

GEORGIA & THE SOUTH

MORE TOP NEWS FROM AROUND ATLANTA, GEORGIA AND THE SOUTH

AROUND THE SOUTH

Rural health care is ‘trendy.’ Medicaid expansion is not.

Addressing gaps in care is only effective if patients can afford it.

By Laura Sausser
KFF Health News

WALHALLA, S.C. — Nestled in the foothills of the Blue Ridge Mountains, a small primary care clinic run by Clemson University draws patients from across the region. Many are Hispanic and uninsured, and some are willing to travel from other counties, bypassing closer health care providers, just to be seen by Michelle Deem, the clinic’s bilingual nurse practitioner. “Patients who speak Spanish really prefer a Spanish-speaking provider,” Deem said. “I’ve gotten to know this community pretty well.” Clemson doesn’t operate an academic medical center, nor does it run a medical school. Arguably, the public university is best known for its football program. Yet, with millions of dollars earmarked from the state Legislature, it has expanded into delivering health care, with clinics in Walhalla and beyond. School leaders are attempting to address gaps in rural and underserved parts of a state where health outcomes routinely rank among the worst in the country. “Some of these communities have such high need,” said Ron Gimbel, director of Clemson Rural Health, which operates four clinics and a fleet of mobile health units as part of the university’s College of Behavioral, Social and Health Sciences. “They have so many barriers that impact their ability to be healthy.” Clemson Rural Health is one of several programs attempting to meet this need in the state. “Rural health is trendy,” said Graham Adams, CEO of the South Carolina Office of Rural Health. State lawmakers nationwide are spending millions of dollars to address a rural health care crisis long in the making. For more than a decade, though, Republican-controlled legislatures in most Southern states have refused billions in federal funds that would provide public health insurance coverage to more low-income adults. These are the same states where racial health disparities and health outcomes are often worse than in



Clemson Rural Health opened a clinic in Walhalla, S.C., in September 2022. Previously, the program operated a mobile health clinic in Walhalla that served uninsured expectant mothers. Now, it offers primary care to insured and uninsured patients. COURTESY OF CLEMSON UNIVERSITY

other regions.

Nearly every state has extended Medicaid coverage for women in the months after they give birth. But 10 states haven’t fully expanded Medicaid coverage with federal money made available under the 2010 Affordable Care Act. Seven of these states — Alabama, Florida, Georgia, Mississippi, South Carolina, Tennessee and Texas — are in the South. With few exceptions, adults without children in these states don’t qualify for Medicaid coverage, regardless of their income level. Georgia Gov. Brian Kemp and South Carolina Gov. Henry McMaster, both Republicans, recently announced plans to expand Medicaid in limited ways to include some parents. The South Carolina plan would impose work requirements on some of these newly eligible Medicaid beneficiaries, while the Georgia plan would allow some parents of young children to skirt the state’s existing Medicaid work rules. Both plans require federal approval. Jonathan Oberlander, a professor and health policy scholar at the University of North Carolina, said he doesn’t expect to see any of the remaining states rushing

to fully expand Medicaid. Before Donald Trump took office on Jan. 20, Republicans in Washington had already expressed their intention to dramatically cut spending for Medicaid, which covers 72 million people at a cost of nearly \$900 billion. “There’s a large gray cloud hanging over Medicaid expansion right now, and that’s because there’s so much uncertainty about what the Trump administration and congressional Republicans are going to do,” Oberlander said. Even so, in South Carolina this year the advocacy group CoverSC plans to lobby the General Assembly to pass a bill to adopt Medicaid expansion, said Beth Johnson, regional government relations director for the American Cancer Society Cancer Action Network and a CoverSC board member. The state’s legislative session began Jan. 14. If such a measure were approved, the federal government would cover 90% of the state’s Medicaid expansion costs and South Carolina would be expected to pay 10%, or an estimated \$270 million during the first year, according to a 2024 report by the Milken Institute

School of Public Health at George Washington University. Across all 10 non-expansion states — which, outside the South, also include Kansas, Wisconsin and Wyoming — about 1.5 million people fall into a coverage gap, according to 2024 estimates from KFF, the health information nonprofit that includes KFF Health News. That means they do not qualify for Medicaid coverage or financial assistance to buy insurance through the federal marketplace. Many people who would qualify for Medicaid if these states were to expand eligibility are gig workers, Johnson said. They are musicians, drive for Uber or deliver pizza, and typically don’t qualify for insurance through their jobs. “They are providing services that we all appreciate,” she said. “And they simply can’t afford health insurance.” Clemson Rural Health attempts to fill this gap by providing primary care, cancer screenings, nutrition education and diabetes management for uninsured patients free or at reduced rates. Only about half of patients seen by Clemson Rural Health have health insurance, Gimbel said,

