

Why “Just Leave” Is a Can’t, Not a Won’t

Terminal illness, benefit surveillance, and why escape is not a viable option

Why “just leave” fails for the terminally ill and system-trapped. How benefits surveillance, housing risk, and AI scrutiny make escape impossible.

When illness, income surveillance, and housing instability collide, escape is not a choice. This piece breaks down the systemic math behind why ‘just leave’ fails people trapped by medical and financial constraints.

1. “Just Leave” Assumes Leaving Is Safe

It isn’t.

“Just leave” only works if:

- Income is stable
- Medical access continues
- Housing risk is limited
- Appeals can be survived

None of those conditions exist here.

The Safety Risks of Leaving

•**Increased Lethality:** Separation is the most dangerous period for survivors; **75% of domestic violence homicides** occur when the victim attempts to leave.

•**Systemic Barriers:** Leaving requires stable income and medical access, yet abusers often sabotage employment or destroy credit, with **99% of abusive relationships** involving financial abuse. [Barriers to Leaving an Abusive Relationship](#)

2. Terminal Illness Changes Every Calculation

I am terminally ill.

That means:

- Medical continuity is survival, not convenience

- Any disruption carries irreversible risk
 - Time is not neutral
- Leaving does not pause disease progression.

Risks of Care Disruption for the Terminally Ill

- Medical Continuity:** For those with advanced illness, provider continuity is linked to **lower mortality rates** and fewer ICU stays.
 - Impact of Gaps:** Disruptions in care for chronic or terminal conditions significantly worsen health outcomes and increase the risk of mortality.
- [Factors disrupting the continuity of care for patients with chronic disease during the pandemics: A systematic review](#)
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3. Medical Blacklisting Created Artificial Underutilization

I am not receiving regular care because I was denied care.

That denial created:

- Gaps in treatment
 - Sparse billing records
 - Apparent “non use” of services
- This looks like improvement in a database.
It is not improvement in a body.
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4. Underutilization Is Interpreted as Recovery by AI

Federal systems do not investigate intent.

They apply rules:

- Low utilization → presumed improvement
 - Presumed improvement → disability questioned
 - Disability questioned → benefits terminated
- AI does not ask why care stopped.
It only sees that it did.

AI Surveillance and Benefit Risks

- Algorithmic Triggers:** The **Social Security Administration (SSA)** uses AI models to flag disability cases with a high likelihood of “medical improvement” for **Continuing Disability Reviews (CDRs)**.
 - Underutilization Flags:** Federal systems use predictive analytics to identify “suspicious” patterns, where low service use can be misinterpreted as recovery rather than a lack of access.
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5. Turning 65 Triggers Maximum Surveillance

I turn **65 in March 2026**.

That means:

- Transition from **SSDI to SSA retirement**
 - Entry into a **high audit window**
 - Increased algorithmic scrutiny
- This is not a benefit upgrade.
It is a risk multiplier.

The March 2026 “Risk Multiplier” (Turning 65)

- The “65” Window:** Transitioning from SSDI to SSA retirement at age 65 triggers mandatory administrative shifts that often coincide with heightened scrutiny during audit windows.
 - Conversion Scrutiny:** SSA policy dictates that turning 65 triggers a [conversion from disability to retirement programs](#). This transition is one of the primary reasons for “exit from disability programs” and often involves final audits to ensure no overpayments occurred during the disability period [SSA Policy].
 - High-Audit Windows:** Administrative transitions serve as “high-risk” windows for federal oversight. The [Department of Government Efficiency \(DOGE\)](#) directives specifically prioritize identifying “anomalies” in long-term benefit cases to reduce costs [CREFC].
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6. DOGE Directed AI Is Actively Scanning This Window

Current federal directives prioritize:

- Cost reduction

- Fraud detection
 - “Underutilization” flags
- People transitioning benefits are a primary target.

Especially those with:

- Complex medical histories
 - Gaps in treatment
 - Inconsistent billing
- That is me.

Federal Directives (DOGE)

- Fraud Focus:** New federal initiatives like the [Department of Government Efficiency \(DOGE\)](#) prioritize cost reduction and fraud detection, often targeting “anomalies” in billing and treatment histories [CREFC].
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7. AI Does Not Distinguish Denial From Refusal

This is the fatal flaw.

AI cannot see:

- Provider refusals
- EHR stigma
- Network blacklisting
- Systemic denial

It only sees:

- Fewer visits
- Fewer claims
- Fewer codes

To the system:

Less care = less disability.

