

# The Women's Center for Creative Work

## Emergency Health Grant Resource Guide

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# Introduction

**Nicole Kelly**

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Over the past three years, the Women's Center for Creative Work has distributed \$200,000 in Emergency Health Grants for artists of all disciplines living in Southern California, who identify as women or non-binary, low-income, and/or people of color. This year the grant was made available in five languages, and with the help of community partners Mujeres de Maiz, Sustainable Little Tokyo, and Cori Alegria, we granted a total of \$80,000 to 30 artists in the LA area (most received \$3,000 grants).

### **Why is This a Feminist Issue?**

The Emergency Health Care Grant for artists is just one way that we provide holistic support for artists and makers through feminist principles. Guided by our Core Values of hospitality, care, experimentation, abundance, and generosity, we aim to be both a platform for creative support and for the redistribution of resources.

As an organization & staff with varied and intersecting privileges around race, class, education, and access, we view it as our duty to consciously leverage our privilege to share access to information, money, tools, education, relationships, and opportunities. The Emergency Health Care Grant is one of the principle ways that we work towards this goal.

We believe that making art is work that should be valued and financially supported, and that access to quality health care is a universal human right.

### **How We Execute the Emergency Health Care Grant**

The grant application was open for one month, during which time we promoted it to the WCCW audience, while our community partners Mujeres de Maiz, Sustainable Little Tokyo, and Cori Alegria worked to promote the grant in their

own communities. The WCCW & each community partner also led at least one writing workshop & info session for grant applicants while the application was open. Based on input from the Community Partners, this year the application was available in 5 languages—Korean, Japanese, Spanish, English, and Chinese—and could be submitted either online or by mail, in the applicant's preferred language. This year we received a third more applicants than in the previous year.

The application responses are made as anonymous as possible before they are read by each member of the grant committee. Each application is scored according to a rubric that assesses dedication to a creative practice; urgency of need (with life threatening conditions scoring the highest); effect on quality of life; and ability for the grant to make a financial impact.

After each Community Partner and myself (this year's representative from WCCW) scored the applications individually, we met for several hours to determine the final list of grant recipients. In the end, the grant was awarded to applicants who scored highest overall & applicants who scored highest in the urgency of need category. In order to award funding to the most possible applicants, grants were also given to everyone who requested less than \$1,000.

The process of selecting grant recipients is extremely difficult. Almost everyone who applies demonstrates an immediate need for urgent health care and financial assistance.

What we found is that many people in our community are struggling with invisible illnesses, or invisible financial burden. We were repeatedly reminded that wellness and ability are temporary, precarious states—neither

is guaranteed. Every applicant was worthy of receiving treatment, and the responsibility of deciding who would receive the grant and who would not weighed heavily on each of us.

### **Modeling a World We Wish to See**

Redistributing funds for health care (in one of the wealthiest nations in the world) is a bizarre and awesome privilege, one WCCW takes seriously. We're proud to be working to improve the material conditions of our community through the cultivation of communal resources. In response to legal and political structures designed to serve only the powerful, we believe in using our collective labor and power to meet our own collective needs. In an ideal world, our small organization of artists & culture workers wouldn't be tasked with this kind of responsibility. But we're

passionate about working to build new, alternative systems—the world we wish to see.

We are currently fundraising in hopes that we can continue to offer the same level of Emergency Health Grants in 2019. For more information, or to contribute to this fund, please email [info@wccw.us](mailto:info@wccw.us).

We are so grateful to our Community Partners for their help administering this year's grant, and to Metabolic Studio and the our anonymous donor for providing the funds.

Please please don't forget to floss!

# Navigating Public Health & Benefits Systems

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## Safety Disclaimer

This information is not to be used in place of professional medical or mental health treatment.

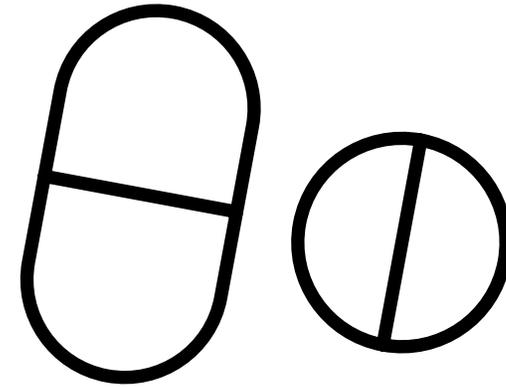
The information in this document is often changing, including the income verification levels and costs of coverage. While some of these numbers may go quickly out of date, the concepts and definitions will maintain.

If you are experiencing a medical or mental health emergency, call 911 or go to your nearest emergency room.

## Personal Disclaimer

Tricia Kayiatos-Smith is working towards licensing under the clinical supervision of Bonnie Rae, LMFT 91089

She is seasonally employed by the Women's Center for Creative Work and serves on their 2018 programming board.



## Medi-Cal

### Intro

Medi-Cal is a California-specific Medicaid, or public health insurance. Most recipients of Medi-Cal pay no monthly premiums, no copays and have no annual deductible.

