



Winning Health Care for Immigrants: The California Precedent

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! Which California immigrants will get access to full Medicaid coverage in 2024 for the first time? How did this victory unfold? 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 stinger)

Organizing for immigrant health care isn't easy because you're dealing with multiple levels of government. Depending on their documentation status and where they live, immigrants don't have access to the same programs. Plus, safety net programs are often limited and unequal. From the front lines of this struggle, Maribel is here to break it all down for us! The daughter of Mexican immigrants, her life experiences inform her invaluable work as a grassroots organizer and coalition builder. This is the first of two episodes with Maribel.

Welcome to Code WACK!, Maribel.

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

Q: Tell us how you came to work as an organizer in California's Inland Empire.

Nuñez: I became an organizer particularly on health justice when there was an opportunity to become a community organizer with [Organizing for America](#) when they were moving forward on the Affordable Care Act. I lived in Corona, which is a city in the (Inland Empire) and I was just going to be there to check it out. They were going to do Camp OFA. I became a volunteer and then the designated organizer for the Inland Empire for OFA in 2009. So from there, that's where my journey begins doing community organizing for various organizations after that.

Q: What does OFA stand for again?

Nuñez: Organizing for America? It's president Barack Obama's project.

Q: What an incredible opportunity that must have been! Just this year, Governor Gavin Newsom's new budget includes expanding Medicaid, which is known as Medi-Cal in California, to eligible undocumented immigrants ages 26 to 49. It makes California the first state to expand Medicaid to all age groups. Is this a game changer for these immigrants?

Nuñez: Absolutely. I think that when the Affordable Care Act came about, there was that process of Medi-Cal expansion, the [Bridge to Reform](#) program, not only during Governor Brown, but not only did we say 'yes, we're going to do Medi-Cal expansion,' cuz it was going to be an option, we were going to use historically state funds to cover [DACA](#) individuals and we've done that in the past using state funds

to cover the new lawfully present immigrants before the federal reforms against the five-year bar for immigrants to have five year residency before they can get any benefits. And so in California, we've had this long history, even before the ACA , to use state funds to expand [health care to] Californians that don't have healthcare access. So this (age) group of 26 to 49 has been a long part of a 10 year history – if not longer – cuz we started with DACA.

Q: Right, DACA refers to those undocumented young people who came to the U.S. as children and are temporarily shielded from being deported. Those with DACA status [are eligible for full-scope Medi-Cal](#) in California if they meet the eligibility requirements.

Nuñez: We started with the [Health4All](#) kids (age) zero to 19 and then the young adults (age) 19 to 26 and then we got the elders. So every year, right, we were working on it – sometimes two years, three years per each group. We've always wanted everyone, but it's been an incremental kind of fight and win and so we're happy that now it includes the remaining (undocumented immigrants), which is the 26-49 (age group) that includes now everyone that's undocumented that are Medi-Cal eligible. You still have the remaining group that is not Medi-Cal eligible so there's still more work to be done there.

Q: So this doesn't apply to all undocumented immigrants, only those who are eligible for Medi-Cal?

Nuñez: For the [full-scope Medi-Cal](#), right cause there's still [emergency Medi-Cal](#) but full-scope Medi-Cal yes. Just the ones that are eligible for Medi-Cal.

Q: Wow. So do we know how many or what percentage of immigrants remaining would not be eligible for Medi-Cal?

Nuñez: No, I don't have the numbers, but yeah, I think at least 50% or so of the ones that are undocumented would not qualify. ... If you look at one household,

we're looking at \$15,000 to \$16,000 as the most that they could make. So there's still more people that, you know, make a little bit above \$15,000 to \$16,000 that will not qualify.

Q: There's almost an incentive to make less money to get Medi-Cal.

Nuñez: Yeah.

Q: This expansion for the age group of 26 to 49, doesn't go into effect until 2024, which means many people have to go without for more than a year. Why the delay?