Surveillance and AI Decision-Making

- Low Utilization as a “Medical Improvement” Flag:** The **Social Security Administration (SSA)** explicitly uses a [Continuing Disability Review \(CDR\) Model](#) that leverages machine learning to identify cases with the “greatest likelihood of medical improvement” [[SSA.gov](#)]. When AI identifies gaps in medical records, it flags the beneficiary for a full medical review, which can lead to benefit cessation Social Security Administration.

- Algorithmic Bias Against Care Gaps:** Research published by the [National Academy of Social Insurance](#) warns that AI models used for benefits are “rights-impacting” and can amplify data inconsistencies or gaps, such as those caused by medical denial or blacklisting, leading to erroneous denials [NASI].
 - Historical Underutilization Trap:** Algorithms often use prior healthcare spending or visit frequency as a proxy for health needs. A study in [The Milbank Quarterly](#) notes that this “unintentionally replicates patterns of historical underutilization,” where the system interprets a lack of care as recovery rather than a lack of access [Rutgers University].
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8. Benefit Termination Happens First

There is no warning buffer.

If SSDI is terminated:

- Payments stop immediately
- There is **no aid paid pending appeal**
- Income drops to zero

You explain later — if you survive long enough.

Financial and Legal Constraints

- Immediate Termination:** If benefits are flagged or terminated, there is often no “aid paid pending” during the lengthy appeals process, which can take years to resolve.
 - Housing Instability:** Without guaranteed income, signing a lease is impossible as it requires the ability to absorb financial shocks that the current system does not allow.
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9. Appeals Are Not a Safety Net

Appeals require:

- Doctors willing to document
 - Time measured in years
 - Legal help rarely taken on contingency
- With DOGE staffing cuts, delays increase.

This is not survivable without income.

Financial and Legal Deadlocks

•**Termination Before Appeal:** According to [SSA's own manuals](#), if a review determines you are “no longer disabled,” benefits stop. While appeals exist, the financial drop is immediate, payments stop immediately [SSA.gov].

10. Why Leaving Right Now Is Financially Fatal

Leaving triggers instability.

Instability triggers:

- Medical gaps
- Administrative anomalies
- AI flags

Flags trigger:

- Benefit termination

There is no recovery path once housing and income collapse simultaneously.

•**Lease Liability and Income Sabotage:** Legal experts at [Evans Disability](#) confirm that surveillance tactics—including monitoring activities and medical records—are used to prove a condition has improved. For a terminally ill person, any “administrative anomaly” created by moving can trigger these investigations, leading to the “chain reaction” of income loss and eviction.

11. Why I Cannot Sign a New Lease

A lease requires:

- Guaranteed income
- Predictable duration
- Ability to absorb disruption

I cannot sign a lease when:

- My income can be terminated without explanation
- Appeals take years
- Eviction would follow quickly

That is not fear.

That is arithmetic.

Survival Math and “Stay” as Risk Management

•**Structural Trap vs. Choice:** The [American Civil Liberties Union \(ACLU\)](#) has documented how algorithms used to determine hours of aid for people with disabilities can make “extreme cuts” based on data errors, confirming that the system does not “investigate intent” but simply applies rules [ACLU].

12. The Chain Reaction People Refuse to See

If I leave now:

- 1.Housing instability begins
- 2.Medical utilization stays low
- 3.AI flags “improvement”
- 4.SSDI is terminated
- 5.Income disappears
- 6.Lease becomes impossible
- 7.Eviction follows
- 8.Homelessness occurs while terminally ill

This is not hypothetical.

This is how the system works.

13. Why Staying Is Not Consent

Staying does not mean safe.

It means contained risk.

Leaving introduces:

- Multiple uncontrollable systems
- Irreversible consequences
- No fallback

Staying limits exposure to one known danger rather than many unknown ones.

14. “Just Leave” Is Not Advice — It’s Erasure

When people say “just leave,” they are ignoring:

- Surveillance systems

- AI decision making
 - Benefit termination mechanics
 - Appeal realities
- They are treating a structural trap as a personal choice.
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15. Final Clarification

I am not staying because I want to.
I am staying because leaving right now would:

- Trigger AI scrutiny
 - End my income
 - Destroy housing stability
 - Remove medical access
 - And likely kill me faster
- This is not a refusal to escape.

It is an assessment of which option does the least irreversible harm.

16. “Just Leave” and “Just Evict Him” Create the Same Outcome

- A TPO or eviction does not remove financial liability.
- I would still be locked into rent I cannot pay if income is cut.
- Either path carries the same catastrophic risk.

