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# **Texas' Other Death Penalty**

A Galveston medical student describes life and death in the so-called safety net. *by Rachel Pearson Published on Wednesday, November 13, 2013, at 2:01 CST* 



A patient at St. Vincent's in Galveston

I have received permission to share my patients' stories, and changed or omitted some names. This is a personal essay; the views are my own and do not reflect those of St. Vincent's House or St. Vincent's Student-Run Free Clinic.

The first patient who called me "doctor" died a few winters ago. I met him at the St. Vincent's Student-Run Free Clinic on Galveston Island. I was a first-year medical student then, and the disease in his body baffled me. His belly was swollen, his eyes were yellow and his blood tests were all awry. It hurt when he swallowed and his urine stank.

I saw him every Thursday afternoon. I would do a physical exam, talk to him, and consult with the doctor. We ran blood counts and wrote a prescription for an antacid—not the best medication, but one you can get for \$4 a month. His disease seemed serious, but we couldn't diagnose him at the free clinic because the tests needed to do so—a CT scan, a biopsy of the liver, a test to look for cancer cells in the fluid in his belly—are beyond our financial reach.

He started calling me "Dr. Rachel." When his pain got so bad that he couldn't eat, we decided to send him to the emergency room. It was not an easy decision.

There's a popular myth that the uninsured—in Texas, that's 25 percent of us—can always get medical care through emergency rooms. Ted Cruz has argued that it is "much cheaper to provide emergency care than it is to expand Medicaid," and Rick Perry has claimed that Texans prefer the ER system. The myth is based on a 1986 federal law called the Emergency Medical Treatment and Labor Act (EMTALA), which states that hospitals with emergency rooms have to accept and stabilize patients who are in labor or who have an acute medical condition that threatens life or limb. That word "stabilize" is key: Hospital ERs don't have to treat you. They just have to patch you up to the point where you're not actively dying. Also, hospitals charge for ER care, and usually send patients to collections when they cannot pay.

My patient went to the ER, but didn't get treatment. Although he was obviously sick, it wasn't an emergency that threatened life or limb. He came back to St. Vincent's, where I went through my routine: conversation, vital signs, physical exam. We laughed a lot, even though we both knew it was a bad situation.

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### 6/13/2014

#### A Galveston Med Student Describes Life and Death in the "Safety Net"

One night, a friend called to say that my patient was in the hospital. He'd finally gotten so anemic that he couldn't catch his breath, and the University of Texas Medical Branch (UTMB), where I am a student, took him in. My friend emailed me the results of his CT scans: There was cancer in his kidney, his liver and his lungs. It must have been spreading over the weeks that he'd been coming into St. Vincent's.

I went to visit him that night. "There's my doctor!" he called out when he saw me. I sat next to him, and he explained that he was waiting to call his sister until they told him whether or not the cancer was "bad."

"It might be one of those real treatable kinds of cancers," he said. I nodded uncomfortably. We talked for a while, and when I left he said, "Well now you know where I am, so you can come visit me."

I never came back. I was too ashamed, and too early in my training to even recognize why I felt that way. After all, I had done everything I could—what did I have to feel ashamed of?

UTMB sent him to hospice, and he died at home a few months later. I read his obituary in the *Galveston County Daily* News.

The shame has stuck with me through my medical training—not only from my first patient, but from many more. I am now a director of the free clinic. It's a volunteer position. I love my patients, and I love being able to help many who need primary care: blood pressure control, pap smears, diabetes management. We even do some specialty care. But the free clinic is also where some people learn that there is no hope for the chemotherapy or surgery that they need but can't afford. When UTMB refuses to treat them, it falls to us to tell them that they will die of diseases that are, in fact, treatable.



Part of the playground at St. Vincent's House community center.

Erica Fletcher

St. Vincent's is the primary care provider for more than 2,000 patients across Southeast Texas. Our catchment area is a strip of coastal plain strung with barrier islands. Drive inland and you start to see live oaks; go toward the coast and the oil refineries loom up over neighborhoods. The most polluting refinery in the nation is here, in Texas City. Our patients are factory workers, laborers, laid-off healthcare workers, the people behind the counters of seafood restaurants.

Most of our patients come from Galveston and Brazoria counties, but some drive two hours from Port Arthur or over from Orange, near the Texas-Louisiana border, to get to us. That's how hard it is to see a doctor in Southeast Texas: People take a day off work to drive two hours to a student-run clinic that can only provide basic care.

