



## *Podcast Transcript*

### **Is “Now” Our Moment for Healthcare Justice?**

Hey, welcome to **Code WACK!**, a podcast on America’s “wack” healthcare system, how it hurts us and what we can do about it. I’m your host **Brenda Gazzar**.

What would Californians gain with single payer, Medicare for All? How would the state’s tech industry and rural areas benefit from a Medicare-for-All system? We recently spoke to **Assemblyman Ash Kalra**, whose district includes half the city of San Jose, to get the scoop. He introduced AB 1400, which is California’s single payer bill known as CalCare, in early 2021.

***Welcome to Code WACK! Assemblyman Kalra!***

**Kalra:** Thank you so much for having me. I appreciate it.

***Q: Xavier Becerra, former California attorney general, a child of immigrants and a long-time single-payer supporter, was appointed head of the nation’s Health and Human Services department. What could this mean for California’s efforts to create a state-based single-payer system?***

**Kalra:** I’m a big fan of Secretary Becerra. I’m very excited he’s there. We have a lot of great Californians in the administration from the vice president to our Secretary Becerra and it’s wonderful to see that because it brings California values and Secretary Becerra has not only individually said he’s supportive but when I met with his team at HHS, they also said ‘look, you know, we’re here to help you. We want you to be successful.’ And so now I have open lines of communication with folks on his team who are phenomenal, who can answer questions quickly to make sure that we don’t go down the wrong path, whether it’s creating obstacles to get a federal waiver, or creating obstacles on the financing, it’s great to know that we have a partner that wants us to be successful and so I’m very excited about Secretary Becerra being there. I

think this is part of why I feel we have the best chance of getting single payer done than we've ever had before.

***Q: Great. What role does the Health and Human Services play in state-based single payer efforts?***

**Kalra:** So the Department through the secretary approves the waivers, the federal waivers, and no state can run a single-payer type system without getting federal waivers if they truly want to have a single-payer system and not a disjointed system. So the Department plays a huge role. What they do is they take in an application, they vet the application, they provide feedback, issues they see with it, they work with you and ultimately the goal is to try to approve waivers and there are several state waivers right now -- not for programs as expansive as single-payer health care, but for programs that do expand access to health care. They approved the Vermont single-payer healthcare waiver, so they have approved a single-payer waiver. Now, Vermont hadn't worked out the financing piece and so that had to be dropped but the waiver was approved.

***Q: Got it. While past polls show 70% of Californians support state based single-payer Medicare for All, some major organizations, including Kaiser Permanente and some labor unions, either oppose CalCare or are reticent. What do you think is the solution?***

**Kalra:** The reality is that a Kaiser-type delivery system works really, really well with single payer in terms of global budgeting, in terms of an integrated healthcare system. Kaiser is very well situated. Now, the issue Kaiser might have is the other side of Kaiser, which is the insurance side. You know, look, if they're dedicated to serving their patients, serving their community, the reality is that a single-payer system fits really well with their healthcare delivery system. As for unions, look, I'm chair of the Labor Committee. I love our brothers and sisters in labor.

The California Labor Federation has formerly supported AB 1400. Now there are individual unions that have issues and the issues aren't what we're trying to achieve in terms of making sure everyone has health care. Look unions are very egalitarian in that sense and they support things like raising the minimum wage, even though union workers get paid more than minimum wage, because they understand the common humanity of lifting up people. It's just that a lot of the unions bargain really hard for good benefits. They put a lot of their time and energy and made sacrifices on pay and other things to get good health care. And so we have to recognize that and say, 'Okay, well how do we reconcile that? How do we ensure as we move our healthcare payments system, our single-payer system, that workers aren't left with less than they had before, in terms of overall compensation? And my argument also is that look, you know, what, we legislate, we don't have to negotiate. So if you have guaranteed health care, now you can bargain for other things but there are things to work on there and like I say, you know, I'm already in conversations with our brothers and sisters in labor and want to make sure their concerns are not only respected, but to the best extent possible, mitigated.

**Q: Got it. Makes sense. What do you want your constituents to know most about AB 1400?**

**Kalra:** I want them to know that this is about making sure that everyone in our community, every neighbor, everyone has health care and I know that a lot of folks that have good quality health care to the employer look, but for the grace of God go any of us. We can be unemployed next week, something can happen that's catastrophic. You just never know and so, think about other families that go through those situations. GoFundMe should not be a healthcare safety net. And I also tell folks, don't be worried. Don't be worried that you're gonna lose something. The reality is that the whole idea here is that we're going to make sure that everyone has access to quality health care, and that, you know, if we believe health care is human right, and if we live in a society where we believe that we are compassionate towards one another, if we're saying that, we're not living by it if we're not making sure that everyone has health care.

