Decommodifying health care and housing

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! What challenges did activists face when it came to expanding Medicaid to undocumented immigrants in California? And how would Medicare for All help transform the lives of these immigrants? To find out, we spoke with **Maribel Nuñez**, executive director of **Inland Equity Partnership**, an economic justice coalition working to reduce poverty for the most vulnerable in Southern California's Inland Empire.

(5-second music stinger)

The Medicaid expansion's been hailed as a victory for the millions of undocumented Californians who contribute more than $3.5 billion in state and local taxes and over $40 billion in spending power to the state's economy each year. But it was also a victory for California hospitals, helping to cover the costs of providing emergency care to *everyone* - even the uninsured - as required by federal law.

Welcome back to Code WACK!, Maribel.

(01:16)

Nuñez: Thank you. Thank you so much for the invitation.

(01:19)

Q: So what were some of the main challenges that you faced in your advocacy when it came to expanding Medicaid to undocumented immigrants, even in liberal California?

(01:27)

Nuñez: Especially with the elders, that one took a little bit longer than the young adults because there's still this whole thing about immigrants, like, 'oh, they came to our country, suck up our resources.' So it was a little bit easier for like the Health4All Kids politically and the young adults because they cost less, but also, 'oh, they didn't come to this country through the fault of their own right.' It was their parents. So the immigration part of it was the issue, I think it's race as well, but in regards to the elders, there was this additional kind of analysis that needed to be done, how it connected to long-term services. And so there was more hesitancy because the fear was the cost. How much was it going to cost to fund our elder community? And also because, you know, we live in a capitalist society.

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So I think it's like, what are their continuous contributions to the economy cuz they're, you know, ready to retire or they're just older or not working. So I think it's just about ageism, it's about race, about immigration because the resources were there and I think it just became (too) big of a hurdle. If we were to do Medicare for all California, single payer got everybody in. That would've made it easier too, if we would've just gone that route. But politically, even within some of our ally groups, they just, for different reasons, just were not on board and trying to bring everybody, like do a comprehensive health justice approach. So we were doing incremental kind of stuff. So I believe it's all of the above with the elders.

I will say that with the DACA individuals and even some of them that were not DACA that were undocumented and were young, undocumented, young adults, they were telling leaders they had to choose between the young adults versus the elders, if we have to do it incrementally, let's prioritize the elders. And so I think that, you know,

they were really putting themselves, you know, in the backseat, prioritize the elders, but it's just, there wasn't that political will yet to do that.

(03:12)

DACA refers to those undocumented young people who came to the US as children and are temporarily shielded from being deported. Those with DACA status are eligible for full-scope medical in California if they meet the eligibility requirements.

(03:25)

Nuñez: And then with COVID, there was just ... I don't want to say excuses, but just more reasons to delay it because supposedly we don't have the money cuz we gotta give, which we support, you know, economic assistance, rent relief. So I think those were some of the barriers to (move) forward and advancing Medi-Cal expansion to the remaining undocumented population.

(03:44)

Interesting. While California's Medicaid expansion helps low income residents get access to healthcare, it's not perfect. What are some of the challenges community members face with Medi-Cal today?

(03:55)

Nuñez: I think just looking at it very simply, like there's not enough providers that take Medi-Cal, especially when you look at the rural areas. And here we say we're offering full scope Medi-Cal, mental health services. I know that there's some individuals that would prefer some cultural competent, cause mental health still has a stigma within the Latino community and you could say African American community and with some of the cultural competent providers that some of our community residents feel comfortable, they were just not taking Medi-Cal. It was too expensive. They said that they would have to hire someone to deal with the insurances and all this other stuff, right. And I know some individuals that worked in a nonprofit that was a DACA individual, finally had benefits, just wasn't able, and he was LGBTQ as well, along with being, you know, DACA, there wasn't enough

providers to provide the services that they needed in a cultural competent kind of way.

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But also there's a financial constraint there, like I said, with, because you know, we are one of the states that is on the bottom of doctor reimbursements, whether it be general or provider or specialists, we're at the bottom of that list. And so then you're not going to have that many providers that will provide the services, especially when you look at mental health or other types of specialty services, especially in the rural areas. You know, there's just not as much access as I was sharing. And then the ones that you do, you know, sometimes they're just not culturally competent with some of the needs and issues and trauma, you know, all these things that happen when you try to come to the United States. You know, there's just, you know, a lot of things that they go through that, you know, just, you just don't have the right to a culturally competent provider. Or language right, too, because you wanna speak Spanish or whatever other language. I know within the Asian American community, the Filipino community, Tagalog and others, there's one of the biggest also undocumented groups of individuals. So it's not just Latinos.