The clinic is overseen by faculty physicians—UTMB docs—who see every patient along with us students and prescribe medications. These doctors are volunteers. We are not a UTMB clinic, but we depend on UTMB, which is twenty blocks from St. Vincent's, for training our student volunteers, for liability insurance and for running our blood tests and other labs. UTMB has given us grants, including one that helped us get our electronic medical records system, and funds a nurse-managed day clinic for the uninsured at St. Vincent's House.

But UTMB is no longer the state-subsidized charity hospital it used to be. The changes began before Hurricane lke in 2008. But after the storm, UTMB administrators drastically cut charity care and moved clinics to the mainland, where there are more paying patients. The old motto "Here for the Health of Texas" was replaced by "Working together to work wonders." Among those wonders are a new surgical tower and a plan to capitalize on Galveston's semi-tropical charm by attracting wealthy healthcare tourists from abroad. Medical care for the poor is not, apparently, among the wonders. Whereas UTMB accepted 77 percent of charity referrals in 2005, it was only taking 9 percent in 2011.

UTMB ascribes these changes to financial strain from Hurricane lke, the county's inability to negotiate a suitable indigentcare contract and loss of state funding. The state blames budget shortfalls. The Affordable Care Act, better known as Obamacare, could have been a huge relief. However, Gov. Rick Perry rejected billions of dollars in federal funding to expand Medicaid, funding that should have brought access to more than a million Texans, including many St. Vincent's patients.

Perry's refusal is catastrophic health policy. For patients, it means that seeking medical care will still require risking bankruptcy, and may lead nowhere. For doctors, the message was not only that our patients' lives don't matter, but also

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# 6/13/2014

### A Galveston Med Student Describes Life and Death in the "Safety Net"

that medicine—our old profession, so full of people who genuinely want to help others—will continue to be part of the economic machine that entrenches poverty. When the poor seek our help, they often wind up with crippling debt.

Because they can no longer count on UTMB to accept their patients, UTMB doctors now refer many to St. Vincent's. They'll treat someone for a heart attack (because that's an emergency covered by EMTALA), then refer them to us for follow-up, even though we don't have a cardiologist. They'll stabilize a patient after her third stroke, put her on blood thinners and send her to us. They once sent us, from the ER, a man with a broken arm. They put the arm in a splint and referred him to us. What did they expect us to do—orthopedic surgery? Put on a cast? We don't even have an x-ray machine.

I do not think that these referrals are an official policy. Rather, they are the work of doctors and nurses trying to do *something* for patients who have been refused care through the financial screening process at the hospital. Former St. Vincent's leader Dr. Merle Lenihan has described the clinic as a "moral safety valve." It protects UTMB from confronting the consequences of the state's refusal to provide care.

Among those consequences are the deaths of the poor. As Howard Brody, director of the Institute for the Medical Humanities, has shown, 9,000 Texans per year will die needlessly as a result of our failure to expand Medicaid. However, because dying patients are often too sick, exhausted and wracked with pain to protest, UTMB and states like Texas aren't forced to reckon with the consequences of their policy decisions.

Because the very sick and the dying may not be able to speak about these issues, health-care providers—particularly the providers of the so-called "safety net"—must do so. It is in our clinics, in the bodies of our patients, where the consequences get played out.



Much of the medication at St. Vincent's is donated by doctors whose patients have died.

Erica Fletcher

Danielle has schizophrenia, and she's young, and she struggles with the medications. When we talk, there are long gaps in the conversation where, I think, she hears other voices. In one of these gaps, I notice the sun slanting in where it's beginning to set beyond the ship channel. There's gospel music streaming out over the basketball court from the speakers mounted on the side of the community center. I am reminded of what the director of the community center, an Episcopal minister, believes: Every patient is a miracle. The St. Vincent's House motto is "An oasis of hope, expecting miracles."

Danielle looks up and stares right at me. "Here's what I want to know," she says. "Why are we so poor?"

St. Vincent's House, which hosts the free clinic, is a historically African-American community center in the lowest-income neighborhood on our island, next to where the housing projects were before they were condemned. The federal government ordered Galveston to rebuild the public housing after Hurricane Ike, but the city refused. We elected a mayor who ran on an explicit anti-public housing platform. Just like the medical system, the city knows whose lives matter.

