

1-4-2019

GRASSROOTS ORGANIZING AND MEDICAID EXPANSION IN VIRGINIA: THE LEE COUNTY CHAPTER OF VIRGINIA ORGANIZING AND MEDICAID EXPANSION

Brian Johns

Rosemary Gould

Ladelle McWhorter

Follow this and additional works at: <https://scholarship.richmond.edu/pilr>

 Part of the [Public Law and Legal Theory Commons](#)

Recommended Citation

Brian Johns, Rosemary Gould & Ladelle McWhorter, *GRASSROOTS ORGANIZING AND MEDICAID EXPANSION IN VIRGINIA: THE LEE COUNTY CHAPTER OF VIRGINIA ORGANIZING AND MEDICAID EXPANSION*, 22 RICH. PUB. INT. L. REV. 23 (2019).

Available at: <https://scholarship.richmond.edu/pilr/vol22/iss1/4>

This Article is brought to you for free and open access by the Law School Journals at UR Scholarship Repository. It has been accepted for inclusion in Richmond Public Interest Law Review by an authorized editor of UR Scholarship Repository. For more information, please contact scholarshipprepository@richmond.edu.

GRASSROOTS ORGANIZING AND MEDICAID EXPANSION IN VIRGINIA: THE LEE COUNTY CHAPTER OF VIRGINIA ORGANIZING AND MEDICAID EXPANSION

*Brian Johns, Rosemary Gould, and Ladelle McWhorter**

* Brian Johns currently serves as the Executive Director of Virginia Organizing. He first came to Virginia Organizing as an intern in 2000 and then worked as a community organizer from 2001-2005. He spent two years in Pennsylvania doing community organizing with a labor union and returned to Virginia Organizing in 2007 as the Southwest organizer. From 2010-2017, Brian also served as the Organizing Director — supervising organizers, strategizing statewide and national campaigns, and staffing statewide strategy committees. Brian grew up just south of Richmond in the Petersburg area. He is now based out of Charlottesville, where he lives with his wife Paige and their two daughters. Rosemary Gould joined Virginia Organizing in 2017 as the Director of Communications. She has lived in Virginia since 1989 when she began her doctoral work in UVA's English Department. She completed the doctorate in 1996, and taught as an instructor of English and Composition at UVA and the University of Richmond. She has a husband and three children and sometimes teaches poetry classes for adults. Rosemary has volunteered for Offender Aid and Restoration, PACEM, and Literacy Volunteers of America, and worked for several nonprofits. She has been particularly involved in campaigns for the rights of people in prison, returning citizens, and others who have been denied education and voting rights. Ladelle McWhorter is the current chair of the Virginia Organizing State Governing Board and has volunteered with the organization for over twenty years. She has worked on campaigns ranging from securing fair unemployment compensation and stopping predatory lending to Medicaid expansion, environmental justice, and climate change. Her day job is teaching in the Women's Gender and Sexualities Studies and the Environmental Studies programs at the University of Richmond, where she holds an endowed chair. Her most recent book is entitled *Racism and Sexual Oppression in Anglo-American: A Genealogy*.

ABSTRACT

The ability to participate in grassroots organizing derives implicitly from the Constitution’s declaration of “We the People” and explicitly from the First Amendment’s guarantee of the right to petition the Government for redress. At Virginia Organizing, we take this grant of power very seriously as is evident from our recent grassroots organizing for Medicaid expansion in Virginia. Our work focused predominately on more rural parts of the Commonwealth where our chapter members have experienced the consequences of a lack of access to health care. By mobilizing individuals passionate about Medicaid expansion and those who suffer from the lack of it and collaborating with the Healthcare for All Virginians Coalition, we were successfully able to take advantage of the changes in the House of Delegates and Senate that occurred in 2018. In part because of grassroots organizing by groups like Virginia Organizing and the Healthcare for All Virginians Coalition, in a special session in May 2018, the Virginia General Assembly voted to expand Medicaid in Virginia. Our work, though, is not complete. Now begins the task of raising public awareness of Medicaid expansion so that everyone who needs it will be able to sign up and take advantage of the program. Additionally, we must continue to work to eliminate the work requirement that might prevent thousands of people who ought to be eligible for Medicaid from receiving it. Such continuing efforts, though, are only possible because of the support of our members and other community stakeholders who also recognize the importance of grassroots organizing.

INTRODUCTION

“The very idea of a government, republican in form, implies a right on the part of its citizens to meet peaceably for consultation in respect to public affairs and to petition for a redress of grievances.”¹ This principle is so foundational in United States governance that it is provided for implicitly in the Preamble to the United State Constitution and explicitly in the First Amendment to the United States Constitution. By beginning the Preamble with the phrase “We the People,” the Founders acknowledged their authority to form a government stemmed from the existence of the true sovereign, the people.² It is the people, then, that direct the nation, or at least do so in

¹ United States v. Cruikshank, 92 U.S. 542, 552 (1876).

² U.S. CONST. pmb1.

theory. It is this recognition of where authority to govern derives that motivated the Framers to adopt the Bill of Rights, and particularly, to adopt the First Amendment. If the United States Constitution is thought of as a contract between the sovereign and the government, then it is clear the First Amendment was adopted to ensure that the government did not usurp too much power from the sovereign. In pertinent part, here, the First Amendment provides that “Congress shall make no law...abridging...the right of the people...to petition the Government for a redress of grievances.”³ It is from this right that the ability to organize stems. In fact, “[g]rassroots issue advocacy is at the heart of the First Amendment’s protection.”⁴ Therefore, it is in the tradition of the First Continental Congress, the Founders, and the Framers, that our advocacy is based.⁵

Founded in 1995, Virginia Organizing is a statewide non-partisan “grassroots organization dedicated to challenging injustice by empowering people in local communities to address issues that affect the quality of their lives.”⁶ Virginia Organizing especially encourages the participation of those who have traditionally had little or no voice in our society. By building relationships with diverse individuals and groups throughout the Commonwealth, Virginia Organizing enhances their ability to work together at a statewide level, democratically and non-violently, for change.

In recent years, our advocacy has focused, in part, on providing health care to those most in need. This year, in light of the 2017 General Assembly political shift, we focused our efforts specifically on achieving Medicaid expansion in Virginia. Here, we tell the story of how Virginia Organizing has leveraged our First Amendment right to organize in an attempt to realize the true power of the phrase “We the People.” We detail our efforts throughout the Commonwealth, specifically focusing on our successful efforts to secure Medicaid expansion in Virginia. We hope the lessons we learned will inform the strategies used by other grassroots organizations, and that collectively we are able to truly recognize the power of the people.

This article proceeds in seven parts. Part I explains the grassroots efforts utilized by the Lee County Chapter of Virginia Organizing, specifically focusing on the goal of establishing health care as a priority for regional delegates to the General Assembly. Similar approaches utilized in other regions throughout the Commonwealth are described in Part II. There we look to

³ U.S. CONST. amend. I.

⁴ Jay Alan Sekulow & Erik M. Zimmerman, *Weeding Them Out by the Roots: The Unconstitutionality of Regulating Grassroots Issue Advocacy*, 19 STAN. L & POL’Y REV. 164, 165 (2008).

⁵ *Id.* at 169.

⁶ *History*, VA. ORGANIZING, <https://virginia-organizing.org/history> (last visited Oct. 6, 2018) [hereinafter Va. Org. History].

the work of other Virginia Organizing chapters and media strategies that have proved effective throughout their campaigns. Part III discusses specific issues we faced with the Medicaid expansion campaign. Some of these issues were highlighted during the 2017 election, which is discussed in Part IV. Particularly, Part IV focuses on the consequences of the historic 2017 election in Virginia. Part V focuses in on how those consequences impacted the 2018 legislative session, specifically looking to rallies that were held in February and the compromise that was reached to secure Medicaid expansion. In Part VI, we discuss how to carry on the work of organizing so that all Virginians can access affordable, quality health care. Finally, in Part VII, we discuss individual stories that had a significant impact on the messaging surrounding the Medicaid debate, and we discuss how critical sharing these stories is when organizing. There, we recount the powerful stories of Margaret Lipford and Terry White, both of whom were in dire need of Medicaid expansion. We conclude that while the work is not done, significant lessons can be learned from the Medicaid expansion work of Virginia Organizing.

