

Death Panel Presents: Medicare for All Week

M4AW Episode 08: Dr. Victoria Dooley on Health Justice

[Episode Transcript]

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TRANSCRIPTIONS

Shy Fudger

Beatrice Adler-Bolton 00:00

Alrighty, welcome to the Death Panel. We are back as part of Medicare for All Week, Vince and I are here with a fantastic guest, Dr. Victoria Dooley, who is a family medicine doctor in Michigan, as well as a national surrogate for the 2020 Sanders campaign. Dr. Dooley, thank you so much for joining us today.

Dr. Victoria Dooley 00:17

Thank you. It's a pleasure to be with you.

Beatrice Adler-Bolton 00:19

We're so happy to have you on especially as part of this series, because it's coming out between Iowa and New Hampshire, and I think in particular, the Sanders campaign is incredibly issue focused. And we just kind of want to remind people what it is that they're really, really fighting for that week, when it's just going to be an onslaught of these points, these polls, New Hampshire, primary, etc, etc. So I think this is going to be a really good conversation because we haven't really had the chance to sit down with a lot of providers to talk about Medicare for All. And one of the things that was so compelling about the first video I ever saw of you was your experience with your patients in Michigan, and how obvious it is to you that we need Medicare for All. Do you think you could describe your background, and your practice, and who you are a little bit for the listeners?

Dr. Victoria Dooley 00:20

Absolutely. Well, I completed my training at Wayne State University in Detroit, my medical school. And then I went on for my residency- after medical school, you have to do a residency- and I spent my

residency in Flint, Michigan. And Flint, Michigan had its own unique set of challenges. I was not there at the time when we knew about the lead poisoning, but I did deliver some of those babies that were subsequently poisoned by lead water.

Beatrice Adler-Bolton 01:50

Oh, that's so awful.

Dr. Victoria Dooley 01:52

It is, it is. And so what I've noticed in in my relatively short career in medicine, is that more and more people are not able to afford the care that they need. When you look at a community that's mainly Medicaid, with Medicaid, most of the time, everything's covered. You might not have the top tier priority medicine covered, but there's going to be something covered that you can get, and that you can afford. In Flint though, a lot of what I prescribed was the \$4 prescription list that you can get at Walmart. So I really didn't learn fancy brand name drugs because nobody really had insurance, and nobody could afford those things. And so now I practice in Metro Detroit and I have a very diverse practice. Urban and suburban people travel to come see me. I'm a physician of color, and so patients of color seek me out, and nobody really has these, quote unquote, "good insurances" that we had decades ago. Every year, more and more of my patients are telling me, "I'm not going to be able to see you as often as I would like, my employer has switched to a high deductible plan." And so you have people who have to pay \$5,000, \$7,000 out of pocket before their insurance even kicks in. And what that leads to is that leads to self rationing. People don't go to the doctor when they really would if cost wasn't an obstacle. And so it's affecting people from all walks of life, and I feel like it's something that we should be able to rally around as a nation. I have patients who make near minimum wage, who complain about healthcare costs, and have patients who make way more, and they're all complaining about healthcare costs. So, this is not just a rich versus poor, or white versus black issue. Medicare for All is something that all Americans should be able to rally behind.

Beatrice Adler-Bolton 03:58

Yeah, totally. I mean, though, it is worth saying, though, that the racial disparities in healthcare are pretty extreme right now. Is that correct?

Dr. Victoria Dooley 04:08

They are, and I'm really passionate about eliminating health disparities. Medicare for All is healthcare for all. But it's also healthcare justice for all. When when I think about the lovely patients I had in Flint, who are poisoned with lead water, and they're going to have a lifelong health problems, being able to have insurance no matter you work, or not being able to go to see any doctor, any hospital you want, that's justice for them. The shooting victims of Las Vegas, when they had to set up a GoFundMe to take care of their medical bills- I mean, these are people who are going to have PTSD and lifelong issues and they have to set up GoFundMe's, and that's just insane. So Medicare for All is healthcare justice for those victims. It's healthcare justice for the children who were poisoned in Flint, and so Medicare for All, it goes beyond just healthcare. It's a justice issue.

Beatrice Adler-Bolton 05:07

Yeah, totally. I mean, one of the things that we've talked about a lot is just the impact of racial disparities, and how that can just lead people to either never become patients or become much more complicated patients, because they're simply not getting the treatment that they need. And I think Flint is a really, really good example, but across the nation like what what is at stake for communities of color right now?

