

# MEDICAID MAKES A DIFFERENCE

**Protecting Medicaid, Advancing Racial Equity**



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Health Rights Organizing Project**



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## Introduction

Medicaid makes a difference for people across the United States. This includes not only the 58 million<sup>1</sup> people enrolled in the health care program, but also their families, who can count on Medicaid to cover doctors' visits, nursing home care, vaccinations, and other treatment for their loved ones.

Medicaid is especially important for communities of color. The private health insurance market shuts out many in the United States, but this is particularly true for people of color. These barriers contribute to persistent racial disparities in health care that result in poor

health and loss of life. Without Medicaid, which is a critical source of coverage for people of color, these disparities would be even worse. In addition, Medicaid is efficient and cost-effective relative to private insurance.

Despite its importance and cost-effectiveness, Medicaid now finds itself at the center of budget decisions in Washington, D.C. This publication shares the stories of people – patients, health care providers, and community workers – who know firsthand that cuts to Medicaid will have devastating effects, especially for communities of color.

## Background

### Living Sicker, Dying Younger – The Reality of Racial Disparities in Health & Health Care

Racial disparities persist in the United States, with alarming consequences for the health of people of color. As a result, people of color often live sicker and die younger than their white counterparts. For instance, diabetes strikes people of color especially hard, with African Americans, Native Americans, and Latinos each more likely to die from the disease than are whites.<sup>2</sup> Asthma kills African American children at several times the rate as that for white children.<sup>3</sup> And Indian people are more likely than whites to suffer from a range of diseases, including stroke, HIV, and various forms of cancer.<sup>4</sup>

These disparities reflect, in part, the tremendous barriers to health care that many people of color of face. African Americans, Latinos, and Asian Americans each are less likely than whites to have a regular doctor, and more likely to use the emergency room as a source of care.<sup>5</sup> Uninsured rates are also shockingly high, with people of color accounting for more than half our country's uninsured, while representing only one-third of the population overall.<sup>6</sup>

The lack of comprehensive health insurance presents a great obstacle to quality health care. Insurance is the gateway to health care in the United States. Yet employment remains the main source of coverage, and people of color are much more likely to work in low-wage jobs or for small employers, diminishing their access to employer-sponsored coverage.<sup>7</sup> Furthermore, the recession has hit communities of color especially hard, with more than one in three Latinos (38 percent)<sup>8</sup> and more than one in four African Americans (28 percent)<sup>9</sup> reporting having lost a job due to the downturn. The increase in unemployment for Indian people was 1.6 times the increase for whites.<sup>10</sup>

### The Difference that Medicaid Makes

If not for Medicaid, many more people of color would be uninsured. Twenty-seven percent of both African Americans<sup>11</sup> and Latinos<sup>12</sup> receive their coverage through Medicaid, compared to 11 percent of white people.<sup>13</sup>

Medicaid translates into increased access to care. A recent study found that coverage through Medicaid resulted in more people going to the doctor, obtaining medications, receiving hospital care, and feeling healthy relative to those without insurance.<sup>14</sup> Additionally, the program has put African American and Latino children on par with their privately insured counterparts<sup>15</sup> and significantly reduces the likelihood that Latinos and African Americans will go through a year without a visit to the doctor.<sup>16</sup>

Furthermore, close to half (46 percent) of “dual eligibles” – seniors and people with disabilities covered through both Medicaid and Medicare – are people of color.<sup>17</sup> Medicaid provides them access to long-term care, vision care and other services not covered by Medicare, as well as paying the premiums and many other costs for the portion of Medicare that covers doctor visits, outpatient hospital care, and diagnostics.<sup>18</sup>

## Medicaid Makes a Difference for Seniors



### Eun Ha Yi

Los Angeles, California

I lost my whole family in the Korean War and live alone now in Los Angeles, where I've been for the past 40 years. Most of the time, I stay home because I'm old and can't move as much as I'd like. Many years ago, I was injured at work, and I have seven herniated discs in my spine that are making me feel lethargic these days. But I still try to do things. I love helping out as a volunteer, which is what I do at the Korean Resource Center. I love to help other people and want to live in harmony with my community.

I can't describe how important Medi-Cal is to me. I take seven medications for a neurological disorder, diabetes, high blood pressure, asthma, and pain. These prescriptions are keeping me alive, and Medi-Cal is what makes it possible for me to get to the doctor so I can get the medications. So, I feel comfortable saying that Medi-Cal is important to my survival.

