

4/12/17

4.1.0 Recount an experience you had through service in the community that made you curious to learn more about something. What did you want to learn and how did you go about it?

While working at Henderson I have encountered a lot of students from lower income families than my own. Many of them are on medicaid and other federal programs that aid families in difficult financial situations. One day when I was supposed to tutor one of the sixth graders at Henderson I found out that she was out due to dental surgery. When I asked my site supervisor about why she was out, my supervisor explained that a lot of students that are on medicaid go through unnecessary dental and medical procedures because the dentists and doctors recommend them since they are covered by the insurance. This was of particular interest to me because I often hear people complain about how lower income individuals and families "feed off" the system, but according to my supervisor many doctors and dentists (who presumably are doing fairly well since they own a practice) take advantage of the system by convincing families to undergo unnecessary procedures. I have always been supportive of the programs that the US has in place to help families and individuals in need and have always tried to explain the positive outcomes to those who believe that the programs should be reduced. This piece of information gave me a different perspective. It made me curious to see how much other, wealthier individuals benefit from these programs (especially medicaid and medicare) and if anything could be done to cut costs by eliminating wealthier individuals from exploiting those within the programs. First, I asked my site supervisor for more information about her experiences with students undergoing unnecessary procedures. My supervisor explained that it was primarily dental procedures and that a lot of immigrants get caps put on their teeth because the dentist will recommend it and the families don't realize that its unnecessary. I then researched online the different kinds of common medicare and medicaid fraud which include identity theft, unnecessary procedures, billing for unperformed services, billing in fragments and exaggerating the procedure to maximize payment. After learning about this abuse of the program I feel passionate about making sure that regulations are followed and that no programs should be cut until the regulations are heightened in order to prevent wealthier individuals from benefitting off of a program designed to help those in need. Through this experience I learned a lot more about a US program that I had not researched before and became more interested in the public health aspect of social justice.

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While in Ecuador, I served with Timmy Global Health, a group of American doctors who partner with locals in order to go into the deepest parts of the Amazon rainforest in Ecuador (as well as other locations worldwide) in order to provide medical services to people who would usually not have access to such things. I was skeptical going into my experience, thinking that short week-long trips like this were little more than something to make the people serving feel good about themselves. I thought that if you as a medical professional wanted to help people who don't have access to healthcare, then you should just set up a program at home in the U.S. for people without insurance to have free access to your services. I went into this area and was taken aback somewhat. Their ailments covered every part of the severity spectrum, from headaches to parasites and everything in between. While some needed serious care, others really only needed a bottle of Advil, which they had no way to get given complications of distance and communal economies. While my perspective changed in some ways, in others, I realized that if these individuals are getting parasites from drinking unclean water, then no amount of parasite medication will keep them from getting sick again unless they also have access to clean water. I started looking into organizations, not just in Ecuador, but around the world who were trying to organize a more robust and comprehensive way of dealing with some of these really basic needs of people, both in our own country and around the world. I found how difficult it is for a nonprofit to sustain so many varying activities that are all so equally integral to the basic health of individuals around the world. Cooperation is key among these single-focus organizations, and we need more of it.

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One of the hurdles that RVA Rapid Transit has had to consider over the past couple of weeks deals with community push-back to the Richmond Transit Network Plan (RTNP). After it was released, some community members, in particular the East End and Eastern South Side, voiced concerns over the plan. Based on rounds of public and stakeholder meetings, the RTNP was released creating a trade-off split in the system of 70% frequency, 30% coverage. As a result, the draft overall includes more frequent routes with less stops in higher density areas, in which many parts of the city will have a wait time of 15-30 minutes between buses at a given stop. However, some members within affected communities have as of late organized to oppose aspects of the plan, which they consider to be at best ill-informed, at worse malicious.

Some groups in the 6th, 7th and 9th districts have portrayed the system as racially motivated to decrease access to bus service for African American communities. As I became aware of the situation, my initial reaction was a mixture of confusion and frustration. Having been involved with the plan for the past 9 months, I have sincerely come to appreciate the way in which it improves the quality of service in centers of dense poverty, making it possible for people in those majority African American neighborhoods to depend on reliable service to access jobs, healthcare, and recreational activities. At the same time, I have come to understand that the system required a trade-off between frequent service in high density areas, and more expanded service in low-density areas, even at the expense of frequency in high-density areas. My frustration from current criticism stemmed from seeing that these factors were not being adequately contextualized, resulting in what I see as unfair criticism.

At the same time, this conversation serves a helpful reminder that African American relations with city hall are still healing. As such, skepticism towards the products of our local government is not impossible to understand. Furthermore, I did have to credit these critics from pointing out shortcomings in the plan, regarding particular terrain and community patterns within neighborhoods that were overlooked in the earlier stages of the plan. Given these factors, over the past week, I've become more interested in learning about two questions. What are the types of promises, coalitions, or outreach efforts needed to establish a sense of trust between skeptical communities and local government? Furthermore, what do these criticisms about the RTNP mean for its future, and how much do they truly behoove substantial change? So far, I've made plans to attend at least one more public meeting, which will likely include some groups unsympathetic to the plan. I hope to be able to have meetings with the organizers of these groups, since as of now I only know about their thoughts and concerns from other organizers at RVART. From there, however, I am still thinking through the best ways to answer these questions, and once the General Assembly Session wraps up, I hope to be able to devote more time to answering it.

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During a meeting with the Quality Place Action Team at the Capital Region Collaborative, I watched how an idea to serve both private and public interests fell through. The proposed plan was to pay for a polling research study on the perceived quality of place for Richmond Region residents.

The benefits of such a study for the public side would be to learn more about what we can do to make people feel happier and entrenched in the region. The more entrenched they are, the more likely they are to give back to local non-profit causes and serve in volunteering and public leadership capacities. The only way to know what we can improve on, is to first develop a baseline of where we stand right now, which involves an expensive study.

The private benefit side would be that the companies investing in the research study on behalf of the collaboration of the participating organizations would be that they could recruit and retain new employee talent better. Half the battle of recruiting a worker to a new company is convincing the potential employee that the city will be a great place to live. The proposed research could put evidence behind the companies claims about RVA during recruitment.

Non-profits need the data to benchmark how to improve to generate new community engagement and private companies need to recruit better, and although there is a mutual benefit to such a project, some companies were worried that the shared research across other private firms was detrimental to their own success. If company A has the same information as company B, then there is no advantage for any one company.

I saw this hesitation as something I wanted to think about more. As a collaborative organization I think the Capital Region Collaborative should focus on these dilemmas. As a non-profit who can sponsor and be the owner of the study, and market it as a benefit for all, while negotiating private funding at a lower bottom line cost for each company than they would pay for a each study individually, the CRC can get the data it needs. This can yield benefits for all.