Now, dandelions grow in the empty lots left after lke flooded the neighborhood. People sit on the ragged, cracking curbs, and run wheelchairs right down the middle of the street because the sidewalks tend to end in grassy fields or little precipices.

The community center employs a person to stand in the street and walk us to our cars after clinic if we want. Who is he

protecting us from, I wonder. Our patients?



Equipment at St. Vincent's, like this refrigerator, has been donated by UTMB and various doctors or purchased with grant money.

In my second year of medical school, I took a small-group course with a famously terrifying surgeon. He told us his moral motto: "A physician never takes away hope."

I never figured out how that motto could guide doctors through a system where our patients are dying from treatable diseases. Part of my job, it seems, is precisely that: to sit down with patients and, as gently as possible, take away hope.

Consider Vanessa and Jimmy. They met in New Orleans when she was 18. She was working cleaning motels, and he took her on a tour of the tugboat he was captain of. Vanessa says they came to St. Vincent's because the shipyard Jimmy worked for opted out of providing insurance even for full-time employees like him. They looked for insurance on the open market, but couldn't afford it.

The Affordable Care Act is supposed to help families like Vanessa and Jimmy get insurance. Folks higher on the income scale should now be able to afford insurance thanks to government subsidies. The poorest of the (legally documented) poor should be covered by Medicaid. And for those people in between, the federal government offered to pay for almost all the costs of expanding Medicaid.

More than a million Texans—and most St. Vincent's patients—are somewhere in between. They are the working poor, or they are adults without dependent children, who cannot qualify for Medicaid in Texas, no matter how poor they are.

When Jimmy's labs showed a dangerously high white blood cell count, we sent him to the ER. It was pneumonia, and there was a huge tumor underneath. Current guidelines would recommend screening Jimmy for this kind of cancer every year, but we have neither the equipment nor the funds to offer screening. So it got caught late.

After Jimmy was diagnosed, I helped Vanessa fill out the paperwork to request financial assistance for cancer care. She wanted to know how likely UTMB was to offer her husband assistance he needed.

In addition to only accepting 9 percent of applicants, the charity care approval process is a dark art, and we never know who will be accepted. According to the UTMB Charity Care policy, the institution may consider not only a person's income and diagnosis, but also such vague qualities as "the history of the problem." They also consider whether the treatment will offer "educational benefit" to medical students and trainees. Physicians in training have to see a certain number of each type of case. If the programs are hitting quotas with funded patients, patients like Jimmy are less likely to be accepted.

The complexity and vagueness of these policies meant that it was impossible to tell Vanessa how likely UTMB was to take her husband. We can guess around a 10 percent chance, but we never really know.

For patients facing cancer, this is not a hopeful answer.

Vanessa called from a hospital in Houston in early November, distraught, asking me to help her decide whether or not to let the doctors turn Jimmy's breathing machine off. She was afraid she wouldn't be able to live with herself, no matter which she chose. I gave her the advice I'd give a friend: that I trusted her love for her husband and her ability to decide from a place of love. Jimmy died late that night.

#### 6/13/2014

### A Galveston Med Student Describes Life and Death in the "Safety Net"

Vanessa's request for UTMB funding wasn't approved. She has received a \$17,000 bill from UTMB for the visit when Jimmy went through the ER, and a \$327,000 preliminary bill from the Houston hospital.

If the Affordable Care Act had been in effect last year, they would have been able to afford insurance, get treatment early and avoid bankruptcy. I use stories like theirs—cancer stories—when I am encouraging my patients to check out the insurance exchanges.

But with Jimmy gone and Vanessa unemployed, she now falls into the Medicaid coverage gap. I don't know how she will get care, if she ever needs more than St. Vincent's can give.

My first patient, the one who died in hospice, might have lived if his cancer had been treated before it had spread from the kidney. But without the Medicaid expansion, the Affordable Care Act wouldn't help him: As an adult with no dependent children, he wouldn't qualify for Medicaid now.

In a better medical system, he'd have had a chance at a more dignified experience of illness. He wouldn't have had to wait for hours in a crowded free clinic, and assume the posture of gratefulness that charity seems to require. He wouldn't have had to be treated in part by an earnest, but unskilled, first-year medical student. He, like so many Texans, deserved better.

