

2009 - It's Time!

Why We Need National Health Care Reform Now

Twelve years ago, Earl Lewis came close to dying. Having contracted Hepatitis B years before from an infected vaccine, his heart was so weak that he was unable to work. Without income, he could not afford health insurance although he was in dire need of a heart transplant. Earl thankfully qualified for TennCare and was able to receive his new heart. The successful procedure and follow-up care have allowed him to enjoy years with his family and friends that he would not have experienced otherwise.

Last week, Earl received a letter at his Dickson residence stating that he would no longer be receiving health insurance coverage through TennCare. **The Daniels category of TennCare for which he was eligible is closing its doors to 130,000 Tennesseans.**



Heart transplant patient Earl Lewis holds the medications which keep him alive. He will no longer be able to afford these when he is dropped from TennCare.

Today, Earl's life depends on daily medications, which keep his body from rejecting his new heart. **If he misses three days of medication, he will die within 20 days.** His medicines cost about \$2,400 per month. "I have no idea how I will do it," he says.

Although, the 54-year-old has worked in many professions, from sound and software engineering to owning his own billboard business, he now has short-term memory loss, which keeps him from being able to hold down jobs. Consequently, Earl has no income and cannot afford his life-sustaining medications. **He knows that his preexisting condition will bar him from private health insurance. He cannot afford to participate in the state's high-risk pool, AccessTN.** Earl's only option is to rely on the generosity of the public health department and hope they will supply his medicines for free.

A recent MRI revealed two growths on Earl's kidneys, which may be cancerous and need to be surgically removed. He will not be able to afford this surgery when he is uninsured.



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