Nuñez: Well, I don't know <laugh> politics, I guess you could say. I mean, I know a lot of us would like, you know, Medicare for All just to get everybody in one system and get ready to go. But I think we're still kind of implementing the prior group that got Medi-Cal expansion, the elders 50 and above or seniors cause they are not all elders – it's 50 and above. So my thought is that they're taking some time to implement it, seeing the cost and then just kind of seeing, you know, if we're still going through any recessions or any downfalls. I mean we have surpluses. We shouldn't be concerned. We're (at an) all-time surplus in our state budget, but I just think that we just need to continue fighting to prioritize our vulnerable communities that are, you know, one of the most marginalized groups. So I think it's politics and it's just, just being plain safe here. And so yeah, so unfortunately we do have to wait a little longer for the remaining population to be included.

Q: Right, right. Thank you. How do uninsured immigrants who are not authorized to be in the country currently get care when they're sick?

Nuñez: Yeah. So I want to give an example, a few examples. San Bernardino County, you know, definitely could benefit from this (Medicare for All) program. San Bernardino County is one of a few counties that does not have a county safety net program and so the only thing they have is, you know, the emergency Medi-Cal and whatever program that the hospital may have, but they're the ones that don't include anyone that's undocumented.

In Riverside County, we have the [Medically Indigent Services Program](#) and so that program goes all the way up to 64 years old. I think it's 21 to 64 years old and it's a

hidden secret because they have very complicated criteria if you go to their website. So we send out information just really because we work with a lot of [Federally Qualified Healthcare Centers](#) that really know what it really is to (meet the) criteria.

The unfortunate part is that sometimes there's not a lot of hospitals that are part of the MISP network. They could go to some of the public health or, or community, you know, FQHCs, you know, but the issue is if they have cancer or anything like that, they have to go, if you live in like in North Shore, which is almost like less than 30 minutes away or so from Mexicali, Mexico, you know, the shortest place to go is to Moreno Valley, which is about an hour and a half kind of drive, right?

And so, and, and even there, there might be limitations of specialty care, right? And so for every person that needs health care or that type of care – cancer, whatever, we have to help with some more push for advocacy and putting some political pressure (on the) electeds but we're happy that at least in Riverside County, they still have the MISP program. Cuz I know at least they have something, but it's a bare bones kind of program and they could definitely do more to promote it. But in San Bernardino County they don't have anything so I guess Riverside it's a little bit better, but nothing compared to Los Angeles. [My Health LA](#) ...that also includes substance abuse and more mental health and more services, and San Francisco, [Healthy San Francisco](#), I think it's called. We don't have that equivalent here. So there's still more work. In the Inland Empire, we could definitely benefit from [Health4All](#).

Q: Tell me again, the name of the safety net program in Riverside County?

Nuñez: The acronym is MISP, which stands for Medically Indigent Services Program.

Q. Got it. So do you know how long that's been around?

Nuñez: I think over 10 years, if not longer, because initially the MISP program, it existed for indigent care right before the ACA. So it was there to help people that didn't have care. I mean it started being gutted and gutted, you know, those county safety net programs because you know, Governor Brown thought, 'oh, well we already have the ACA' but we still have a lot of people that were not included with ACA so it got really gutted. And so a lot of these programs as you may or may not

know are on life support. I call it because it's the county that is putting the most of the funds in a little bit of state.

Q: So why do you think San Bernardino doesn't have a program?

Nuñez: Their county safety net name is MIA *and it became MIA* – the [Medically Indigent Adult](#) program. It didn't include people that were undocumented. It was only people that didn't have insurance. So in their opinion, once ACA happened, they just got rid of it. So yeah, so they had it taken out cuz it's a (county) Board of Supervisors decision and so we really haven't had the kind of representation. We've been doing, get out the vote efforts for a long time to hopefully change that and we haven't been successful. Maybe one out of the five supervisors might support, but you know, you need three and so we've been attempting to bring it back, but yeah, it's just not a political will in San Bernardino County.

Q: So do you have personal stories of immigrants you know in San Bernardino or Riverside counties who have struggled with health insurance?