Dr. Victoria Dooley 05:34

Oh my goodness, there's so much at stake. African Americans, we have the highest incidence of hypertension in the world. Black men are more likely to die from even low grade forms of prostate cancer. The Black maternal mortality rates are astronomical compared to white communities. So this is a life and death situation. And so when I talk about Medicare for All, it's important because the only way that I can ensure that all people who look like me- all Black people, all brown people, all poor people, all Native people- are insured, if we guarantee health insurance for everyone. Because if everyone is included, nobody, including nobody who is Black and brown can be excluded. And so some people will say to me, "Well, you know, Medicare for all isn't going to eliminate racism", and that is true, it's not. But before you can even be discriminated against by a doctor, you have to have the means and the access to get to a doctor, right? You need a seat at the table. So step one is to eliminate all financial hurdles and obstacles to getting care. That's step one.

Beatrice Adler-Bolton 06:44

Hell yeah. We're very down with that.

Dr. Victoria Dooley 06:46

Step two, providers need to believe Black patients, they do. And part of Senator Sanders' Medicare for All bill- part of the bill, the bill is online, you can read it all- is a section where he makes it illegal for providers to discriminate against people because of race, or gender, or other qualities. So when you think about something like that, it's against the law for landlords to discriminate against people. So why shouldn't it be against the law for providers to discriminate against people because of their race? I mean, these are life and death stakes that we're talking about. Just refusing to believe somebody simply because they're Black or brown, could be a matter of life or death for them. And the Sanders campaign has a wonderful surrogate- my sister, my Bernie sister, who I love- Amy Vilela, who's daughter identified as Black, she was biracial, and she went to a hospital, and she felt like they weren't listening to her, they didn't believe her, and she died because of it. So yes, Medicare for All is step one in achieving racial health equality, and step two is putting providers on notice that, hey, as part of this law, you are going to have to be trained in providing culturally competent care. Because when you don't believe Black women, when you don't believe Black patients, they can die, and that's not right. And that's what his bill does. And I think a lot of people don't realize that there is a section titled, "Addressing Health Disparities" in his bill, and it does make it illegal for providers to discriminate based on race. And you know, we need to get some more education at a med school level. Not just doctors, but nurses, medical students, eliminate some of these racist tropes. Yeah, I heard a lot about medication non compliance as a medical student, as a resident, and I was like, "Oh, they're just not compliant with their medicine." But you know, why are they non compliant? Are they not compliant with their medication because they can't afford it? Because they make \$12 an hour, and their insulin costs

them \$250 a month, and they have to have car, and they have to have gas, and they have to have a place to live. They never really delve into the reasons why. And a super- not funny, just have to laugh to keep from crying.

Beatrice Adler-Bolton 09:14

Yeah, that's kind of our motto here. So...

Dr. Victoria Dooley 09:17

So some insurance companies, they'll kind of rate doctors based on a checklist of criteria. And one of those criteria might be how well your people with diabetes are controlled. And it's like, my people with diabetes who have uncontrolled diabetes don't have uncontrolled diabetes, just because I'm not prescribing their insulin. Their diabetes is uncontrolled because they can't afford it, because you the insurance company, don't cover it in full. So, you don't check yourself and say, "Oh, wait, we really want people living with diabetes to have good control. We're gonna let them get insulin for free." You say "No, we're going to say that the doctor is not a quote unquote, 'good doctor' if they don't help to get their numbers down.", The issue is so much deeper, we have to talk about the social determinants of health. And that's what Senator Sanders does.

Vince Patti 10:12

Absolutely. I think it's really interesting that you mentioned non compliance, because we actually just covered a really interesting study that essentially compared patients on VA health care with-

Beatrice Adler-Bolton 10:29

Who basically have a maximum out of pocket of \$11 a month, with literally everyone else, and the rate of compliance seems to be wholly dependent on the cost of medication from that study. And-

Dr. Victoria Dooley 10:41

Who would have thunk it!

Beatrice Adler-Bolton 10:43

Yeah, exactly. Yeah. The amazing thing was that no one had really done this study in a while. We talked to Adam Gaffney about it, actually, as part of Medicare for All week, so if you haven't heard that episode, go ahead and listen to that one.

Dr. Victoria Dooley 10:55

He's amazing.

Beatrice Adler-Bolton 10:56

Yeah, but that puts so much more at stake for doctors who treat communities that are low income. For providers, beyond just the emotional burden of having people that you can't help that's completely out of your hands- and not for any medical necessity, you can't help them- but on top of that, the compounding both pay disparity and the system that you were talking about, about doctors being rated

based on compliance and outcomes, seems to actually put providers who serve communities of color at risk.