**Q: I agree. How would this help Silicon Valley, your district in particular. For instance, how would the tech industry benefit from AB 1400?**

**Kalra:** Well, I mean, the tech industry would benefit so much because we have really good quality employers here in Silicon Valley that give really good health care to their employees as part of the benefits package. They can save a lot of money. They can save a lot of money and focus on other things they can give to incentivize employees, right? So they can give better wages, they can give more paid sick leave or vacation days, whatever it is, but the health care component of it will be covered by some kind of payment system which would be far less than what responsible companies are paying now. So I think, you know, it'll be a huge boon to Silicon Valley. I think it'll attract people to come to California, where they'll never have to worry about health care. We have plenty of other things for people to worry about, like housing costs and other things. And frankly, you know, this could free up resources for employers to help on that end as well with their workers.

**Q: Yeah, that's great. How would your bill help rural areas?**

**Kalra:** That's something I learned a lot about during my trip. I went to the community I lived in when I was a little kid in the mid 70s. I lived there until I was six years old, called Deep River. It only has 4200 people.

***That's in Ontario, Canada.***

**Kalra:** So I went up there and met with the mayor. The mayor brought out the president of the hospital, a doctor that had been practicing for 30 years. And another doctor who was the president of a physicians group for Ontario and part of why I wanted to go out there talk that was that was the question I had. How does your system serve rural communities that are far away from their urban centers? And so that we have built into our CalCare bill, incentives for physicians to, or the ability to give incentives for physicians to go to rural and underserved communities where there's underserved communities in urban areas are underserved

communities in rural areas. The other thing that gave great insight is that they have doctors do their residencies and training intentionally in rural communities. And inevitably, some of them stayed because they learned to love it there. Maybe they had never lived in a rural community, and they learn to love it. That's why I was very encouraged the other day when I saw (California) Governor (Gavin) Newsom at (University of California) Merced announcing a new medical school there. And so having the opportunity for training doctors to be able to live in rural communities as they're doing their training, doing their residency, I think is a huge benefit and incentive for them to stay in those communities.

***Q: Wow. Yeah, good point. Assemblyman Kalra, what else do you want us to know?***

**Kalra:** Look, this is not something that's going to happen easily, you know, and it looks impossible to get it done, given the obstacles that exist. But as Nelson Mandela once said, It looks impossible until it's done and I think that we have to be relentless. This is a generational fight. The last generation fought it too and they weren't successful in getting it done. You know, this is our moment. I don't want the next generation coming behind me and have a legislator 20 years from now, 30 years from now introducing a single-payer bill, hoping that they can be the one to get it done. Too many lives will be lost. Too much pain and suffering in the wealthiest state on the wealthiest planet on Earth.

***Q: Yeah, thank you. Do you have a personal anecdote or story that has really touched you or a personal experience involving health care that really has touched you, that you take with you in this fight for single payer?***

**Kalra:** My goal in my public service is very simple, it's to reduce suffering. I see way too much suffering in our healthcare system. But I see practical things too like my father has been on Medicare now for over a dozen years. He has had the same provider, the same doctor, cardio...Nothing's changed. Just who's paying changed. Right? It tells you right there that this is very possible if we want it to be possible.

I do have an anecdote although it's not specifically the reason why I introduced the bill, but it just, it really helps to inform me just like all my experiences. When I was in Brazil about 17 years ago, I almost drowned off the coast of Brazil. I was taken by a helicopter to the hospital. I was in the hospital all day. When I checked out later, I went to the checkout desk, they asked for my passport. I obviously didn't have my passport with me because I was taken in the helicopter in my swimming trunks because I was in the water. But then when I said I didn't have it, they said well, it doesn't really matter because it doesn't cost anything anyway. It's all free.

Now, it's not to say that Brazil has this phenomenal healthcare system but if a country like Brazil can have a system where folks can be cared for in that manner, with our wealth, we can make sure not only we have the highest quality of care, but that everyone has access to it and that you don't have to have the added stress. What we don't realize and this is when I talk to Canadians, just the stress that people have here of being worried if they ever get sick, if they ever get into an accident, knowing that they're done for. Why would we put our neighbors

through that? Why would we put fellow Californians, fellow Americans through that, especially as someone that has the luxury and privilege of having health care? I would never... I just can't stand the fact that others have a different experience.

***Q: Right. Wow, well thank you for sharing that story with us. Yeah, and thank you for being here today.***

**Kalra:** Thank you so much. I really appreciate it and thank you for the support.

(5-second stinger)

***Thank you, Assemblyman Ash Kalra.***

***Do you have a personal story you'd like to share about our wack healthcare system? Contact us through our website at [heal-ca.org](http://heal-ca.org).***

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