I. GRASSROOTS EFFORTS OF LEE COUNTY

Here at Virginia Organizing we often say that elections are won in the “crescent” of Northern Virginia, Richmond, and Hampton Roads but that policy is won (or lost) in the rest of the Commonwealth.⁷ This is because many of the legislators with power still reside in, and represent districts in, places like Southwest Virginia, Southern Virginia, and the Shenandoah Valley. This is part of the reason we built our first chapter in Lee County, Virginia—where Kentucky, Tennessee, and Virginia meet at the Cumberland Gap.

Lee County is the furthest location in Virginia away from the power structure of the General Assembly in Richmond. In fact, parts of the county are closer to nine other state capitols than they are to Richmond.⁸ We build our chapters by hosting hundreds of conversations in a geographical area, focusing on what issues people want to work on and facilitating their com-

⁷See Jim Oliver, *Virginia's Metropolitan Revolution*, VIRGINIAN-PILOT (Dec. 29, 2013), https://pilotonline.com/opinion/columnist/guest/article_b288ddea-e43a-5e70-bc48-e21a77eb79e0.html (explaining that “Virginia’s top metropolitan regions - Northern Virginia, Hampton Roads and Richmond (the so-called Urban Crescent) - have financially underwritten everything from education to highways to public health for much of the rest of the state...This mega metropolitan area, however, only exists in reality. You can see it in aerial photographs taken from space, or by traveling in a car or plane, but it has no presence in Virginia law.”).

⁸ See *Southwest Virginia Is Further Away from Richmond Than You Think*, ROANOKE TIMES (June 24, 2018), https://www.roanoke.com/opinion/editorials/editorial-southwest-virginia-is-further-away-from-richmond-than-you/article_63e3adc5-8294-520e-8351-4a44ca99e3e5.html.

ing together as a chapter. Lee County residents formed the first chapter of Virginia Organizing in April 1996.⁹

Our chapters are multi-issue, multi-constituency groups that decide if and when to organize their own campaigns. After forming and listening to the concerns of the community, the Lee County chapter organized a campaign that successfully challenged the jury selection process used in the county at the time, claiming that the process excluded people of color.¹⁰ As a result of that campaign, an African-American was appointed to serve as jury commissioner for the first time.¹¹ The county then changed the selection process for the jury “pool” by moving to a random selection process.¹² The old jury selection system allowed five white men, who consistently eliminated all people of color and most low-income residents, to choose the jury pool.¹³ This was our first local victory.

After the jury selection campaign, the chapter moved on to other issues, including education, nonpartisan forums for school board elections, and pain killer addiction. In addition to local work, our chapters also work to build relationships with their local state delegates and senators. In 2006, the group began to meet regularly in Scott County with Delegate Terry Kilgore (R-Gate City). Every year for several years, chapter members met with Delegate Kilgore to discuss local and statewide issues. In 2008, Delegate Kilgore helped move through the House of Delegates some work the chapter and our allies were doing on alternatives to incarceration in response to the prescription drug epidemic.¹⁴ Chapter members continue to take trips to the General Assembly in Richmond (a seven-hour drive) most years to meet with him there as well. Because our members are constituents living in Southwest Virginia and in his district, we have worked to build a working relationship with Delegate Kilgore. Even when we do not agree on issues, our chapter members feel that he has listened and, when possible, worked with our folks on local issues. We have also frequently talked about health care access in the region.

⁹ Va. Org. History, *supra* note 6.

¹⁰ *About the Lee and Washington County Chapters*, VA. ORGANIZING, <https://virginia-organizing.org/about-the-lee-and-washington-county-chapters/> (last visited Oct. 8, 2018) (describing the chapter’s efforts to “ma[ke] sure every group - not only white residents - was called for jury duty”); *id.*

¹¹ Va. Org. History, *supra* note 6.

¹² *Id.*

¹³ See S.W. Tucker, *Racial Discrimination in Jury Selection in Virginia*, 52 VA. L. REV. 736, 736, 738, 748 (1966) (discussing Virginia’s codified and common law history of racial discrimination in jury selection).

¹⁴ See Mark Sage, *OxyContin Settlement Money Ends up in Region*, SWVA TODAY (Feb. 3, 2009), http://www.swvatoday.com/news/article_7dfc287e-f396-5548-aa5b-be1e017cf15c.html (discussing settlement grants used to support treatment programs for prescription drug addiction in Southwest Virginia).

When Medicaid expansion first came before the General Assembly, we made sure that our members who would benefit from expansion were in those meetings with Delegate Kilgore, both in Gate City and in Richmond. We also knew that Delegate Kilgore had supported Remote Area Medical's clinic at the Wise County Fairgrounds every year, so he knew what his constituents faced in terms of lack of affordable and accessible health care.¹⁵ Then, in October 2013, the Lee County General Hospital closed, leaving thousands of county residents without an emergency room, or even an urgent care facility in the county.¹⁶ People had to drive to Kentucky, Tennessee, or Big Stone Gap to get health care.¹⁷

It was apparent for several years that our two rural health systems in the region were finding it hard to maintain facilities and provide care in rural Southwest Virginia (and Northeast Tennessee).¹⁸ One of them bought Lee County General just a few years earlier and even updated the building and renamed it Lee Regional Medical Center.¹⁹ When they announced that this hospital would also close, Virginia's failure to expand Medicaid was listed as a major reason.²⁰ As an announcement in *Becker's Hospital Review* put it:

Lee Regional Medical Center in Pennington Gap, Va., will close Oct. 1, partly due to Medicare reimbursement cuts under the Patient Protection and Afforda-

¹⁵ See Trip Gabriel, *When Health Law Isn't Enough, the Desperate Line Up at Tents*, N.Y. TIMES (July 23, 2017), <https://www.nytimes.com/2017/07/23/us/healthcare-uninsured-rural-poor-affordable-care-act-republicans.html> (discussing the impact of Remote Area Medical Expedition's free pop-up clinic on Wise County residents' access to health care); see also *Ram Clinics in Virginia*, REMOTE AREA MED. USA, <https://ramusa.org/ram-of-virginia> (last visited Oct. 6, 2018) (stating that "Virginia lies in the heart of the most economically distressed region of the United States. RAM's yearly event in Wise, Virginia sees thousands of local citizens who rely on the no-cost clinic for all of their health care needs.").

¹⁶ See LEE CTY. HOSP. AUTH., SOUTHWEST VIRGINIA HEALTH AUTHORITY MEETING: ACCESS TO HEALTH CARE, at slide 2, 4 (May 25, 2016), <http://www.vdh.virginia.gov/content/uploads/sites/96/2016/11/LCHA-Presentation.pdf> (describing the impact of the Lee County Hospital's closure).

¹⁷ See Luanne Rife, *Lee County Prepares for Hospital Rebirth*, ROANOKE TIMES (Aug. 2, 2015), https://www.roanoke.com/business/news/lee-county-prepares-for-hospital-rebirth/article_964254e4-0905-5bf3-8b92-f4f7ea464540.html (highlighting Lee County residents who were forced to seek care at Big Stone Gap). See generally *id.* at slide 4 (comparing the distance and travel times to other hospitals, including those in Kentucky and Tennessee).

¹⁸ See *Disparities in Appalachian Health Care*, HEALTH WAGON (Aug. 14, 2013), <http://thehealthwagon.org/hwwp/2013/08/14/disparities-in-appalachian-health-care/> (describing the lack of medical care due in part to an "overworked primary care hospital/clinic network" as well as a "severe shortage of specialty healthcare").

¹⁹ *Wellmont Health System (Tennessee) to Acquire 2 Hospitals from HMA*, BUSINESS WIRE (June 5, 2007), <https://www.businesswire.com/news/home/20070605006014/en/Fitch-Wellmont-Health-System-Tennessee-Acquire-2> (stating that Wellmont bought Lee Regional Medical Center in 2007).

