STORIES
From The Health Justice Rally

We are throwing a fit because of real people who are negatively affected by our lack of affordable healthcare.
**Story #1**

Amber Sherman, a 26-year-old Black woman, wrote TJC about the racial discrimination that she’s experienced as a person of color. She has health insurance, through Cigna.

She (and others in her community) have been racially discriminated against while receiving healthcare. Amber shared that, “As a Black woman, I haven’t felt listened to by doctors. As a fat Black woman, doctors see my weight and assume that’s why I have health problems, which leads them to fail to analyze me as a whole person.”

Amber has noticed that there is a lack of Black doctors, especially Black female doctors. She has experienced doctors who made her uncomfortable, failed to listen to her, and upset her with their lack of bedside manner. She wants her politicians to know that Black people, especially women, aren’t being listened to by doctors which has created a sense of angst and fear around going to the medical appointments.

**Story #2**

A 35-year-old woman shared the following with TJC:

“There are countless well-intentioned programs, policies, and organizations established to assist low-income people but more often than not, the process in place for accessing the resources is a detrimental challenge. Poorly maintained websites, complicated qualifications, limited hours of service, corrupt red tape, burnt out staff – these unnecessary barriers can be a significant difficulty to someone in need.

When you are traumatized, have limited transportation, are using an older digital device, have a physical or learning disability, work an uncommon hourly schedule, have a unique income, speak English as a second language, or are experiencing mental health struggle, these confusing processes can be too much to handle.

It’s on the providers to do better – to keep online content up to date, to understand the user experience conditions for who they serve, to get translators and disability accommodations, to challenge restrictive eligibility requirements, and to treat applications like valuable fellow citizens.”

She also commented that she’s experienced a variety of health disparities: a lack of health insurance, problems caused by the Covid-19 pandemic, and an inability to make healthcare appointments because of a lack of transportation.

She is urging our politicians to implement universal health care and TJC echoes that sentiment.
**Story #3**

A 78-year-old woman wrote TJC to share her thoughts on health justice. She is a retired healthcare provider and is enrolled in Medicare.

“By the grace of God, I have always had access to healthcare, which is of critical importance to all. Preventative care is urgent!” She shared that during her time in the medical field, she learned that people often are forced to choose between going to medical appointments or keeping their jobs. The writer also noted that there are people who have difficulty with transportation to get healthcare and stated that “this is a dangerous problem.”

She would like her politicians to know that “The lives of those in desperate need of healthcare are as important as the lives of our politician’s families.”

**Story #4**

A 31-year-old woman who is a frontline healthcare worker wrote TJC about her concern for the lack of language services in Tennessee. She worked at one of Nashville’s first Covid-19 test sites, translating patient instructions into Spanish.

She knows people who have been racially discriminated against while receiving healthcare. She’s also noticed that there aren’t sufficient healthcare services in her community, specifically in the fields of behavioral health, counseling, and therapy.

She would like to tell her politicians, “Please start enforcing Section 1557 of the Affordable Care Act. There are countless healthcare facilities that do not offer or provide language services, which is a violation of federal law.”
Story #5

A 62-year-old Black woman shared her experiences with health injustices. She pays monthly premiums for private health insurance through her employer.

She shared that she has, as well as her friends and family, have felt racially discriminated against while receiving healthcare. In her community, she’s noticed that healthcare is very expensive, many cannot afford coverage, and that there aren’t enough healthcare providers who accept her insurance.

The woman lives near the Bordeaux landfill and shared that she has had health problems because of the environmental toxins that it creates. She said, “It is releasing polluted air consisting of a foul odor that penetrates through car windows on Briley Parkway. This polluted air is released on a recurring basis throughout the year.”

She wants to tell politicians that, “There was a study conducted several years ago as to why Black people might have developed high blood pressure in large numbers and it was concluded, in part, that some of the health disparities (such as obesity and high blood pressure) could be attributed to the continued prevalence of racism, police brutality, unfair voting practices, and poor housing conditions. When violence is witnessed by the young and the elderly in the Black community, it takes a toll on us, mentally and physically.”
Story #6

A 65-year-old Black woman wrote TJC about her health justice struggles during the Covid-19 pandemic. She has insurance through her employer’s private plan.

Like many people, she (and her close friends and family) has been racially discriminated against. She wrote about injustices in her community, sharing that Covid-19 was hard on them. She said, “I have relatives who were laid off because of their disabilities. The loss of business during Covid-19 was used as a reason to downsize employees (with seniority) who had disabilities and keep more recently hired employees who didn’t have documented disabilities.”

She also struggled with getting transportation to healthcare. For a period, she did not own a car and found it challenging to take the bus to North Jackson for medical appointments. When she could make it to appointments, she found that because of her chronic illness, medical professionals didn’t take her seriously. “I have had doctors question the validity of my symptoms and try to minimize the impact of my illness. This has occurred even in instances when I was not asking for medication or time off – I just needed explanations and medical plans to address my symptoms.”

