00:00:01:02 - 00:00:03:15

Speaker 1

This point right here.

00:00:03:17 - 00:00:37:22

Speaker 2

And once you become. Okay. Are you guys ready? Are you ready? Now? Sure. We going to be there till I tell you. That's right. Left, right. Kind of. You okay?

00:00:37:24 - 00:00:40:26

Speaker 1

Then go. Keep smiling. Nice. Very nice.

00:00:40:29 - 00:00:46:11

Speaker 2

The smiling in that moment. Yeah. Very. Yeah. You got it.

00:00:46:13 - 00:00:53:10

Speaker 1

Okay, just hold it right there.

00:00:53:13 - 00:00:59:01

Speaker 1

Slowly, slowly. Okay. No. Okay. Give me a nice smile.

00:00:59:01 - 00:01:06:27

Speaker 2

Now, can I bring.

00:01:06:29 - 00:01:20:10

Speaker 1

The burner on. Just hold it right there.

00:01:20:13 - 00:01:24:03

Speaker 1

All right, go ahead and start your turn.

00:01:24:05 - 00:01:27:24

Speaker 2

And.

00:01:27:27 - 00:01:35:06

Speaker 1

Smile. Great. You're on.

00:01:35:09 - 00:01:47:08

Speaker 1

Slowly move. Hey, just hold her right there. Smiling.

00:01:47:10 - 00:01:49:18

Speaker 1

Go ahead.

00:01:49:20 - 00:01:53:02

Speaker 2

And.

00:01:53:05 - 00:02:00:14

Speaker 1

Hey! Smiling. Oh, there you go.

00:02:00:17 - 00:02:17:11

Speaker 1

Okay, good. Turn around. Make the dress very nice. Throw it all the way around. Now face the camera. Keep smiling.

00:02:17:14 - 00:02:36:16

Speaker 1

Go ahead and turn around slowly. I guess you have the head turning right. Okay, now smile.

00:02:36:18 - 00:02:41:14

Speaker 2

Start three 3435.

00:02:41:17 - 00:02:50:26

Speaker 1

Okay. Turn around. Back. Hold it. Smile again. Bring.

00:02:50:29 - 00:03:00:07

Speaker 1

Up. Okay. Now go ahead and turn around. Slowly.

00:03:00:09 - 00:03:09:09

Speaker 1

Okay, hold it right there.

00:03:09:12 - 00:03:24:15

Speaker 1

Okay, now turn around slowly. You get the back of your hair. Very nice. Okay, then face the camera. Okay. You are now.

00:03:24:18 - 00:03:32:20

Speaker 1

Smile now. Okay. Turn around slowly, please.

00:03:32:22 - 00:03:39:12

Speaker 1

Okay, okay.

00:03:39:15 - 00:04:02:27

Speaker 1

Okay, okay. Turn around. Real slowly. Get a nice shot of your hair. Very nice. Go all the way around. Angry? Okay, then press the camera. Okay, now I'm going to play you a.

00:04:02:29 - 00:04:25:03

Speaker 1

Okay, now turn around slowly. What about your hair? Okay. All the way around. Okay, start your dress up. Now get back up and face the camera again. Smile for about eight.

00:04:25:06 - 00:04:34:19

Speaker 1

Okay, go and start now, then. Right. And.

00:04:34:22 - 00:04:36:11

Speaker 1

Back to smiling.

00:04:36:13 - 00:04:46:13

Unknown

How do you do?

00:04:46:15 - 00:04:54:22

Speaker 1

can I go start turning around slowly.

00:04:54:24 - 00:05:02:03

Speaker 1

Okay.

00:05:02:05 - 00:05:10:12

Speaker 1

Yeah. Okay. Start turning slowly now. Okay.

00:05:10:14 - 00:05:15:10

Speaker 1

Now.

00:05:15:13 - 00:05:23:16

Speaker 1

Okay, I'm going to take you on.

00:05:23:18 - 00:05:40:10

Speaker 1

Very nice. Okay. Go ahead. Yeah. Real slowly. Okay. We're slowly. There's a lot to see there. Okay. Very nicely. Thank you very much.

00:05:40:12 - 00:05:42:13

Speaker 1

Okay. Face me and smile. That's very.

00:05:42:13 - 00:05:52:13

Unknown

Nice.

00:05:52:16 - 00:06:05:23

Unknown

Okay. Okay. Just like. 30. 30.

00:06:05:26 - 00:06:12:26

Speaker 2

Dead has just. You got to get this. Figure out your mouth.

00:06:12:28 - 00:06:17:00

Speaker 2

Motion.

00:06:17:02 - 00:06:41:08

Speaker 4

Okay, so she. And tell me, coastal communities house and I collect a group of farm workers, and they decided to go to city hall. And they did not indicate that a person may appear on the mayor of the city. California, at the time.

00:06:41:10 - 00:07:27:00

Speaker 4

His mother's friend remember one of his bearded man and this happened to me. But anyway, that movement service took over, in different places. So we started out and, Fresno County, I think in the book.

00:07:27:02 - 00:07:33:00

Speaker 1

00:07:33:03 - 00:07:36:05

Speaker 1

Oh, wait for me.

00:07:36:08 - 00:07:43:28

Speaker 2

Okay. What?

00:07:44:00 - 00:09:15:02

Speaker 1

Can you run that fast? Can you run that for. That's pretty far.

00:09:15:05 - 00:09:22:24

Unknown

I can. Come on. Hurry!

00:09:22:26 - 00:09:28:21

Unknown

I think. Yeah.

00:09:28:24 - 00:09:31:17

Unknown

It's.

00:09:31:19 - 00:09:40:07

Unknown

That's it.

00:09:40:09 - 00:09:53:02

Unknown

Yeah. I'm going to go get.

00:09:53:05 - 00:10:22:13

Speaker 1

Say something. Sing a song. Oh. Something about.

00:10:22:16 - 00:10:28:07

Unknown

Death. Haha!

00:10:28:09 - 00:10:44:01

Unknown

Oh!

00:10:44:03 - 00:10:51:02

Unknown

Going. Oh, I got, I got one.

00:10:51:04 - 00:10:59:10

Unknown

Oh!

00:10:59:12 - 00:11:22:21

Unknown

Oh, man. He ran.

00:11:22:24 - 00:11:29:26

Unknown

Ran. I me, me.

00:11:29:28 - 00:11:32:12

Speaker 2

Okay. Here we go.

00:11:32:14 - 00:11:39:28

Unknown

Oh, oh. Oh, okay.

00:11:40:00 - 00:11:44:01

Unknown

00:11:44:03 - 00:11:51:06

Unknown

Oh, okay. Oh, okay.

00:11:51:09 - 00:11:56:03

Unknown

Oh, yes.

00:11:56:05 - 00:12:04:17

Unknown

Yes. 0000.

00:12:04:20 - 00:12:16:13

Unknown

Oh oh. Wow. Oh.

00:12:16:15 - 00:12:40:23

Unknown

Yeah.

00:12:40:25 - 00:12:41:00

Unknown

Oh!

00:12:41:02 - 00:12:49:20

Speaker 2

And one.

00:12:49:22 - 00:12:53:21

Speaker 2

Oh, I just one. Did one.

00:12:53:24 - 00:12:59:21

Speaker 1

Okay. Okay. I put you on just second.

00:12:59:23 - 00:13:02:27

Speaker 1

Look this way for a second.

00:13:03:00 - 00:13:18:29

Unknown

Hey. Oh!

00:13:19:01 - 00:13:30:01

Unknown

Oh!

00:13:30:03 - 00:13:32:21

Unknown

For a dummy. Stop!

00:13:32:23 - 00:13:37:19

Speaker 1

Okay.

00:13:37:21 - 00:13:38:06

Speaker 2

Go back.

00:13:38:07 - 00:14:23:15

Unknown

Out. Yes!

00:14:23:17 - 00:14:27:05

Unknown

I did no. Yeah. Okay.

