



Why Insured Americans Still Need Charity Clinics

“These companies have done an exceptionally good job of persuading our politicians, often with campaign contributions, that they need to stay in the game. They have been the reason why we've made so little progress toward getting to a Medicare-for-All-type-of-system.” Wendell Potter

911. What's your emergency?

America's healthcare system is broken, and people are dying.

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**.

(music)

This time on **Code WACK!** Why are people in America resorting to receiving medical care in animal stalls — even if they have health insurance? What would it take to make volunteer stopgap clinics unnecessary — and who stands in the way of real reform?

To break it down, we spoke with leading healthcare reform advocate and New York Times bestselling author [Wendell Potter](#). A former health insurance executive turned industry whistleblower, Wendell now serves as board president

of the [Center for Health and Democracy](#), which advocates for healthcare reform, and editor-in-chief of [HEALTHCARE Un-covered](#), which investigates healthcare corporations and insurance conglomerates. *This is part two of a two-part series.*

Welcome back to Code WACK! Wendell.

Q: You recently wrote about the New York Times column by Nicholas Kristof entitled, "Can We Really Afford to Let Healthcare Get Any Worse?" What stood out to you most about that piece?

Potter: Well, the piece focused on people who resort to charity to get care in this country. And in particular, they report and talk a lot about and have photographs of people who go to clinics that are put on by Remote Area Medical, which is a nonprofit organization that for the last couple of decades has been providing coverage to Americans throughout the country, rural areas in particular, but increasingly in cities as well too, for people who just can't get, they don't have enough money to buy insurance or they are in plans with high out-of-pocket costs and they don't have enough money to pay what they have to pay upfront before their coverage kicks in. Remote Area Medical changed my life. As a matter of fact, in 2007 I was still working at Cigna and I went back home to Tennessee to visit my family and I read about this organization, Remote Area Medical, that was putting on a free clinic at a county fairground near where I grew up.

And I went there out of curiosity and it changed me, it stunned me to see what I was witnessing. People were standing in long, long lines in the rain. They were soaking wet, but they were desperate to get care. Many people had slept in their cars and trucks the night before to have greater assurance that they could get into this fairground to get the care that they needed.

That was bad enough. But then I noticed that those lines, in many cases, led to animal stalls. This was the county fairground... [there were] volunteers that cleaned up animal stalls to convert to makeshift examining rooms. People were getting care in animal stalls. That happens to this day. In fact, Remote Area Medical is even busier now than it was before. I thought the Affordable Care Act might make it less likely that people would need to resort to Remote Area Medical and going to these free clinics.

But that's not true. And part of the reason is because more and more of us are in high deductible plans. I was on a panel not long ago with a president of Remote Area Medical, and he told me that this past fall they had a clinic in Erie, Pennsylvania. And that 70% of the people who came to that clinic, they had health insurance. But they were in high deductible plans. This is a travesty and a crisis. But that struck me.

And Nick Kristof, who wrote that piece, wrote a column about me and my experience. In my first book, *Deadly Spin*, I told about my experience going to a Remote Area Medical clinic in Wise County, Virginia while I was still working at Cigna and how that contributed to my decision to leave the industry and ultimately to become a whistleblower. And all these years later, Nick Kristof and the photographer for the Times had this even lengthier story with photographs showing what people have to go through to get care in this country. It's inhuman. It's unbelievable what we make people do.

Sadly, not enough people read The New York Times. Again, people are largely unaware that this is what many people in this country have to do to get care because we are generally healthy year in and year out. But we find out when we get sick that our coverage is just not what we thought it was - that our insurance companies are making us pay a lot of money before they'll pay a dime.

Yeah, that's really interesting about the high deductible plans in particular are rendering health insurance almost useless because you can have a plan. You're paying the premiums, you have a plan, but you can't afford the deductible ultimately when you do get sick. And so you're finding yourself scrambling to get health care from a clinic or Remote Area Medical. It's not always easily accessible, this kind of free medical care and how poignant and sad that, as you mentioned, they're getting care in places like animal stalls at a county fair. They're doing the best they can to try and give people care, but it's not gonna be the same quality care as it would be in a facility, I would imagine.