When one of our St. Vincent's patients gets a bad diagnosis, we start sending faxes: to UTMB, to MD Anderson, to anywhere that might have funds to help them. Sometimes it works out, but often it doesn't. Sometimes I think of it as "sending faxes into the abyss." And sometimes I think of it as the slow, diligent, technical way that I have of insisting that these lives matter.

Tags: Affordable Care Act, EMTALA, Galveston, medicaid, Obamacare, Rick Perry, St. Vincent's, Ted Cruz, University of Texas Medical Branch, UTMB

Rachel Pearson is an MD/PhD student at the Institute for the Medical Humanities and the University of Texas Medical Branch.

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	texasaggie → TheGrimJester · 7 mo         The last time an enemy was at ou         159 ∧   ∨ · Reply · Share >	inths ago ir door was when Pancho Villa crossed the Rio Bravo
	about it.	ii and a thing called Pearl Harbor. You should read ng the enemy off our doorstep, a doctor or a soldier?
	flying Middle Easterners or we get	any of us? We're invaded by a bunch of magic carpe

Hawaii. The last person to invade TX was Pancho Villa unless you count the Comanches. But they were here first.  $164 \land | \lor \cdot \text{Reply} \cdot \text{Share}$ 

# texasaggie → texasaggie • 7 months ago

Someone explain to me why the RWNJ are so afraid. They worry about violent crime so they carry guns that end up committing violent crime. They worry about invasions so they invade other countries which ends up with our soldiers dying. They worry about all sorts of boogeymen that are so unlikely to happen, but they don't pay attention to the things that are real, like poor eating habits (the homeland of the RWNJ is far and away the most obese section of the US.) They aren't concerned at all with pollution that has killed and is killing hundreds of people living next to refineries (Houston), who are dying because of oil spills (the Gulf Coast), who are dying because of mountain top removal for coal (WV, KY, PA). How do their brains work?

136 \land | 🗸 • Reply • Share >

# dcordell → texasaggie • 7 months ago

Because America has become a death worshiping country. How else can one explain spending about 2/3 of a TRILLION \$\$\$ per year on the military death machine, but "can't afford" to save the lives of sick citizens.

America is a moral sewer. 122 ^ | ~ • Reply • Share >

# Rick\_B → dcordell • 6 months ago

I have long thought that the U.S. failed to pass national health care in the 50's or 50's because the U.S. government was spending so much on the Cold War that the additional budget expense of universal health care could not be justified to a majority in Congress, especially when the AMA fought against it and employer-provided health care covered the middle class.

Congress is not a moral machine. It is a political one in which individuals strive to get ahead personally and sometimes reflect the need of the nation. The power of money from the 1% has changed this country away from the essentially democratic nation it was before.

11 A V • Reply • Share >



# DannyE → dcordell • 7 months ago

Don't forget the liberal love of abortion...

1 🔨 | 🗸 • Reply • Share >

# SueTX → DannyE • 6 months ago

Sorry to burst your illusions DannyE, but I'm a liberal who is pro choice, NOT pro abortion. I have never been on the 'public dole' and have worked since I was 11 years old. I have sung in the church choir since I was a child.

I'm pro choice because I don't have the right to decide another woman's health needs. I'm Christian because I believe, among other things, the teachings that Jesus gave us in Matthew 25:40-46.

I'm pro marriage equality because God doesn't make mistakes, and everyone should have the right to marry the person they love.

I believe we should all work to the best of our abilities, and be paid a living fair wage for our labors. I haven't made up my mind about the death penalty....Cheney is still alive and might be eligible for it one day.

Maybe this will help you turn off Fox Noise and join the real world where truth lives, instead of their twisted entertainment/lies.

35 A V • Reply • Share >

# DannyE → SueTX • 6 months ago

Such a puerile response. Pro-choice means pro abortion. A christian who believes in killing babies, wouldn't Jesus be proud.

You need to turn off the race baiters of MSNBC so you can even have brain processes that might see the truth.

Gays marrying eats at the very foundation of society. Recent studies prove that raising kids in a gay environment is bad for them. But then again, your liberal idolatry blinds you.

Worshiping the golden calf of liberalism. I guess we know who you worship now. 2 A | V + Reply + Share >

# SueTX → DannyE • 6 months ago

No, choice means CHOICE - giving a woman the respect to make her own decisions about her own body and future. I've known personally 5 women who were impregnated by rape. All CHOSE to keep the baby, and raised it in a loving home. It was their CHOICE to do this and that was what made it possible.