00:14:27:05 - 00:14:34:20

Speaker 1

One round. That one made me laugh.

00:14:34:22 - 00:14:37:18

Speaker 2

Oh! Baby.

00:14:37:22 - 00:15:35:13

Speaker 1

Oh!

00:15:35:15 - 00:15:46:13

Speaker 1

Oh.

00:15:46:16 - 00:15:57:16

Speaker 1

Oh.

00:15:57:18 - 00:16:06:13

Speaker 1

Yeah. Hang on to that first day. And then get up to see. Just. Okay. Now, all the way down.

00:16:06:16 - 00:16:14:27

Unknown

Say, Did you get me one?

00:16:14:29 - 00:16:26:19

Unknown

Like I can I get you? Yeah, I get, I feel okay one. People.

00:16:26:21 - 00:16:30:21

Unknown

Oh.

00:16:30:23 - 00:16:38:14

Unknown

000.

00:16:38:17 - 00:16:41:24

Unknown

Oh.

00:16:41:26 - 00:16:46:16

Unknown

And I got.

00:16:46:19 - 00:16:51:11

Unknown

Yeah I I'm good. Yeah.

00:16:51:13 - 00:16:59:08

Speaker 1

Oh what do you, what do you want. And then do. What do you want I need you what for.

00:16:59:11 - 00:17:00:25

Speaker 2

You I can get down.

00:17:01:00 - 00:17:16:24

Speaker 1

You want to get down? Yeah. Can you get down by yourself and not. Why not I don't go, You get scared, you big boy. Yeah. You.

00:17:16:27 - 00:17:20:23

Speaker 1

Say, you can do it.

00:17:20:25 - 00:17:25:22

Speaker 1

Go to high. I knew you could do it.

00:17:25:25 - 00:17:33:15

Unknown

Do it. Eight.

00:17:33:17 - 00:17:47:26

Speaker 1

You come out, figure it out. How to get down.

00:17:47:28 - 00:17:52:04

Speaker 1

See?

00:17:52:07 - 00:18:04:16

Speaker 1

Nothing. Hey, did,

00:18:04:19 - 00:18:10:04

Unknown

Yeah. We.

00:18:10:07 - 00:18:35:17

Unknown

But you get in. Yeah. Yeah, yeah, yeah. Oh, yeah. Yeah. Oh oh, oh, oh. La la.

00:18:35:19 - 00:18:46:02

Unknown

La. Yeah, yeah. La.

00:18:46:04 - 00:18:58:20

Unknown

Bum.

00:18:58:23 - 00:19:14:06

Unknown

Okay. Yeah. Oh, yeah. For you. Yeah. I can't thank you. Okay, okay.

00:19:14:08 - 00:19:54:25

Speaker 1

Hey, wait, wait. Kobach say that. David, come back. Right. Number to grandpa. Come here for. Come back. David.

00:19:54:28 - 00:19:57:15

Speaker 1

Yeah.

00:19:57:18 - 00:20:20:16

Speaker 4

I probably going to go in the community. Some people give my back what are going to be us. Some rising, somebody some routing get. Can I here. You know, you know, my baggage for this. so this day was to the age of the town. And so this king, and the beautiful horses pulling this carriage, good carriage.

00:20:20:18 - 00:20:52:02

Speaker 4

And you can see it from the way and, he says, you know, maybe this king can help you this time. Okay. Genius. Enough to. Good. so you bring supplies that are not a so he, he flagged down the carriage, and the king ordered the carriage to stop and the carriage, opened the doors and, you know, what are you doing that?

00:20:52:05 - 00:21:17:23

Speaker 4

Well, I, you know, I started liking them because I'm very smart, and I know you very rich. You have, you know, you can you help me? And then the king told me, well, you know, why don't you give me something of yourself? Please? And it's something a little dangerous, is you want me to give you something you.

00:21:17:25 - 00:21:18:11

Speaker 2

Know, if you know.

00:21:18:12 - 00:21:47:27

Speaker 4

Something, what do you have in the bag? So the bag beggar reaching the bottom of these, bag. You know, a grain of, rice. You need to change the culture of this country. You need for sure. Again, 19,000 that I just passed away. I was looking for rice, and so he gave to the king. The king rest the rice and look at it.

00:21:47:29 - 00:22:10:13

Speaker 4

And close his hand and give it back to him. You can have it back when the you got the grain of rice. He looked at it, and with a grain of rice it seemed to go. And so the beggar said, I should give the whole bag.

00:22:10:15 - 00:22:12:11

Speaker 2

I don't know.

00:22:12:14 - 00:22:54:08

Speaker 4

The moral of the story of you have. Yes. This is I want to give this. How much we going to give? And we don't give anything. We're not going to give you anything back. And, I think that, you know, in this society of ours nowadays, there's a lot of people out there. They are not giving. They are not, you know, they're very complacent with decisions and very complacent with their, even with their phony exercise, the power that they could give something to the benefit of the community.

00:22:54:10 - 00:23:24:11

Speaker 4

we are thinking that maybe, maybe we can. Those of us who are, for those of us that are in need, could actually give a lot, in Palmyra, the community is the poorest communities in California. When Tony was the major that was in there, Mr. King, chairman. Tony, the state of California finance is going to say is in your community, the authorities at the state government.

00:23:24:11 - 00:23:32:11

Speaker 4

Was it going to be my community and we used to take turns when you get this is Israel, be your own brother. You have it.

00:23:32:13 - 00:23:34:00

Speaker 2

But,

00:23:34:03 - 00:24:10:18

Speaker 4

But you know what he have done in terms of the given the resources that we have is not worth giving a second has paid off tremendously, but we instituted, as part of the health care system is that we were in a position to be the promoter. Is this a move in a in a different way. But also the central issue for me is the concept that you are in a sort of a mortar in the community, in the environment, you do work in a new way.

00:24:10:18 - 00:24:52:00

Speaker 4

Things happen. And so we knew that people who were walking into our clinic. We were demonstrating certain illnesses that were reflective of the community. It was a community of people living. So if somebody had to carry that whole lot of money, you know, it was because their living conditions, their homes, they have no, you know, no water. so, you know, dysentery and sleeping, the stations are boring, basically in the environment in which we live, you don't have, decent water systems.

00:24:52:02 - 00:25:22:24

Speaker 4

You have, if you have stomach cancers because, you know, we has has been contaminated valley and, this valley and the scientific community, the citizen and the controller, we have chosen death in the graves for over 25 years now. All the water systems in the valley are contaminated. So, so the reflection of the healthcare provider and looking at a patient is not just provider.

00:25:23:00 - 00:25:50:13

Speaker 4

And individual, you know. And that said, it is what's happening in the home, what's happening in school, what's happening to, you know, and you know, whether the individual has money or not or job or not, job or unemployed or employed, what do we do as healthcare providers that transcendence, responsibility to the, the four walls of the clinic.

00:25:50:15 - 00:26:25:07

Speaker 4

And so, we have instilled it in our staff that you have to look at the patient, not just on that encounter, but look at the patient, what it is or she is coming from. And so it's only became an issue of the community because she saw a lot of responsibilities. A clinic administrator basically, the mayor, the mayor of pure renown that took over that mission, this in my work, ready to, he's my boss.

00:26:25:10 - 00:26:47:18

Speaker 4

and then we have other people that, you know, have known him. So I think to our responsibility, you know, not just having the job ready for us. Possibility of doing something that involves the job that you do. And he's not just making a paycheck every two weeks. And, you know, going home is failure, actually. What do you do?

00:26:47:20 - 00:27:12:16

Speaker 4

it makes your job that dynamic job is to make health care to you, you know, value. I want to say that, we, we over time, the community program. And we did, housing, you know, as a priority, 70% of the housing starting projects have been bogus, from year ago when I became a mayor.