Potter: No, I mean, they do have doctors and nurses who provide good care, but these doctors and nurses and dentists are volunteering their time. And it's over usually a weekend, sometimes a long weekend. Often it's just one day. So there's a limited amount of time and a lot of people there to get the care that they

haven't been able to get elsewhere. So these doctors and nurses and dentists, they don't have a lot of time to spend with an individual patient. However, they often will find that a person who has shown up to get care will have some undiagnosed serious illness. They've had to tell women sadly that they have breast cancer, for example. And that's when people find out they haven't had the money to go to care to get the screening that they needed. Sadly, in many cases, it is too late, people have cancer that has metastasized, has gotten beyond a stage that is easily treatable. But people are often getting sad news.

There is a term for what we're talking about here. I read about it first in Forbes magazine a few years ago. People have health insurance cards in their wallet or their purses, but they are functionally uninsured. They may think that that card is gonna be useful, but they find out how much they have to pay out of pocket. And if they don't have that money in a bank account somewhere, they might max out their credit cards and a lot of people do, but many people already have the cards maxed out. They just don't have the ability to get the care that they need. They're functionally uninsured. We have about 27 million people who were uninsured in this country. We're a long way off from universal coverage in this country. We're the only developed country on the planet that has not achieved universal coverage.

The ACA got us closer, the Affordable Care Act got us closer, but still we have 27 million people [uninsured] and that number is now going up because people are having to drop their coverage 'cause premiums have become unaffordable for them or they've lost their Medicaid coverage. We haven't even talked about that. But more and more people who have been receiving Medicaid coverage are losing that because of the 'Big Beautiful Bill' that was passed during the Trump administration last year that's gonna be cutting the Medicaid program. Significantly though, we're gonna see a big uptick in people who are uninsured. That means that organizations like Remote Area Medical are gonna be even busier and more essential than before.

Q: Right. So Wendell, how did we get to a point where people are functionally uninsured, where having an insurance card no longer means having access to care?

Potter: Because insurance companies have done an exceptionally good job of persuading our politicians that they know better – that they should be given the chance to provide our system of health insurance. And I know for a fact, because I worked for these companies for 20 years, I know how good they are at their propaganda. I was a propagandist for this industry. I know how they pull this off. They also spend a lot of money on lobbying expenses, but also campaign contributions. And they give as much, if not more money to Democrats than they do to Republicans. They've long felt that, you know, why give money to Republicans because we can pretty much count on them anyway. So they give a lot of money to Democrats. People will be surprised at the Democrats that take money from this industry. I'm hoping that we will soon get to the stage in which politicians, particularly Democrats, will refuse to take money from this industry.

I want candidates to see campaign contributions from insurance companies as toxic. We got to the point that a lot of them wouldn't take campaign contributions from tobacco companies. We need to get to the point where candidates will refuse to take campaign contributions from health insurance companies. But again, to answer your question, it's because these companies have done an exceptionally good job of persuading our politicians, often with campaign contributions, that they need to stay in the game. They have been the reason why we've made so little progress toward getting to a Medicare for All-type-of-system.

That money is why the Affordable Care Act was structured as it was. The Obama administration and Democrats in Congress felt they had no alternative except to work with these companies and have them be a big part of the Affordable Care Act. You may remember there was a big discussion early on about giving people the option of “a public option” as it was called back then. The insurance industry went to town to make sure that that was excluded from the legislation and it was stripped out of the Senate bill. That's why we don't have that as an option. The insurance company saw that as a big threat and it would've been, but they have been extraordinarily successful in protecting their profits.

Q: You know, kudos to the remote area medical clinics for, for volunteering. It is an inspiring act of generosity, but at the same time you argue it's also a moral

alarm bell. Why is it dangerous for Americans to see volunteer medicine as a success story rather than evidence of systemic failure?

Potter: Well, in the piece I wrote is that even the founder of that organization, Stan Brock, who sadly passed away a few years ago, I got to know him personally. He wanted his organization to be put out of business. He did not think it should be necessary in this country. In fact, he founded it in the 1980s to fly doctors from the US to really remote areas of the planet where people did not have access to doctors. In this country, there are doctors and hospitals all around us, but they're off limits to a lot of people. In some parts of the world, there simply are no doctors and hospitals within a reasonable distance. So initially, Remote Area Medical flew doctors to these remote places in South America, to Africa, to Haiti and places like that. But now most of those, they call them expeditions.