²⁰ Jim Wozniak, *Lee Regional Closing in Wake of Healthcare Reform; Hospital to Help Patients, Co-Workers Transition*, WELLMONT HEALTH SYS. (Sept. 11, 2013), <http://wellmont.newsroom.meltwaterpress.com/news/lee-regional-closing-in-wake-of-healthcare-reform;-hospital-to-help-patients-co-workers-transition>.

ble Care Act...The 2 percent Medicare pay cut under sequestration and Virginia's decision not to expand its Medicaid program under the healthcare reform law also had an impact. More than 60 percent of the hospital's reimbursements come from state and federal programs, according to the release.²¹

For our members, this was literally a life or death issue, and they jumped into action. Our first step was to organize a forum on the hospital closure in November 2013.²² About 200 people came out to the Lee Theater to hear reports and voice their concerns.²³ Virginia Organizing members were active in the planning of this event at every step of the way. Local residents heard from several officials about the negative impacts on the county. The Sheriff talked about how long his officers now had to travel on any incident that involved seeing a doctor and how that affected staffing in his department. Two local ambulance operators talked about the huge increase in gas costs that accompanied having to drive so far to reach hospitals outside of the county. Nurses talked about losing their jobs.

Local government officials also chimed in. A member of United States Senator Mark Warner's staff attended with a statement. State Senator Bill Carrico (R-Grayson) appeared via Skype. Delegate Kilgore was there in person. From that point on, he became instrumental in the push to reopen the hospital. He was also very open to local folks letting him know about the difficulties they were having because of the closure.

Virginia Organizing worked to make sure the hospital closure was linked to the Commonwealth's failure to expand our Medicaid program.²⁴ In February 2014, we organized a press event in the town of St. Charles at a clinic that saw patients from Kentucky and Virginia. Clinic staff talked about the impact on their patients of not having reliable health coverage. However, the star of the event was a resident from Kentucky who had recently gotten health coverage for the first time because Kentucky expanded its Medicaid program. He proudly showed his insurance card and talked about how he had family members who lived just over the mountain in Virginia who would qualify if Medicaid was expanded here too.

²¹ *Lee Regional Medical Center to Close Due to PPACA Pay Cuts*, BECKER'S HOSP. REV. (Sept. 11, 2013), <https://www.beckershospitalreview.com/hospital-management-administration/lee-regional-medical-center-to-close-due-to-ppaca-pay-cuts.html>.

²² *Healthcare Forum Scheduled for Lee County*, BRISTOL HERALD COURIER (Nov. 8, 2013), https://www.heraldcourier.com/news/healthcare-forum-scheduled-for-lee-county/article_fa3c3dd0-489f-/.

²³ Jonathan Radford, *Lee County Residents Rally to Bring Back Hospital*, WCYB (Nov. 16, 2013), <https://wcyb.com/news/virginia-news/lee-county-residents-rally-to-bring-back-hospital>.

²⁴ *Virginia Organizing Will Hold Nine Media Conferences Across the Commonwealth to Support Medicaid Expansion*, VA. ORGANIZING (Feb. 7, 2014), <https://virginia-organizing.org/virginia-organizing-will-hold-nine-media-conferences-across-the-commonwealth-to-support-medicaid-expansion/>.

In June, Lee County Virginia Organizing members organized a candle-light vigil for Medicaid expansion in the local county park.²⁵ Attendees talked about those who did not have health coverage or friends and family who had passed away who would have benefited from affordable health care access. This was one of nine vigils around the Commonwealth.²⁶

Throughout the next couple of years, the process of reopening the hospital dragged along slowly. Virginia Organizing members attended every meeting of the Lee County Hospital Authority that was formed to work to reopen the hospital. Chapter members also wrote letters to the editors of local and regional newspapers about the need for a new hospital. We kept calling for the Virginia General Assembly to expand Medicaid so other areas would not have to face similar hospital closures. Delegate Kilgore continued to meet with our members to discuss the importance of a hospital in Lee County and to listen to our support for Medicaid expansion. Virginia Organizing even organized and attended events on economic development that often circled back to the need for health services in the community. Delegate Kilgore was at some of these events, and he also hosted his own economic development events.

In June 2016, the Lee County Hospital Authority was asked to present to the Southwest Virginia Health Authority, which Delegate Kilgore chaired at the time. Realizing that they needed regular local people to be a part of this presentation, the Lee County Hospital Authority asked two Virginia Organizing members to be presenters. Our chapter also helped fill the room at that meeting, even though it was held over an hour and a half away. Delegate Kilgore and other members of the Southwest Virginia Health Authority listened as the people of Lee County talked about their need for a hospital.²⁷

Over the course of 2017, the Lee County Hospital Authority finally accomplished their goal and reached an agreement to reopen the Lee County Hospital in 2018.²⁸ Grassroots organizing and work on the local level had finally paid off, but there was still more to do at the General Assembly to make sure Medicaid was expanded so that rural hospitals had a more relia-

²⁵ *Pennington Gap: Virginians to Gather to Support Medicaid Expansion in Pennington Gap*, VA. ORGANIZING (June 10, 2014), <https://virginia-organizing.org/pennington-gap-virginians-to-gather-to-support-medicaid-expansion-in-pennington-gap/>.

²⁶ *Id.*

²⁷ See David McGee, *Southwest Virginia Health Authority Approves Merger*, BRISTOL HERALD COURIER (Nov. 7, 2016), https://www.heraldcourier.com/news/southwest-virginia-health-authority-approves-merger/article_e3c86abc-3d4d-5b5c-b2e3-9f0dcc52d3af.html.

²⁸ See *Americore Health Plans to Reopen Pennington Gap Hospital*, TIMESNEWS (May 1, 2018), <http://www.timesnews.net/Health-Care/2018/05/01/Americore-Health-plans-to-reopen-hospital-facility-in-Pennington-Gap.html> (discussing Americore Health's announcement that it would reopen the hospital under a new name in July 2018).

ble funding stream that would allow them to better care for low-income residents. As we continued our work, we knew that many rural delegates and senators understood how important it was to keep these hospitals open.

The 2017 elections created a major shift in the political balance in the General Assembly and placed Medicaid expansion front and center at the beginning of the 2018 session of the General Assembly.²⁹ Members of Virginia Organizing met with their legislators all over the Commonwealth to make the case for Medicaid expansion. Over 100 other groups, through the Healthcare for All Virginians Coalition (HAV), coordinated efforts and made a huge push for expansion.³⁰ Potentially complicating matters, new leadership in the Governor's mansion and the House of Delegates meant that different people would be a part of the discussion. However, because of our work over the years, Lee County Virginia Organizing members felt confident that Delegate Kilgore knew how passionately we felt about making expansion happen.

In February, Delegate Kilgore announced that he would support a version of Medicaid expansion.³¹ Our members were extremely happy and not completely surprised. The Delegate previously talked about the importance of health care for low income and rural communities. He also talked about economic development and job creation and how health care was key to that in the region. These issues were subjects he had been discussing for years in Lee County (and the entirety of his district). His op-ed announcing his support in the *Roanoke Times*³² made our local members feel grateful for being listened to.

Virginia Organizing does not have a big lobby day at the General Assembly, like other organizations, but instead, has every chapter pick days that they will travel to Richmond and meet with delegates and senators. Our Southwest chapters made the seven-hour trip in late February and scheduled a meeting with Delegate Kilgore and other area legislators. The Delegate

²⁹ Graham Moomaw, *For Va. House's Democratic Freshmen, Medicaid Expansion Vote is Payoff to 2017 Campaigns*, RICH. TIMES-DISPATCH (May 30, 2018), https://www.richmond.com/news/virginia/government-politics/for-va-house-s-democratic-freshmen-medicare-expansion-vote-is/article_1aa1f3dd-436b-54be-94aa-26f07beb9299.html.

³⁰ *Medicaid Expansion Resources*, HEALTHCARE FOR ALL VIRGINIANS COALITION, <http://havcoalition.org/medicaid-expansion/> (last visited Oct. 3, 2018).

³¹ Michael Martz, *Medicaid Movement: Republican Terry Kilgore Breaks Rank, Calls for Kentucky Model of Health Care Expansion*, RICH. TIMES-DISPATCH (Feb. 15, 2018), https://www.richmond.com/news/virginia/government-politics/general-assembly/medicaid-movement-republican-terry-kilgore-breaks-rank-calls-for-kentucky/article_f50a17c5-f189-587a-8407-e50bab2761c3.html.