00:27:12:18 - 00:27:35:10

Speaker 4

But we did as a housing program, I, I got the entire community redevelopment agency, so that any construction that took place within that city, we could we can have some program I call. You had a problem with the service center and says how much money you guys have in there? And government funds? well, you know, $5 million.

00:27:35:13 - 00:28:25:07

Speaker 4

My arm there, you invest with us here. Let's build some homes for five workers. The city will be called developer and will make the three point their own. I hope for at the point that we're leaving Rogers backyard in a tree with relatives in overcrowded conditions. So we did over 600 single family homes and over 700 apartments. in the community, which is the fastest growing thing in California, became the

fastest, you know, the population double is down because, basically, we created more living living quarters for, for me, it's, it's a high priority area in state California that we have.

00:28:25:07 - 00:29:05:08

Speaker 4

We code by 4000 people in doing the ones who living in harmony with me. And we wait for them another, another year, and then we grow up again. But how do you deal with the realities of the community where we live as we form the real self care providers? So we become the focal point. And I'm happy to say that in Fresno County, with managed care, we've been very lucky to have developed a structure here that has had an for and low having been put in place in terms of managed care.

00:29:05:10 - 00:29:32:12

Speaker 4

We, welcome to the Fresno County Community Clinic Association. Just to tell them how many more supervisors that we have, a group of people working together, and we can elect a member to the local initiative board, and they should have a phone. Somebody because that individual, is to their likely because they have to appoint somebody that we connect to.

00:29:32:14 - 00:30:04:20

Speaker 4

And so we have an agreement already with the individuals in Fresno County that are going to manage that. we're doing, we're doing, and I just said to be said, this is just another nomenclature for HMO, in Fresno County. And we doing a, we got all the community clinics together, regardless of who is involved, that we have, we've created we have different board of directors, but we meet together and we call this.

00:30:04:20 - 00:30:41:13

Speaker 4

And now we're doing, for the, I assume, and will be the voice for hospitals in the, in the Valley. Basically, health care about managed care become the, the rule. So, you know, utilizing the so the end of this campaign, you probably take care of staff from the hospital and goes individual from the hospital, basically. And I very, you know, we get this chance to really sharp and we will finish, is it is never that little finish allows itself to be unbelievable.

00:30:41:16 - 00:31:13:03

Speaker 4

So we have developed those two missions so that we've been able to strengthen that. Because that's what this is all about, building that foundation. If you have so much happened in Sacramento and in Congress, because what happens over there is going to affect, you and I just go to the program. I know, not anymore. I, you know, I always take these questions to the end, but but rest assured that you you stay home.

00:31:13:05 - 00:31:52:11

Speaker 4

What is this place? And the afternoon shows, you get to be in the line, and the brain will continue to do numb. And then the, you know, the, you know, about this different, structure, you know, and, the atmosphere, so I, you know, I'm happy to be here. And thank you for the question. I think the question for me, we are a force in the valley and in the valley continues to be a challenge for California.

00:31:52:13 - 00:32:20:24

Speaker 4

we're part of the state of California. At one time, three counties in this part of the city might be separated from the state of California because California. What can we do that issue to a Bay area? And I really the projections, are such that this will always be, do, you know, fastest growing, communities in the state.

00:32:20:26 - 00:32:29:22

Speaker 4

So thank you very much.

00:32:29:24 - 00:32:31:16

Unknown

Listen, let me hear you.

00:32:31:20 - 00:32:35:16

Speaker 2

In your, situation and how you work together for.

00:32:35:16 - 00:32:46:06

Unknown

Each of those. And very interesting. And I'm very much interested in taking on that information that the clinic to stop to. So,

00:32:46:09 - 00:33:02:14

Speaker 2

could you ever yourself, your clinic have any history of of how you put it together in writing and something like that, that you can share with the rest of us so that we could follow your kind of the model and make it make it to Stockton, California.

00:33:02:17 - 00:33:51:28

Speaker 4

So, I, I there is, there has not been I actually received an invitation to, to sell the a theologian in the conflict, which is the next position that but no one is going to know. I should read our history. We're the ones who are, very keen to that. yeah, there's. I mean, there's, COPD, as we know, the Covid, community around the primary care by, School of Public Health in Berkeley as the model that this country needs to deal with the problems of health care and that basically that consequence is pretty much what we're talking about.

00:33:52:00 - 00:34:29:25

Speaker 4

Orange Grove, one of our first clinic, the first major health center in California, was basically born out of the idea by the people of Orange Grove that they wanted a health care delivery system that intended to meet the holistic needs of the population. And so the concept was one of health care where you have medical, dental, pharmacy, x ray, community health services to dealing with environmental health issues so that that conflict isn't the same as COPD.

00:34:29:25 - 00:34:50:25

Speaker 4

We went to the school of the town of, promoting this despite a no. we don't have, besides building, the I suppose we should to the, we have we have enough as well.

00:34:50:28 - 00:34:58:06

Speaker 2

Will benefit now that ultimately now when major Valley Medical center anyway because the policies are fully funded.

00:34:58:08 - 00:35:45:21

Speaker 4

Yes. the position, with the mandate of the Union hospital surgical program, UC San Francisco medical school, going to the Union hospital, something else, one that, Kaiser Permanente opened up a new hospital in Fresno. Thank you. So many counties or better community already. Kaiser Permanente. Really? And we do more of that. And in all the community hospitals and different communities in the Valley, basically, poses a threat to, a great number of them.

00:35:45:23 - 00:36:09:05

Speaker 4

The local mission of law is being put on hold by friends and kind of border supervisors, because right now they entire way the, one who will decide whether they should stay in health care or not, another medical center has been the only source for many of the poor people in this valley. In trauma and best trauma center.

00:36:09:06 - 00:36:36:17

Speaker 4

You in the Silicon Valley. It's been. The question is, when they call this part of the San Francisco solution to the question, should we get away from health and should we go broke down now, we really could center, should we say to a private, management, you, or should we, and the model, it and that was never the question.

00:36:36:19 - 00:37:07:11

Speaker 4

Should we build a new hospital should be modeled, in more of, you know, immediate competition to save money and Kaiser, community Hospital. The question has not been asked. And the the people that are doing the study, which incidentally do at least my to the board supervisor, the question is how basically they want to get out of the business of health care, and we don't do anything about that.

00:37:07:13 - 00:37:35:22

Speaker 4

The Board of Supervisors at Fresno County made up to get away, regarding, inpatient care from the medical center. those those are some and some private enterprise, and both of them is the same model three. And that would be a tremendous blow to access to health care for many of our people.

00:37:35:25 - 00:38:01:08

Speaker 2

And we try to do it self-organize as a complex solution. We did all all the other thing that I'm doing is I'm also going to be the person in charge of implementing the criminal complex, like like a police force. But I'm also going to be the person who's going to be doing the, work with the community groups that we meet here and also doing outreach to other community groups that weren't able to attend.

00:38:01:10 - 00:38:24:05

Speaker 2

just kind of like make myself available for all of you if you need any help, if you have any questions, my phone number is on two different, sheets that you have on your handout. Feel free to call me, if you need a mailing list of lots of information. if you have any ideas for me, please improve the seminar on ways to implement the different things, that we talked about this morning.

00:38:24:05 - 00:38:47:09

Speaker 2

Then please call me and let me know, because I need all the information I can get to get people to take a look at this. program, since that's about all. So this time, I want to take that opportunity to also remind you to please review, the forms that you have in your packet. So very important to us because they let us know what areas your expertise in what areas you would like to be involved in with the Latino Coalition.

00:38:47:12 - 00:39:14:14

Speaker 2

And also, evaluation form is particularly important to me because it helps me plan better events. so I'm just putting in this box on the registration table that you can drop in at some point for them. Also, it was a group to have a pamphlet.

00:39:14:16 - 00:39:15:09

Speaker 4

Form.

