



The immigrant workers' struggle for life and dignity

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 America's 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!** How did the pandemic affect immigrants in Southern California? How would their lives be impacted if everyone was covered by a Medicare for All-type system? To find out, we spoke to **Luz Gallegos**, executive director of **TODEC Legal Center** in Southern California's Inland Empire. The nonprofit mobilizes immigrant communities to build political power and demand justice while advocating for their most critical needs. This is the second episode in a two-part series.

Welcome back to Code WACK! Luz!

[\(00:50\):](#)

Q: About a third of Californians are on Medi-Cal. Yet it's said there's a severe shortage of physicians who accept it. Is this true for the communities that you serve?

[\(01:01\)](#):

Gallegos: We continue to hear from community members that it's taken a long time for them to get an appointment and to be seen, or for treatment. When we're talking about investments, we need to continue investing in our future generation of physicians, but then also to continue to address the needs at the same time, having systems that really work for (the) community and are really seeing a person as a human being, not just as a number sign.

Definitely that's why certain systems like single payer is just so important to have, but then at the same time, seeing the deficiencies that even, you know, our current health system has as we continue to hear from community members, you know, 'I've made my appointment, but I'm going to be seen four months later' and then they're having these symptoms that they don't know what they are going to end up having. Although they have coverage, but then again, they have to wait long periods of time to be seen. So definitely that's something that we have to continue improving, but at the same time, it's about saving lives.

So new policies, like Health for All Medi-Cal expansion continues to save lives. Because even if they're being seen at an emergency room, they're not fearful, you know, to go get any type of assistance because of the high cost of health care but now they know they have some type of safety net that will help them out.

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Q: Yes, California expanded Medi-Cal to cover undocumented residents until age 26, and, as of May 1, 2022, age 50 and older. Have you heard of any problems they've been having with it?

[\(02:21\)](#):

Gallegos: The only situations that we continue hearing from the community is them calling in because a lot of folks that, you know, with the different (Medi-Cal) expansions that we've had calling in to get a physical, that it does take some time to be seen and you know, when they're seen, then, you know, if they come across that

they ... need other types of analysis or any type of situation, there's always a wait time. But other than that, especially with our elders that are the ones that are vulnerable because of all the underlying health conditions, it's so new that a lot of them are just getting their appointments – that's one of the situations that they have expressed – but at the same time, they're just like so happy that they have access to healthcare coverage because one of the ladies, she was sharing that she hasn't been to the hospital.

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The last time she went to get checked was when she left her country and that was the last time she went and I asked her, 'you haven't felt sick?' She's all like, 'well, I have the flu, but I take care of it with my teas,' you know, so, you know, they're kind of self-medicating themselves with home remedies. But now at her old age, I, now she said, you know, she can't walk, she has arthritis. She worked in the field (for) so many years, she has back problems. Now they said that she has Long COVID because she had COVID at one point and she has a breathing condition now. And now she's saying that she's forgetting a lot of things...Once she went in that they did tell her that she has symptoms of long COVID so even COVID is gone, but then there's still going to be those repercussions of Long COVID that it's going to continue having a burden on our community members as well.

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Q: That's actually my next question. How else did the pandemic affect immigrant communities in the Inland Empire?

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Gallegos: When the pandemic hit our region in March of 2020, in TODEC we have an emergency hotline that we only activate when there's emergencies that are impacting immigrants. So right away we activated our 24-7 (hotline) and we were getting calls all night, all day, 2:00, 3:00 in the morning that was telling us if our community (wasn't) sleeping, neither were we. They were, you know, expressing their fear about COVID and that they were having symptoms and the operators were telling them, 'well, you, you need to go get seen. They're like, 'no the fear of

public charge' because, and the Trump administration and, and all the fears that came along, you know, and really relying on the home remedies. We had a situation of one of our farm workers that had all the symptoms of COVID. He was having a hard time breathing and on Sunday morning he was found dead by his 7-year-old son, and these are the stories and the realities and he was 49 when he passed away.

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Q: I'm so sorry. 49! And what about Medi-Cal for him, since there's still a coverage gap for undocumented residents between the ages of 26 and 49?