³² See Terry Kilgore, *The Next Step for Rebuilding Southwest Virginia's Economy*, ROANOKE TIMES (Feb. 15, 2018), https://www.roanoke.com/opinion/commentary/kilgore-the-next-step-for-rebuilding-southwest-virginia-s-economy/article_5661305e-9900-5e2e-bcf8-eef11959e0fb.html.

was incredibly generous with his time and spoke about the need for expansion to facilitate the economic development of the region. His work was also key in securing the votes of over a dozen other delegates, mostly from rural areas, in his own party to expand Medicaid. Furthermore, one of the four Senators who changed their votes and ended up supporting expansion was also from Southwest Virginia—Senator Ben Chafin (R-Lebanon).³³

Starting in January 2019, hundreds of thousands of Virginians will now have access to health coverage and health care that they did not have before.³⁴ This is a huge improvement in the lives of those most in need. It could not have been achieved by working with elected officials only in the “crescent” or through electoral organizing. It took twenty years of organizing in the House District that is farthest from the capital. Virginia Organizing believes that by building relationships we can work with anyone to establish power and effect concrete change. As chapter leader Sister Beth Davies said:

We have been pressuring him [Delegate Kilgore], really pressuring him from its very beginning, because so many of his constituents stand to benefit. Of course he sees the handwriting on the wall with our new governor and the changes in the General Assembly as a result of elections in Virginia. It’s the first time I see him really ready to listen with intent.³⁵

By working on local and statewide issues at the same time, this chapter, and all the residents of Lee County, were able to garner enough power to reopen the local hospital, and also to help the Virginia General Assembly expand Medicaid to all citizens in the Commonwealth.³⁶

II. CHAPTERS IN OTHER AREAS AND MEDIA STRATEGIES

Many of our other chapters also worked hard throughout the years to convince legislators and voters that Medicaid expansion should be a high priority. In the more populated urban areas it has been easier for grassroots groups to bring media attention to the issues. Media attention in turn influences voters’ priorities during elections.

³³ Katherine Howitt, *Virginia’s Vote to Expand Medicaid is Significant – Here’s Why*, COMMUNITY CATALYST (June 1, 2018), <https://www.communitycatalyst.org/blog/virginias-vote-to-expand-medicaid-is-significant-heres-why#.W42nT-hKjIX> (stating that, “[i]n explaining his newfound support for Medicaid expansion, Senator Ben Chafin referred to the suffering hospitals and constituents in his rural district: ‘I came to the conclusion that no just wasn’t the answer anymore.’”).

³⁴ Louise Norris, *Virginia and the ACA’s Medicaid Expansion*, HEALTHINSURANCE.ORG (Sept. 20, 2018), <https://www.healthinsurance.org/virginia-medicaid/>.

³⁵ Email from Beth Davies, Chapter Leader, Sw. Chapter Va. Organizing, to Mollie Laird (Oct. 10, 2018) (on file with the University of Richmond Public Interest Law Review).

³⁶ See H.B. 5001, 2018 Gen. Assemb., Spec. Sess. I (Va. 2018).

For instance, in 2013, a large group of members of Virginia Organizing's South Hampton Roads Chapter went to visit Delegate Chris Jones (R-Suffolk) in Richmond to tell him they wanted him to vote for Medicaid expansion.³⁷ The visit was covered in the *Virginian-Pilot*, and the article explored the political and fiscal issues that the Medicaid expansion campaign raised:

Program expansion is a key strategy under the federal Affordable Care Act to extend health coverage to millions of uninsured Americans. It's estimated that program growth in Virginia - primarily among adults who meet poverty guidelines - could provide coverage to as many as 420,000 of the state's 1 million uninsured. A wrench was thrown into those plans when the U.S. Supreme Court in the summer upheld the health care act but ruled the federal government can't withhold funding from states that don't expand Medicaid. That leaves Virginia and other states with a choice: expand and draw down billions in federal support, or maintain the status quo.³⁸

One of the thirty chapter members present that day was Winston Whitehurst, a Norfolk resident who has been part of Virginia Organizing's Health Care Strategy Committee since 2009. Many of the others there were people he knew from the community who were directly affected by lack of access to affordable health care. As a retired educator, Whitehurst saw the harm the lack of access to affordable health care did to his community, and he mobilized directly-affected people to speak up. He and other leaders in the Norfolk area continued to organize for Medicaid expansion between 2013 and 2018. They followed the same strategies used in Lee County. In addition to regular visits to their state senators and delegates, they held rallies, media conferences, and public discussion forums, and wrote letters to the editor and op-eds for newspapers. Virginia Organizing also developed chapters in Portsmouth and the Eastern Shore during this period.³⁹ Members joined these chapters from the surrounding cities of Chesapeake, Suffolk, and Virginia Beach.

Critical to our success in this region and throughout the Commonwealth was the cooperative strategy we developed with the HAV Coalition. This strategy allowed us to make the best use of the opportunities they provide to educate the voters about what Medicaid could do for the Commonwealth. The HAV Coalition includes the Commonwealth Institute, the Virginia

³⁷ See Julian Walker, *Decision on Medicaid Looms Before Va. Legislature*, VIRGINIAN-PILOT (Jan. 31, 2013), https://pilotonline.com/news/government/politics/virginia/article_2fc36338-d05b-5687-a822-d4374402068b.html.

³⁸ *Id.*

³⁹ See *About the Portsmouth Chapter*, VA. ORGANIZING (Oct. 7, 2018), <https://virginia-organizing.org/about-the-portsmouth-chapter/>; *A Tribute to Leaders: Annual Report 2017*, VA. ORGANIZING (2017), <https://virginia-organizing.org/wp-content/uploads/2018/03/2017-Annual-Report.pdf>.

Poverty Law Center, the Virginia Interfaith Center, and many associations of nurses, doctors, hospitals, and other advocacy non-profits.⁴⁰ The Commonwealth Institute provided most of the research.⁴¹ Associations of hospitals and providers offered support by speaking about how the lack of coverage of their patients affected their ability to provide care and stay solvent. The Virginia Poverty Law Center analyzed the ways policy could be crafted to most benefit low-income people. This diversified approach pays off:

Various studies have projected benefits to the state in the coming years. One done on behalf of the Virginia Hospital & Healthcare Association estimated an annual benefit of roughly \$4 billion for the next six years.

Another, by the Commonwealth Institute for Fiscal Analysis, figured the \$2 billion in expansion-related revenue and savings Virginia would realize over eight years would dwarf the \$1 billion in associated state expenses over that time.⁴²

Journalists and the major newspapers mostly remained neutral about Medicaid expansion throughout this era. Nevertheless, their steady coverage of the electoral back and forth and the activism of groups like Virginia Organizing kept the issue in front of voters. The *Pilot* article concluded with the following:

Democrats have clamored for expansion, and some say Republican resistance is more about political spite than actual policy differences. However, some Republicans in the majority have offered a way forward on expansion.

Among them is Sen. Frank Wagner, R-Virginia Beach, who has offered legislation to expand the program with a caveat: The state could cancel its participation if the federal share of expansion costs falls below 90 percent.

Noting Virginians will pay new taxes under the health care act, Wagner reasons the state "ought to get some benefit" and return on investment. That money will go to other states if Virginia doesn't join up, he adds.

The ultimate goal of the health care act is to spread costs among more payers and lessen the strain of uncompensated care, on providers and on the insured through their premiums.

"In the insurance market, the more people who share costs the better," said Doug Gray of the Virginia Association of Health Plans. "That applies to government and the private sector."⁴³

⁴⁰ *Healthcare for All Virginians Coalition*, HEALTHCARE FOR ALL VIRGINIANS COALITION, https://actionnetwork.org/user_files/user_files/000/018/922/original/HAV_Supporters_2017-2018.pdf?link_id=6&can_id=dfeed5cd29f7a8ce1a840f8c1a2ef6ac&source=email-fall-planning-meeting-follow-up-and-materials&email_referrer=&email_subject=fall-planning-meeting-follow-up-and-materials (last visited Oct. 19, 2018).

⁴¹ See Walker, *supra* note 37.

