteer Community Clinic helped. And the help would not be possible without its volunteers.

“Many of our volunteers also contribute financially to the support of the clinic,” Ms. Chervinski noted. “Not only do they believe in giving their time, they believe in the work that we’re accomplishing. It’s a wonderful place to be.”

Dennis Bengtson and his wife, Jane, are two of the few part-time residents who volunteer at the clinic.

“I want to make it clear that, in my opinion, the real heroes of the clinic are the medical volunteers on the front lines,” Mr. Bengtson said. “The doctors and the nurses.”

Dr. David Klein, a Port Charlotte ophthalmologist who co-founded the clinic along with infectious disease specialist Dr. Mark Asperilla, would beg to differ.

“I always make a joke out of it,” Dr. Klein said. “If it weren’t for the volunteers, (Dr.) Asperilla and I would be seeing these patients in the back of our SUVs. It’s the community that makes everything go — the nonmedical people.”

“The volunteers are the backbone,” Dr. Asperilla agreed. “Without them, the clinic wouldn’t survive.”