I'm not alone in being worried about cuts to Medi-Cal. In the last few years, my friends and neighbors also have paid close attention. This shows how very important the program is to all of us. It's a question of life and death, and life is precious for everyone, whether we are rich or poor.

(Medi-Cal is the name of California's Medicaid Program.)

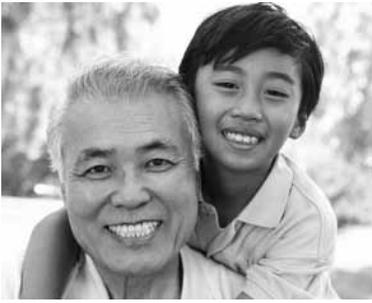
### Jessie Anderson

Houston, Texas

I am 70 years old and live with my niece and her family. My residence is very near Pasadena, Texas, the home of huge oil and chemical refineries. I'm in declining health, with emphysema, COPD, an enlarged heart, and diabetes, and the pollution from smoke can sometimes worsen my condition.

All these conditions make daily life a challenge. I rely on oxygen and inhalers in order to breathe and take medications for my heart and diabetes. My biggest fear is dying from asphyxiation. Most of the time all I can do is watch television.

Medicaid makes it possible for me to get the health care that keeps me alive. Without it my family would have to bear the costs of my medical expenses, and I'd probably die. I don't have the means to cover these costs and hope that those that do will continue to support programs like Medicaid that make my life possible.



## Sagrario

New York, New York

I grew up in Honduras and have been living in the United States for 37 years. I live with my son and am the only person in my family with health insurance. I'm lucky to have both Medicaid and Medicare.

A few months ago I was diagnosed with cancer. I was really nervous about my financial situation, because I knew the cost of treatment would be high. But, luckily, Medicaid will cover the costs that Medicare won't, so I don't have to worry about the bills meaning I can't get treatment. As a cancer patient, I'm extremely relieved to know that I can focus my energy on getting better.



## Kim Suk Hee\*

Los Angeles, California

I've lived in California for about 20 years. Here, people have no time to relax because everything is so fast-paced! I have a lot of different interests. During the day, I study English through my dictionary and grow plants and flowers. I listen to and record music and snip newspaper articles, mostly related to food, health, and well-being. I also like painting and having conversations with people.

I'm also very concerned about our overuse of our natural resources, which causes a lot of problems in our community – environmental problems, traffic problems, health problems – and I try to make things better by volunteering.

I'm 88 and have two grown sons, who are 66 and 60. I live alone and see them when I can. Even though I don't have serious health problems, as I get older I need to be able to visit the doctor and get my prescriptions to keep up my health. Without Medicaid, I'd be in terrible trouble. It's so important for low-income older people that taking it away amounts to indirect murder. We can't afford not to pay for Medicaid. Without it, many people will die.

\*Name has been changed

## Medicaid Makes a Difference for Caregivers



### **Paula Flores\*** Reno, Nevada

I live with my husband and two children, and, like most people, have to balance my work and family obligations. In the mornings, I take care of an older woman. The rest of the day I take care of my son, who has brain paralysis. He can't speak or take care of himself, so he depends on me.

It makes me happy to spend time with my son, so it doesn't matter how much time I spend taking care of him, but I can't work full-time, and we need Medicaid to pay for his treatments. He needs arm and leg therapy in order to move and uses a machine to walk, and someone comes to help him with his physical therapy. This is very important not only for my son's health but also for the mental health of our entire family.

**\*Name has been changed**

My daughter is going to school, but it costs money. Without Medicaid, we'd have to use that money to help her brother. We came to this country because we believed in its ability to take care of its people, and to fight for a better future. Only God knows why he sent me a son with a disability. No one decides these things for themselves. But that's why I ask that they don't take Medicaid from children and the elderly, who are especially alone and need someone to take care of them.



## **Blanca\***

### **New York, New York**

I live in Brooklyn with my son Nelson, who's 25 and has some health issues for which he needs to go to the doctor regularly. Medicaid is what makes that possible.

I had a scare recently when hospital bills started piling up at our house. Coming here from Mexico and not speaking English or having experience with the health care system, I assumed that, since Nelson had Medicaid, everything would be covered automatically. When we started getting bills, I went to a health advocate and found out that we had to go back to each facility – the hospital, the eye and ear clinic, and Emergency Medical Services – and submit his Medicaid card retroactively. Thankfully, we worked it out and everything was covered, but it made me feel lucky to have Medicaid because without it I would never have been able to pay those bills.