⁴² *Id.*

Similar work was done in other parts of the Commonwealth. For instance, in Charlottesville (where Virginia Organizing has settled its main office), in 2014, we offered a forum about the benefits of Medicaid expansion with the help of the Executive Director of Region Ten Community Services Board, Robert Johnson.⁴⁴ Local television news station NBC29 covered the event during their evening news hour and wrote for their website that:

Organizers say the action would bring millions of dollars to Virginia and could potentially create more than 30,000 jobs in the health care industry. Region Ten's executive director, Robert Johnson, says the group is currently working with 1,000 people who would be eligible for the expansion at a cost of about \$2.8 million.

"That would be that much or potentially that much less burden on localities to provide funding if we expanded Medicaid. So for us, the benefit of health care, no longer using emergency rooms and we get the benefit of having more dollars to treat more individuals and reduce the stigma of mental health and substance use disorders," Johnson said.

Organizers also stress there is little risk that comes with this decision. They say Virginia can withdraw the expansion if the federal government does not support the state with costs.⁴⁵

The support of administrators of health care like Robert Johnson was crucial to the message these actions sent voters in Virginia. They heard, again and again, that experts in their communities agreed that Medicaid expansion would benefit everyone, and that it would be financially beneficial to local public institutions and private businesses.

III. SPECIFIC ISSUE CAMPAIGNS WITHIN MEDICAID EXPANSION

On many occasions Virginia Organizing and partners highlighted ways that Medicaid expansion could help specific groups of people. A crucial point that the HAV Coalition noted repeatedly was that the largest group of beneficiaries of Medicaid would be low-wage workers. For instance, in 2014, Families USA and Virginia Organizing co-authored a report analyzing the number of low-wage workers who fell into the coverage gap, ironically making too little to qualify for assistance under the Affordable Care Act.⁴⁶ *The Roanoke Times* covered the publication of the report, amplifying

⁴³ *Id.*

⁴⁴ 'Virginia Organizing' Events Call for Medicaid Expansion, WVIR NBC 29 (Feb. 7, 2014), <http://www.nbc29.com/story/24667577/virginia-organizing-events-call-for-medicaid-expansion>.

⁴⁵ *Id.*

⁴⁶ FAMILIES USA & VA. ORG., MEDICAID EXPANSION IN VIRGINIA: HEALTH INSURANCE FOR WORKING INDIVIDUALS AND FAMILIES (June 2014),

the message: “Nearly 60 percent — roughly 212,000 low-income and uninsured Virginians — perform services that most people rely on daily, according to the report. Among them: fast-food workers, waitresses, carpenters, cashiers, retail salespeople, janitors, bus drivers, hotel clerks, hair stylists and home health aides.”⁴⁷ The article went on to explain why these workers were shut out of the subsidies available in the Marketplace and also highlighted the work of one of Virginia Organizing’s leaders, Ray Scher.⁴⁸

The ability of Medicaid to prevent people from developing disabilities was another important argument within the larger campaign. Over the years, Virginia Organizing leader Eunice Haigler of Fredericksburg frequently told her story of losing her vision and having to apply for Social Security benefits because she was not able to afford treatment for the disease that was damaging her vision. Once she received Social Security, she was able to receive Medicaid automatically, but had Medicaid been available to her from the beginning, she would not have become disabled. In 2018, Haigler was featured in a short video by Al Jazeera about attempts to repeal the Affordable Care Act in Washington, D.C.⁴⁹

Reports and actions that focused on the benefit of Medicaid expansion to families made the case that people raising children were more likely to experience poverty if they did not have access to affordable health care. For instance, in 2015 the Alliance for a Just Society published a report called “Families Out of Balance” on the lack of living wages in several states including Virginia.⁵⁰ The cost of medical care was mentioned in the report as a major cause of poverty, and the failure to expand Medicaid in Virginia and other states was highlighted:

Because not all states are required to accept funds for expanding Medicaid, lower-income workers in the 24 states choosing not to expand Medicaid can end up without insurance. As federal subsidies are based on expanding eligibility for the program, states that do not expand Medicaid will leave thousands of lower-income workers whose incomes fall between Medicaid and subsidy eligibility uninsured and more likely to accumulate medical debt... In total, states refusing to expand Medicaid will leave 7.6 million Americans uninsured, in-

http://familiesusa.org/sites/default/files/product_documents/MCD_Virginia%20Medicaid%20gap%20and%20employment_final_web.pdf; Laurence Hammack, *Report Details Medicaid Beneficiaries*, ROANOKE TIMES (June 5, 2014), https://www.roanoke.com/news/politics/report-details-medicaid-beneficiaries/article_8e2537c4-ed14-11e3-a49d-001a4bcf6878.html.

⁴⁷ Hammack, *supra* note 46.

⁴⁸ *Id.*

⁴⁹ Al Jazeera English, *US Congress Passes Trump's Tax Reform Bill*, YOUTUBE (Nov. 17, 2017), <https://youtu.be/Ec4xUhUGB14>.

⁵⁰ BEN HENRY & ALLYSON FREDERICKSEN, ALL. FOR A JUST SOC’Y, *FAMILIES OUT OF BALANCE* (2014), http://allianceforajustsociety.org/wp-content/uploads/2014/10/2014.08_Job.Gap_Families.Out_of_.Balance_FINAL.pdf.

2018]

GRASSROOTS ORGANIZING AND MEDICAID

37

cluding more than 1.7 million uninsured in the 10 states included in this study.⁵¹

Virginia Organizing released a statement about the report, which was cited in an article by the Augusta Free Press.⁵² Virginia Organizing leader Denise Smith explained, “[m]y family and other families in Southwest Virginia are struggling...Medicaid expansion would save lives and make it possible to see a doctor without fear of losing our homes or going into a lot of debt. Virginians deserve better than to live in fear of getting sick.”⁵³ The article also included this explanation of the connection between lack of health care and poverty from the report:

A living wage is the hourly pay needed to cover the cost of housing, food, utilities and other expenses, including modest savings. The report calculations include a telephone, but not cable television or Internet service.

In Virginia, the minimum wage of \$7.25 per hour is not even close to the living wage of \$18.57 per hour for a single adult. Working families need even more to make ends meet. Increasing wages and expanding Medicaid would help ease the burden on families.⁵⁴

IV. THE 2017 ELECTION AND ITS CONSEQUENCES

As soon as the election in November 2017 was over, it was clear to everyone involved in politics in Virginia that the conditions for health care legislation had shifted considerably. Voters identified health care as the top issue that had influenced them.⁵⁵ The HAV Coalition went into action. The Commonwealth Institute prepared a chartbook that demonstrated the benefits of Medicaid expansion to the budget and the well-being of at least 240,000 Virginians.⁵⁶ Virginia Organizing and the Virginia Interfaith Center for Public Policy (VICPP) prepared eleven media conferences around the Commonwealth where religious leaders joined health care advocates and directly affected people to speak about the universal need for expanded health care coverage.⁵⁷

⁵¹ *Id.* at 7.

⁵² Chris Graham, *Virginia Families Need Higher Wages, Medicaid Expansion*, AUGUSTA FREE PRESS (Sept. 5, 2014), <https://augustafreepress.com/virginia-families-need-higher-wages-medicaid-expansion/>.

⁵³ *Id.*

⁵⁴ *Id.*

⁵⁵ Scott Clement & Emily Guskin, *Exit Poll Results: How Different Groups of Virginians Voted*, WASH. POST (Nov. 8, 2017), https://www.washingtonpost.com/graphics/2017/local/virginia-politics/governor-exit-polls/?utm_term=.2be834f3f767.

⁵⁶ VA. POVERTY LAW CTR. & COMMONWEALTH INST., *HOW MEDICAID WORKS: A CHARTBOOK FOR UNDERSTANDING VIRGINIA'S MEDICAID INSURANCE & THE OPPORTUNITY TO IMPROVE IT* (Apr. 2018), <http://www.thecommonwealthinstitute.org/2017/11/30/medicaid-chartbook/>.