Medi-Cal covers “essential health benefits,” which they define as:

- Outpatient (Ambulatory) services
- Emergency services
- Hospitalization
- Maternity and Newborn care
- Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment
- Prescription Drugs
- Programs such as physical and occupational therapy (known as Rehabilitative & Habilitative Services) and devices.  
*Tricia's note: I've actually never seen them cover this*
- Laboratory services

- Preventive and wellness services & chronic disease management. *Tricia's note: This can be quite limited.*
- Children's (Pediatric) services, including oral and vision care.

It also includes pelvic exams, chest exams, breast cancer screenings, STI and HIV testing and some trans-affirming health care.

## How do I get Medi-Cal?

Apply for Covered California. Your income level will determine whether or not you qualify for Medi-Cal. The website for applying for Covered California is:

[coveredca.com/apply/](https://coveredca.com/apply/)

You can also visit any Department of Social Services office and apply in person. If you do this, prepare to be there for a long time. Bring a snack, a book and ALL the following documents:

- Last year's tax returns
- 3-6 months of recent pay stubs and bank statements
- Government issued identification
- Documentation of your residence address and how much you pay in rent (the lease is preferable, but your landlord/ roommate can also hand write a letter stating how much you pay).
- Documentation of any property you may own (even if it's out of state)

NOTE—Previously, owning a car was considered “property” that would disqualify you from receiving Medi-Cal. This was changed with the Affordable Care Act in 2014, but not all DPSS workers are up to date. If they request that documentation, you can refer them to this information and/or ask to speak to a supervisor.

DPSS office locations can be found here: [dpss.lacounty.gov/wps/portal/dpss/main/home/office-locations?program=medical&title=Medi-Cal%20Offices](https://dpss.lacounty.gov/wps/portal/dpss/main/home/office-locations?program=medical&title=Medi-Cal%20Offices)

There is no open enrollment period (the time of the year, usually starting Nov 1 and ending January 31, where new applications for health insurance are accepted) for Medi-Cal, so you can apply at any time.

If you do not qualify for Medi-Cal and you're applying for health insurance outside of the open enrollment period, you must have a “qualifying life event” in order to get approved. “Qualifying life events” are:

- Losing your job which provided you with health insurance
- Your income changed and you no longer qualify for the insurance you were receiving
- Your COBRA (COBRA is a program that allows you to keep your health insurance after you quit your job if you pay the monthly premium. The premium is often unaffordable for most people) is ending
- You turned 26 and are no longer on your parents' health insurance
- You turned 18 and are no longer on a child health insurance plan
- You moved to California from another state
- You were released from jail or prison
- You Were just married or entered a domestic partnership
- You became pregnant
- A child in your family was born/adopted/received from foster care

If you do not have one of these “qualifying life events,” you will have to wait until the next open enrollment period to apply for Covered California. Again, Medi-Cal has no open enrollment period and you can apply for it at anytime.

### How Do I Find a Medi-Cal Doctor?

This is a bit tricky—there’s no one database that weeds out the good providers from the awful ones. If you already know a doctor you like, start there and see if/what Medi-Cal plans they accept. Ask your friends for recommendations. Yelp and ZocDoc can also be helpful, but be sure to read the reviews because some of the ratings can be inflated.

### How Do I Know if I Qualify?

The main qualification for Medi-Cal is income. You must also either be a citizen, have immigration documentation, or refugee status.

See the Medi-Cal Annual Income Limitations chart on the right (usually gauged by your previous year’s tax returns). You must have earned and documented less than the amount in the right hand column based on your family size (1 for just yourself, 2 for a legally married couple, etc).

If you are eligible for and/or are receiving CalFresh (food stamps), you will also be eligible for Medi-Cal. Other qualifiers can include: age (under 21 or over 65), being blind, disabled or pregnant, in a skilled nursing home or under refugee assistance.

### Medi-Cal Annual Income Limitations

Family Size	138% Poverty Level
1	16,395
2	22,108
2 Adults	22,108
3	27,821
4	33,534
5	39,248
6	44,961
7	50,688
8	56,429
9	62,169
10	67,910
11	73,651
12	79,392
Each Additional Person	Add 5,741

## What is a Managed Care Plan?

Medi-Cal is an umbrella for smaller insurance plans which provide equal coverage

LA County managed care plans are LA Care and HealthNet. Other examples are Molina, Blue Cross, etc.

## What's the difference?

In terms of coverage, there isn't much of a difference between the plans. Mostly they just differentiate between networks, which means different doctors accept different plans. If you have a provider you already know and like, I suggest calling their office and seeing which managed care plan they accept.

## How do I choose?

Simply call the customer service number on the back of your Medi-Cal card and request a managed care plan switch. It will become active on the 1st of the next calendar month.

If you don't choose a plan, you will be assigned one automatically.

## What Trans Care is Covered?

While Medi-Cal does cover the following procedures, the pool of medical providers who perform these procedures and accept Medi-Cal are very limited (see Trans Resources page).