00:39:15:11 - 00:39:32:15

Speaker 2

Yeah. There's a phone number that was given out this morning that was incorrect. In Charleston County, health care for all pamphlets that were available out the back this morning. Apparently, there was a mix up in the phone numbers. They've all been corrected, so please get the new pamphlet. They asked us to tell you the health care for all pamphlets were incorrect.

00:39:32:15 - 00:39:53:26

Speaker 2

The new numbers available on the table outlined. At this time, I'd like to move on to our next, section here at the conference. And that's our panel discussion. And I'm very excited about wonderful people that sit on on that sit on our panel today. All of them are very, they all have excellent expertise in their different particular areas.

00:39:53:29 - 00:40:28:27

Speaker 2

and I just want to thank you thank all of them at this point for, coming, down here right now and sharing their time with us in the next 15, putting the panel, to council discussion together. We kind of sit down and brainstorm about what are important issues that in the Latino community have faced in terms of health care, healthcare access and some of the topics that our speakers will be addressing today are some very important topics that we felt needed to be addressed and focusing particularly, some of the issues that the Central Valley faces.

00:40:29:00 - 00:40:57:17

Speaker 2

our first panelist is, Jane Garcia, and Jane Folsom is a member of our, policy committee for the Pina coalition. She's also executive director of a clinic at the process, which is the primary health care center in the East Bay. she's the chairperson of the Spanish Community Council policy, policy committee of the coalition, a board member of Urban Strategies Council, or member of the Alameda Health Consortium, or a member of the Summit Medical Center.

00:40:57:19 - 00:41:17:11

Speaker 2

And the Health Care Advisory Board for 17. And I will be. Miss Garcia received a bachelor's degree in sociology from the university. And, she received her master's in public health at the University of California, Berkeley. Thank.

00:41:17:14 - 00:41:50:15

Speaker 2

Thank you. Very pleased to be here. I think I was right when you talked about community health centers being at the forefront of many of these battles, and health care is in a very, good situation. Experiencing the ramifications of some of the policy movements that are taking place and then how they translate into actions that are applied, our communities, to and I should talk about prenatal care and children and whether the system is failing us.

00:41:50:17 - 00:42:16:05

Speaker 2

And I think, I think it is absolutely right. When you talked about the, the GOP contract, you know, because it's definitely against children, it's against women, people of color into its own people. And we happen to disproportionately fall in love and experience, you know, in, in terms of just. Health care in general, the United States ranks.

00:42:16:05 - 00:42:16:24

Speaker 5

20th.

00:42:16:24 - 00:42:20:23

Speaker 2

In the world in terms of how these have the highest employment challenges.

00:42:20:25 - 00:42:22:22

Speaker 5

17th and the percentage of.

00:42:22:22 - 00:42:49:23

Speaker 2

When you're vaccinated against polio, unless you're, person of color, you're in the 17th, 17th percentile. So we don't do well by our children. And, and, and and it has nothing to do with money because certainly we know that providing, from care, prenatal care, vaccinations, primary care, that all of those processes actually help the health system.

00:42:49:26 - 00:42:51:02

Speaker 2

You were taking care of.

00:42:51:09 - 00:42:52:00

Speaker 5

The situation.

00:42:52:00 - 00:43:12:02

Speaker 2

Upfront for kid. The situation ends up in the hospital and then you're really paying for it. So it doesn't have anything to do with money. And it really has to do with what our priorities are as a people. And I think the number one fact is the children don't put, they don't we don't care about them, they don't vote.

00:43:12:05 - 00:43:36:06

Speaker 2

And so it's very, very easy to single out this population as the most vulnerable in where you in the kind I think as we talk about, about prenatal care to important to talk about what is the effect from that moving this whole system and the politics around it. we have the passage of 187, of course.

00:43:36:08 - 00:43:44:07

Speaker 2

And I think, the people are feeling very powerful behind having passed this,

00:43:44:10 - 00:44:10:03

Speaker 5

Become the license, to, to motivate and to move the most ill spirited, legislation that you can imagine. in I, I did a lot of talks against prop 187. And I'm happy to report that in Alameda County, we overwhelmingly rejected that, as we did in San Francisco, with the two counties having the highest, electoral voting against property, 97.

00:44:10:10 - 00:44:29:09

Speaker 5

But when I talked to people about it, I told them I still believe that. And I think it's really playing out as I, as I said that it would be, is that if we don't draw the line, if we don't draw the line somewhere, that line just keeps moving. And right now it's been illegal immigrants. We now have seen it move to illegal immigrants.

00:44:29:12 - 00:44:55:01

Speaker 5

It's moving to affirmative action. It's moving to people of color. It's moving to women. It's moving to gay and lesbian populations. It's whoever is perceived to be a marginal population, whoever is perceived to be, powerless. And unless we draw the line, the the powers that be will consider it as a license to continue to develop this policy, which is very, very mean spirited, because it certainly has very little to do with the financial situation.

00:44:55:04 - 00:45:17:18

Speaker 5

I thought I'd take just this, a short opportunity to to update you on prop 187. I want to talk about prenatal care and the move to eliminate, access to Medicaid for undocumented women and I get a lot of questions about, you know, can the governor do that? Since prop 187 is been has been enjoined, by the court?

00:45:17:18 - 00:45:57:03

Speaker 5

And how can he do that when this is in process? Well, it's true that, prop 187 has been it's got a preliminary injunction which enjoins, the implementation of the health and social services provision of 187. So that's health care and social services for education. I think everybody knows there's a different court that's going to be hearing that, the judge who we consider to be favorable and very fair, has ordered the state of California to, issue, statements that are supposed to be posted at every point of entry that says 187 has not been implemented.

00:45:57:05 - 00:46:22:28

Speaker 5

So if you're not seeing that, if you haven't gotten the posters and that's really, a point of concern that needs to be raised, the state is obviously, appealing the preliminary injunction. It went back and forth on whether it was going to do that. It was concerned about whether appealing it would alienate the judge. And so there was some discussion, but they ultimately decided that they would appeal.

00:46:23:00 - 00:46:48:23

Speaker 5

the preliminary injunction briefs, will be filed by the parties in June or July. And, a motion to dismiss the lawsuit has already been filed by the state of California and was was denied a trial date for the property. So in case has been set for September 5th. And the judge has been very, very clear that she is not going to accept any more delays.

00:46:48:27 - 00:47:09:06

Speaker 5

She wants to hear it. She wants to get on with the the court. They're scared. They're scared, and they're not going to come in. because they think they're a they have a communicable disease issue on tuberculosis, for example. People don't come into a health system usually and say, I have a cough. And I think this cough is tuberculosis.

00:47:09:12 - 00:47:46:08

Speaker 5

They come and the provider sees them, the position sees them. And then there is a determination that, hey, maybe this could be tuberculosis so that they've had a real difficult time drafting these regulations and figuring how to implement them in such a way that those services that make sense to continue will be, will be continued. Obviously, we've been saying that, certain that that there are, traditionally and historically some providers who've been the main providers of care to this, these communities, the community clinics being a big part of who has been serving the undocumented population.

00:47:46:10 - 00:48:15:12

Speaker 5

so the state, is going to be presenting these regulations if the regulations aren't submitted by April 15th, then they can't include them in the proceedings of the trial. no one has seen these regulations, and that's per court order that they be maintained under seal. And so we haven't had a chance to to look at them, critique them, and figure out if that's going to help our case or not help our case.

00:48:15:14 - 00:48:38:14

Speaker 5

the state is going to start collecting, depositions in April and May. the folks that are defending us on this issue have collected a lot of depositions. People in the health care area, physicians, case workers, social workers, etc., who are in the front lines providing the services. And they have, made statements in terms of how that is affecting, our community.

00:48:38:14 - 00:49:11:04

Speaker 5

So the state is going to be selective because of the number of depositions that they've gotten and choosing who they're going to call in to, to depose. presumably, they're going to, well, let's say they had just to give you an idea, they had something like 122 declarations. So, you know, they probably won't take more than half of those, so that's pretty much the the update on prop 187.

