

Good Morning Senate Committee on Health and Welfare,

My name is Dylon Gookin. I am a second year medical student, attending the Robert Larner College of Medicine at the University of Vermont. For the past year, I also worked as co-chair for our local branch of Students for a National Health Program. I am speaking today not only as a concerned, independent, Vermont citizen, but as a future health care provider. I am not speaking as a representative for any organization.

It is worth noting that most of my class, at this moment, is neck deep in their studies, as we prepare for our first board examination. The results of this exam will dictate the future of our careers, and I can not underline its importance enough. To be frank, the stress of it has me sprouting my first grey hairs.

...

So why am I on the phone, testifying on behalf of S.53, instead of studying?

Right now, in our country, there is no question that health disparities exist. I've barely held a stethoscope and even I've seen it. My classmates and I are the next generation of doctors. We will be yours and your children's and your grandchildren's companions against sickness and harm. Every one of us is eager for the job. And one day, my colleagues and I will see you in our offices - but personally, I hope it won't just be you – you all that can currently, readily, afford health care.

Before medical school, I worked with alongside doctors in primary care and watched as they performed real-life miracles. Every day, doctors do their best to change lives for the better. Amidst the positivity, however... are the hard moments. In my experience, there is only one thing worse than giving someone bad news: knowing that if they had come in just 6 months sooner, there would not have been bad news to give.

Since coming to Vermont, I've met nothing but friendly faces. Most of you probably know that local businesses around here often only take cash. On many occasions, I've seen barbers and farmers tell visitors – “No worries,” when short a dollar – that they could pay them back at a future visit. Unlike barbers and farmers, however, cancer doesn't wait for your next paycheck.

Heart disease doesn't care if you've had the money to visit your primary care physician. Believe it or not, diabetes doesn't check your wallet before causing problems. You can trust me on this – I was actually just studying it before I got on the phone

Here in Vermont, you have a chance to change this. Primary care is called primary care for a reason – it gives patients someone to see first, before cancer, or heart disease, or diabetes, has a chance to become an issue in the first place. It allows doctors to be curators of preventative medicine, instead of harbingers of corrective care.

...

But if you're listening to me, there's little doubt you know all of this. With any luck, every one of you has health insurance, and has heard everything I've just said, in one form or another.

So, let me give you my unique perspective, as a part of your future generation of doctors: I, like most of my colleagues, have not yet decided what to specialize in. We haven't gone through our rotations, where we get to test drive the various branches that medicine is made up of: pediatrics, general surgery, psychiatry, etc. Even with the experience, there are so many factors to take into consideration when it comes to specializing.

Do you want to work with your hands, or with your ears? Do you fancy your own office, or would you prefer to stay on your feet all day? What kind of patient population do you want to serve? Salary is always a part of the equation for everybody, but never the headlining factor.

For me: I want to help everyone I can, under the broadest spectrum of care I can provide. This naturally has me leaning toward primary care.

Unfortunately, my prior experience in primary care has me hesitant. Working with private insurance providers was an increasingly taxing and time-consuming part of the job. The financial barrier to even the most basic of services caused nothing but grief and frustration for patients and medical staff alike. When I see doctors and nurses spending more time arguing with insurance companies than speaking with their patients, it dissuades me from wanting to pursue a career in primary care. I realize S.53 would not eliminate this grievance altogether, but it would paint a brighter reality than that of today.

Further, it's worth noting that I was born and raised in Arizona – I've come a long way from the desert, and I can't say I've loved the ice and cold that Vermont has brought us this winter. In spite of that, a health program like that introduced by S53 would be a true attractor for future doctors like me to stay and practice in Vermont.

...

In case it needs to be said plainly: a universal primary healthcare program in Vermont, designed to benefit patients instead of investors, would encourage me to work in primary care, here in Vermont. I am certain that I am not alone in this sentiment.

Thank you so very much for the opportunity to testify.