Podcast Transcript

'Apartheid' Healthcare? Why Medicaid Isn't Cutting It for America's Poor

Featuring Dr. Paul Song

Dispatcher: *911, what's your emergency?*

Caller: *America's healthcare system is broken and people are dying! (ambulance siren)*

Welcome to **Code WACK!,** where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar.**

This time on Code WACK! What are inequities in American health care and why should everyone - *even those with great health insurance* - be concerned about them? The truth is they can have far-reaching consequences for us all -- impacting public health, creating conditions for the spread of disease and even hindering economic productivity. We recently spoke to Dr. Paul Song, president of Physicians for a National Health Program-California, about how the COVID pandemic highlighted these longstanding inequalities and what the Biden administration can do about them.

Welcome back to Code WACK!, Dr. Song!

Q: We've talked a lot about inequities in health care. How do these inequities affect people of color specifically?

([01:03](#)):

Song: Unfortunately, with regard to our healthcare system, the majority of disadvantaged communities of color are in the Medi-Cal system – very few work in jobs that provide real healthcare benefits. If you look at people who work at Walmart or some of those other stores, they don't really get health insurance. So they're asked to then get their health care through the government, which is through Medi-Cal, or many times through a subsidy, through the exchange, for which many of them can't afford. And you know unfortunately we saw it again exposed during COVID is that when you saw the disproportionate amount of deaths among communities of color compared to white communities or more affluent communities, it really was a reflection of the long lack of health care that these people have had, meaning many of them had uncontrolled diabetes or high blood pressure that was uncontrolled. So when they got COVID, they were more likely to succumb to its effects.

At the same time, some of them, particularly frontline workers who were cleaning hotels or working grocery stores or in the food service industry or construction, many of them didn't have health care and yet when they got sick, they couldn't afford to go get tested. They couldn't afford to go to the emergency room. They subsequently lived in multi-generational homes. They passed this on to all of the relatives in their houses and, you know, unfortunately it was very detrimental to communities of color disproportionately compared to everyone else.

([02:30](#)):

Q: Right. And this is something that we've seen even before COVID, correct? COVID just kind of brought it to light even more.

Song: Correct and COVID just really did expose so much that's broken and then you actually had hospitals in poorer communities that actually had to ration care because one, when you have a hospital like Martin Luther King Hospital, 75% of their revenue comes from Medi-Cal or uninsured compared to a hospital like Cedars (Sinai) or UCLA (Medical Center), where it's such a small fraction. When you are getting reimbursed so little, you don't have the luxury to go invest in additional ICU beds or ventilators or respiratory therapists. You're basically scraping by just to serve your community. So when you get overwhelmed with people that are sick and you don't have enough of those things that are required to really adequately address the problem, you're going to have more death and, and that's what we saw as well.

([03:21](#)):

Q: *Right. Great. Thank you. The last time we talked about the three major sources of health insurance and the obvious and not so obvious inequities inherent to each. Let's talk about solutions. Instead of addressing inequities with more market reforms, what do you think is the first step the Biden administration should take toward promoting health equity in our country?*

([03:41](#)):

Song: Wow, it's a complicated question, but for me, I think the answer's quite simple. One is I think, due to the political climate, I don't think we're anywhere close to getting a federal Medicare for All, but I would like to see the Biden administration immediately sign a waiver allowing states to innovate and develop their own in-state single payer solutions. Next one I would do is instead of keeping Medi-Cal as is, I would immediately put all those enrollees on Medi-Cal into our Medicare system and just further make Medicare the de facto fallback insurance for everyone who needs it, whether it be seniors or the really poor. And so if you had between the seniors and then number of people on Medi-Cal, if you've just rolled that into one and gave everyone the same benefits as the Medicare beneficiaries, rather than Medicaid, I would feel like that would be significant, a significant starter until we got to a full federal single-payer Medicare for All system.

(04:35):

Q: Great, and that would allow them to be seen by doctors more quickly. So like you said, they wouldn't have to wait a year before they got treated for cancer?

(04:43):

Song: I think it would do a lot. It would help lower income communities and their hospitals get much better reimbursement because now you'd be reimbursing at Medicare rates versus Medi-Cal or Medicaid rates and then as a result, these hospitals could invest more in equipment, in building out ICUs, bringing in more staff. It would also incentivize more doctors in these communities to take care of patients and as a result, I think it would increase access to care versus the system we have right now.

(05:17):

Q: Is this an idea that was ever considered seriously by any administration?

(05:23):

Song: No. Again, I think if you go back to Medicaid, it was always meant to be a second class in some respects, subtle wink and a nod apartheid system, right, who are mostly the poor that would qualify for this. It was predominantly people of color back in the 60s when Lyndon Johnson, you know, proposed this instead of trying to make Medicare and Medicaid, all one, they had to have this separate system. I think that if you were able to roll all that into one, it would have a significant impact on lower income communities and it would greatly reduce the disparity in health care that exists right now and until we got to a full Medicare for All, then you could have those people who got coverage through their employer continue to do so. It wouldn't take away the complexities of our healthcare system, which is part of the administrative waste and all of the shenanigans that go on. But at least it would elevate the healthcare level for those that are the most disadvantaged and particularly in communities of color to those of what our seniors would be getting.

(5-second stinger)

Thank you, Dr. Paul Song.

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.

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