Contrary to controlling conservatives lies, women do NOT want to go through this difficult invasive procedure if they don't have to. Education and availability of contraceptives does more to prevent abortions than your draconian laws. As for raising kids in a 'gay environment' it's been proven over and over again - children need love, discipline and security, and the makeup of the family unit that provides that is much less important.

I'm a 57 yr old grandmother who lives way out in the country. I don't watch TV or depend on talking heads to tell me what to think. I read many different sources, discuss with others who have opposing views and pray for guidance. I suggest you try it too.  $17 \land | \lor \cdot \text{Reply} \cdot \text{Share}$ 

# Blaire Sovereign -> SueTX • 6 months ago

"Education and availability of contraceptives does more to prevent abortions than your draconian laws." That's just the thing though, religious psychos don't care about preventing pregnancy they want to prevent SEX, they don't want people having sex and want to dictate how others live. Forcing people to have children young is a way of controlling them.

13 🔺 🛛 🗸 · Reply · Share ›

# SueTX → Blaire Sovereign • 6 months ago

You're absolutely right there, Blaire. It's a pleasure to join the "same pile" with you ;-) 3  $\land$  |  $\lor$  · Reply · Share  $\diamond$ 

# DannyE → SueTX • 6 months ago

Women have repeatedly shown they have no acumen for guiding their lives. So many use men to get pregnant and rip the taxpayer off. Time to start sterilizing. Education only fuels younger and younger kids having sex. It seems you may be 57 but you need to grow up.

∧ | ∨ • Reply • Share >

# Blaire Sovereign → DannyE • 6 months ago

I really hope you're just trolling. If you actually believe the evil you're spewing God help us as a country  $T\_T$ 

8 A V · Reply · Share >



And Blaire Soverign goes into the same pile as SueTX...

SueTX → DannyE • 6 months ago

I'm going to add you to my prayer list DannyE. You obviously are in need. 4 ~ | ~ • Reply • Share >

# DannyE → SueTX • 6 months ago

Please do and pray for your own confusion about "choice" I bet God has a word of wisdom for you on that one.

Reply • Share

# DannyE → SueTX • 6 months ago

Please do, but don't forget to pray about killing babies, I bet God does not like "choice."

TattooedLittleMiss → DannyE • 5 months ago

Again, it can be asked: what are conservatives so afraid of?

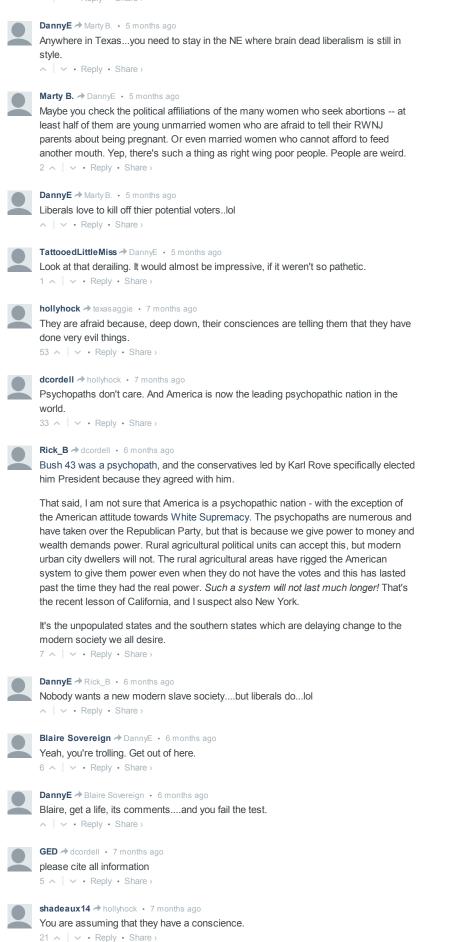
Also, cite your sources, sweetcheeks. 3 ^ V · Reply · Share >

# Marty B. → DannyE • 5 months ago

DannyE → Marty B. • 5 months ago

All over Taxas, you need to be in the NE with the liberal loops

All over it exas, you need to be in the type with the liberatioons.
∧ | ∨ • Reply • Share >



# DannyE 🛷 hollyhock • 6 months ago

You are right, liberals are very afraid all the time. They can't think for themselves, they can't protect themselves, and God forbid they bring a child to term and it not be on the taxpayer dime.