- Hormone replacement therapy
- Chest masculinization surgery
- Electrolysis (facial, body, genital)
- Orchiectomy
- Vaginoplasty

NOTE—In the state of California, insurance companies are legally obligated to provide medically necessary care, including gender affirming treatment and surgeries. However, Medi-Cal still denies some claims for this type of care, especially for facial feminization surgeries and breast augmentations. If Medi-Cal denies your claim for gender affirmative treatments, you may appeal the denial. Appealing a denial can be convoluted, so I highly suggest getting legal representation throughout this process (see Legal Resources p. 17).



## Covered California & Other CA-Based Aid

### **Covered California**

A result of the Affordable Care Act, Covered California is a state-specific public health insurance program for people who:

- 1) Do not have private insurance (purchased independently or covered by their employer) and
- 2) Do not qualify for the income requirements of Medi-Cal

Yes, this program still exists! Despite what happens in Congress, apply for CC and you will get a full year of coverage as it exists today.

There are different levels of coverage—Bronze, Silver, Gold, Platinum.

### **Managed Care Plans**

Covered California has managed care plans (like Medi-Cal)-Anthem Blue Cross of CA, Blue Shield of CA, Kaiser, Health Net of CA, etc.

Again, all of these managed care plans have similar coverages (depending on the “metal” levels), and the main differences between these plans are which providers accept which plans.

Premiums can range greatly (\$330-\$700/month on average).

### **How do I apply for Covered California?**

It’s the same application process as Medi-Cal. Your income will determine what you’re eligible for and then you can select how much coverage you can afford.

### **ADAP/Ryan White**

This is a conglomeration of state and federal funding for HIV treatment which covers HIV and dental care, including antiretroviral medications.

No immigration documentation required (you may be undocumented and still receive this benefit)

Eligibility requirements:

- HIV diagnosis
- Earn no more than \$58,850 a year (according to your previous year’s tax returns)

## Cal-Fresh and General Relief

Cal-Fresh is a food-based assistance program, also known as Supplemental Nutrition, Assistance Program, SNAP, or food stamps.

General Relief is a monthly cash assistance program, also known as GR, Public Assistance or PA.

They change the name of these programs every few years, theoretically to try and get ahead of the stigma associated with public benefits programs.

Each program maxes out at approximately \$220 and the amount you receive is typically dependent on your income-to-rent ratio.

If you are without stable housing or reliable access to a kitchen, you can get a “homeless qualification” on Cal-Fresh which allows you to use the benefit at various fast food chains.

## PrEP and PEP

### PrEP

PrEP, or pre-exposure prophylaxis, is a daily medication (Truvada) that a person considered to be high-risk for HIV contraction can take to protect their immune system against the virus. People considered by the Center for Disease Control to be high-risk for HIV contraction are:

- Men who have sex with men
- Transgender women
- Intravenous drug users
- Sex workers

While PrEP is not covered by Medi-Cal, many community clinics provide PrEP studies where you can enroll and receive free (sometimes even incentivized!) medication and medical monitoring.

### PEP

PEP, or post-exposure prophylaxis, is similar to the morning after pill. It's a 30-day prescription of medication that a person who was exposed to HIV within the past 72 hours can take in order to dramatically decrease their chances of seroconverting (contracting HIV). The sooner you take it after the exposure, the more effective it will be.

## Short Term Disability Benefit

*AKA EDD—Employment Development Department*

We are lucky to live in California because (among other things!) it offers short term, state-funded disability benefits.

They are usually for people who are experiencing a medical or mental health event that is preventing them from working at their normal capacity.

You can apply for and receive EDD benefits even if you are still working, but are forced to work a reduced schedule.

This benefit is usually for disabilities lasting under one year (think: recovering from a surgery, a flare up of mental health symptoms that are otherwise well managed, major injury, etc).

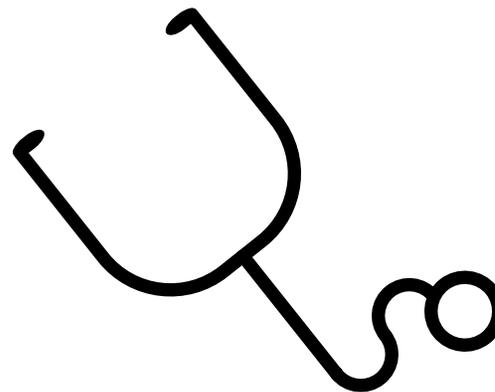
Eligibility/amount you can receive is dependent on how much you have worked and earned within the past five years. Typically a person will receive between 60-90% of their income. You must have worked within the state of California within the past two years.

Self employed? You can still be eligible!

- Because it is a short-term benefit, the application process typically lasts between 2-4 weeks. You cannot apply before the disability begins (for example, if you are getting surgery on February 17th, you must wait to apply for disability on February 18th).