⁵⁷ Seth Birkenmeyer, *Faith Leaders Urge Medicaid Expansion*, VA. GAZETTE (Dec. 1, 2017),

VICPP teamed up with Virginia Organizing to send an additional and powerful message. They believed that legislators and voters would be influenced by faith leaders around the Commonwealth who saw Medicaid expansion as a moral imperative, an expression of the call in many religions for the faithful to take care of their neighbors. For instance, Reverend Anthony Fludd, a VICPP board member, spoke at one of the event's media conferences, "It's the community of faith that can galvanize as well as mobilize... You get people of faith speaking out, things begin to happen."⁵⁸

These media conferences were widely covered by television news as well as newspapers and journals. Charlottesville's NBC29 coverage was shown on television news in the Shenandoah Valley as well:

A Virginia activist group is calling attention to what it calls the "gap" in Medicaid coverage.

Members are pleading for action from lawmakers.

Across the commonwealth on Friday, December 1, members of Virginia Organizing, which is based out of Charlottesville, called on state legislators to expand Medicaid coverage.

They say there are too many hard-working people in the state who make too much money to qualify for Medicaid, but do not make enough to live comfortably while also paying for health insurance.

They say lawmakers must take action now to expand Medicaid and close this gap in coverage.

"There are so many people who are in that gap who are just floating, who are just working class people who don't have options because they can't afford regular insurance but they apparently make too much money for Medicaid," says Valerie Washington of Virginia Organizing.

The group says more than 30 other states have instituted an expanded Medicaid program.

Virginia Organizing is prompting people who fall in this gap to contact state legislators so they can share their stories.⁵⁹

Of course, not all media coverage is positive. In the piece quoted above there are a number of subtle indications that the author does not favor

<http://www.vagazette.com/life/va-vg-medicaid-expansion-1202-story.html>.

⁵⁸ *Id.*

⁵⁹ Emmy Freedman, *Virginia Organizing Calls for Expanded Medicaid Coverage*, WVIR NBC 29 (Dec. 15, 2017), <http://www.nbc29.com/story/36974448/virginia-organizing-calls-for-expanded-medicaid-coverage>.

Medicaid expansion.⁶⁰ We are told people without health insurance do not make enough to “live comfortably while also paying for health insurance.”⁶¹ The author also treats facts as if they were political arguments throughout its description, “the group says more than 30 other states have instituted an expanded Medicaid program.”⁶² Even a piece like this one is helpful, though, because leader Valerie Washington is quoted, and people who experience the same kind of struggle as she has are encouraged to contact legislators.

V. JANUARY 2018 LEGISLATIVE SESSION

During the new General Assembly’s regular session, it quickly became clear that legislators had plans for reforming health care along many different lines, and it would be difficult to find a solution everyone could accept. Governor Ralph Northam and the Democrats favored expansion without conditions, which would place Virginia among the states that follow the intent of the original Affordable Care Act.⁶³ A majority of Republicans disagreed and wanted a number of conditions imposed, including work requirements.⁶⁴ In the end, the House of Delegates created a budget that expanded Medicaid, but the Senate did not.⁶⁵ The Senate version reduced spending in many areas of government because it could not draw on the funds Medicaid expansion would bring from the federal government.⁶⁶ The session ended without success on reconciling the two budgets, and the Governor announced that there would have to be a special session in the spring.⁶⁷

⁶⁰ *See id.*

⁶¹ *Id.*

⁶² *Id.*

⁶³ *See J.S., Ralph Northam Pushes for Medicaid Expansion in Virginia*, *ECONOMIST* (Apr. 2, 2018), <https://www.economist.com/democracy-in-america/2018/04/02/ralph-northam-pushes-for-medicaid-expansion-in-virginia>; Alan Suderman, *Virginia Republicans Soften Tone on Medicaid Expansion*, *U.S. NEWS* (Jan. 29, 2018), <https://www.usnews.com/news/best-states/virginia/articles/2018-01-29/virginia-republicans-soften-tone-on-medicaid-expansion>.

⁶⁴ *See* Laura Vozzella, *Speaker of Va. House Signals Willingness to Consider Medicaid Expansion, But With Strings Attached*, *WASH. POST* (Jan. 29, 2018), https://www.washingtonpost.com/local/virginia-politics/speaker-of-va-house-signals-willingness-to-consider-medicaid-expansion-but-with-strings-attached/2018/01/29/57585ca4-0538-11e8-b48c-b07fea957bd5_story.html?utm_term=.f20975da07bb.

⁶⁵ Laura Vozzella & Gregory S. Schneider, *Va. House Budget Includes Medicaid Expansion; Senate Version Does Not*, *WASH. POST* (Feb. 22, 2018), https://www.washingtonpost.com/local/virginia-politics/2018/02/22/a093561c-17f3-11e8-92c9-376b4fe57ff7_story.html?utm_term=.08163d251d31.

⁶⁶ *See id.*

⁶⁷ *See* Gregory S. Schneider & Laura Vozzella, *Va. General Assembly Wraps Up Regular Session but Still Can’t Solve Medicaid*, *WASH. POST* (Mar. 10, 2018), <https://www.washingtonpost.com/local/virginia-politics/va-general-assembly-wraps-up-regular-session-but-still-cant-solve-medicaid/2018/03/10/2b2aed28-23be-11e8-86f6->

A. February Rallies

Advocacy work in Richmond continued to address these concerns and disagreements among lawmakers. HAV Coalition partners, like the Virginia Poverty Law Center in Richmond, worked to inform the public about the budget and other policy questions. All of Virginia Organizing's chapters sent delegations to Richmond during the session to speak with legislators about Medicaid and other issues, and they also visited their delegates and senators back home in their districts once the session ended.

Grassroots work around the Commonwealth continued to follow the same strategy it had all along. In February, Virginia Organizing's chapters in nine areas around the Commonwealth partnered with other members of the HAV Coalition to produce actions intended to draw attention to the Medicaid expansion issue. At the Charlottesville rally in front of the University of Virginia's Rotunda, a local leader of Indivisible, social worker Ken Horne, stated:

It becomes a choice...If you have a very limited amount of money, then you have to decide what to spend it on and that could be food for your children, that could be your rent, that could be utilities to keep the heat on in the winter, or, you know, a medical procedure or medication. And I just think it's unfair and inhumane to put people in that kind of a situation.⁶⁸

Amanda Michelle Gomez, writing for the national publication *Think Progress*, amplified the Charlottesville rally in a piece about Medicaid expansion and battles against work requirements in several states. She opened with the statement that:

A lot has changed since Virginia's gubernatorial race last November yielded the highest voter turnout in 20 years. Then, health care moved people to the polls, as casting ballots at the time meant extending health care to 400,000 people. Despite historic Democrat gains, Republicans maintained control of the state house. Now, Medicaid expansion is subject to unprecedented conditions.⁶⁹

Even when a February rally was forbidden by the police in Onley, on the Eastern Shore, the resulting media coverage of the event in *Delmarva Now* included the following explanation of the issue:

Compared to the other states, the Commonwealth ranked 46th in the nation in per-capita Medicaid spending on the poor, disabled and others who are unable

54bfff693d2b_story.html?utm_term=.07c25d085d2f.

⁶⁸ Emmy Freedman, *Charlottesville Activists Hold Medicaid Expansion Rally*, WVIR NBC 29 (Feb. 8, 2018), <http://www.nbc29.com/story/37464314/charlottesville-activists-hold-medicaid-expansion-rally>.

⁶⁹ Amanda Michelle Gomez, *Work Requirements are Republicans' Preferred Delay Tactic for Medicaid Expansion*, THINKPROGRESS (Feb. 12, 2018), <https://thinkprogress.org/adding-work-rules-to-expand-medicaid-is-a-false-choice-activists-say-c45dcea2098e/>.

2018] GRASSROOTS ORGANIZING AND MEDICAID 41

to afford health insurance in 2017, according to according to the 2017 Joint Legislative Audit and Review Commission report.

The average per capita Medicaid spending in the country was \$1,575 in 2015, while Virginia averaged \$967 and declines to cover most single adults regardless of their income, the report shows.

The state estimates that expanding Medicaid under the Affordable Care Act would cover between 300,000 and 400,000 uninsured Virginians, according to *The Washington Post*.

GOP House Speaker Kirk Cox last month said House Republicans were “willing to begin a dialogue on health care,” but still oppose a straightforward expansion, according to an *Associated Press* article.