00:49:11:07 - 00:49:39:19

Speaker 5

So you have prop 187 people feeling very, very empowered by what they were able to do by that. You see that in movement to now, take a crack at affirmative action. And more recently you find that, New

York is also entertaining and starting the same initiative process. So they have taken, the prototype of California's Prop 187, and they're beginning to move it in New York.

00:49:39:22 - 00:50:10:05

Speaker 5

And then you can expect that to become a domino effect. And it will continue to to just move that way. But above and beyond, you know, what's happening at the state levels, the federal government, the federal at the federal level, this has been also taken on as a crime. You know, everybody was watching California very, very carefully. And I know I had colleagues in Kansas City and in Denver going, you guys really need to hold the line because whatever happens to you, you can, rest assured that it will start to get picked up elsewhere.

00:50:10:05 - 00:50:45:14

Speaker 5

And that's exactly what's happening. I think the biggest, threat right now at the national level is that, in fact, not only are they going after illegal aliens, they're going after legal, immigrants as well. And they're feeling very empowered to do that. I was in Washington approximately 4 or 5 weeks ago. And, of course, the the theme right now is block granting, which is to take all the, categorical, categorical programs that are out there, lumping them into one lump sum, cutting off a certain amount and then passing them over to the state to implement.

00:50:45:16 - 00:51:08:03

Speaker 5

And they were talking about, you know, total flexibility to do with this as as they will no requirements, no eligibility requirements. no standards in terms of who they could serve or not. Sort of. It's the only requirement that they were talking about was excluding legal immigrants from access to Medicaid. That was the only thing that they were talking about.

00:51:08:06 - 00:51:30:22

Speaker 5

And in, you know, in my advocacy work with, Alameda County and with the with the state, I find, it extremely disconcerting that that most of our counties, that a, our state have very, very little understanding of how this is going to impact them. First of all, I think there's still a certain level of, of numbness.

00:51:30:22 - 00:51:52:01

Speaker 5

And so people are feeling like this will never happen. And so we take strength from this is too outrageous. It will not happen. And while we do that, the things continue to progress. So I have found that many of our counties, first of all, are not aware that this is being discussed. Do not consider it a serious threat.

00:51:52:01 - 00:52:21:16

Speaker 5

And and on top of that have no real sense of what the implications are going to be to that county. And I can tell you that the community clinics we lose, access to Medicaid for illegal immigrants. It will be a tremendous, tremendous blow to our ability to continue to to provide services. you've been hearing a lot about, managed care and how the state has issued its plan to convert over half of the Medicaid recipients into managed care.

00:52:21:19 - 00:52:48:26

Speaker 5

One of the problems, with that has been that there is very little discussion on indigent patients, those patients who fall between the cracks, you're working poor who have have no access to health insurance. There are people who work in restaurants, people who do housekeeping, childcare, gardening, that kind of activity don't have, insurance through their employers and make enough money so they don't have access to Medicaid.

00:52:48:29 - 00:53:14:25

Speaker 5

Well, in this whole discussion, of managed care, there was very, very little discussion about indigent indigent care and how that's going to get continued. Now, the big boys, the big boys have been running the for profits and not for profits. Atomos have obviously seen that the commercial market is saturated. And so they are now starting to concentrate on the Medicaid, on the, on the Medicaid population.

00:53:14:27 - 00:53:37:04

Speaker 5

So as your safety net begins to have to compete for the Medicaid population, what is at risk is your indigent population, those people that there will never, ever be any competition to serve. And that is a

big part of the discussion that you are not hearing, and that we should all be concerned about. And it's it's extremely, disconcerting.

00:53:37:06 - 00:54:09:26

Speaker 5

I was struck by I was on my way to work and listening to KCBs one morning and, they were talking about how Congress would be, discussing welfare cuts that morning. And they were specifically, talking about cuts to, teenage mothers, disabled children and illegal immigrants. It was I was shocked it was taking the most disenfranchized populations and targeting those very, very populations for cuts.

00:54:09:28 - 00:54:33:02

Speaker 5

And then, of course, the discussion in a couple of weeks was going to be tax cuts, you know, so that's the mood, that we're talking about at the National level. the cities at the city and county levels, I think that they are losing more and more, flexibility in terms of what they can do in their own communities.

00:54:33:05 - 00:54:55:16

Speaker 5

the there have been more and more cuts at the county levels, and that's why you're hearing about so many of the, the county hospitals folding or at least on the verge of folding. public protection police is, you know, violence, drugs and how to stop that is where a lot of the local, dollars are being concentrate.

00:54:55:18 - 00:55:24:13

Speaker 5

We're still feeling the effects of prop 131, prop 13, which cut, property tax. And so the cities and the county is have less and less flexibility in terms of determining priorities and, and looking at how they're going to serve, the different communities. So of course, they're very interested in block granting because they figure that they're going to get an infusion of money and that they will have a tremendous amount of flexibility on how they're going to how they're going to be using it.

00:55:24:19 - 00:55:53:01

Speaker 5

So that's pretty much the political environment that we're living in right now. So then we get to programs like prenatal care. And what does that, mean to us, right now for, for, prenatal care, the delivery is the only thing that is federally funded and that is required, to be provided to undocumented, undocumented folks.

00:55:53:04 - 00:56:20:02

Speaker 5

And I also have to tell you here parenthetically, that there is, that there has been some discussion to eliminate the delivery as a covert emergency service. And, I have three children, and I have to tell you that this discussion has to be, with all due respect to the men in here, has to be, discussed with someone who hasn't had a child because anyone who has had children would know that that delivery is an emergency.

00:56:20:05 - 00:56:45:01

Speaker 5

So that's I mean, that's part of what's what's going on. so prenatal care is, in California, the state of California, I totally state funded, program. And it's been funded under Medicaid since something like 88, but before that funded maybe another ten years through a program called, OB access. Some of you might have been familiar with it.

00:56:45:06 - 00:57:11:09

Speaker 5

So we've been covering, prenatal care for a long time. There has been a clear understanding that for every dollar that you invest in prenatal care that you're served, that you're saving $3 at the end. Again, it's easier to to provide prenatal care upfront and not pay for that intensive care service for that baby, which is an American citizen, you know, at the end of that care because you haven't provided prenatal care upfront.

00:57:11:11 - 00:57:39:24

Speaker 5

Not to mention that sick baby who ends up needing remedial care and intervention of one kind or another for the rest of their life. If you really have a bad situation. Well, last year we saw some movement to try to eliminate, prenatal care, and it was defeated right along party lines. This year, we've already seen AB 326, which is the NOLs bill, which would eliminate Medi-Cal prenatal care for undocumented women.

00:57:39:26 - 00:57:58:22

Speaker 5

And it recently, failed passage at the Health Committee of the Assembly, again, right down the line, on Partizan Partizan lines. But I did want to, read to you what is.

00:57:58:25 - 00:58:23:23

Speaker 5

There. There's a there's this little document that gets written up on all the of some on all the bills, which, basically says, you know, the Assembly Committee on Health because who's on the committee, what the bill is about, what it would do, why it's being proposed, the fiscal impact. Who supports it, who's against it and why.

00:58:23:25 - 00:58:47:21

Speaker 5

And so in this bill, HB 326, to eliminate prenatal care for undocumented women, I want to read this to you because this really says it all. It has been well documented in research done by the University of California at Berkeley that Hispanic women, due to cultural protective factors, take better care of themselves during pregnancy than most other ethnic populations.

00:58:47:24 - 00:59:24:13

Speaker 5

This being the case, coupled with the fact that women of Hispanic origin accounted for 62% of the total Medi-Cal funded deliveries, would indicate that the perverse effect of eliminating this benefit would not be as great as if other ethnic populations dominated the population based seeking this benefit, a research project that was done by the University of California, Berkeley found that the Hispanic women who come across the border tended to be financially well-off and simply come to the states to establish citizenship for their newborn and to have access to the latest technology while giving birth.