### **How to apply:**

- Online (preferred): <https://eapply4ui.edd.ca.gov>
- On paper (you must request a paper copy of an application from the local DPSS office).
- Some portions of the application you complete yourself, other portions are completed by your medical provider (must be an medical doctor or nurse practitioner).
- If applying online, you will receive a receipt number (R#1000000...) that you will give to your medical provider. Your medical provider will then log on to EDD website and complete their portion.



## **Federal-Based Aid**

### **Long Term/Permanent Disability Benefits**

The federal government funds a long term disability benefit called Social Security Disability Income, or SSDI.

This is a federal cash benefit program that is long-term, usually for people with a permanent disability and are never anticipating being able to work again (co-occurring disorders are more likely to be approved).

The amount a person receives depends on the amount they have worked/earned in their entire life.

- You must have worked a certain number of quarters (like Social Security income when you retire) in order to qualify

The application process is long and arduous, typically lasting months or years.

- This process requires many detailed medical records indicating minutia of disability

Most people are denied on their first application and then must file an appeal, where most of the progress is actually made.

- During the appeals process, it's important to get legal representation (see Legal Resources page)
- Disability attorneys are not allowed to collect a fee until you receive your benefits

If a person is approved, they will receive an initial lump sum of retroactive payment (dating back to when the disability started), then smaller monthly payments (I've seen the initial lump sum as high as \$25k and monthly payments ranging between \$700-\$1400).

## Medicare

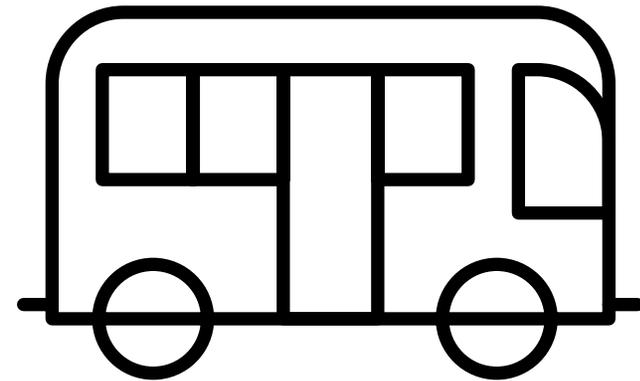
A federally funded, public health insurance for people who have a permanent disability and/or are over the age of 65.

Medicare offers more comprehensive coverage than Medi-Cal. Though if a person is *both* disabled/over the age of 65 and within the income limits of Medi-Cal, they can be insured through both Medi-Cal and Medicare

- This is called “Medi-Medi,” and is the most comprehensive public health insurance you can get.

Medicare is divided into parts:

- Part A—this is free of cost and is for emergencies only (hospitalizations, ER visits)
- Part B—preventative/primary care coverage. This coverage you have to purchase at about \$105 a month and is usually taken out of your monthly social security check.
- Part D—prescription coverage. This coverage you have to purchase and there are multiple levels of coverage based on what medications you take and how much you are willing/able to pay.



## Transportation Resources

### ACCESS

ACCESS is a private medical transportation service, costing usually \$2.50 a ride

- No limits to amount of trips
- Trips must be within LA County
- Medical qualifications must be met in order to be approved. The application process includes describing why you cannot access public transportation and also being evaluated by an ACCESS medical provider. They will give you free transportation to this evaluation.
- Directions for application: [accessla.org/uploads/files/Applying%20for%20Access.English.pdf](https://accessla.org/uploads/files/Applying%20for%20Access.English.pdf)

### Disability TAP Card

This is a discounted TAP card (what you use to take the metro and public transportation) for anyone with a chronic illness (whether or not it impedes your mobility. For example, an

HIV diagnosis, regardless of advancement of the disease, is usually an automatic approval).

Disability TAP card gives you an unlimited, monthly card at the cost of around \$25, as compared to around \$100.

Some HIV treatment centers can pay your monthly Disability TAP card cost.

### **How to apply:**

- Application: [media.metro.net/riding\\_metro/riders\\_guide/images/tap\\_reduced\\_lactoa.disabled.application.pdf](https://media.metro.net/riding_metro/riders_guide/images/tap_reduced_lactoa.disabled.application.pdf)
- Healthcare portion of application must be completed by either a medical provider or nurse practitioner
- Applicant must include passport photo and a \$2 nonrefundable application fee
- Applications can be dropped off at Union Station (800 N Alameda St, 90012) or mailed to TAP Reduced Fare Office (One Gateway Plaza, Mal Stop 99-PL-4, Los Angeles, CA 90012)

