Youth Clinic S.H.A.R.E.

By Tanya Padgaonkar

Shannon Leslie and I started the S.H.A.R.E. (Searching How to Achieve Respect and Empowerment) coordinator position at Youth Clinic this semester as a way to advocate for the homeless youth population. Youth SHARE is modeled off General Clinic's SHARE and both services are designed to hold constructive conversations which can lead to advocacy projects through which the homeless population voice can be heard. The main difference between the two positions is the client base we serve. Through our discussions, we have also noticed that the youth are particular about having a tangible project associated with each topic. So far, we have discussed mental health, foot hygiene, music, and spirituality. All of these conversations have spurred ideas for group projects ranging from creating community gardens to stay mentally healthy and connected to bringing in natural ingredients to treat foot problems.

Another aspect of our position is early outreach. Early Outreach entails informing potential clients around Telegraph Avenue and People’s Park about the youth SHARE. This tends to form a relationship that we can use in the future to reach out to the other two clinics to create inter-clinic partnerships.

In the future we hope to continue involving other aspects of clinic within our discussions and also reach out to the other two clinics to create inter-clinic advocacy projects.

Suitcase: independent, 501(c)3? WHAT DOES IT ALL MEAN?

By Esther Chung, Jenna Hang, & Jamie Turley

For about 4 years now, there has been talk about Suitcase Clinic & 501(c)3 status. The term has been thrown out during PC, Executive Committee, divisional meetings, and in those conversations we all have about Suitcase Clinic outside of Suitcase Clinic. There are two options in which we can obtain a 501(c)3 status, 1) either independently as our own non-profit organization or 2) through a fiscal sponsor. But what does it really mean? What is a fiscal sponsor? Why is it necessary? What do we even have to do? These are some questions that we hope to answer here.

Firstly, 501(c)3 is the term used to designate the section of the U.S. Internal Revenue Code that allows for tax exemptions for certain nonprofit organizations. 501(c)3 organizations are required to operate for specific purposes such as religious, scientific, or charitable intentions and no activities or earnings can unfairly benefit a director, officer, or member of the organization, hence not-for-profit.. A fiscal sponsor is a larger non-profit organization that has its own 501(c)3 and can lend this status to smaller groups that wish to use it. For example, Habitat for Humanity is a large non-profit with its own 501(c)3 status and the Cal Habitat for Humanity is a smaller group that uses this status.

Regardless of which path we choose, obtaining a solid 501(c)3 status is important if we are to move forward as an organization. We would be able to apply for more grants and possibly obtain more sponsorships for fundraising. In addition, the 501(c)3 status would provide us with a buffer in terms of insurance claims against us. People have to go through more obstacles if they plan to sue a 501(c)3 organization compared to suing a corporation. Finally, having a 501(c)3 status would give us more legitimacy and demonstrate to donors, other organizations, and the community that the work we do is beneficial and needed.

Now, some of you may be wondering how ASUC and relations with the campus would work. We cur-
Meet the Internal Gears of Suitcase!

Internal Development Committee (IDC) is here for caseworkers! Our mission is to make the large organization of Suitcase more cohesive, and improve connections and communication throughout. If you have any ideas, questions, or comments, let us know!

Come to our socials and get to know your fellow Suitcasers! Take advantage of Suitcase Study Hall in 215 Dwinelle every Sunday between 10AM and 8PM if you need a quiet space to work on campus. Pick up a CaseCard (wallet-sized), so you can have a list of useful resources to refer to at your fingertips. They’ll be printed soon, so look out for them!

Check out the new Caseworkers section of our website (www.suitcaseclinic.org/caseworkers). Find active member requirements and lists of past active caseworkers on the page. If you can’t remember all of the wonderful Suitcase events, don’t worry because the master calendar is available here!

Email us. We love emails. internaldevelopment@suitcaseclinic.org.

The Suitcase Clinic: Did you know...?