compared with 92% of the U.S. . Clemson Rural Health has been underwritten by a \$2.5 million contract, its largest source of funding, from the state Department of Health and Human Services, which administers Medicaid in South Carolina and operates with a budget approved by state lawmakers. That’s a relatively small amount compared with the \$47.5 million the state Legislature has given to the Medical University of South Carolina to move into rural communities. MUSC has served Charleston for most of its 200 years, but since 2019 it has expanded by purchasing, building or partnering with seven rural hospitals — some on the brink of closure and one emergency department. MUSC is to open an additional rural hospital this year. Other states have made similar investments. The University of Georgia has established a new medical school, partly to send more physicians into underserved and rural areas. The Georgia General Assembly kicked in half the cost of a new \$100 million building for medical education and research in Athens. The Tennessee General Assembly passed a budget last year that included \$81 million for a variety of rural health initiatives. Outside the South, state legislatures in Colorado, Nevada, West Virginia and elsewhere have made recent investments in rural health, in addition to expanding Medicaid eligibility. Some spending has been prompted by a wave of rural hospital closures — more than 100 since 2010, according to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina. Some public health experts point out that bolstering the number of rural clinics, hospitals and doctors in the South won’t matter much if patients can’t afford to make an appointment. “Lack of ability to pay is one of the greatest barriers,” said Adams.

KHN (Kaiser Health News) is a national newsroom that produces in-depth journalism about health issues. KHN is one of the three major operating programs at KFF (Kaiser Family Foundation), a nonprofit organization providing information on health issues.

SOUTH CAROLINA

Mysterious lights haunting town may have earthy origin

Summerville, S.C., glow could be ‘earthquake lights,’ researchers say.

By Carolyn Wilke
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Summerville, a town northwest of Charleston, South Carolina, has its share of ghost stories. One yarn that has stuck around for decades is the tale of the Summerville Light. In the dead of night, along a dirt road in the nearby pine forest following abandoned railroad tracks, people have observed mysterious lights, bobbing up and down, pulsing with a pale blue, green or orange hue. Along the tracks, the story goes, a woman waited for her husband, a railroad worker, to return. But he died, losing his head in an accident. Ever devoted, the widow searched for his remains. She continued — even after her own death: The flicker of her lantern was all that remained. It’s a goose-bumpy explanation of the Summerville Light. The remote road in the story even became known to locals as Light Road, a spot where specter seekers reported glowing orbs and unusual noises in the 1960s. Susan Hough, a seismologist at the U.S. Geological Survey, thinks this supernatural story can be explained by natural phenomena. While studying the area’s seismology, Hough scoured historical accounts, old newspaper articles, letters and diaries for mentions of earthquakes. One book she found, “Haunted Summerville,” mentioned a big 1886



Susan Hough, a seismologist at U.S. Geological Survey, thinks the Summerville Light can be explained by natural phenomena. Researchers said Summerville checks the boxes for the requirements of earthquake lights, which tend to arise from quakes far from the edges of plates and in places with rocks rich in iron and magnesium. SUSAN HOUGH VIA NYT

quake. Could there be a connection between earthquakes and the area’s ghost stories? Some reports of the Summerville Light also mentioned that

cars violently shook. “Well, to a seismologist, that sort of screams ‘shallow earthquake,’” Hough said. She reckoned that some reports of paranormal activity might be

explained by earthquakes. In a house that hosted a tearoom and antiques shop, the owners described noises upstairs, doors slamming and objects that had been moved. Those observations echo how seismologists describe the results of certain low-level seismic activity. “It’s basically shaking that’s at the threshold of perceptibility,” she said. Though far from the edge of a tectonic plate, Summerville has seen major shaking. The big 1886 earthquake caused serious damage in Charleston, Hough said. But that temblor’s epicenter was closer to Summerville, she said. To better understand the area’s seismic risks, Hough and her colleagues have been studying its faults, a difficult task as they lie buried under swampy sediments. Historical sources have provided hints. An account of the 1886 event described how a railroad line south of Summerville had been yanked to the right by around 15 feet. That confirmed that a fault must run right through there, Hough said. The area is still seismically active, at a low level, but elevated compared with other places along the East Coast. But what about the ghostly lights? Summerville was jolted by at least three earthquakes in 1959 and 1960. And seismic rumblings can produce mysterious glows known as earthquake lights. In 2014, researchers examined reports on dozens of earthquakes and their luminous glows and found some trends. Earthquake lights tended to arise from quakes far from the edges of plates, in areas

that have been stretched out and in places with rocks relatively rich in iron and magnesium. The Charleston area checks those boxes. “The ingredients are all there,” said Will Levandowski, a geophysicist at the consulting company Tetra Tech who was not part of the study. He added that it is “an appealing explanation for these ghost stories.” Researchers have come up with several hypotheses for earthquake lights. One says that, in the lead up to shaking, minerals within the earth deform, freeing up electrical charges. These charges can travel to the surface, where they create electrical fields strong enough to make molecules in the air glow. Another explanation involves gases, like methane, released by earthquakes. Friction, such as that from seismic motion, can create static electricity, said Yuji Enomoto, who studies earthquake science and disaster prevention at Shinshu University in Japan and was not involved in the work. The buildup of charge can provide the spark to combust the methane, producing colored light, including blue and orange hues. Radon gas, which is released along active faults, may also play a role. In Summerville, the old rail lines or debris left around the track could have been rubbing together to provide a spark for the lights, Hough noted in a paper she published last week in Seismological Research Letters. “It hangs together in the sense that the ghosts are hanging out near Summerville,” Hough said. “And, by all indications, Summerville was kind of ground zero — where the strongest shaking occurred.”