00:59:24:16 - 00:59:48:05

Speaker 5

After the birth, they were found to return to their own country. Is anybody offended by that? I mean, first of all, it's it's a stereotype of who we are. And it's one thing to think it, but another thing to put it in

writing like this, it sets us up against other ethnic groups, and it sets us up against uninsured communities.

00:59:48:07 - 01:00:14:10

Speaker 5

What they're doing is they're taking the money that's currently in funding prenatal care and the redirect to a program called Aim, and increasing the amount of money that people could earn, to qualify for this program. It's a good program, but what it does, it is it pits one good program against another in the policy discussion, with a Governor Wilson had about why he was doing it.

01:00:14:12 - 01:00:43:02

Speaker 5

He actually, sit next to each other, a Mexican American citizen woman and a Mexican woman who didn't have papers and said, you know, here you have two women. Which one would you pay for? And so it sets us up against each other. I mean, this is certainly aimed at that. those of us who may not be reading the newspapers or who may have, you know, a lot of people who voted who are Latinos, who voted for pap.

01:00:43:02 - 01:01:06:07

Speaker 5

187 I heard them say stuff like, well, I made it so you can make it and voted for it. So it sets us up against each other. It sets us up against our Asian and African American brothers and sisters, and it sets us up against insured communities. Well, that we beat the Nos bill for now, but it is by no means did.

01:01:06:09 - 01:01:28:25

Speaker 5

you can expect that. I mean, they have three ways to, to, pursue this. One is, they have the bill has been granted reconsideration, and it'll be brought back to the health committee. Yeah. We should have some advance warning that this is coming up, but that that's a possibility. The bill could be brought out of committee.

01:01:28:27 - 01:01:56:28

Speaker 5

Just completely circumvent the committee structure and go directly to the assembly floor. Or the more dangerous approach, which was what was used last year, which is to wait until the very end and try to build it in to the budget trailer bills. And last year when that was attempted, we had had lots of discussions with Speaker Willie Brown and he drew the line and said he would not put that in.

01:01:57:00 - 01:02:19:21

Speaker 5

Well, people are feeling a lot more vulnerable this year. And when you're talking about last minute negotiations, the the group of five that sit behind closed doors and make trade offs. And when the political climate is such that supporting undocumented women may mean the difference of you getting elected or not elected, it becomes a very the worst possible avenue that we want.

01:02:19:21 - 01:02:54:16

Speaker 5

This issue considered that, So that's where we are with, prenatal care. I want to end with this and talk a little bit about what we ought to be doing. I, I think that, there's a lot of things that we need to be doing. We need to keep in touch with the people that represent us. They need to understand, continuously hear from us in terms of what this means, how this is going to affect us, and the fact that this is not a cost saving measure.

01:02:54:16 - 01:03:22:08

Speaker 5

It's mean spirited. It's it's specifically targeting our population. Do not be confused about that issue. when Governor Wilson was running, for for reelection and he talked about illegal immigration, he, didn't look at Canadians. He didn't look at Irish folks. He looked at the at the San Diego borders. And so it's very, very, very much targeted at targeted at us.

01:03:22:10 - 01:03:54:03

Speaker 5

you know, there's going to be a special election involving the recall of Assemblyman Hauser and also, so, Senator now, Senator, Mountjoy and I think everybody knows everything that comes out of his office is just completely anti-immigrant. It's just as mean spirited as it can be. He's moving to the Senate. So there's two Assembly seats that are going to be left open, and how those two seats get filled is going to have a tremendous impact on what happens to our programs.

01:03:54:10 - 01:04:13:09

Speaker 5

And we're going to have to watch that one carefully. And I think we really have to do more than watch that. We have to contribute in whatever way that we can. so in terms of, you know, what else do we do? I think we're talking about today. But back to basics. We have to go back to the communities the way we started.

01:04:13:09 - 01:04:37:20

Speaker 5

We have to talk back, talk about organizing our communities and get people to vote. Not just, you know, when there are special elections and special issues of interest to us, but all the time we have to get used to voting all the time. And the other thing is, starting to apply for citizenship. And it's true that it's a long process and this is already happening.

01:04:37:22 - 01:04:58:29

Speaker 5

there is an unprecedented surge of people applying to become citizens. And I think that's really, really terrific. The downside of that is, is that there are figures out that it will take 50 years to process just the number of applications that they have right now, but we can't we can't let that affect us. We can't let that intimidate us.

01:04:59:02 - 01:05:29:06

Speaker 5

And that it's part of what people want us to, to feel, you know, in terms of children, children are only about 10% of the undocumented population. but what is being what is happening is that the powers that be are using the children to scare the illegal immigration, the illegal taxpayer. They're using the children to leverage fear and to get people to to get out of this country.

01:05:29:06 - 01:05:45:14

Speaker 5

So they're saying, we're going to pull you out of schools. You won't have access to health care and all the other things that we've been hearing. So I think we we really do have to go back and talk to our communities and organize them and, and let's get ready because it's going to be a really, really tough year.

01:05:45:16 - 01:05:52:04

Speaker 2

Thank you.

01:05:52:07 - 01:06:02:26

Speaker 6

What we're going to do is take a few questions with each panelist after they speak and after they've all spoken, we'll open up to any more questions. So if there's any questions for Jane right now.

01:06:02:29 - 01:06:08:05

Speaker 6

Okay. We'll go on. our next speaker other is really quick.

01:06:08:08 - 01:06:15:29

Speaker 4

if you're to the woman from the ER to the next.

01:06:16:01 - 01:06:41:08

Speaker 7

Document. Yeah. We need thank you. Make the choice. They should respond and say, wait a minute. You're the person that responsible. You're supposed to be making a choice, not putting it on, that you elected representative. I've heard that. And using it, putting the pressure on the community by each other. The pressure cannot become confrontational on after they talk about, put it back on him, say, wait a minute, don't do that.

01:06:41:10 - 01:06:44:06

Speaker 7

You're responsible and don't let them.

01:06:44:10 - 01:06:51:08

Speaker 4

The finance argument is it's way that.

01:06:51:10 - 01:07:12:19

Speaker 4

People are running about. The culture. I don't have part of the world. And it is, if you like. The United States public is very painful for the people of the world for that many points when you talk about it and what happened on the world.

01:07:12:21 - 01:07:41:06

Speaker 5

I go into primary care, which is the most effective of of the delivery system. What you're saying is that, okay, for example, in in the Canadian system, you have 77% of the physicians in primary care and 30% of the the physicians in specialty care. Okay. In the United States, it's the opposite. 70% of the physicians are specialists and only 30% are primary care physicians.

01:07:41:06 - 01:08:06:09

Speaker 5

So, you know, the emphasis is toward specialty high tech, intervention. And I think that that's certainly a big part of it. So I think it's, we probably have enough money to do a better job. I think it's really misdirected. The other part of it, too, and I, I really support that the, the legal system, needs some reform.

01:08:06:11 - 01:08:18:25

Speaker 5

the, the number of malpractice suits that are there are filed, every day certainly affect the cost of of health care.

01:08:18:28 - 01:08:43:22

Speaker 7

And I just wanted to add one point to that. administrative costs for the U.S. health system. if you just figured maybe 20, 20 to 25%, administrative cost of health care that goes into administration, that could fund all of the people that currently don't have health care. Now, we've got a tremendous amount of weight.

01:08:43:24 - 01:09:00:06

Speaker 7

They been in the wrong areas rather than providing primary care. Again, the pain is going for other things like high tech care and administrative costs and things like that.

01:09:00:08 - 01:09:37:05

Speaker 6

Our next panelist is Doctor San Salvador Sandoval. He's a family practitioner, said Family health center. And his primary interest is in farmworkers occupational health and injuries. Most recently, Doctor Sandoval was appointed to the National Advisory Council on Migrant Health. He regularly provides testimony on health hazards for farmworkers in hearings and forums. Doctor Sandoval graduated from the UC San Diego Medical School.