(05:37)

Q: Yeah, really good point. So it sounds like the Inland Empire has a shortage of doctors who will accept Medi-Cal and that have cultural competency in LGBTQ and immigrant issues. What other challenges do community members have in accessing quality health care?

(05:53)

Nuñez: (With) the prior administration, there was confusion whether the Medi-Cal expansion program was going to be public charge or not. So the program was funded through state funds. So this was not public charge, but you can't convince, you know, people of that and I understand.

(06:08)

Q: Maribel, can you briefly explain what public charge is for those who don't know?

(06:12)

Nuñez: So public charge is, if you're trying to go through your process of citizenship, you're, you know, a resident, a lawfully, present resident, you have to demonstrate that you're not a burden to the government with some of the service programs. Historically, Medi-Cal wasn't one of those programs or Medicaid. So the prior administration had added that as one of the programs to be considered as such.

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And then they can deny you citizenship based on that.

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Nuñez: Before the prior administration, we had actually passed legislation, I think it's **AB4** to expand Covered California to all Americans and this is before even knowing there was going to be legislation for single payer. So we had got it through through Senator Lara, but when the new administration went through, then we, we retracted from that legislation because we didn't know if the IRS and, and just, you know, we don't want people being deported, right, with more access to information of these individuals, right? Because it, it would've been tagged as undocumented. So then that was put aside because of that that was a coalition decision from our end, different coalition members. And then with the prior administration, you know, the public charge, you know, there was just confusion about if this was or wasn't right? And, and it was targeted more towards the new legal lawfully present immigrants, not undocumented really, but it gets too technical for people to understand or to trust. And so we didn't have as much enrollment and even now we're still kind of coming out of that so there's issues too of the narrative and feeling trust of systems, that one has to kind of do more education and and reassurance on this.

(07:55)

Q: Are there other challenges that you wanted to mention?

(07:58)

Nuñez: I think that there's always going to be more challenges. I think one of them is just more if there were to be more funding or more marketing of these programs, it's not enough. You had a lot of marketing for Covered California and it was never the same for Medi-Cal. Even with the new Medi-Cal expansion, there's not so much marketing. I know that for us, we did have to train some of the Covered California enrollers when initially the DACA Medi-Cal expansion happened and to incentivize them and convince them to, to enroll those folks that need help, that was a challenge because they don't have that same kind of incentive, right? Enrolling Medi-Cal vs. Covered California, right? So they're going to promote one thing versus the other. And we had to train a lot of the FQHCs and the Department of Social Services about what is DACA, right? Like we had to do a lot of education about immigration that they do qualify,

(08:44)

Right. FQHCs or federally qualified health centers provide primary care services on a sliding scale fee based on patients' ability to pay.

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Nuñez: And so there was a lot of hurdles even with some of the systems about how to do enrollment with these individuals. And some people went to an FQHC to enroll into Medi-Cal and some of these staffers didn't know and they would refuse them, right? They would say, 'oh, you don't qualify.' So there's a lot of up to date, things always keep changing. So we need to make sure that staff is in tune – FQHCs and county staff. So that's still a lot of work to continue doing and then also the advertising of these programs is just not well funded. We don't see as much promotion of these programs.

(09:33)

Wow. That's a great point, too. Why does Inland Equity Partnership support Medicare for All and how would that change the lives of the immigrants you serve?

(09:42)

Nuñez: We see two primary drivers of poverty – health care, and housing and we're all about de-commodifying those programs and so with health care, we see that Medi-Cal or single payer Medicare for All de-commodifies, takes the for-profit system out of the equation and it's an inclusive system for all. We're all about inclusivity, intersectionality, bringing communities as one community, not different communities.

And we see it a little bit like in Costco, right, if we all buy membership and you buy things in bulk, it's just cheaper, right? So I see it like, if we all are like, you know, a toilet paper, right? We all (buy) in bulk. We buy, we're all as individuals, right included in one system. It's just cheaper, less overhead. When it's inclusive, people know where to go and they don't have to figure out if that's a clinic I can go to or can I go to this one? The providers, right? One payer system, it's all the same. Not,'oh, you have this insurance or you have that insurance.' So we're all about inclusivity and equity for all. And that's right. Inland equity, right? So it's equity, we're all about inclusivity, taking the for-profit out.

(10:46)

Q: Great. Got it. Is there anything we didn't touch on that you wanted to say?

(10:51)

Nuñez: This is good information to share with the community and so I think just getting the word out about these programs and that we all continue fighting the fight because yeah, we could celebrate that undocumented individuals now qualify for Medi-Cal but that's still like less than 50% that are undocumented. So we do need to address the remaining population and I think the Medicare for All would be able to create one system for all, all communities, all populations, all immigration status folk, and so that we can, it will save us money and it also will increase health outcomes in this fight.

(11:31)

Thank you, Maribel Nuñez from the Inland Equity Partnership in Southern California.

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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