If Nelson lost his Medicaid, our family would be in a dire situation. My income is so low that we would be forced to go into debt or avoid the doctors' visits that my son desperately needs. I hope that we won't have to make that decision.

**\*Name has been changed**

## **Leslie\***

### **Missoula, Montana**

My mother was diagnosed with paranoid schizophrenia when I was a teenager, and, now that she's in her 70's, she needs 24-hour care. She can't cook for herself and needs supervision because of her medications. For a while she was in a group home in Lewiston, but it was hard on the family because we couldn't go see her, so my brother and I decided it was better for me to become her guardian. So I left the University of Montana, where I was getting a degree in social work, and moved in with her.

My family is Native Blackfeet and I grew up on the reservation. I have no health care, so I have to drive the 20 miles back there to go to Indian Health Services when I get sick. The care there is not the best; I almost lost my life because of it. I could give you a hundred horror stories of people treated there. My mother is very fortunate to have Medicaid and Medicare.

She sees two doctors regularly, a family doctor and a psychiatrist. If she lost her Medicaid coverage, she'd have to go to IHS too. But it's far and doesn't have the same level of care. Medicaid is vital for her sanity and, the way I see it, without it she might not last much longer.

Native people have shorter life-spans than non-Native people, but we all want to be around to see our grandkids. Health care should be the number one concern of the lawmakers, and they shouldn't make cutbacks on things that are so essential.

**\*Name has been changed**

## Medicaid Makes a Difference for People with Disabilities



### **Rose\*** Mexico, Missouri

Mexico, Missouri, has lost a lot of jobs in the past few years, including our major factories and several major companies that provided jobs and livelihood for the community. They say in the newspaper that they're working on improving the downtown area with economic development, but losing those businesses has been really devastating.

My faith community is very important to me. I used to sing in the choir and enjoyed it a lot. I also volunteer with a shelter for domestic violence and was a resident advisor there. I've been involved in community organizing efforts for decades and know how important social programs are to people.

I used to work at Brookstone but I was injured on the job, and I can't work anymore. I was slammed into a pallet and hit the back of my head. I wound up with three herniated discs in my upper spine, creating a gap in my left shoulder. My right shoulder was affected, too, and I hurt my hip. Until I get a hip replacement, I can't do very much, but I'm working on getting my house fixed up so I can have a home to come back to once I have my surgery.

With my injury and my diabetes, Medicaid has been extremely important. It gives me the ability to go to the doctor and to get the medications I need, and allows me to go to the specialists right in town, which I couldn't do before. Because I don't drive, Medicaid pays for my transportation on Medical Transit, and it's going to help me pay for my hip replacement, which will allow me to get around again. There is definitely a positive impact when people have access to medical care.

\*Name has been changed

### **Anita Robinson** Houston, Texas

I am 53 years old and have lived in Houston for 25 years. I live in a historic middle and working class African American neighborhood. I have a grown daughter and several grandchildren that I adore. During the day I love to sew and work on crafts. It helps me pass the time and keeps focused on creating new things.

I am a cancer patient and am currently undergoing chemotherapy. This is my fourth bout with the disease. I have good and bad days. My chemotherapy, which I receive every other week, leaves me exhausted and unable to care for myself. It makes it impossible for me to go about my day-to-day activities without the help of a home health care provider.

Medicaid covers the cost of my home health aid, which I couldn't afford on my own. Without my home health aid, I wouldn't be able to live as an independent person, and I'd have to move in with my daughter.

I hope Medicaid remains a strong program. We give so much money to other countries for military and economic purposes it only makes sense that we take care of our own people here at home. Fully funding Medicaid is a good way to do that.



# **Cindy McMurphy**

**Medford, Oregon**

I've been here most of my life, from the Medford area to Applegate Valley. It's a very rural farming community and there's a lack of work since the timber industry has shrunk so much. Our community has a lot of poverty and there are problems with employment, high rents, and crime. Homeless people and people of color face many barriers here.

I need a caregiver to assist me at home because I have Lupus and diabetes, but I stay involved in the community and volunteer with a number of organizations. I also enjoy my garden and my two dogs, and I love fishing and crafts.