01:09:37:07 - 01:10:00:22

Speaker 7

it's always hard talking. After lunch. Everybody's asleep. And, sometimes a speaker a little bit too. Okay. I want to talk a little bit about, the farmworker population. I know many of you, live in an agricultural area, but, are in the city, and you may not really have some, sense of of, what?

01:10:00:22 - 01:10:23:12

Speaker 7

Farmworkers. do or, what proportion of the population that they are. I think especially for the people that are coming from out of the area. And no one's really sure how many farmworkers are in the country. they estimate I've seen estimates like from two and a half to 6 million people that do farm labor in California.

01:10:23:12 - 01:10:33:02

Speaker 7

It's estimated that about, a million people at some time of the year are doing farm labor.

01:10:33:04 - 01:10:59:05

Speaker 7

The it's also one of the poorest paid jobs, around every year, it's estimated about 160,000 people just in California leave farm labor because it's it's a place where immigrants come in. it's a place where people are working. when they can find a job. Like in cities like Fresno. where I'm from, people go to work anywhere they can.

01:10:59:05 - 01:11:14:01

Speaker 7

And that's one of the things is farm labor. When it's available, it's very seasonal. Only about, 58% of the jobs, last up to 13 weeks.

01:11:14:03 - 01:11:52:26

Speaker 7

And farmworkers are poorly paid. It's estimated that, 57% live in poverty, and that the annual employment for farm laborers is about $5,000 a year in job, in money that they earn while working in agriculture. Farm labor is also one of the most hazardous jobs. right now, farmworkers are 3% of the workforce nationally, and they account for 14% of the deaths in in the country, it's estimated at about 300,000 people are poisoned with pesticides.

01:11:52:28 - 01:12:28:16

Speaker 7

not all are seen, but there are many hazards that they, they don't, share with people that work in cities, for example. There are many problems, that affect the family. For example, child care is, very, restricted, only because many categories that are made it in terms of farmworkers, like seasonal farmworkers, migrant farmworkers, Year-Round, farmworkers and seasonal and Year-Round, for example, can qualify for some childcare jobs.

01:12:28:18 - 01:13:03:04

Speaker 7

So like in California, you have about 160, excuse me, 400,000 kids. and about 95,000 of them, don't have childcare services, about one out of four. So it means that they're exposed to heat exposed to the chemicals, are exposed to a lot of the the, dangers that their, their parents are laboring under. as a member of the National Advisory Council on Migrant Health, we've had hearings in different parts of the country.

01:13:03:04 - 01:13:38:24

Speaker 7

The most recent one was in San Antonio, Texas. there have been other hearings, like in California, Oregon, Colorado and Florida. Everywhere you see that, that farm workers are, they're having the same problems come over over and over again. lack of housing, lack of childcare, many of the same problems that, that you see in Florida, where, you have a different makes a farm workers about half of our Mexican, the others are from the Caribbean.

01:13:38:27 - 01:14:08:01

Speaker 7

You see blacks and you see poor whites to, they have the same problems as the Mexican immigrants that you see in California. for me, it was very enlightening to see that, that you have people that, that are having to work in different areas, have the same problem. And they're not just all Mexican. foreign labor is, it shares a lot of the problems, nationally.

01:14:08:03 - 01:14:32:10

Speaker 7

And part of that part of the way it's been, approached has been as a separate or categorical program, for example, like, the clinic that I work at is a community health center, a migrant health center. We, started out mainly as a farmworker clinic, but we see maybe about 15% of the farmworkers in the county.

01:14:32:10 - 01:15:05:10

Speaker 7

That's about the national average for the migrant health centers. A lot of this is due to the funding, and the fact that there are in adequate number of clinics available. But, part of it is also due to the fact that farmworkers, have been treated, some people will say in special categories, just like you have a homeless program, you have an Aids program, you have migrant programs, and a part of what we're seeing is they they are isolated.

01:15:05:12 - 01:15:36:10

Speaker 7

The very fact that they work, in isolated areas. And then the very fact that we deal with them in an isolated manner makes things like proposition 187, for example, a lot easier to pass. And that's one of the things that we noticed, like, and I commend Jane, that in, in Alameda County, they, they were successful in meeting 187 in Reset County, it was 70% in favor, 187 and 30% opposed.

01:15:36:12 - 01:15:57:07

Speaker 7

And I think we're going to have to look at that when we talk in terms of of how we're going to improve care for farmworkers. how we deal with farmworkers if, if we deal with them, as something different. I mean, there was an I just want to share a little article that I saw in the Fresno Bee from yesterday.

01:15:57:09 - 01:16:20:12

Speaker 7

There's just to make it that there are 5 million people in California that are going hungry, and 2 million of them are kids. They're not all Mexican. Okay. And this is part of what's behind 187 I think we have to look, I agree with our Carrillo. I think we need activism again. But I think we also have to look at the environment we're dealing with.

01:16:20:14 - 01:16:55:27

Speaker 7

We're dealing with farmworkers. And if we have to look at, how are we going to get the message to those in our county, the 70% of people that voted in favor of Eric, which included a lot of Mexicans, to how are we going to get the message to them that the immigrants are not the problem? And I think that's one of the challenges that, we're going to have to make as activists in the 90s, California's experience some huge layoffs and jobs, the job to pay well, and they're not the jobs that immigrants have taken.

01:16:55:29 - 01:17:20:25

Speaker 7

I mean, the immigrants have always taken the lowest paying jobs in the cities and in the rural areas where Wilson and others have been very successful in convincing, the average white and black and, and

Chicano, we're 22% of the Chicanos in California that the problem is the is the the person that's coming across the border.

01:17:20:27 - 01:17:48:17

Speaker 7

In terms of how, what farmworkers are going to face, with this new Congress, I just want to let you know a few little facts. It's all up in the air still. But there was a suggestion from one of the Republicans, Bonilla, that, and Mr.. That was mentioned, he suggested changing the name of the, founder of the program, the deal with farmworkers right now, it's called the Office of Migrant Health.

01:17:48:20 - 01:18:38:20

Speaker 7

just to let you know, the environment that we face, the these new people, about 40% of them, I think, in the Congress are new. They associate the word migrant with illegal. So his recommendation is to change the name of the programs to farmworker health programs. these these things are still being debated, but I think one thing is a name, you know, the other is, you know, what's going to happen next, you know, is that just, start for them getting further, the programs that that are, facing farmworkers who are facing proposals around guest worker programs, we went through this, before, in in 86, everyone that deals with

01:18:38:20 - 01:19:05:06

Speaker 7

farmworkers knows that there's a tremendous unemployment. I mean, I mentioned that, 58% of the jobs last less than 13 weeks. So the, the, the average farm worker only works about 29 weeks in farm labor. The rest of the time, he's unemployed. Even when they're eligible for unemployment benefits, only about 28% of them get the benefits.

01:19:05:10 - 01:19:44:21

Speaker 7

I mean, so they're living really? on really low incomes. So there's a big need out there. The thing is, the guest worker program is being proposed seriously and actually by some people that used to be considered our friends. I think they they look at this as a way of, maybe allowing for cracking down on the border and maybe an identification card to, to weed people out of employment, like in some of the factories and still allow the farmer farmers to have an adequate labor supply.

01:19:44:24 - 01:20:27:12

Speaker 7

But farmers really in we saw in this last election they took a very, well, they took a position that was not, very nice. I was going to say something else, but the the the farmers, first they, they came out, against or they never came out against 187 but they, they, gave lip service to the, to the, to the activists against when 87 because mainly because they wanted to make sure that they had an adequate labor supply.

01:20:27:15 - 01:20:56:16

Speaker 7

There are many, ideas about how to handle, the immigrant, the, the main one we saw, for example, and Clint, and President Clinton's proposal was basically not to deal with it directly, to allow the emergency services, that are in place, for example, in California, to continue to, to take care of the, immigrants and the farmworkers that come to Valley Medical Center.