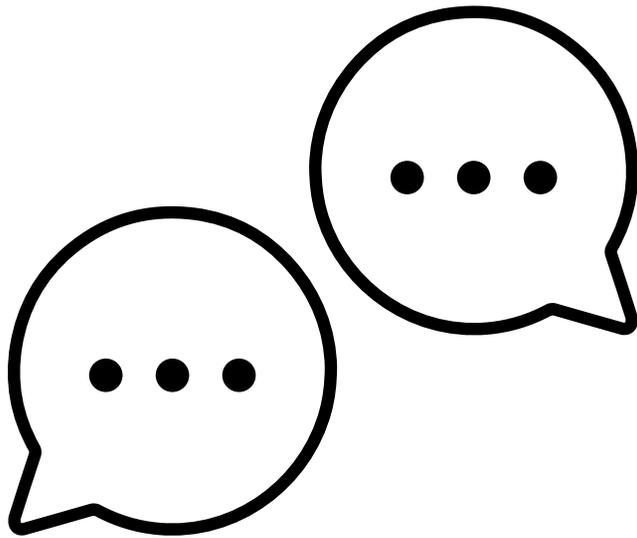
## **Medi-Cal Transportation**

Medi-Cal patients are entitled to three free medical transportation round trips

- To access, call the member services line for your managed care plan
- Reservations must be made three days in advance, though exceptions may apply

After the three courtesy trips are used, a person can petition to get permanent availability for medical transportation

- To access, call the member services line for your managed care plan
- Request the provider verification form for permanent availability for medical transportation (no diagnosis is necessary, this is your right as a Medi-Cal client!)
- Have your medical provider complete the paperwork and return it to member services



## Other L.A. Based Resources

### Dental Resources

#### Online listing

All Medi-Cal dentists in LA County (please screen for bad reviews before seeking care!)

[dcfs.co.la.ca.us/health/Free%20and%20Low%20Cost%20Dental%20Care%20in%20LAC.pdf](https://dcfs.co.la.ca.us/health/Free%20and%20Low%20Cost%20Dental%20Care%20in%20LAC.pdf)

#### USC

213-740-2800

925 W 34th St, 90089

Open Mondays, Wednesdays and Thursdays 7:30am-9:30am, 12:30pm-2pm & Tuesdays 12:30pm-2pm

Walk-ins available (first come first served and only 15

patients screened at each session), appointments preferred. First, you will be given a comprehensive oral evaluation (\$55), if you are accepted as a patient, you will be assigned a dental student and a supervising faculty member (this takes 2-4 weeks)

Screening fee (\$20) and x-rays (\$40-\$80)

#### UCLA

Two locations:

310-206-3904, 10833 Le Conte Ave, 90095

310-392-4103, 323 S Lincoln Blvd, Venice, 90291

Make an oral health screening appointment (free), then you will be assigned to a dental student and supervising faculty member.

If you wish to continue treatment, they will take radiographs, assess for general health and develop a treatment plan (\$91).

After being screened by a faculty member, full x-rays are taken (\$48) and later an oral examination (\$43).

### Domestic Violence/Intimate Partner Violence Resources

#### Rape Treatment Center of Santa Monica at UCLA

424-259-7208, 1250 Sixteenth St, Santa Monica, 90404

24 hour care

Crisis counseling, long term therapy, emergency medical interventions, forensic testing and storage, advocacy,

accompaniment during police reporting and/or court proceedings

Staff of nurses, medical doctors, social workers and attorneys

### **Peace Over Violence**

24 hour hotlines: 626-793-3385, 310-392-8381,  
213-626-3393

info@peaceover violence.org

1015 Wilshire Blvd, Suite 200, 90017

Information, support, advocacy, referrals, accompaniment, self defense, counseling

### **Family Violence Intervention Services at the Los Angeles LGBT Center**

323-993-7669, 1625 N Schrader Blvd, 90028

Monday-Thursday 8am-8pm, Friday 8am-5pm

Individual and group counseling for both perpetrators and survivors, crisis counseling, legal advocacy, prevention services, safety planning

### **Sojourn at OPPC**

24 hour assistance available at 310-264-6644

24 hour hotline, crisis housing, halfway housing, legal advocacy, children's programming, support groups, community education programs

## **Legal Resources**

### **Transgender Law Center**

870 Market Street, Suite 823 San Francisco, Ca 94102 (415)  
865-0176

### **Bet Tzedek**

3250 Wilshire Blvd #1300, Los Angeles, CA 90010

Phone: (323) 939-0506

### **Disability Rights Law Center**

523 West 6th Street, Suite 612 Los Angeles, CA 90014

213-784-4386 or 866-974-3031

### **Los Angeles LGBT Center**

323-993-7670, 1220 N Highland Ave, 90038

## **Mental Health Resources- Psychiatry**

### **LA County USC Psychiatric Emergency Walk-in Clinic**

323-226-2622, 1200 N State Street, Room 1234,  
Los Angeles

Open 24/7

Free and/or low cost sliding scale

For adult psychiatric emergencies—exacerbation of chronic illnesses, grave disability, suicidality, homicidality, severe depression, medication emergencies

## **Mental Health Resources- Therapy**

### **Antioch University Counseling Center**

310-57402813, 400 Corporate Pointe,  
Culver City, 90230

LGBT-affirming care

Call for an intake appointment

Sliding scale starting at \$10

### **Mental Health Access Line 1-800-854-7771**

A referral line, clients are referred to county mental health clinics by their residential zip codes