Instead, Cox said in the article, any overhaul should include a work requirement.

The federal government pays at least 90 percent of the costs of the Medicaid expansion population, as opposed to 50 percent in the existing program, but opponents say that even with that federal funding, the long-term costs of expanding Medicaid could present a problem because of rising health care costs, according to the article.

Included is [Delegate] Bloxom, who in 2017 voted to take Medicaid expansion out of the budget. Bloxom represents parts of Norfolk and all of the Eastern Shore in the Virginia House of Delegates.⁷⁰

A member of Virginia Organizing, Karen Downing, was also quoted in the article: “Accomack and Northampton counties are very low-income, poverty-level localities and for Delegate Bloxom to turn a deaf ear is careless...Your constituents are suffering and you have an opportunity to assist.”⁷¹

B. Compromise

Wherever possible, Virginia Organizing and the HAV Coalition highlighted bi-partisan agreement on Medicaid expansion. For instance, in Fredericksburg our chapter and partners organized a forum where Delegate Jennifer Carroll Foy (D-Woodbridge) and Delegate Bob Thomas (R-Stafford) both spoke about why they were in favor of the program.⁷² Coverage of the

⁷⁰ Clara Vaughn, *Medicaid Rally on Va. Shore Cut Short by Permit Issue*, DELMARVA NOW (Feb. 14, 2018), <https://www.delmarvanow.com/story/news/local/virginia/2018/02/14/medicaid-rally-permit-virginia/335160002/>.

⁷¹ *Id.*

⁷² Cathy Dyson, *Forum About Medicaid Expansion April 9*, FREE LANCE-STAR (Mar. 29, 2018), <https://www.fredericksburg.com/news/local/brief-forum-about-medicaid-expansion->

forum highlighted the expertise of the participants by calling them “stakeholders.”⁷³ The *Free Lance-Star* also covered the event itself and highlighted Delegate Thomas’s reasons for supporting the measure, “[a] proposal to expand Medicaid with work requirements for able-bodied recipients is the ‘conservative Christian’ thing to do.”⁷⁴

As it became clear to members of the HAV Coalition that it would not be possible to expand Medicaid without work requirements, all partners decided to support the measure in that form. They believed that expanding coverage to hundreds of thousands of new people would be worthwhile, even if work requirements meant that we would have to continue to organize people who might be left out, such as people with disabilities who do not qualify for Social Security.⁷⁵ Therefore, the Coalition continued to thank and amplify the voices of those Republicans who had declared themselves willing to vote for it, especially in the Senate, and HAV also made this willingness to compromise clear to Democrats who supported Medicaid expansion.

After the first special budget session also failed, another was called in May, and, after weeks of negotiations, the impasse finally cleared. Senator Emmett Hanger (R-Mount Solon) negotiated a compromise budget with House Appropriations Chairman Chris Jones (R-Suffolk), but the budget still had to clear the Senate Finance Committee.⁷⁶ In an atmosphere of intense scrutiny and acrimony, with health care activists inside and in front of the General Assembly building in large numbers, the pro-Medicaid faction succeeded in getting the budget out of committee despite Senate Majority Leader Tommy K. Norment’s (R-Williamsburg) opposition.⁷⁷ It was then approved on the floor.⁷⁸

april/article_ddbe698a-1e45-51a0-92af-5632a11160f0.html.

⁷³ *Id.*

⁷⁴ Jeff Branscome, *House Republican from Stafford Explains his Medicaid Expansion Vote at Forum*, FREE LANCE-STAR (Apr. 9, 2018), https://www.fredericksburg.com/news/local/house-republican-from-stafford-explains-his-medicaid-expansion-vote-at/article_9e520360-b8b1-5276-9ae4-49d27a2fae4f.html.

⁷⁵ See Elizabeth Simpson, *Proposals to Change Medicaid Program Could Impact Services for the Disabled, Elderly and Low-Income Families*, VIRGINIAN-PILOT (June 9, 2018), https://pilotonline.com/news/local/health/article_af287ee1-69fb-5d9f-b216-b7623535881a.html (proposing that in order to serve more people, Virginia will have to cut spending on Medicaid to disabled individuals because they “receive 49 percent of the state’s Medicaid dollars, even though they represent just 17 percent of the enrollment.”).

⁷⁶ Reema Amin, *Virginia Senate Pushes Back Decision on Budget, Medicaid Expansion Another Week*, DAILY PRESS (May 22, 2018), <http://www.dailypress.com/news/politics/dp-nws-politics-senate-budget-medicaid-20180522-story.html>.

⁷⁷ See Laura Vozzella & Gregory S. Schneider, *Virginia General Assembly Approves Medicaid Expansion to 400,000 Low-Income Residents*, WASH. POST (May 30, 2018), https://www.washingtonpost.com/local/virginia-politics/virginia-senate-approves-medicaid-expansion-to-400000-low-income-residents/2018/05/30/5df5e304-640d-11e8-a768-ed043e33f1dc_story.html?utm_term=.87c681a411f9 (stating that Norment “slammed the vote” to ex-

VI. CARRYING ON THE WORK

Virginia Organizing continues to organize and advocate for universal health care, in the hopes of realizing the full extent of what is meant by “We the People”. The next step after the budget passed in May was to celebrate, and we joined some of our partners in events around the Commonwealth to raise awareness of the victory. For instance, in Verona, our Shenandoah Valley chapters invited Senator Hanger to a celebration of expansion to thank him for his leadership throughout the campaign.⁷⁹ In Martinsville, chapter leaders treated the celebration as an opportunity to raise awareness of the beliefs held by many of our members about the need for social justice. From the *Martinsville Bulletin* reporting on the event:

Rev. Janine Howard said that one of the issues that must still be dealt with is a mindset that when one group of people receives a benefit, another group must necessarily lose something.

According to Howard, those who follow the Abrahamic faiths – meaning Christianity, Judaism and Islam – should understand that there is no “economy of scarcity where God is concerned.”

“An economy scarcity is the kind of thinking that says that if one person gains, somebody else has to lose,” she said. “Our traditions don’t really teach that at their core.”

“In fact, God has created abundance for us, and in that abundance, there is enough,” Howard continued. “It just requires some attention and it requires sharing. It requires understanding that what benefits you ... does not detract from my life. That’s a really hard concept, and I can tell you from badgering some of our elected officials over the last couple of years, that that’s one of the things that they always want to move to: ‘If we offer Medicaid expansion, then it’s going to cost something someplace else.’ It’s almost a veiled threat in some cases: ‘We’re going to have to cut education,’ or ‘We’re going to have to cut public safety.’”

It is the responsibility of people of faith, Howard said, to teach legislators that God has created abundance and that providing benefits to those in need evens the scales rather than disrupting them.⁸⁰

pand Medicaid as “abandon[ing] Virginia’s long-standing reputation for fiscal responsibility”).

⁷⁸ *See id.*

⁷⁹ Emmy Freedman, *Group Celebrates Expansion of Medicaid Coverage in Virginia*, WVIR NBC 29 (July 10, 2018), <http://www.nbc29.com/story/38616329/group-celebrates-expansion-of-medicaid-coverage-in-virginia>.

⁸⁰ Ben R. Williams, *‘There’s No Economy of Scarcity’: Residents Want to Change Minds About Medicaid*, MARTINSVILLE BULL. (July 10, 2018), https://www.martinsvillebulletin.com/news/there-s-no-economy-of-scarcity-residents-want-to-change/article_f62c502f-b43c-51d8-83d2-aa6dc774047a.html.

The way forward now is to raise public awareness of Medicaid expansion so that everyone who needs it will sign up. We do not know yet whether work requirements will prevent people from gaining access to care, or even if such requirements will be found legal by the courts. We continue to take the position that Medicaid supports people's ability to work, and therefore it is counter-productive to create barriers to access, especially since those barriers must be enforced with new levels of unnecessary bureaucracy. Evidence demonstrates that Medicaid has a number of positive benefits on people's ability to work.⁸¹ For example, an analysis of Medicaid from the Center for Budget and Policy Priorities notes that "most adults with Medicaid work--and those who don't mainly are ill or disabled, caring for family, or going to school."⁸²

VII. INDIVIDUAL STORIES

Perhaps the thing that makes grassroots organizing the most powerful and impactful is the way those who are directly affected tell their stories. People who qualify for Medicaid expansion in the Commonwealth are not a majority of the population. Even though universal health care benefits everyone indirectly, people inevitably care much more about the issues they experience directly and tangibly. Voters had to be convinced that real people needed the program, and that they were hard working fellow human beings who suffered from illnesses and disabilities that anyone could develop (or see a family member develop).