Nuñez: Yeah, I do have an individual. She lives in, I believe in Bloomington and she had diabetes and got really, really sick and so unfortunately because they don't have the – she lives in San Bernardino County – you know, she got more sick and she's an activist. She's done a lot of work on immigrant rights, you know your rights and stopping, you know, some of the checkpoints, right? So she's done a lot for the community. I know she has been interviewed in the past by L.A. Times reporters and she's someone, right, cause sometimes people take risks just sharing their story, but she just got much worse, you know, with having diabetes. In Riverside County, you know, if you have farm workers, there's stories from one of our partners is TODEC, and they give us a lot of stories about farm workers that get sick.

And then of course they're one of the most essential workers right during COVID. So we really are not taking care of them the way we should. They've taken care of us. We haven't taken care of them. You know, there were some individuals there from that Eastern Coachella Valley that got cancer and that they just didn't get the treatment and then when they got COVID, it just got worse. Right, because they didn't have, they didn't have that preventative kind of immune system to take care of themselves.

Q: So the woman from Bloomington, how did she manage with all her health problems?

Nuñez: Yeah, so she basically had community support – GoFundMe – just herself, saving money to pay for some of those expenses, because she didn't have that full scope Medi-Cal or treatment to take care of herself. And it takes a lot of guts, right because it was before a lot of things and with the previous administration, there was a lot of fear. Even when we were pushing for Health4All, for the ones that were eligible, they were very fearful of getting enrolled. Well, she was one of those...she was like in the 40 age group. So she's the one that's going to benefit from the one that's the, you know, from 2024, right, because she wasn't a young adult or a senior, so she's those folks that still had to wait and still have to wait. So yeah, the community had to come in, and help her out. I know she had to go through a lot with, you know, not being healthy enough to work. So there's costs, you know, and stress, but you know, she's a fighter.

Q: IEP has worked with a great number of partner organizations to make the expansion of Medi-Cal to all immigrants happen. Can you tell us about the history of advocacy that led to this historic decision and IEP's role in that?

Nuñez: So Inland Equity Partnership, you know, we were formerly [California Partnership](#) under the [Center for Community Change](#) – CCC - and so we were one of the leads at the state level to lead along with Health Access on the Affordable Care Act work and part of that work, I wasn't there during that time. So I was in (Organizing for America) volunteering. So I've been part of this organization since 2010. So we do have a long history. We started as an organization when ... the safety net programs were being gutted and health care is something that we had been including in our advocacy efforts at the state level, at the state Capitol in Sacramento.

Q: And what year was IEP founded?

Nuñez: So we made the transition from California Partnership, California Partnership was founded in 2003, and then Inland Equity Partnership, when we transitioned, I believe it was in 2019. The reason we did the change is because there's so many great organizations that have come after us – before or after us – doing Sacramento lobbying. But when you're seeing San Bernardino, Riverside, you know, being gutted, not having the strong safety net and not just in the county safety net programs, but investments on the general relief program, that's a program of last resort and some economic assistance kind of program.

And so we felt that we needed more lobbyists or advocates at the county systems level. So we use our level in history and experience and, and coalition building, the kind of work – what we did at the state level – at the county level. So we've been doing county budget trainings, budget advocacy, and rallies, like the way we've been doing in California. So when the governor comes out with the budget in January, we do our January budget release rally and then the [May Revise](#) and so we use kind of history and type of work at the county systems level too, when, when they go over their budgets and then when they adopted it, all that good stuff.

Q: So you're applying lessons learned at the state level to the county level. Sounds like local grassroots activism at its finest!

Nuñez: But we're still of course very involved at the state level, but just taking more of a leading role at the county systems level in the two counties.

Q: So you work mainly in San Bernardino and Riverside counties?

Nuñez: Yeah. And I would say to some degree Imperial Valley as well too. We have some partners there that we do some, some of that work there too.

Thank you, Maribel Nuñez. Stay tuned as we continue our discussion with Maribel about challenges her community members face when it comes to accessing quality health care and how Medicare for All could help.

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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