### **Hollywood Mental Health/LA County Dept. of Mental Health**

323-769-6100, 1224 Vine St, 90028

Crisis, short term, long term, case management, psychiatric care

Walk in for intake or can call to schedule appt

Pros—short wait times (if there is a wait at all), comprehensive services, usually full-time employees (not interns), free services

### **Trans Lifeline**

(877) 565-8860

Warm line, meaning a person can call for supplemental support and/or crises

Conducted by and for people of trans experience

Free

### **Southern California Counseling Center**

323-937-1344, 5615 W Pico Blvd, 90019

Individual therapy intake walk-in hours: Saturday 12-2pm,  
Monday-Thursday 6-8pm

Couples' counseling intake walk in hours: Friday 6-8pm,  
Sunday-Monday 1-3pm

Sliding scale starting at \$10

Pros—low cost, great skill level

Cons—high turnover

### **Wright Institute**

424-371-5191, 11845 W Olympic Blvd, Suite 505W, 90064

Sliding scale therapy starting at \$40

Los Angeles LGBT Center

323-993-7500 Option 3, 1625

N Schrader Blvd

Short term therapy options (typically 16 weeks), with some wait time for enrollment

Crisis therapy option (usually 4 sessions) typically available same day

Accepts Medi-Cal

### **LA County USC Outpatient Psychiatric Clinic**

323-226-5753

2020 Zonal

Free or low cost sliding scale

### **Exodus Recovery Mental Health Urgent Care**

310-253-9494, 3828 Hughes Avenue, Culver City, 90232

323-276-6400, 1920 Marengo St, 90033

24 hour psychiatric crisis center

Walk-ins welcome, you will have to wait!

### **Los Angeles LGBT Center**

323-993-7500 Option 3, 1625 N Schrader Blvd

Accepts Medi-Cal

## **Substance Abuse/Addiction Treatment Resources**

### **Tarzana Treatment Center**

818-996-1051, 18646 Oxnard St, Tarzana, 91356

Specialize in care for women/LGBT community.

Provides detox, non-hospital residential, partial hospitalization.

Sliding scale, Medi-Cal.

### **CRI-Help**

818-985-8323, 11027 Burbank Blvd, North Hollywood, 81601

Detox, inpatient, residential, outpatient, continuing care, sober living

Sliding scale, Medi-Cal, GR

### **Resolve Recovery**

888-705-9930, 6109 Afton Place, Los Angeles, CA 90028

Residential/inpatient treatment

Accepts Medi-Cal, open to all women

### **Alcohol Center for Women**

213-381-8500, 1147 South Alvarado St, 90006

Sliding scale, open to all women

### **La Fuente**

323-464-2947, 5718 Fountain Ave, Los Angeles, CA 90028

LGBT inpatient treatment facility

Out of pocket or private

## **Trans-Competent Resources**

### **TransBucket and TS Road Map**

Both are good online resources for surgeons/medical providers

### **CA Surgeons**

The surgeons in California that I have heard good things about are: Satterwhite, Chen, Alter, Kowalcyk, Kryger brothers, Beck, Bowers, Hadeed, Mosser, Youssef, Wittenberg, Horowitz, Dadvand

# The Fight for Universal Healthcare in the U.S.

Sarana Mehra

As a British artist with a serious pre-existing condition, moving to the States was an eye-opener. Before my move, my physician in London warned: “you would be better off moving to India”. It wasn’t until I moved to the US that I came to understand her concern.

I was born with a rare and complex congenital heart defect. From the time of my birth, my healthcare was managed by the National Health Service (NHS) the UK’s government-run, universal healthcare system.

I was treated by some of the world’s best pediatric cardiologists in one of the world’s best children’s hospitals. And despite needing highly complex treatments from birth, including cutting-edge surgeries (no pun intended) all my healthcare costs were covered by the NHS so my parents faced no more out-of-pocket expenses than someone with a healthy child. We were never at risk of

bankruptcy or losing our house, unlike some of our American counterparts. Nor was I denied or delayed treatment. I did not have to make the decision between education and healthcare. I could follow my dream of becoming an artist without the fear of no health insurance.

In other words, I grew up within a healthcare system that put patient and citizen first.

When I came to the States, just before the 2008 election, I was shocked at the vitriol with which universal healthcare systems were met. Exaggerated or even false stories of the horrors of Single Payer systems were the norm. The American for-profit system it was argued to be the best, many exhaustive studies showing otherwise.

I heard first story accounts of people like me, who had serious illnesses, being denied coverage. I learned that being a woman was a “pre-existing condition”

and that insurance companies could deny coverage or raise costs on anyone deemed high risk. My journey as a healthcare activist started. I saw the

ACA as a much-needed step forward. The ACA to could help insure women, the LGBTQ community and, of course, sick people.

I wrote to newspapers, started going to rallies and holding up signs outside representatives’ offices, It felt good when, in 2014, the ACA finally became law. More Americans saw the benefits of healthcare access. Fewer people were denied life-saving surgeries or medicines. People could not be denied coverage or treatments based on their gender or sexual identity.