∧ V • Reply • Share >

# MyKarmaRanOverYourDogma A texasaggie • 7 months ago

They'd have to have brains, first. THAT is the problem. The politicians keep defunding schools because they know that smart people would NEVER EVER vote for them in a million years. And then they sell them on the idea of "homeschooling" so they can teach their kids that the earth is only 6k years old and slaves were really "unpaid interns" who rose up against their "benevolent bosses", and the war was NOT about slavery, it was about Northern aggression. These are inbred, stupid hillbilly trailer trash and anyone who agrees with them isn't much better. And they are so gullible and malleable and compliant in these politicians hands because the evil they preach is what they WANT to believe. Hatred, bigotry, racism and greed. Destroying what made this country great once.

77 A V • Reply • Share >

Pamela Barres Kepner Fusco → MyKarmaRanOverYourDogma • 7 months ago

Very well worded reply, So many people I would love to read your point of view! 8 < | <  $\cdot$  Reply  $\cdot$  Share >

# Rick\_B → MyKarmaRanOverYourDogma • 6 months ago

As correct as I think you are, your view is too narrow. It is not a just problem of inbred stupid individuals because these are people created by the dominant class - especially in the South but not only in the South - to support the predatory wealth-garnering behavior of the upper class wealthy. Check my response to texasaggie for a more complete explanation.

5 A V · Reply · Share >

# TattooedLittleMiss → Rick\_B • 5 months ago

Agreed. Too many people scream about hicks and rednecks. They point fingers at "trailer trash" and ignore the fact that the extremist conservatives with power all come from wealthy families and own our media conglomerates, our corporations, and quite a few are from practically dynastic families in the political sphere. Even the "rednecks" of television usually started out as clean cut and paid into a stereotype to get attention: Duck Dynasty and Larry the Cable Guy being ideal examples.

3 A V • Reply • Share >

#### Barry Leon → MyKarmaRanOverYourDogma • 6 months ago

Just pointing out that America spends more per student than most of the rest of the world and it does not seem to be the answer to our educational deficit. 1 ~ | ~ • Reply • Share>

# TattooedLittleMiss → Barry Leon • 5 months ago

Because we don't spend more per student than the rest of the world, what we do spend is not equally distributed, and instead of teaching children objective facts, we're teaching them dogma. We allow majority-conservative regions (\*ahem\* Texas) to erase events, people, and theories from their textbooks because another curriculum might, for a few seconds, remove glory from white, straight, Christian cismen a millisecond and then the rest of the nation buys those faulty textbooks.

Barry Leon → MyKarmaRanOverYourDogma • 6 months ago

Also pointing out that it is the least educated people who seem to vote for the party that is most likely to give stuff out (longer unemployment insurance, food stamps, phone), never realizing that it will often keep their family in an inter-generational cycle of poverty.

# DannyE → MyKarmaRanOverYourDogma • 6 months ago

I think your dogma poo\*\*ped in your brain. Something seems to be wrong most of your neurons are not firing.

∧ V • Reply • Share >

# MyKarmaRanOverYourDogma → DannyE · 6 months ago

Spoken like a homeschooler. I can smell the butthurt from here. Try some deodorant or something, that shit stanks.

3 A V · Reply · Share >

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You better move to California because LAZINESS don't pay Texas!
"Oh, I have a mental health issue" yeah, so some good hard work should do you good.
Americans are getting lazy and fat and more government programs won't help!
Wrong For America → Citizen of the SW · 6 months ago In Texas they expect you to get a job and take care of yourself and your family not si on your butt and get free benefits!
They have brains???? It's the paradigm of "Texas" thinking that always does them in and the fact that they are bigots, Republicans and uninformed voters who don't give a damn about anyone but themselves. 19 $\land$   $\checkmark$ · Reply · Share >
Citizen of the SW → texasaggie · 7 months ago
MyKarmaRanOverYourDogma → DannyE · 6 months ago More name-calling. Typical, when you have no response that doesn't make you sound even more stupid than you apparently are. How long did it take for you to look up the big words? Very impressive. (Look it up.) Thanks for playing. 1 ∧   ∨ · Reply · Share >
Wow, such a brilliant riposte from such a dullard. You need to change your avatar to something besides trollinglol 1 ^   ~ • Reply • Share >

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