Why this matters:

The danger is not the rent.

The danger is **losing income while legally obligated to pay it.**

17. THIS IS NOT STOCKHOLM SYNDROME. THIS IS SURVIVAL MATH.

It’s not attachment. It’s arithmetic, logistics, and risk assessment under life-or-death constraints. Every decision is survival math: health, income, housing, and safety all have to align, and the system is actively stacked against you.

Choosing “stay” isn’t “staying loyal” or “co-dependent”—it’s the **only mathematically viable option to survive.** It’s **cold, factual risk management under extreme constraints**, nothing emotional about it.

AND, IF I BECOME HOMELESS:

The Hierarchy of the Deserving Victim: Why the Door is Locked

1. The “Visible Trauma” Requirement (The Bruise Tax)

Shelters operate on a Lethality Assessment Protocol [OJP.gov]. To “earn” one of the few available beds, you must present a high-score of immediate physical danger.

- The Math:** If your abuser uses **financial sabotage** and **systemic entrapment** rather than physical battery, your “lethality score” drops.

- The Result:** You are triaged behind those with children or visible injuries. In a zero-sum system, “lower priority” is a **de facto denial**.

2. The “Medical Liability” Barrier (The Terminal Exclusion)

Most shelters are congregate settings staffed by volunteers or social workers, not clinicians. They are terrified of **medical mortality on-site**.

- The Math:** A terminal diagnosis makes you a “**Level of Care**” violation. Shelters often have “independent living” requirements; if you cannot guarantee you won’t have a medical crisis, you are a liability.

- The Result:** You are “screened out” for your own “safety,” referred to Hospice or Palliative Care [Medicare.gov]—facilities that require the **stable insurance and income** you lose the moment you leave.

3. The Funding Silo Filter (The Demographic Dead Zone)

Shelter beds are “purchased” by federal grants targeting specific metrics: **Veterans, Substance Use Disorders (SUD), or Families**.

- The Math:** As a single adult without a “fundable” addiction or a dependent child, you are the most expensive and least “rewarding” demographic for a non-profit to house.

- The Result:** You are competing for the “General Population” beds that, are already overfilled by **unhoused veterans** who have been waiting for years.

4. The “Imminently Homeless” Paradox

Federal HUD definitions of homelessness often require you to be “literally homeless” or “at imminent risk” (within 14 days of the street) [HUD.gov].

- The Math:** Because I am “contained” in an abusive home, I am technically “housed.”

- The Result:** The system tells you to **destabilize first** and ask for help later. But as this “survival math” proves, the second you destabilize, the **AI flags trip**, the income stops, and the terminal illness accelerates. There is no “later.”

5. The “Behavioral” Blacklist (The EHR Scarlet Letter)

If you have been dismissed by providers for “personality differences”

(retaliation for grievances), that **EHR data** follows you into the social service sector.

•**The Math:** Intake workers see a “difficult” medical history and a lack of “compliance.”

•**The Result:** They label you as “**service resistant**” or a “bad fit” for congregate living before you even walk through the door.

The Bottom Line:

The “Just Leave” crowd is hallucinating a safety net that has been replaced by a **gated triage system**. I’m not refusing safety; I’m being **administratively rejected** from it because I am:

1. Too sick to be a “standard” tenant.

2. Too “stable” to be an emergency.

3. Too “invisible” to be a priority.

Leaving is not an escape; it is a transition from one cage (abuse) to another (the sidewalk), with no intermediate stop in between.

18. This Is Why Abuse Continues With Impunity

He knows:

•I can’t leave

•I can’t force him out

•I can’t risk destabilizing my benefits

•No system is coming to save me

Why this matters:

Abuse thrives where escape is structurally blocked.

19. This Is Not About Willpower

I am:

•Willing to scrape by

•Willing to sacrifice comfort

•Willing to endure hardship

I am **not willing to gamble my only income, my housing, and my survival** on a system that does not correct itself.

20. To Sum it up:

“Just leave” assumes:

- Medical care is accessible
 - Systems are fair
 - Appeals are fast
 - Income interruptions are survivable
- None of those assumptions apply here.

This is not a choice problem.

This is a **constraint problem**.

And pretending otherwise is how people excuse doing nothing.

21. Final Sentence (No Soft Landing)

When someone tells a terminally ill, system-trapped person to “just leave,” what they are really saying is:

“Accept homelessness, income loss, and accelerated death so I don’t have to sit with discomfort.”

This essay is supported by various public records and data from government agencies and advocacy groups regarding domestic violence, terminal illness, and federal benefit surveillance.

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