

# MEDICARE FOR ALL AND RACIAL JUSTICE

## What is Medicare for All?

- » Guarantees health care for everyone in the United States.
- » Provides comprehensive health services including vision, dental, and hearing.
- » Eliminates premiums, copays, and deductibles, saving working families thousands of dollars each year.
- » No medical networks, full freedom to choose provider.
- » Includes a special projects budget for hospital construction, renovation, and staffing in rural and underserved areas and urban areas with medical shortages.

## Why Do We Need Medicare for All?

- » Communities of Color consistently receive less than adequate health care treatment and services.
- » We are less likely to receive job-based health insurance.
- » We are most likely to live in medically underserved areas.

## Medicare for All Benefits Include »

- » Hospital services.
- » Primary and preventive services.
- » Prescription drugs and medical devices.
- » Dental, vision, hearing, mental health.
- » Laboratory and diagnostic service.
- » Comprehensive reproductive, maternity, newborn care.
- » Emergency and transportation services.
- » Long-term care, rehabilitative, and other services.
- » Gender affirming care.



## Our Broken Health Care System

- » Over 26 million people uninsured as of mid-2023.<sup>1</sup>
- » 44 – 85 million people underinsured — people who have health insurance but can't afford to use it.
- » 38% of people in the US reported delaying care due to cost in 2022 — an increase of 12% from the previous year.<sup>2</sup>

## Covid-19's Impact on Communities of Color

- » Black, Indigenous and other People of Color (BIPOC) in the U.S. experienced more illness, worse outcomes, and more premature death, as compared to white people.
- » The Latinx community saw substantially higher rates of deaths under the age of 60 from Covid-19 than white communities. Covid cases were underreported for Black, Indigenous, and People of Color, as local agencies lacked resources to track cases.
- » Data reported on Asian Americans was oftentimes aggregated, making it difficult to collect accurate Covid-19 infection, hospitalization, and death rates.
- » Indigenous Hawaiians and Pacific Islanders in Los Angeles County were seeing infection rates of up to five times of white people.<sup>3</sup>

- » Black, Indigenous, and People of Color are concentrated in high-risk health care and other essential jobs that had the highest death rates — such as Filipino RNs who are 4 percent of the U.S. nursing population but were about one-third of nurses who have died.
- » Indigenous people in the United States had the highest rate of deaths from Covid-19.<sup>4</sup>
- » Black, Indigenous, and People of Color are most likely to:
  - › Be uninsured and have limited access to medical facilities.
  - › Work at jobs with high exposure and little to no paid sick-leave.

## The Racial Pandemic

- » Many Black and Latinx workers are employed in service or production jobs, which increased their exposure to Covid infection.<sup>5</sup>
- » Black, Indigenous, People of Color are less likely to seek care over costs and/or lack of health insurance.
- » Black, Latinx, and Asian Americans are more likely to live in multigenerational homes than white Americans, which left them vulnerable to transmitting Covid to one another.<sup>6</sup>
- » Black and Latinx people are more likely to be homeless or incarcerated.

## The History of Health Care and Racial Justice

- » Prior to the Civil Rights Act of 1964 hospitals and medical schools were highly segregated.
- » Jim Crow was practiced in the South, and most medical institutions were white-only.
- » Racism was practiced in the North by turning away blacks and other Black, Indigenous, People of Color from hospitals in white communities or in hospitals treating white patients only.
- » In 1965, when Medicare was introduced, it provided additional revenue to hospitals and created a financial incentive for desegregating hospitals.

- » Because of the Civil Rights Act, segregated institutions were ineligible to receive federal funding, which meant losing hundreds of millions of dollars.
- » As a result of Civil Rights activists and the federal government taking action, hospitals began changing policies and desegregating their institutions with the enactment of Medicare in 1966 so that they could receive these federal funds.

## Continuing the Fight for Racial Justice

- » Medicare for All continues the legacy of the Civil Rights Movement.
- » Levels the health care playing field by eliminating financial barriers to care.
- » Provides additional funding, protections, and support for historically medically underserved areas.
- » **Black, Indigenous, and People of Color can make the difference!**

**Get involved in the campaign »**  
<http://bit.ly/MFAjoin>

### Sources »

- 1 Cohen et al. "Health Insurance Coverage: Early Release of Quarterly Estimates From the National Health Interview Survey, January 2022–March 2023." National Center for Health Statistics, Aug. 2023, [https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly\\_Estimates\\_2023\\_Q11.pdf](https://www.cdc.gov/nchs/data/nhis/earlyrelease/Quarterly_Estimates_2023_Q11.pdf)
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- 4 Lakhani, Nina. "Exclusive: indigenous Americans are dying from Covid at twice the rate of white Americans." *The Guardian*, 4 Feb. 2021, <https://amp.theguardian.com/us-news/2021/feb/04/native-americans-coronavirus-covid-death-rate>.
- 5 Drew, Rachel Bogardus and Ahmad Abu-Khalaf. "Linking Housing Challenges and Racial Disparities in COVID-19." Enterprise Community Partners, 15 Apr. 2020, <https://www.enterprisecommunity.org/blog/04/20/housing-challenges-racial-disparities-in-covid-19>.
- 6 Simpson et al. "One Home, Many Generations: States Addressing COVID Risk Among Families." Center for Public Integrity, 26 Mar. 2021, <https://publicintegrity.org/health/coronavirus-and-inequality/one-home-many-generations-covid-risk-families/>.

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