Most of these expeditions or these clinics are now in this country because there's such a great need here. And it's become common. We accept that this is a safety net. It is not a safety net. It is not. And they don't have the capacity to meet the need. Keep in mind that a lot of people who come to these clinics, like I said, they often line up well before dawn to get into the clinic. And in many cases, the lines are so long that they can't take everybody. So people are turned away at many of these clinics. So as good as this organization is already, the demand is too great. And so a lot of people sadly go without. People who get in, in many cases are lucky. They're able to get dental care and vision care and even hearing care and basic medical care.

But a lot of folks are not lucky enough to get in or they don't have transportation. I learned that Remote Area Medical sites that I went to in southwest Virginia, they'd been doing a clinic there once a year in late July for about nine years. And I didn't even know about it, but I found out that people drive from hundreds of miles away to this little town in southwest Virginia in the coal mining section of Appalachia to get care. But a lot of people don't have cars and trucks to drive hundreds of miles or are able to take off from work. So that limits you too as well. A lot of people in this country are working two and three jobs, but they don't have health insurance and they can't take the time off to get the care that they need even to go to a Remote Area Medical clinic.

Right. And Remote Area Medical, it sounds like they are in quite a few states, but they're not in every state or every area. And it sounds like they can only reach, you know, certain areas once in a while. So it's still a huge gap that people are dealing with in terms of medical care.

Potter: 'Cause they just don't have the capacity. You can go on their website, ramusa.org and you can find out where the clinics are gonna be held in the coming weeks and months. And they are in places all over the country, but not in every location by any means. They're based in Tennessee, not far from where I grew up. And they have several clinics that are in Tennessee. I'm in Philadelphia. They had one in Philadelphia, not long ago, one in Bethlehem, Pennsylvania. They've had them in Sacramento and in the greater Bay Area and Los Angeles. So we are talking about sort of rural areas, areas that are pretty remote, but also our biggest urban areas too.

Yeah. And you mentioned Stan Brock, who was the founder of Remote Area Medical. He said that these clinics shouldn't exist in a country as wealthy as ours. If you were speaking directly to lawmakers or voters, what's the most urgent change that would make clinics like remote area medical unnecessary?

Potter: Well, we need to really rethink our system of health coverage in this country. It's not gonna be an easy thing. I do advocate for a lot of pieces of legislation that would make care more available to people. One piece of legislation that my team and I support is legislation and in Washington at the state level too, that would prohibit these companies from using prior authorization for it as an example, being able to avoid paying claims. Another is to extend the out-of-pocket limit for prescription drugs that people who have Medicare now enjoy. There's an out-of-pocket max for Medicare beneficiaries of \$2,000 a year. It went up to \$2,100 this year. But we advocate making that a maximum for everybody – not just seniors. People walk away from the pharmacy counter every day in this country. They need medication, but they don't realize that an insurance company is their biggest barrier to getting the medications they need.

Big insurance companies own what's known as a pharmacy benefit manager that determines first of all, if the drug you need is even gonna be covered at all. And if it is covered, how much you'll have to pay out of pocket for it before your

insurance company will pay for it. And they're not very good at holding down the unit cost of drugs. In fact, I would argue that they're part of the big reason why the list price of drugs in this country is as high as it is because they essentially extort money out of drug makers by saying, if you want us to list your drug on our list of drugs that we'll cover, they call it a formulary, you have to give us a kickback.

And drug companies have no alternative except to do that. It's referred to as a rebate. That's a polite term for it, but it's a kickback and it should be illegal. So we also support legislation that would reign in the power of these pharmacy benefit managers and there are three big insurance companies that control that market, or 80% of it. Cigna's one of them where I used to work, it owns Express Scripts, which is a big pharmacy benefit manager. CVS, which owns Aetna owns one of the big three PBMs. It's called Caremark. And the other big insurance company is UnitedHealth, which is the biggest insurance company, but it also is the biggest employer of doctors in the country. And it has one of the biggest PBMs, it's called OptumRx. So those three companies control our access to a large extent to our medications, and they determine how much we have to pay out of pocket before we get any coverage for our prescription medications.

So we need to change that too. There are bills that are important. I call them foundational bills that we need to enact. We also need to make sure that things don't get any worse. I argue that this is an election year, but we need to support candidates who are gonna be advocating for more sweeping healthcare reform. And we need to look to 2028. That's two years down the road. That's when we will have our next election for president and for more federal offices. Let's have once again, a real debate on our healthcare system and the affordability or the lack of affordability for health care in this country.

And as you've previously mentioned, there's always Medicare for All. Thank you Wendell Potter of the Center for Health and Democracy and Healthcare Un-covered.

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