Without Medicaid I wouldn't be alive today. I couldn't live independently or get medication, transportation, or care. Medicaid is vital for the disabled, and for families, too. You need healthy parents to have healthy families and a healthy community. If Medicaid is cut, the biggest cost will be in the lives of the most vulnerable.



## Medicaid Makes a Difference for Native People



### **JoAnne Scott**

**Lincoln, Nebraska**

I run a clinic for the Nebraska Urban Indian Health Coalition. Most of our patients receive care through Medicaid funds. This program is incredibly important for the provision of health care to underserved people. It gives us the opportunity to ensure that our children receive well-child check-ups, to catch any developmental delays early, and to give them the immunizations that they need, by law, to enroll in school. Many low-income kids in this area still live in homes with lead, which causes serious problems. With Medicaid we can do aggressive lead testing and get them appropriate treatment.

Medicaid provides care to people who wouldn't get it otherwise. In the last 12 months, we've had two women diagnosed with breast cancer. Neither of them had health insurance, but they qualified for Medicaid after their diagnosis, so they don't have to make the difficult decision of whether or not to be treated.

In the American Indian community especially, we need to do preventive care for chronic diseases that are very common, like diabetes, cardiovascular disease, and depression. Our patients are living in the city, and the medical centers on their particular reservations are far away, which is a huge barrier to care. It's not viable to say if you're feeling sick, drive for two to six hours. We need to provide good access. It's really important for us as citizens and decision-makers to take a good look at what Medicaid offers to our society.

### **Ann Blacksmith**

**Hardin, Montana**

I'm 33 and I've lived on the reservation most of my life. The way the economy is right now, even reservation housing is too expensive and too crowded, and about a third of us have had to move to other places. My husband and my two sons and I lived in a house with three other families and just moved to a place of our own here in Hardin.

We don't have a vehicle, so it's really important for us to have health care near our home. I know that the Indian Health Service is available, but we have no way to get there. Even on the reservation, we lived so far from the medical center that Medicaid was our only option. If our Medicaid got cut off, we would have nowhere to go.

Because I'm so active, I'm injury-prone. Without a car I have to walk everywhere. Last winter I was walking to school in the snow and I slipped and fell and broke the top of my foot. If I hadn't had Medicaid, I probably would have had to just suffer through it. My husband also has post-traumatic depression and has to be seen every three months. Without Medicaid, they probably wouldn't see him at all.

I've been getting settled and trying to get back into school and it looks like I'll be able to start again in the fall. Medicaid is helping me take care of my two-year-old and making sure he gets the care he needs.



# Sid Quintana

Denver, Colorado

I've raised 23 children: my biological son and daughter, plus 21 foster kids of all different backgrounds, many of them Native like me.

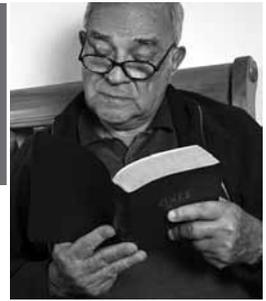
I also raised my four grandchildren; I was a single grandparent. I used to live in the back country in New Mexico, fishing, hunting, and wilderness guiding. I worked as a gaming commissioner for the state of New Mexico. Then I had my first major stroke and three more after that, and, because of the damage, my children asked me to move to Denver to be closer to them. Now I live in public housing with my brother, who's tough as nails and helps me take care of things.

I have a mentally disabled grandson who's 23. He's a high school grad, on the honor roll, but was diagnosed with paranoid schizophrenia. He's been in and out of assisted living and the state hospital. His medical expenses are paid by Medicaid, as are many of mine and most of my children's. We've

struggled. Making sure that he doesn't fall through the cracks of the system, that he doesn't get warehoused, has been my life for the last few years. They try to warehouse Native kids and children of color, but I've been fighting to make sure that doesn't happen to him.

Public health insurance is very important, and we should be working to make it better, not cut it. I have neurological damage from the strokes and short-term memory loss. I take a lot of medications, but the most important one is Ritalin. I can't live without it. Yet because of the current system, I often have to go without my medication for as many as 18 days out of the month. I want reform that will fix the problems with public health insurance programs, not cuts to Medicaid that will take health care away from my children and grandchildren and take my community off the map.

## Medicaid Makes a Difference for Communities



### **Adán Ramírez**

**Heyburn, Idaho**

I'm 79 and, for 43 of those years, I've lived in the Magic Valley, where there's not much industry. Wal-Mart killed the downtown, and now it's empty with a thousand cars in the Wal-Mart parking lot.