In 2016 that all changed. With the GOP and Trump set on breaking apart the ACA’s many regulations and laws, the path to more comprehensive healthcare seems fractured and difficult.

## The Healthcare Debate

Since the enactment of the ACA, Americans have become more aware of the benefits of access to healthcare. Americans fought to save the ACA and won. However, this victory is by no means certain, as Trump and the GOP slowly pull at the strings holding the ACA together. Laws to protect the LGBTQ communities from being denied healthcare, or trans-persons from being denied sexual realignment surgeries have started to be overturned. There are challenges to women’s rights to healthcare and to those with pre-existing conditions. In other words, the GOP want a return to the free-market for-profit insurance based system.

The Democrats and the left have put forward various forms of healthcare systems that would protect against the demise of the ACA. On the whole, Democrats favor a move towards universal healthcare but are conflicted

on the best way to achieve full coverage. Some prefer an incremental approach, such as the introduction of the Public Option into the private health insurance market. Others, the immediate “in-with-the-new” approach like Single Payer, which in most cases would extremely limit for-profit insurance companies in the market place and replace it with near universal coverage.

The truth is: American healthcare is sick. Even with the ACA, over 20 million Americans still have no health insurance. Congress prevented much of the price regulating on insurance and pharmaceutical companies in Obama’s original bill, which means that Americans are still subject to hugely rising costs of premiums and medicines and medical technology. Despite being the richest country in the world, Americans face the lowest life expectancy of all the wealthy countries (UK, France, Germany, Switzerland, Singapore for

example). In many states, due to lack of pre and post-natal care, mother and child mortality rates compare with parts of rural Africa. Many Americans cannot afford regular, preventative trips to the doctor and thus preventable chronic disease (like diabetes) is more widely seen that in other wealthy nations. These problems are magnified in minority and immigrant communities. All in all, Americans pay many thousands of dollars per capita more than the next most expensive nation but with worse overall results.

All this adds up to the fact that for-profit healthcare is unethical and expensive. It puts profit over people

### **Fighting For Your Health: Get Active and Vote!**

Most other wealthy nations have adopted a form of “single payer” healthcare system, which is more efficient and better at providing care.

These universal healthcare systems do not deny coverage or charge more based on gender, race or age. Now, many US states, California among them, are putting forward measures to fight the GOP and the corporate greed of the insurance companies, and replace for-profit healthcare with single payer healthcare systems. More and more, Democratic and Progressive representatives are running on either universal healthcare or the incremental approach to guaranteed healthcare for all.

To get involved it helps to be informed. Over the last few years many healthcare bills have been brought to the table. If there is enough public support they will pass and we will be on the path to guaranteed affordable healthcare! Here are bills to watch:

#### **Federal:**

The Medicare for All bill, sponsored by Bernie Sanders. Medicare for All would build on federally

funded Medicare to create universal coverage in a non-profit single payer system. While very exciting, at the moment it is unlikely to pass the Republican-held congress.

#### **In California:**

State bill 562 (SB562) or the Healthy California Act sponsored by the California Nurses Association (CNA). This bill proposes to limit private insurance companies statewide and replace them with a tax-based single payer system. Currently, on hold by Speaker of the Assembly, Senator Rendon, it is still not completely dead. Public support keeps rising.

Assembly bill 3087 (AB3087) aims to allow California to control the ever growing costs in the commercial healthcare market.

State bill 910 (SB910) aims to prevent the sale of short-term health insurance policies starting 2019. These short term policies are called “junk insurance”.

State bill 974 (SB974) would allow low-income adults who are in the US without documentation to sign up for Medi-Cal.

State bill 538 (SB538) aims to prohibit anti-competitive contracts between hospital and insurers. It contends that more price competition leads to lower prices.

Assembly bill 587 (AB 587) This measure aims to control drug costs by allowing bulk prescription purchasing by local governments and counties.

Assembly bill 595 (AB595) would allow state oversight of potential mergers between health insurance plans to avoid monopolies in California.

### **Getting Involved**

Joining activists groups is a good way to keep your energy up for the many challenges the healthcare activist will face. There are many groups fighting for healthcare justice,

whether it is your local Indivisible or progressive chapters. “Healthcare for all” ([healthcareforall.org](http://healthcareforall.org)) is an activist group aimed at enacting universal healthcare in the state.

### **Do It!**

Write letters or, better still, postcards, to your reps asking them to support the ACA or Single Payer.

Lobby representatives. Make an appointment to see your local representative or senator to ask them to represent your cause in the state or federal senate and/or house.

March and rally. Get out there and make some noise! Make sure the White House knows what you want.

