

Virginia's war on the impoverished

A plea for a ceasefire

By Cullen Truett

Truett is a resident of Christiansburg and a second-year osteopathic medical student at the Edward Via College of Osteopathic Medicine.

As of Jan. 1 of 2014, the Commonwealth Institute's health care report stated that 195,000 Virginians fell inescapably into the health care coverage gap created by Virginia's refusal to expand Medicaid under the Patient Protection and Affordable Care Act.

This bold and overtly partisan thumb on the nose to federal health care reform now costs the state \$370,000 in budget savings per day, and leaves those Virginians whose annual income shakily rests between \$8,500 and \$23,500 without the capacity to afford health insurance.

Based on current standards, these individuals are too wealthy to qualify for Medicaid but too poor to qualify for the tax breaks offered in the Federal Healthcare exchange.

These problems are palpable in our home here in Southwest Virginia, where according to recent Virginia Department of Health reports more than 20 counties are considered medically underserved, and based on county health rankings have some of the worst health outcomes in

the state.

Medical students, are reminded daily of the need for primary care physicians in underserved areas of our state. We are taught the benefits of preventative medicine and how continuity of care contributes to better health outcomes. It is only logical that a healthier population is safer, more productive and more able to contribute to the economy at large.

However, our state legislature has demonstrated their allegiance to partisan politics over the health and welfare of the commonwealth. As a result, chronic diseases are more prevalent here in Appalachia than in any other part of the United States.

For example, disparities in cancer screening between Appalachian and controlled non-Appalachian populations result in significantly higher cancer incidence and mortality here in Appalachia. In addition, five-year survival rates for cancer patients in Appalachian populations are significantly lower than their non-Appalachian equivalents.

The General Assembly's rejection of Medicaid expansion was yet another shot in the war on the impoverished. It is a war of attrition that is based on blind ideology and failure to understand the basis of health care in our state's success. The cyclical nature of

poverty means that sicker populations inundate our health care facilities. With more costly and progressive chronic diseases, the increasing prevalence of poor health outcomes further prevents individuals from working, further straining our welfare system.

I cannot say where we gained the notion that our individual success came without any outside assistance. As a society, we bristle at the notion of obligation to our fellow citizens. However, this notion is the exact reason I entered medicine

My grandfather was a child of the Depression and a lifelong resident of Southwest Virginia. At age of 13, he left school in order to support his family of four siblings in the wake of their father's early death.

Living in the poorest part of town, my grandfather always attributed his family's survival to the help provided by a generous and humble community. He never forgot that, and from my earliest memories instilled in me the necessity to give back to the community around me, for it had enabled me to get where I am today.

It is in his memory and honor that I pursue medicine and why I make this plea today. Please stop the war on the impoverished. Help break the cycle: Encourage

your legislators to reconsider Medicaid expansion. Being poor is not a sin, and is not merely a result of insufficient work or effort. There are many factors that perpetuate the cycle of poverty, health care being the most significant.

My favorite Virginian once penned that all men are entitled to "Life, liberty, and the pursuit of happiness," of which I believe good health is the cornerstone. As a nation that was founded on the basis of being a haven for the oppressed and the downtrodden, I feel we are turning our backs on this very principle.

As a future physician, I am on the front lines of this battle and fear for the challenges that lie ahead should we continue to deny health care to those who need it most. Medicine cannot be viewed as separate from the societal challenges of our time. The clinic is a place of healing and refuge, a place where all should feel equal and entitled to the best care.

Particularly in Southwest Virginia, where health inequity is increasingly worrisome, we need to push for further support of an overwhelmed health care infrastructure.

If we remain silent, we cheat ourselves out of the basic care that all citizens so desperately need and deserve.



EARL NEIKIRK | Bristol Herald Courier

This is how a lot of people in Southwest Virginia get their health care, at the annual Remote Area Medical Clinic, where doctors see patients at the Wise County Fairgrounds. The three-day clinic this year attracted more than 3,000 patients.