I like to read and study religion and I serve on the boards of community organizations. I'm diabetic and I have high blood pressure. I've also had some problems with my heart, and Medicaid and Medicare are the reason I'm alive.

Medicaid has an economic impact on the community – on hospitals, drug stores, and caregivers. If people are hesitating to go the doctor because they have to choose between that and their rent, then the doctors aren't getting paid either. It's a circle in which jobs and revenue are lost. I think people are still thinking about the consequences of cutting the program and they'll react, whether in the polls or in the streets. The government always finds the money for the Pentagon, and then they spend it far away. How can you take money away from people who are sick?

### **Lisa\***

**Boise, Idaho**

I work in Psychosocial Rehabilitation and case management, helping people deal with psychiatric disabilities and be integrated into society. Many of my clients can only afford our services because of Medicaid.

People need our help. I have one client, for example, a woman in her 40's, who lost her child to foster care and is trying to get him back. I'm helping her get more involved in the community, doing volunteer work, taking English classes, and especially getting involved in things that will help her son, like summer programs for children. If she couldn't come to us for help it would prolong her process toward rehabilitation and keep her family apart even longer.

Many of my clients have been devastated when I tell them how the cuts will affect them. It definitely takes an emotional toll. Personally, I see the loss of Medicaid as leading to more institutionalization of patients in long-term hospitals or prisons. With less support people are less able to handle problems and more likely to get into trouble. I think that will cost the state a lot more in the long run.

**\*Name has been changed**



## **Robert Jackson, Jr.**

**Columbia, Missouri**

I was the oldest of nine kids, and I have six children and six grandchildren. I love sports, movies, visiting my kids and my neighbors, and helping out with local organizations doing voter registration and strategy meetings. Columbia is a nice place to live, and a nice place to raise your children if you have children. I live in public housing and sometimes it gets a bad name, but it's been good for me.

In 1999, I had a heart attack followed by a massive stroke. I was in the hospital for 64 days and needed outpatient rehab for about a year. Medicaid paid \$61,000 for me when I was in the hospital, and I don't know how much more for my rehab. I wouldn't have been able to pay that kind of money back on my own. Now I have no mobility in my right arm and limited mobility in my right leg, but the rehab helped me regain my independence.

I learned how to use my body more. They even taught me how to get up if I fall. I've fallen and been able to get up alone, and the people around me were really surprised. I told them I was trained and I was willing to work at it. Without Medicaid, I wouldn't be able to function the way I do today.

In the neighborhoods around the city – especially in my neighborhood, where there are a lot of low-income individuals – a lot of people have Medicaid or Medicare. My youngest daughter, who just had my youngest granddaughter, has Medicaid for the baby. Without it, you're talking about devastation – it would be hard for people to live. It's hard enough as it is.

## Medicaid Makes a Difference for Children



### **Kay\***

#### **Lewiston, Maine**

I have four children, all born here in Lewiston. It's a small town with a small community, and most people know each other.

Fortunately, so far my kids have all been healthy, but they need check-ups, vaccinations, dental care, and medicine for ear infections and other minor problems. Medicaid gives me an assurance that if they get hurt I can take them to the doctor. Growing up in Kenya, the health care system was if you get sick, you pay out of pocket. This is impossible for many people. Medicaid is a fair program to help out the needy and low-income families. It reduces the financial burden on my family and keeps us healthy.

In my childhood, I didn't have the chance to go to school. I want my children to have money to be educated and be helpful to their community. Can't we afford to pay for children's futures?

**\*Name has been changed**

### **Jessica Sanchez**

#### **Denver, Colorado**

I'm a family nurse practitioner at a community health clinic. I've been a nurse for almost thirty years and a nurse practitioner for the last five. I used to work at another clinic in town where my patients were mostly Spanish speakers, but here most of our patients are African American. I work primarily with women and children, and a lot of them use Medicaid for their health coverage.

Medicaid is especially important for children. A few weeks ago I saw a child who had initially been referred by his school for developmental problems. He had gone to his first appointment, but his family lost their insurance and he didn't go back. Now that his family has applied for Medicaid, I'm able to get him appropriate treatment. The program is also important for immunizations, which kids need to stay healthy and go to school.

