When Rich Kovar was about to graduate from medical school, the dean called him in with a question.

"Rich, you're such a good student, and smart," the dean said, "why do you want to be a family doctor?"

Family doctors are generally not the stars of the medical universe. I only know about Kovar because he has been named the 2012 Physician of the Year by one of the country's largest medical organizations, the American Academy of Family Physicians.

When I showed up at his small office in Capitol Hill, Kovar said he was humbled and embarrassed by the attention, but determined to use it as a platform to champion the role of family physicians and community clinics in health care.

The dean's question says a lot about health care in the United States. Sometimes the focus of health care is on diseases, or money, or prestige, but there are some, Kovar, among them, who believe it works best when it is about people.

He graduated from George Washington University Medical School in 1980, stuck to his plan, became a family doctor. He worked on five continents in the midst of war and famine, and now is part of the medical safety net as a physician and medical director of the Country Doctor Community Health Centers, which operates two clinics, Country Doctor and Carolyn Downs Family Medical Center.

In his other professional role, as a clinical professor of family medicine at the University of Washington, he urges his students to follow their hearts.

I suspect some of their hearts may lead them to specialties. That's great, but they shouldn't make that choice because they've been pushed away from general practice by concerns about income or status.

Kovar said he doesn't feel deprived because he doesn't earn a specialist's fees. He said his salary puts him around the 95th percentile of earnings for Americans. He could go for 98th, but why? "If I won the
lottery, there is nothing more I would do."

He doesn't feel stressed out by long hours. "I eat dinner at home," he said. He has time for his wife and two children, who are in high school now, and time for sports and other activities.

And he's definitely not bored by the routine. He enjoys getting to know patients over time, and dealing with the full spectrum of their health care.

More importantly for the discussion the country is having about health care, he believes community clinics are the solution to many of our problems, that they are cost-effective, efficient, humane and holistic care providers.

His clinics have not had a low birth weight delivery in two years, which means mothers are getting good prenatal care. It also means saving money that would be spent on expensive hospital procedures if something went wrong in a birth.

Community health centers can't turn anyone away because of money, and as of this year 67 percent of the Country Doctor centers' patients lack health insurance. It was about 54 percent last year.

Kovar said he's seeing more and more middle-class people who've lost health coverage and now turn to clinics for care, but as the need grows, budgets erode.

Clients pay what they can, which is just over half the clinic's budget. The governor pulled state funding, he said. King County hasn't increased its contribution (less than 1 percent of the clinics' $11 million budget) in seven years and federal money is iffy. If clinics don't survive, he asks, where are people who can't afford for-profit care providers going to go?

Kovar's passion about health care for everyone is rooted in the discussions around the dinner table when he was growing up in New Jersey.

His father was a hardworking dentist. His Uncle Sidney, a pediatrician, continued working in his community even as it became poorer. His Uncle Lou was also a doctor. "There was never a family dinner that he didn't take a call and go help someone."

Some form of health care is nearly genetic in his family. His brother is a doctor and his sister a veterinarian.

Kovar got his undergraduate degree in American Indian studies, but one of his courses turned him toward medicine and social-justice issues. It was a health class in which he learned about the terrible consequences faced by Native Americans who lacked health care.

Since becoming a doctor he has practiced on reservations, in refugee camps on the Thai-Cambodian border, in Sudan, Ethiopia, Iraq and several other countries.

While trying to save people during a famine in Ethiopia he met an Irish nurse, who he later married. Having children keeps him close to home now, but just as committed to helping people who have few resources.

"I get to be a community doctor in the community I live in," because, he said, "I did what my heart told me to do."

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