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Gallegos: You know, even with Medi-Cal expansion, if it would've been, you know, he wouldn't even be 50 to have access, but you know, these are the stories that really fuel us as organizers and as advocates to continue elevating to our electeds that we need to do more. We need to do more to save our most valued resource, which is our workers in the state of California, but also not only the health care, but having access to safety net programs. When the pandemic hit and we had an order to stay home, a lot of workers were unemployed. They didn't have access to unemployment insurance because they were undocumented. Imagine contributing for years, for decades, to an insurance trust and not having access to your hard work money because it's not a benefit given, it's a benefit that you have been working for. These types of situations continue to inform systems that we need to do more.

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Gallegos: We need to open different avenues as far as safety net programs for workers, for immigrants that have contributed not only to our economy, but also they're contributing to a trust fund because at the end of the day, unemployment insurance is a trust fund that we all contribute (to) but then of course the worker contributes and then the company also matches it. But then again, it's just been sitting there for decades and creating interest and, you know, making our state

stronger so that's another one of our priorities for this year to really expand unemployment insurance for excluded workers like undocumented immigrants so they could have access to this safety net that they themselves have been working for. So that's one of the situations. Housing. We would tell our workers, you need to stay home because if you're going to work, you're exposing yourself and your health.

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Gallegos: But then you're also exposing the rest of your companeros, the rest of the workers, and the rest of our community. They continue to tell us, and we continue to hear that even up to now, 'if I don't work, my family doesn't eat' and that is the reality, you know, and that's the reality. That's why through our advocacy, we continue to elevate and a lot of good programs came from it like Housing to the Harvest that, you know, helps farmworkers that are impacted by Covid (get) support so they could stay home and self isolate, you know, and recover.

But all these programs came through informing and educating our state politicians that they needed to do more, that we need to protect our most valuable asset, which we see as our workers, you know, especially our farmworkers who rain or shine they're out they're picking, harvesting our fruits, our veggies and making sure we're fed.

[\(07:13\)](#):

And most of the time they can't even afford the fruit or veggies that (we) eat and that's a reality. That's a reality. We've seen workers that, you know, lost their home. They couldn't afford the rent. We had families that were living up to three families in a trailer. Imagine living in Coachella, we're hitting right now, 121 (degrees) in the heat, in a trailer that's made of aluminum that gets so hot a lot. What we saw a lot of the families actually camp out. They would have a tent, you know, they just needed a place to stay, but then coming together and we saw so many, you know, situations like this, but then we also saw (the) community coming together to support each other. You know, I don't have a room, but you could stay here in my yard. I mean, we really saw all these different situations and even with food banks, you know, a lot of community members, although there were food banks open, the

community was even scared to go access food because they didn't want to be seen as public charge. So the fear of immigrants, especially immigrants that, you know, don't have an immigration status is very real as far as their fears, but then how as a state, how as a country, are we going to continue to protect this workforce?

[\(08:19\)](#):

Q: Right. How do you think the communities you serve would be impacted if we covered everybody for life in a publicly funded, single-payer or Medicare-for-All-type system?

[\(08:29\)](#):

Gallegos: That would be a tremendous positive impact for our community. Actually having access to quality health care, and especially not really looking at immigration status, just looking at a person because, you know, making sure that we're addressing everybody's needs because, you know, we have to take care of our health. But then at the same time, we want to make sure that we have quality health. It's not one thing of having a doctor that you only see once a year, but actually having very well managed care for every individual, depending on their situation, is really where it's at. And it's a way to really prevent higher costs when it's too late and people are going through these like really expensive underlying conditions that a lot of the time, it's too late, but then it's more expensive when it gets to that point instead of having preventative care.

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Q: Thank you, Luz. What is TODEC doing to further advance healthcare reform?

[\(09:22\)](#):

Gallegos: We continue to organize and really listen to (the) community to hear their suffering, what their issues are. Even now with the healthcare expansion, listening to folks that are actually the 50-plus or the 27-and-under to hear how their experiences are because that helps us to better inform systems of what we need to improve, but at the same time organizing and making sure that they know that

although they don't have an immigration status, they do have a voice and their stories go far.

Stories are very powerful and that's how we've created a consciousness within our systems so as we continue to weather through all these different storms that we continue to get hit with, we continue to elevate the realities and the stories and to better inform systems so they could really address the needs. All this 50-plus is new to so many immigrants that are taking advantage and really... listening to them, 'oh, how was your visit? You know, how long did it take?' So we're going to continue having those conversations, but also working very closely with the different counties we serve to make sure that the implementation process is smooth and it's very culturally competent to the communities that are taking advantage of the Medi-Cal expansion.

[\(10:32\)](#):

Thank you, Luz Gallegos.

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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