She wants to tell politicians that, “Covid-19 has exposed the inequities in the medical system - not just for people of color but for everyone. More than 400,000 people (that we can document) have died because of Covid-19 and related complications. Many more will be living with long-term effects. This will not be the last pandemic. We were not prepared in 2020; it is doubtful that we will be prepared in the future unless we put proactive measures in place. Covid-19 taught us that adequate health coverage and preventative healthcare should be afforded to all Tennesseans.

The question of extending healthcare options ought to be considered in light of the 400,000 people who died and the countless lives that were impacted by these deaths. We either work to reduce health disparities on the front end, or we will continue to bury bodies and face tremendous economic downturns when the next illness wave comes. And the wave will come.”
Story #7

A 44-year-old Hispanic woman with private health insurance wrote TJC to about the racial discrimination that she has experienced while seeking healthcare.

She was laid off in November of 2019. She started looking for a job at the beginning of 2020 but when the pandemic hit, it was almost impossible for her to find a new position. During the ten months that she was unemployed, she had difficulty with medical providers. Because of her age, lack of insurance, and unemployment, she was turned away from the places she went to for medical attention.

She (and others in her community) have been racially discriminated against while receiving healthcare. She shared, “I am Hispanic. My appearance and name make that clear; because of this, I have been questioned multiple times about my legal status. I choose not to disclose it in sympathy for those who lack legal status and because I know that it is not mandatory to disclose that information. When I take this route, the providers limit the options and quality of service. However, if I share about my legal status and ask for better options as a U.S. citizen, the treatment and service is completely different.”

She continued, explaining her difficulties with the lack of bilingual medical providers. “Medical providers have also assumed that I am not educated or that my English is extremely limited. Although English is not my primary language, nor am I a native speaker, I can have an intellectual conversation. Many people in the medical field or people with higher levels of education have called for an interpreter when discussing medical issues with me or responding to my questions. These tools for language interpretation are appreciated, but only when they are necessary. A good clinician will make the content understandable regardless of the language used.”

She wants her politicians to promote education in cultural competence and to hire diverse and bilingual medical providers.
**Story #8**

Jacqueline Damphier is a 60 year old woman who is finally enrolled in TennCare, after being denied for a full year. Her son is also on TennCare.

The height of the Covid-19 pandemic was difficult for Jacqueline. She explained that she was high risk for the virus because of her lupus, diabetes, and COPD. She stopped working in March of 2020 and filed for unemployment shortly after. Jacqueline struggled with getting the financial support and healthcare necessary to make it through the pandemic. When the businesses and doctor’s offices shut down, she couldn’t get prescriptions.

Jacqueline and her son are both disabled, but because of financial struggles, she chose to only focus on healthcare for her son. He has a neuromuscular disease and it’s been difficult for Jacqueline to get the care he needs. He was denied for home health, a van that could transport him to medical appointments, and other services that would’ve helped his quality of life.

The lack of modified forms of transportation created significant problems for Jacqueline. She and her son both have neurological issues. Jacqueline’s doctor told her to stop lifting her son but she continued to do so due to lack of other options. Not following her doctor’s instructions has resulted in nerve damage.

Jacqueline has experienced countless healthcare struggles and wishes that politicians would understand the difficulties that many people face.

**Story #9**

Jill Dodson is a 49-year-old woman without health insurance.

She shared, “Six and a half weeks ago, I injured my knee while I was working. I had to self-diagnose and treat it to the best of my ability, because I cannot afford to go to the doctor. Last week, one of my front teeth fell out but I can’t afford dental appointments.”

She stated that she has experienced discrimination from medical providers due to her economic status. Jill explained, “Because I don’t have insurance, at any sort of doctor’s appointment, I have to pay out of pocket. This can be astronomical if I go to a walk-in clinic. Some doctors won’t even see me because of my lack of insurance.”

Jill would like to her politicians, “I want to know what the reason is for not expanding healthcare enough for all Tennesseans to be able to take care of themselves. Surely that costs less than the state eventually providing for the working poor when we become sick and indigent.”
Story #10

Kimberly Hall is a 44-year-old African American woman who has insurance through a private plan. She shared that she has felt discriminated against while accessing healthcare based on her race or ethnicity and knows friends and family who have experienced the same problem.

The Covid-19 pandemic has been difficult to Ms. Hall, as she sought medical treatment but was continuously disappointed by the care received.

Kimberly said, “Since the start of Covid-19, healthcare professionals are quick to write off African-Americans by not offering the same kind of care they would if we were Caucasian. I experienced this at the Methodist University Hospital in Memphis. The doctors and nurses told me there was nothing further they could do but offered different care to Caucasians.” She went on to share that she even was hospitalized for Covid-19 and during her hospital stay, the doctors didn’t examine her or check her vitals.

She urges politicians to ensure that everyone receives the same care.