BY STEPHANIE FALWELL

If you participated in the Suitcase Clinic class, then lodged somewhere between the simple caseworking model and the difference between sympathy and empathy, there lies a brief history of the Suitcase Clinic. Although you may know that the Suitcase Clinic was established in 1989 by a group of first year students from the University of California, Berkeley-University of California, San Francisco Joint Medical Program, the following Suitcase trivia may have you stumped. See if you can answer any of these questions without looking!

Q: What department first sponsored the Suitcase Clinic class?
A: Undergraduate volunteers established the Suitcase Clinic under the Department of Anthropology. It is now run through the Health and Medical Sciences division of the School of Public Health.

Q: When was Executive Committee established?
A: Executive Committee was established in 1999. It was thought that this structure would help students learn more about nonprofit management, allow for addition of a third clinic (Youth Clinic), and ultimately prepare the Suitcase Clinic to make the transition to a nonprofit organization. The Executive Committee eventually dissolved, but was reincarnated in May 2012. The current version of Executive Committee was created in order to make the internal structure of Suitcase more conducive to operation as a nonprofit organization.

Q: Which clinic was the first clinic to provide needle exchange program?
A: Youth Clinic pioneered the needle exchange program, which now operates at both Youth Clinic and General Clinic. The needle exchange program was created by Youth Clinic volunteers who ventured beyond the clinic space in order to complete a needs assessment about the need for clean needles specifically in the youth population. Needle exchange continues to be one of Youth Clinic’s most popular services.

Q: Why is General Clinic held on Tuesday nights?
A: General Clinic, which started out as just the General Clinic and General Clinic. The needle exchange program was created by YC volunteers who ventured beyond the clinic space in order to complete a needs assessment about the need for clean needles specifically in the youth population. Needle exchange continues to be one of Youth Clinic’s most popular services.

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From page 1: 501(c)3

rently use the ASUC’s 501(c)3 status and tax ID and though it may seem as though we are fiscally sponsored by the ASUC, we are not. Due to the fact that our clinics are held off-campus with no faculty present every night, the work Suitcase Clinic does is risky and the ASUC is reluctant to admit and fully act as an expected fiscal sponsor should.

We would like to briefly lay out some pros and cons of each side and if any of you are interested in learning more, we encourage you all to contact us!

Independent 501(c)3 Pros

Suitcase Clinic would have autonomy to work in the ways we feel is the right way and would not be “dropped” compared to a fiscal sponsor.

Independent 501(c)3 Cons

As an independent non-profit with our own 501(c)3 status, we would have to file taxes, report to the federal government, and complete other financial duties. Currently, we do not have a such a position in Suitcase Clinic. These are also responsibilities that require a consistent person or persons and undergraduate students transition out quickly.

A 501(c)3 organization needs a Board of Directors. It is not clear yet who would compose of the Board. Would it be PC, Executive Committee, or the Advisory Board? It would most likely be a combination, but who decides?

Where do we place the money we get? Currently, the ASUC conducts our reimbursements, but as an independent non-profit, we would need to define this role.

Fiscal Sponsor Pros

A fiscal sponsor would be able to provide us with administrative and financial support. They would complete all of the financial responsibilities and manage our money.

These administrative and financial duties would be completed by a consistent source that would not be students. This would allow students to focus more on Suitcase Clinic activities rather than the logistics.

Fiscal Sponsor Cons

Fiscal sponsors usually take a % of our “profits”. Oftentimes, this fee ranges from 5-10%. Our profits would be any grants or fundraising we would obtain.

