

**Testimony to United States Senate Committee on Health, Education, Labor,  
and Pensions Subcommittee on Primary Health and Aging**

**“Is Poverty a Death Sentence?”**

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Senator Sanders, Senator Paul, members of the Committee,

I am very grateful to Senator Sanders for his sensitivity to the grave health threats that a large portion of the American population currently suffers because of poverty. He does a wonderful service to these people by giving them a voice to our leaders, so that you can better understand the perilous health care situation so many Americans find themselves in because of their poverty. I dedicate this testimony to all those Americans for whom poverty is, has been, or will be a death sentence. And also to those Americans for whom illness is a poverty sentence.

According to the Institute of Medicine, 45,000 Americans die every year because of lack of health insurance, a stark figure. Surgeon General Julius Richmond, however, reminds us that, “Statistics are people with the tears wiped dry.” Today I will tell you about some of those people whom I know or have known, all of whom failed or are failing to get necessary life-saving health care because of financial constraints -- most impoverished; others not yet impoverished, but who died waiting for approval by a health insurance company of an expensive life-saving procedure that never came or came too late. The first cases I describe are Kentuckians.

**Kentucky**

**David Velten**, Louisville. 32 years old. School bus driver. Wife, two young sons. Chronic liver failure. I met David in June 2006. He was initially denied a liver transplant by his insurance company, but due to public pressure, the company relented and allowed it. But it was too late. He died in 2007 several months after the transplant.

**Cheryl Brawner**, Louisville. 50 years old, Legal secretary, avid bicyclist, friend. Acute leukemia. Advised at Fred Hutchinson Hospital in Seattle to have a bone marrow transplant. Was in remission awaiting approval from the insurance company for the transplant. She waited and waited and waited. Cheryl relapsed and died of her leukemia, while waiting for approval.

**Clay Morgan**, Henry County. Automobile mechanic, owned his own business. Malignant melanoma. Received treatment, improved, thought to be cured, but now was bankrupted. His cancer returned. Depressed and unwilling to bring more medical debt on his family, Clay went into the back yard and took his own life.

**Velinda Anderson, “Help Needed for Medicine”** (see attached picture) Oak Street, Louisville, March, 2011. She was employed. Velinda had had endarterectomy (removal of artery blockage) in her legs, but could not afford the expensive medicine, Plavix, prescribed to keep her arteries open. She had left her usual neighborhood to beg, so that she would not be seen begging by friends. She had not told her daughter that she was doing it.



**Velinda Anderson, "Help Needed for Medicine", Oak Street, Louisville, Kentucky, March, 2011.**

## Grundy County, Tennessee

Grundy County is the poorest county in Tennessee, 95<sup>th</sup> out of 95. The median household income is \$25,619. Sixty-six per cent of school children qualify for free lunch. Nineteen per cent of the population is illiterate. Correspondingly, it has the lowest county rank in overall health. The ratio of population to primary care provider is 7,122 to 1, compared to the national ratio of 631 to 1.

Beersheba Springs is on the Cumberland Plateau in Grundy County - Appalachia. We have a vacation home there. In the early winter of 2008, Josephine, an 87 year-old friend, stopped by. She was holding her red, swollen face and was bent over in pain. She had an acute sinusitis that required quick, aggressive treatment. I urged her to get to a doctor immediately. She bounced around several places, but eventually got treated. However, her bill was over \$2000, money she didn't have, and she did not have Medicare. I decided to establish a free medical clinic for my mountain friends in Beersheba Springs. The Beersheba Springs Medical Clinic, an all-volunteer, not-for-profit clinic opened In November of 2010 ([www.beershebaclinic.org](http://www.beershebaclinic.org)).

**Charlotte Dykes.** 64 years old, works odd jobs when able; husband is a carpenter. Peripheral vascular disease. Past history of obstructed mesenteric artery (main artery to intestines) with stent placement in Chattanooga. This spring we diagnosed severe blockage of her right subclavian artery and a 70% carotid artery blockage. Surgeon refuses to operate unless she pays up front, because she still has not paid her bill from her previous surgery. Charlotte is a walking time bomb. She will be 65 in December, when she will be eligible for Medicare, if she lives that long. In giving permission for me to tell her story, Charlotte said to me, "You speak out for me."

**Charlene.** 54 years old. We saw her in May. She had not seen a doctor in over 20 years. We diagnosed an acute myocardial infarction (heart attack). She was air-lifted to Nashville, treated and discharged, but did not fill her discharge prescriptions (including Plavix – see Velinda Anderson) and did not go to cardiac rehab as directed, because she could not afford either. She is doing very poorly and has a recent dementia, probably due to small strokes.

**Doris.** 58 years old. She and her husband operated a small local restaurant before her illness forced them to close the restaurant. Estimated annual income: \$12,948. Came to our clinic because of a lump in her breast. She had heard we offered mammograms. We diagnosed breast cancer. Because she had breast cancer, she was able to get TennCare to pay for her mastectomy and treatment, but the coverage is only for the cancer treatment.

**Billy Campbell.** 54 years old. Work: Tree farming and carpentry. Estimated income in 2009: \$12,000; 2010: \$17,000. No health insurance. Colon cancer, Stage 3. Oncologist recommends PET scan. Hospital refuses to allow it because he cannot pay the \$1500 fee. TennCare denied. Disability denied three times. Barbecue benefit to raise money for Billy's PET scan was last Friday night, Sept. 10, 2011.

**Paula.** 32 years old. Cervical cancer surgery two years ago. No follow-up, because of no insurance and no money. We arranged for specialist care at no charge.

**Bob.** Double hernias. Surgeon agreed to fix for \$500, but hospital charge will be \$8,000. He can't afford it. His hernias will not be fixed.

**Woman with broken arm.** 64 years old. No insurance. I saw this woman about three weeks ago. She had a crooked left forearm and limped. She had fallen in March, breaking her left arm and her left leg. She went to a hospital emergency room where she was seen by an orthopedic surgeon, who recommended surgery to properly fix her arm. The surgeon agreed to do it in spite of the lack of insurance, but the hospital refused to allow use of the operating room since she couldn't pay.

**Woman with blood sugar >500mg%,** The normal value is around 100 mg%. Her's was a life-threatening level of hyperglycemia. We sent her to a hospital emergency room. She knew she had diabetes. She owned a glucometer, but could not afford the strips to test her blood sugar!

Thank you for this opportunity to speak for those without a voice, who have died or will die as a result of our country's unwillingness to acknowledge that health care is a human right and to provide affordable, high quality health care to every resident.

*Confidentiality Note. All patients with first and last names have given me permission to tell their story. Charlene, Doris, Paula, and Bob are fictitious names. All Grundy County patients, except for Billy Campbell, were seen in the Beersheba Springs Medical Clinic.*