I don't see Medicaid as providing health care above and beyond the ordinary, just the basic care that we all deserve. Without it, many families wouldn't be able to get any care at all. Our country needs it to keep people healthy in the workforce and keep kids healthy so they can learn.



## **Eduardo Magaña**

**Burley, Idaho**

I'm a junior at Burley High. I'm interested in art and design, in particular designing cars and auto parts. This summer I'm looking to do community service at the local hospital for school. I consider Burley a small, close knit town. Almost everyone knows each other. I don't think there are a lot of activities around town for youth.

The Medicaid program is really important to my family because there are five kids and with it we're all able to get checkups. We wouldn't have that otherwise. The dental coverage is one of the most important things. My mom is diabetic so we need money for that, too.

Without Medicaid I think my mom and dad would be more fearful. They would worry about us getting sick or breaking a bone, normal things that happen to kids sometimes. Something like that would cause them to go into debt. So Medicaid has a really big impact on the community.

## **Hubo\***

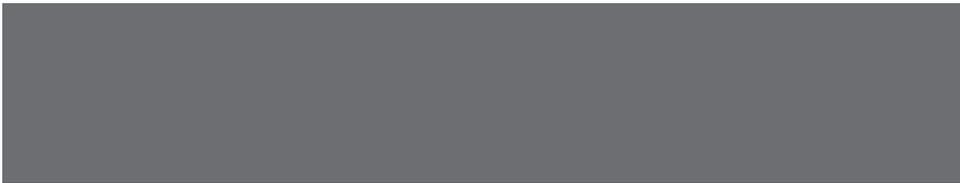
**Lewiston, Maine**

I work part-time at a nursing home and spend the rest of my time taking care of my children and cooking, which I love. My husband and I have lived in this city for five years, and it's a close-knit community with good neighbors and not much crime, so I also love to walk around the neighborhood. I'm originally from Somalia and things were very different there.

When I gave birth to my youngest child two years ago, Medicaid helped pay the medical bills, which I wouldn't have been able to afford on my own. And Medicaid continues to be there for us. Recently, my son came down with a fever that got so bad I had to take him to the hospital. Medicaid helped with that.

My two oldest children go to school and help out when they're home on breaks, and the younger three are still at home. I tell them that they'll be successful as long as they stay in school and stay healthy, but if we lose our coverage they'll have no health insurance. I saw a better future for my children here, but I worry about what will happen to them if we can't get the care they need.

**\*Name has been changed**



## **Gina Owens**

**Seattle, Washington**

I used to work as a medical assistant but then I suffered a back injury – the kind of thing that could happen to anyone. I was riding in a car with a friend and we crashed, and because of the spine damage I can't work anymore. Now I need a walker, and I also have hearing loss. Medicaid pays for the walker and I wouldn't be able to move without it.

I still swim a lot, and I used to bowl before my injury. I also mentor kids in my neighborhood, and I'm raising my three grandchildren. All three of my grandkids have Medicaid, and I worry about

them if the reductions continue. The oldest and the youngest both have asthma and need inhalers and nebulizers when it gets bad. My grandson, Marcelas, has a lot of problems with his stomach, and he's taking medication for that.

There's such a huge gap between the very rich and everyone else. Focusing on how to bridge the gap between the rich and the poor should be a value and a priority. All people should be treated with respect and dignity, no matter what their income.



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## Conclusion

Shocking racial disparities in health coverage exclude many people of color from the health care they need. This represents a pressing public health issue in the United States, and the country cannot achieve racial equity without addressing this issue. As bad as racial disparities in health and health care are now, they would be even worse if not for Medicaid. We should be making progress toward health equity, not moving backward.

As illustrated by the stories in this publication, the lives of people of color across the country depend on Medicaid. Without this program, disparities in access to coverage and care would undoubtedly worsen. As Medicaid finds itself at the center of budget decisions in Washington, D.C., the lives of the country's people of color are at stake.

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The Health Rights Organizing Project (HROP) is a collaboration of grassroots community organizations around the country. Each of the member organizations is committed to securing quality, affordable health care for all, reflecting our commitment to promoting the wellbeing of all members of our communities. We believe the call for health care for all should arise from the grassroots, with diverse leaders from across the country at the forefront. HROP is coordinated by the Alliance for a Just Society.



Alliance for a Just Society convenes community and racial justice organizations nationwide on critical public policy issues, providing research and policy analysis and fostering public conversation.

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