A fiscal sponsor could drop us from their sponsorship if they wished. More clearly, the fiscal sponsor holds most of the power. If there is something Suitcase Clinic does that a fiscal sponsor does not agree with, they can restrict us from doing so.
Evolution of the Suitcase Class

By Stacy Kim

The Suitcase Clinic Class has always been dynamic, evolving over many semesters with new leaders and a fresh batch of incoming students each Fall, Spring, and Summer. In the course of the past couple of years, the structure of the class has varied, especially with the stabilization of a favorable focus group format (formerly known as small groups), the addition of new topics like Homelessness in the Media, and the phasing out of things that just weren’t working. This spring, the class is piloting a smaller discussion forum, in which 10 students, 4 Undergraduate Student Instructors, and 1 facilitating Class Director come together to delve deeper into the topics touched on in the course.

Class has been striving to promote more student participation and investment. In particular, we wanted to address the formerly limited space for students to absorb and reflect material after its initial presentation. The thought behind these sections was to give students a more intimate space dedicated to them, where each student brings his or her own insight, experience, questions, and ideas to the table. For those of us who have experienced in the good old reading groups, think that, but longer, deeper, ideally with no pulling teeth necessary!

So far, the class has conducted three such sections with great success, at least in this writer’s humble opinion. Topics covered include a reflection on homelessness, empathy and outrospection, and mental health. Some upcoming topics include healthcare, and promising solutions for homelessness.

Discussion usually begins with a video, reading, or quotes presented in class or for homework. Facilitators and USIs jumpstart conversation with questions, but so far, students have all taken the lead to enrich and move the dialogue forward. Even participation in all sections is vastly improved in comparison to larger in-class settings or even some 6-student reading group settings in the past. Overall, all twenty instructors agree that every student offers invaluable input, understanding, and critical thinking, and frankly, learn much more from students than what we can deliver to them.

Some challenges include setting aside ample time for this forum. A good discussion requires a relaxed and open environment, with plenty of minutes for students to think and speak. Finding a good 30 or 40 minutes for discussion amongst other important topics that are better suited for lecture style (like ALGEE, de-escalation, or the basics of caseworking) is definitely difficult. This semester we may only have five or six discussions over the entire 12-week course. However, these spaces have proven fruitful thus far, and my guess is that future semesters might have room for more.

Our long-term goal is to cultivate this space for future semesters, shifting more and more responsibility and investment towards the student side, so they gain as much as possible from the Suitcase Class. We hope that these discussion forums perpetually improve, becoming increasingly organic, engaging, and thought provoking for all those participating. And for all you officers and caseworkers out there, if you’d even like to join in on a discussion, shoot an email to class@suitcaseclinic.org. We would love to have your experience and perspectives added into the mix.

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The Caseworker

Poverty and Homelessness Symposium:

By Tom McClure, Mahya Jaberiansari, Samantha Greaney

This fifth Annual Poverty and Homelessness Symposium, taking place on April 14th, 2013, is taking place at an exciting time for those advocating against the poverty margin in the United States and around the world today. For those of us who are already involved in the planning, we cannot express our excitement in sharing all of the ideas and collaborations we’ve arranged for this year’s symposium.

The theme this year is, “Why Me, Why Them: Rights to Live” and our hope is that it will put into question the individuality of human living conditions and the high degree of chance and luck that is involved in each of our lives. We live in a world where the place you’re born, as well as the family and body you’re born into play an immense role in the outcome of your life and this symposium is designed to get people thinking about the arbitrary-ness of those conditions. Why me, why them.

The Homeless Person’s Bill of Rights and Fairness Act (or California Assembly Bill 5) that has been recently drafted is being heard on April 23rd. Our symposium is going to take place about a week before this and the timing could not be more perfect. We will be holding a letter-writing action event at the symposium which will have attendees writing letters to the state legislature urging them to hear our plea for justice. Please come out and write—our voice will only grow stronger for it.

We have arranged for a number of wonderful workshops—this year there are going to be fewer workshops so that each one is attended by a larger number of students. The workshops range from community based organizations to on campus student groups and each will present a different perspective on poverty, homelessness, and the structural and individual circumstances that can lead to either. Each one takes a different strategy in presenting it’s issue on poverty and we promise that you will be engaged for the entire 45 minutes. I won’t give away the groups here—come to the event and find out for yourself!