01:20:56:16 - 01:21:35:13

Speaker 7

They come to, to hospitals throughout, little cities in this in this valley. But since 187, I think we've seen a real change nationally and also in the state, in the hearings in San Antonio, when you read very deep concern from farmworkers about, proposals in their own state, I mean, I think something like 29 states had been talking about something like 187 and, none of them have actually, moved forward other than maybe New York.

01:21:35:13 - 01:22:04:19

Speaker 7

And, I've heard Florida might be, seriously considering a to that this, this kind of hysteria. I think, is part as a reflection of the, economic environment. I think we're going to have to look at as Latino activists, you know, how do we you know, nobody talks about the, savings and loan, rip offs or or the, the ranches that are getting huge, subsidies for not planting.

01:22:04:22 - 01:22:44:23

Speaker 7

Nobody talks about that, yet they they blame the immigrants. They they they misinterpret the, the facts like the huddle study, for example, that showed that immigrants were a big liability to the state and to

the country. didn't show that $50 billion actually is is contributed to, to the tax base and that they receive much fewer benefits than what they, they ask for from from the country and from the state.

01:22:44:25 - 01:23:05:18

Speaker 7

They I think we're going to have to look at, as I said, as activists in the 90s, we're going to have to look at things a little different. I, I personally feel that we have to look at, at universal health care in some form. You know, California had proposition 186 that was, voted down by the voters in November.

01:23:05:20 - 01:23:31:05

Speaker 7

But we need some kind of a system that takes care of anyone that does that does not leave anyone out. And I think we have our job. We we have to get the people that are being paid, are afraid to move or they're being complacent, to move as Chicanos, as, as, minorities. And at the same time, we have to look at the rest of society.

01:23:31:07 - 01:23:50:02

Speaker 7

And how do we how do we, properly lay the blame for the problems that we're in now? I think that's that's the, situation that we face, for the 90s. Thank you very much.

01:23:50:05 - 01:23:54:13

Speaker 2

Do we have any questions for Doctor Sandra McKinney?

01:23:54:15 - 01:24:24:04

Speaker 6

Our next speaker is Doctor Matthew David Lozano. He's a private practitioner of family care, perfect care, family care providers, medical group. He's a clinical faculty member at UCSF School of Medicine, Fresno Central San Joaquin Valley Medical Education Program, and primary preceptor at UC Davis School of Medicine Department of Family Practice. That was and received his medical degree from UCLA.

01:24:24:07 - 01:24:35:03

Speaker 7

Thank you. I was also born, right here in Fresno, 35 years ago next Saturdays.

01:24:35:05 - 01:24:55:19

Speaker 7

It's nice to be at home. I was away for a long time. I'm going to talk a little bit about something a little bit more specific. you talk about issues of community health centers. as we know, community health centers have traditionally been the, providers of people of color and, at times a safety net.

01:24:55:21 - 01:25:23:15

Speaker 7

So sometimes the provider of last resort, the issues that all community clinics have to consider if they're going to effectively, compete for health care dollars has a lot to do with what's happening with managed care, with Medicare and Medicaid. And that's what I'm going to to talk about. the first concept I want to talk about is, is the fact that managed care is not just another repayment format for health care services.

01:25:23:15 - 01:26:03:25

Speaker 7

It is a completely, entirely different way of doing business. And we have to realize that in order to survive, if you're in a community house in, in fee for service structure, excuse me if this start sounding like a little, managed care 101, but it's important to understand the concepts. it goes back to my teaching background as well, in the fee for service structure and even in, if she system, which is a fairly qualified health center, your cost figures, vary predominantly in the fee structure, for individual patients.

01:26:03:25 - 01:26:31:13

Speaker 7

So we're talking about individual patients when you're, in a fee for service situation. therefore, the more expensive procedures, the higher levels of services such as lab X-ray, different procedures, pharmacy services, and frequently utilization of these services, contribute to your income. So there's an incentive to use these these services. This is not so in the managed care system.

01:26:31:15 - 01:27:03:18

Speaker 7

Not so it, the incentive is to only utilize the services that you definitely require or that are definitely indicated. Utilization is the key concept here. If you inappropriately utilize a service, but your reimbursement is capped at a fixed level under the managed care system, then you'll, in short order, see your revenue drop very quickly. it costs money to provide a service, and but the income from the service is fixed.

01:27:03:18 - 01:27:27:09

Speaker 7

So you have, no way of replenishing any money once your service is provided. And hence, the net result is a drop in your revenue. The hospitals have already seen this. And in Central Valley, especially here in Fresno, you're seeing all kinds of positioning between all the different medical groups in one HMO, buying another HMO, and on and on and on and all that.

01:27:27:09 - 01:27:57:01

Speaker 7

Is it the result of the changing managed care environment? many hospitals are very aware that due to the large number of services which they provide, that they are now cost centers, okay, instead of revenue centers in the past, because the hospital could provide all these services. that's where the money was going. Now they are moving away from that realized in every service they provide cost and money.

01:27:57:03 - 01:28:23:22

Speaker 7

And in the managed care environment, you don't want to do that. There are liability. because of this, they're now downsizing and their staff, dismantling services, which they provide, subcontracting to others who provide those similar services. And in that way, they only have the cost when the utilization occurs. And this is the only way that they can, determine what their, their costs will be.

01:28:23:22 - 01:28:52:04

Speaker 7

And hence what their net revenue is going to be. Now to community clinics, that community clinics, which have had a number of services in the past, lab X-ray, social services, health education, pharmacy,

some and some of them, have developed the similar vulnerabilities to the hospitals and the reasons, and incentives to develop these services were clearly reasonable in the past.

01:28:52:04 - 01:29:20:17

Speaker 7

A lot of community health centers are in areas where these services aren't provided, and therefore it's nice to have those services. that at risk populations in geographically isolated areas. you know, there's just no access. So it was appropriate at that time. However, it's very important now for community clinics to, resist the temptation to over utilized these services.

01:29:20:17 - 01:29:46:11

Speaker 7

It's a natural tendency if actually is is right their natural tendency. Well, I think I'll just give you an x ray. This person had a car very, however, that that can drive up the cost very rapidly. If you do that, the community clinic does that. It's not going to be able to calculate how much it's costing them.

01:29:46:13 - 01:29:55:02

Speaker 7

in a managed care environment, it's you have to fix your cost.

01:29:55:05 - 01:30:20:12

Speaker 7

In today's environment, you literally have to calculate the number of lives, that you enroll in a managed care contract to justify a service. the inability to accurately do this, or the inability to maintain adequate numbers of lives in your contract, will lead to demise and bankruptcy of your center. And this has happened to some very experienced private medical groups.

01:30:20:14 - 01:30:45:01

Speaker 7

no one is immune to this. And that is why so many hospitals and medical groups are merging. The action, gives access to capital, and the more lives you have in your managed care contract, the more money you're going to get. And, remember that the more lives that you have. the more money you're going to get.

01:30:45:01 - 01:31:08:09

Speaker 7

And the only way to get more lives is to have the capacity. So remember, this capacity is an important issue. The second concept is that fiscal management and primary group size are key parts of the managed care system. as already discussed, skillful management of costs is vital to any managed care setting for a commercial HMO or Medi-Cal managed care.

01:31:08:11 - 01:31:52:19

Speaker 7

Another key feature of fiscal management is a need for cash reserves, and the cash reserves are for incurred but not received debt. Okay, let me explain this. there are services that are required by, outside subcontractors like subspecialists, pharmacists, pharmacy, services, x rays. And these deaths can accumulate, accumulate very rapidly. if you don't have a good grasp on the utilization of these but these services, when the bills come in, they can easily exceed your monthly capital dollars, and you're getting capitation dollars that you're getting, from your managed care contract.

01:31:52:26 - 01:32:03:01

Speaker 7

Therefore, fiscal management. And I want to emphasize this. It's not just good accounting. It's management. The two completely different.