One of the ways to reach people who do not know someone who needs Medicaid is through telling personal stories in the newspaper, on television, or through radio news. In January 2017, Margaret Lipford, a member of the Danville Chapter of Virginia Organizing, agreed to tell her story in the local paper, the *Danville Register and Bee*.⁸³ First the author, Trevor Metcalfe, told Lipford's personal story:

Danville resident and cancer survivor Margaret Lipford said she started paying into the system more than 30 years ago.

For decades, she worked at Dan River Mills, putting part of her salary into Social Security, Medicare and other federal entitlement programs.

⁸¹ See Hannah Katch, *Medicaid Work Requirement Would Harm Unemployed, Not Promote Work*, CTR. ON BUDGET & POL'Y PRIORITIES BLOG (Jan. 11, 2018), <https://www.cbpp.org/blog/medicaid-workrequirement-would-harm-unemployed-not-promote-work>.

⁸² *Id.*

⁸³ Trevor Metcalfe, *Without Medicaid Expansion, Danville Resident Caught in Middle*, DANVILLE REG. & BEE (Jan. 27, 2018), https://www.godanriver.com/news/danville/without-medicad-expansion-danville-resident-caught-in-middle/article_a5610456-0302-11e8-affd-2f533ace008e.html.

2018]

GRASSROOTS ORGANIZING AND MEDICAID

45

Bad news arrived just as the mill was close to shutting down in 2006 — Lipford was diagnosed with lung cancer. After a surgery removed part of her lung, her doctor told her she would never be able to work again.⁸⁴

Metcalf then explained how flaws in the way public programs operate led to the injustice Lipford is experiencing:

Now 60, Lipford is on disability, making her one of the more than 400,000 Virginia residents who fall into the Medicaid coverage gap — people who are ineligible for the public health coverage but cannot afford quality health insurance or medical expenses.

She wants that to change.

A state Senate panel voted down efforts to expand Medicaid through legislation earlier this week in an 8-7 party line vote. State budget negotiations are now the sole way for Medicaid expansion to pass the General Assembly.⁸⁵

Lipford's difficulties are undeniably severe, and readers may feel not only compassion but also fear at the thought that they could end up in the same situation.

Because of mounting medical expenses, Lipford said she must pick and choose what doctor visits to attend, placing her most dire ailments first.

"I know I gotta go," Lipford said about going to her cancer check-ups or visits to manage her low blood pressure, rather than seeking long-term treatment for her allergies.

"Additionally, because she only can qualify for health insurance plan through her disability benefits, she still has to pay for part of costly cancer procedures, leaving her with thousands of dollars in medical bills.

"We didn't choose to become ill, or have chronic illnesses," Lipford said.⁸⁶

Helping people who do not need Medicaid to understand those who do serves an important purpose. In telling her story, Lipford also reaches out to those who have experienced similar problems to let them know that a larger movement exists to do something about it. The last section of the article reads:

Since 2014, the choice of whether to accept federal funding for Medicaid has been solely the responsibility of the Virginia General Assembly. Despite protests from then-Gov. Terry McAuliffe, Republican lawmakers defeated efforts to expand coverage every year.

⁸⁴ *Id.*

⁸⁵ *Id.*

⁸⁶ *Id.*

With a larger Democratic presence in the House of Delegates thanks to a November wave election, Gov. Ralph Northam is again attempting to expand Medicaid.

“The proposal currently before us will create tens of thousands of new jobs, save the commonwealth more than \$400 million over the biennium, reduce the strain on rural hospitals and help combat our mental health and addiction crises,” Northam said in a speech to the General Assembly earlier this month. “As a physician, I believe that expanding Medicaid is a matter of basic economic justice.”

In an interview last week, Del. Les Adams, R-Chatham, expressed his reluctance to support any Medicaid expansion efforts. He added that he believed action might still be taken in the U.S. Congress to repeal or replace the Affordable Care Act, referencing a U.S. Senate effort in 2017.⁸⁷

Laura Vozzella of the *Washington Post* covered the Medicaid expansion debate in Richmond, but also wrote about the citizens of Virginia who might benefit from coverage. One of her examples was Terry White of Chesapeake, a member of the Norfolk Chapter of Virginia Organizing. White’s story is different from Lipford’s, but also powerful:

Terry White of Chesapeake had kept fit for much of his adult life with push-ups and a little running on top of jobs as a carpenter, heavy-equipment operator and shipyard worker.

But years of wear and tear on his body from such physically taxing work caught up with him, anyway, and at a very inopportune moment: In 2008, he was perched 500 feet in the air on scaffolding in the Newport News shipyard, trying to ignore severe arthritis and nerve pain as he did touch-up painting on an aircraft carrier when both of his legs gave out.

“They had to send the paramedic people up there to get me,” he said. White, 50, chuckles, now able to appreciate the spectacle of it all. In much the same way, he musters amused detachment as he flips through medical bills that have stacked up since, debts that will probably never be behind him.

“Oh my God, this is terrible. Wait till you see this,” he said. “Can’t do [anything] but laugh about this stuff. This one is \$71,000 — surgery. This is the chemo, this is \$51,000. And this is Urology of Virginia. I owe them \$2,400.”⁸⁸

⁸⁷ *Id.*

⁸⁸ Laura Vozzella, *Meet Virginians Who Would be Helped by a Medicaid Expansion*, WASH. POST (May 21, 2018), https://www.washingtonpost.com/local/virginia-politics/meet-virginians-who-would-be-helped-by-a-medicaid-expansion/2018/05/21/2bf28274-5cf9-11e8-9ee3-49d6d4814c4c_story.html?utm_term=.bafa72ec2aa5.

CONCLUSION

The contributions of our many partners in the HAV Coalition cannot be mentioned enough. Every organization made a difference in the success of this campaign, and we wish it were possible for us to write a comprehensive history of all of their research and advocacy. We also wish we could thank every member who participated in our statewide health care advisory committee, and every supporter who acted when it was needed.

This is a history of our grassroots organizing, where the core of the work is to find directly affected people who have the courage to share their stories with thousands of people the way Margaret Lipford, Terry White, and many others did. These leaders had to be willing to talk about financial desperation and illness, subjects most of us would like to avoid sharing even in our private lives. Leaders sometimes spent months or years working with their chapters to develop these skills and the confidence necessary to share such stories. They practice speaking with each other in chapter meetings; take their stories to conferences, forums, and meetings with legislators; and finally, if they're willing, share them with journalists. Stories like these send a powerful message to people of good will that health care inequity is unjust and unwise.⁸⁹ Stories like these are critical to harnessing our constitutional authority to petition our government for redress. Stories like these allow us to fully realize the power of the phrase "We the People" and to turn that power into results for the people among us who need it most.

⁸⁹ "All this change didn't happen in a vacuum. Virginia boasted a broad-based 'Healthcare for All Virginians' coalition pushing for closing the coverage gap with over 100 organizations from the Virginia Rural Health Association to health clinics, and groups like the Leukemia and Lymphoma Society. Key groups like Virginia Organizing, the Virginia Interfaith Center, The Commonwealth Institute, the Virginia Poverty Law Center, and many more worked together to hold forums in every area of the state. These nonprofit advocates also personally talked to as many people as possible — from thousands of ordinary Virginia citizens to key political and business leaders in all areas of the state — both urban and rural. They worked across partisan and geographic lines to make it clear that extending affordable health coverage should be considered on its own merits and not on ideological grounds." Adam Searing, *Why Virginia Expanded Medicaid: Five Key Reasons*, GEO. U. HEALTH POL'Y INST. (May 30, 2018), <https://ccf.georgetown.edu/2018/05/30/why-virginia-expanded-medicaid-five-key-reasons/>.