In addition to the workshops, we will be having two keynote speakers, one from an organization called WRAP (Western Regional Advocacy Project) and another (Marlene Hurd) who sits on the board at BOSS and is the acting vice chair of Oakland Housing Authority. We are confident that these two speakers will bring both insight and passion to their speeches and our hope is that they will compliment each other well and provide perfect bookends to the events that are in between! In addition to the workshops and keynote speakers, there will be a panel of both homeless persons and actively engaged students to answer questions about what has led them to this place in their lives— an attempt to provide students not involved in issues of poverty with some perspective on both sides of the equation.

We will be serving lunch at the event, hopefully to be catered by an on-campus organization called FeelGood which provides gourmet grilled cheese sandwiches and donates all of the proceeds to Choice Humanitarian (an organization dedicated to ending world hunger). For those of you who are not interested in gourmet sandwiches, there will be other options offered from a plethora of local restaurants who have kindly donated to our event.

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Footwashing- A Widely Misunderstood Service

BY FAIZAH BARLAS

I remember the first time I ever foot-washed, it was at General Clinic, and I literally had to be forced into it because the footwashing coordinators were in desperate need of volunteers. I reluctantly shadowed one of the footwashing coordinators, intimidated by the confidence and professionalism they displayed while washing the clients’ feet. These coordinators did not even flinch at the sight of brutally worn out feet, feet that made me take a step back and want to run. Finally, I mustered up enough courage to wash one of the clients’ feet. I explained that it was my first time, as I fumbled over which nail cutter or scrub to use, the client consistently reassured me to do my best and it would be good enough for him.

Although in the beginning I was very focused on getting the strategy down, the clients drew me into conversations. This was the point where the definition and purpose of footwashing changed for me. Before footwashing, I had viewed it as suitcasers washing clients’ feet, a very direct service. The suitcaser was going outside of their comfort zone to clean some one else’s feet, and viewed it as commendable on the suitcasers part. This conception of idealized sacrifice disintegrated once I began footwashing. Footwashing, just like suitcase itself, is not a one way service, both the clients and volunteers take something away from this service. As a volunteer, clients open up about more personal problems and experiences, more quickly and honestly while footwashing than sitting at a table with a caseworker. The act of footwashing is simply a means that is available to understand and connect with the client on a deeper level. It is easier to confide your feelings and personal experiences to the client as well in that setting. For clients, it is their version of a relaxing, spa type of service. They come to unwind and in a sense, be spoiled. It is the one time during their day, that the people that walk past them as if they are invisible are underneath them, washing their feet. It gives them a sense of empowerment, a sense that they aren’t invisible and people still do care. They can obviously obtain this feeling from other services, but footwashing is so much more personal and that can be observed by the rate of how quickly clients are willing to open up to you compared to clients who are simply sitting and eating next to you at a table.

No matter how often suitcasers say that we do not stereotype against the homeless because we work with them, it is often easier said than done. Footwashing helps decimate that wall that separates the client and the caseworker because it is such a personal service. Every time I engage in this service, I find myself reevaluating my ego, my perspective, what I stand for, and what I view suitcase’s mission and purpose.

From page 3: Symposium

Perhaps most excitingly, we have been working with the Cal Service Network to have a “Challenging Poverty Week” that will take place before the symposium. Each day of the week leading up to Sunday, there will be a different event on campus or in Berkeley from a different community organization/student group—All of which culminates in the final event of the week, the symposium.