Vote! Voting does really make change. Vote for a candidate that is running on universal healthcare. These days they aren't hard to

## **Healthcare Options, What They Mean, and Their Pros & Cons**

*Who knew healthcare could be so complicated?*  
—D. Trump, 2017

The short answer: pretty much everyone. Healthcare is extremely complicated, particularly in the US. Unlike almost any other wealthy nation, the US does not provide universal health coverage to its citizens. The ACA or “Obamacare”, went some way to extending health insurance coverage to millions more Americans. However, it is still largely a for-profit system, inefficient and extremely costly. The debate rages on how best to extend or limit healthcare to Americans, with those on the Right favoring a for-profit market based system and those on the Left pushing for a more inclusive, expansion of the ACA to an “everyone in, nobody out” Single Payer system. Here is a quick breakdown of the different types of healthcare systems.

## **For-Profit Health Insurance**

Typically, for-profit health insurance markets are unregulated, meaning that the free market reigns supreme. Health insurance companies are encouraged to make profits, often by excluding those most likely to need healthcare, or charging them much higher premiums. Healthcare providers such as hospitals & doctors, as well as pharmaceutical companies, are unregulated by the Federal government. Pharmaceutical companies incentivize sales and use of their products. Theoretically, market based healthcare is meant to fuel efficiency. However, with the US spending hugely more on healthcare (per capita) than any other wealthy nation, it has proved, at least in the US, to be inefficient and often unethical.

**Pros:** Said to be more efficient but has proven otherwise.

**Cons:** In these markets, millions of people are denied coverage, causing huge gaps in access to healthcare.

Medicaid and state coverage do cover some of these gaps but the taxpayer is subsidizing this lack of comprehensive coverage. Health insurance companies often work as the “middle man” adding costs to healthcare delivery; providers must often defer to insurance companies to provide care. Some people are denied life-saving medications or surgeries if deemed too costly by health insurance companies. High costs can lead to and financial difficulties and even bankruptcy.

### **The ACA (Affordable Care Act) AKA “Obamacare”**

The ACA, passed in 2014, expanded healthcare access by building on the for-profit insurance-based

& Medicare/Medicaid healthcare system already in place across the US, by creating health insurance exchanges in all fifty states. The exchanges are regulated, largely online marketplaces, administered by either federal or state government, where individuals and small business can purchase private insurance plans.

**Pros:** expanded healthcare for over 25 more million Americans who previously had no access to insurance or health coverage, such as those with pre-existing conditions and those unable to. The ACA mandates that insurance companies must accept all applicants and charge the same rates regardless of pre-existing conditions or gender.

**Cons:** The ACA is still largely a for-profit healthcare system. Due to GOP opposition, there remain little or no regulations on insurance and pharmaceutical companies, meaning that each year Americans see their premiums and medical

costs prices rise. The ACA still leaves millions of people without insurance, particularly in states that opted out of Medicare expansion. It does not cover undocumented immigrants. Patients and healthcare providers are still subject to insurance companies’ profit margins.

### **The “Public Option” Health Insurance**

The Public Option is still theoretical in the US. It is favored by some on the left as a way of incrementally working towards universal coverage. The Public Option is a form of government—run insurance based healthcare. The Public Option would allow uninsured citizens who are unable to afford private health insurance a more affordable insurance option. Theoretically, the Public Option could also help drive down the prices in the private insurance markets as well.

**Pros:** Provides more affordable insurance for

those unable to buy private insurance. It is not-for-profit and, therefore, more efficient and cost effective. Breaks the monopoly of private health insurance markets in many states.

**Cons:** The Public Option health insurance would need to attract a considerably large share of the market to be able to compete with the private for-profit markets. If the Public Option insurance is unable to appeal to the young and healthy it could become inefficient. Some detractors claim that healthcare providers might opt out of treating those with Public Option healthcare due to lower reimbursements.

### **Single Payer Healthcare**

“Single Payer” refers to healthcare paid by a single public authority, like the government or a publically owned insurance company. Single Payer healthcare systems are mainly funded through taxes to provide universal healthcare

coverage through a single system. Most countries have some form of Single Payer, whether like the Canadian system (where the government contracts out healthcare services to private companies & providers) or like the UK's National Healthcare System (where the government owns and runs the healthcare providers). Single Payer can, theoretically, be enacted federally or as a state-run healthcare system.

With everyone paying into the same funding system, healthcare costs are distributed more widely. By eliminating the high cost of health insurance “middle men” and by government negotiating with, instead of obligated to, pharmaceutical companies and providers, costs will not rise as fast or as much.

**Pros:** The most efficient, cost-effective egalitarian and ethical way of providing healthcare to large populations of people. Provides healthcare access

to everyone regardless of gender, race or economic status. Cuts out-of-pocket spending and controls pricing; puts less strain on small to medium businesses. Life expectancy will rise amongst the population as access to preventative healthcare becomes more available.

**Cons:** With the GOP controlling the government, it is likely that Single Payer will be extremely difficult to implement, even on a state level.

## Medicare for All

Medicare for All is essentially a Single Payer healthcare system. It would be implemented over several years by lowering the age of Medicare recipients (from 65 to 55 to 45 etc). Medicare for All would aim, like Single Payer, to regulate costs of drugs and medical providers. Medicare and the VA are the only healthcare agencies that control pricing. The idea is to expand on the Medicare structure.

**Pros & Cons:** Same as single payer.

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