The symposium is a time-honored Suitcase tradition and we are pleased that this year marks the fifth one of its kind. The event is typically organized by the SHARE coordinators, in collaboration with Cal Habitat for Humanity. This year, however, we are also joined by several of the Cal Corps Bonner Leaders—they have been an incredible asset and have used their off campus connections to open the symposium up to avenues it hasn’t seen before. The purpose of the symposium is to provide students and community members with a unique and invaluable perspective—in a place where homelessness and poverty is largely overlooked by the general population, we want them to throw their everyday assumptions about poverty into question and force them to take a second look. Hopefully, through attending this symposium, we provide our peers with the opportunity to approach a dialogue that they maybe haven’t had before or, if they are engaged, to dive deeper into the conversation.

The Fifth Annual Poverty and Homelessness Symposium takes place Sunday afternoon April 14th, from 11-4 and those of us who have been working tirelessly over the past three months to set this up are incredibly excited to share our work with you and we hope that you come out to attend! We promise it will be worth your afternoon!

From page 2: History

Suitcase Clinic, has been held on Tuesdays since its conception on September 24, 1990. Tuesday nights were chosen because General Clinic was initially run in conjunction with the Berkeley Food and Housing Project’s evening drop-in center at the First Presbyterian Church of Berkeley.

Q: Was Women’s Clinic an immediate success?
A: No. Women’s Clinic first opened its doors in 1997 in order to address the relative lack of women who went to General Clinic to receive services. In an effort to address the safety concerns that deterred many potential clients, Women’s Clinic opened on Monday afternoons at the Berkeley Free Clinic drop-in center. Following a semester-long trial run, volunteers felt that the new clinic was not serving as the safe space they had intended to create. Following a six-month re-evaluation period, Women’s Clinic was re-opened in the spring of 1998 at the Dwight Way Women’s Shelter.
Excited and blissfully naive to the politics of funding a non-profit, Brenna Alexander and I began as the first grant writing coordinators in Suitcase history in the Fall 2012. We looked at our budget, saw that a great expense was our medical services, and then spoke with JMP students to see where a large portion of our funds went every month. Brenna and I discovered that a major medical expense was inhalers.

Working from the Suitcase’s success with Berkeley’s Big Ideas Grant last year with the project, “A Healthy Smile,” Brenna and I wanted to create a project that, upon the most fundamental level, would fund our inhalers. However, after brainstorming with the medical students, Brenna and I realized that many of our clients’ respiratory symptoms, primarily asthma and COPD (chronic obstructive pulmonary disease), were associated with cigarette consumption. We imagined Project Lungs for Life in October 2012 as a multi-faceted program that would offer more sophisticated respiratory screening equipment, greater funds for inhalers, and an optional, weekly smoking cessation support group led by undergraduate students.

Project Lungs for Life has three main components – screening, treatment, and a student-run smoking cessation support group. The first Tuesday of every month at General Clinic will be advertised as asthma/COPD screening day, in which the Suitcase’s Operations Committee will distribute questionnaires by the COPD Alliance and Asthma Control Test, while JMP students will use peak flow meters to measure the lung capacity of clients. Treatment for asthma will include prescription fast and short acting inhalers, as well as bronchodilators and inhaled steroids for COPD symptoms. These items are currently prescribed at General Clinic, however, the grant will allow for a greater supply. Finally, the student-run support group will train three undergraduate respiratory health coordinators (RHCs) under the Alameda County Provider Network for Tobacco Dependence Treatment and Cessation, to lead optional, one-hour, weekly smoking cessation circles at General Clinic. RHCs will not pressure clients to quit but will draw upon clients’ motives to attend, disseminate basic health information and community resources, and encourage them to explore reduction techniques.

While Brenna and I await the fate of our project in the 2013 Berkeley Big Ideas Contest, we believe Lungs for Life marks a new phase for the Suitcase Clinic founded upon collaboration and sustainability. Lungs for Life will not only provide inhalers to treat acute symptoms associated with smoking and offer psychosocial support with dynamic cessation groups, but will also build stronger connections with professionals in our community. With the financial kick-start granted by Berkeley Big Ideas, the Suitcase Clinic can foster partnerships within the city of Berkeley and continue to provide exceptional, holistic resources and care to the underserved.