Dr. Victoria Dooley 11:35

It does, and it leads to burnout. I went into medicine- and most people do of course, there's a couple people who just, "Oh, you know, how can I make the most money?" but that is not the vast majority of doctors- and I went into medicine because I want to feel like I'm helping people accomplish some of their goals. And some days, I would come home, and I'm just like, did I accomplish anything today, because all I did is order a whole bunch of tests and a whole medicines that I know people cannot afford. So that leads to my overall job dissatisfaction and feelings of burnout. And you think of something as simple as I might have a patient who has asthma, and they know what inhaler they need to control their asthma and help them breathe. And all of a sudden, an employer will just decide out of the blue, "We're not going to pay for this asthma inhaler anymore that you've been using for years." And the patients know what works for them. I know because we've tried pretty much every one on the market before we found the one that worked for them. And so there's this process called prior authorization, which is a fancy way to essentially kill people. People can die while they're waiting to get their prior authorizations done. They really can. And sometimes I can't even get the prior authorization, because at the end of the day, after I spent all this time on the phone, trying to get my patient the medicine that they need to just breathe, they'll say, "Look. We can't get prior authorization, the employer just opted out of covering this medicine." That's it. They just opted out of paying for it. And so my job is supposed to be something that I feel that I can make a huge difference in people's lives- and not saying that I never do. I know I do. I have wonderful patients, and they do tell me- but it's the times when I know what my patient needs, they know what they need, but I just know that there's no way that they're going to be able to afford it, that it just makes being a doctor in this day and age, just very, very tough.

Vince Patti 13:38

And you had a really interesting paragraph in this great article that you wrote for Jacobin recently, where you basically talk about potentially, we're going to need more doctors if more people are getting care under Medicare for All and Sanders making policy, such that more doctors and med students of color can essentially move through the process and fill a lot of those new spaces. Can you speak to that a little bit more?

Dr. Victoria Dooley 14:05

Yes. Well, evidence shows that when patients of color, have a doctor that looks like them, they usually have better health outcomes, and who knows exactly why? You don't know. But I do know that the African American community specifically, we have pretty good reasons to be distrusting of the medical community. All you have to do is think about something like the Tuskegee experiments. So we have reasons in history to be a little bit distrusting of the medical community, especially if the person doesn't have the same skin color as we do. And we do need more Black and brown and Latino physicians, and part of the obstacle is absolutely the astronomical costs that it takes to become a physician. I have- I try not to think about it, to keep up with because it's depressing, but it's \$350,000 or something like that, it might be up to a half a million now, for all I know, I don't know- but I have all this medical debt that I had

to incur, just because I had a goal to go into the healing profession. And as a primary care physician, I don't make as much as maybe, who's the top making doctor? Orthopedic surgeon. So that's a huge debt burden. And so you have a lot of people of color who would absolutely love to be a doctor, but they might be the first person in their household who ever even thought about college, and so now they have that obstacle to overcome. And then you have to think about the hundreds of thousands of dollars of debt that you're going to have to occur to achieve this goal. And so that's why I'm really excited about Sanders policies to cancel student debt. I believe that there should be no means testings involved with canceling student debt. There should be no caps to it. You shouldn't have to fill out some forms and meet a checklist of criteria to get your student debt canceled. Student debt crisis- it is a crisis for everyone, including doctors. So canceling all student debt for everyone will include those doctors who have hundreds of thousands of dollars in student debt. And it will free them up. Somebody like me, as a black female physician, I have staff members that I have to pay, employees, they and their families depend on me, I have my own children. I cannot practice exclusively in an area where there's only Medicaid. I would not be able to pay my rent, I would not be able to pay my employees. So canceling that huge debt, which is a mortgage, a huge mortgage, which frees me up to practice in an area even more people who look like me, because I don't have this huge financial burden. It would free me up to hire a nurse practitioner or a PA to help me so that I can see more patients. And then Senator Sanders has plans to make undergraduate and trade schools free, which is a huge deal, including billions of dollars invested in HBCUs, Historically Black Colleges and Universities. And all those actions are absolutely going to help get more black and brown doctors in the field, so that we can at least have a proportionate amount of doctors of color for the population.

Beatrice Adler-Bolton 17:28

Right, which will also improve the amount of doctors, or allow more doctors to work in rural healthcare settings, which is another major issue that we have right now. When doctors come out of medical school with so much debt, and then after residency and fellowship- I'm a frequent patient, unfortunately, and a lot of the residents that I meet in the ER are living on people's couches because they can't even afford rent, because they're so burdened by debt. And these are people working in a high-volume trauma ER in New York City, who really should be able to sleep when they can.

Dr. Victoria Dooley 18:06

Absolutely, absolutely. And people who are most likely to practice in rural areas are people who are from rural areas, and you have similar issues. It's the huge debt burden that you have to incur. And so maybe if you are lucky enough to get the loans to accumulate that debt, then you have to pay it off. And you might not have the patient volume that you need to pay it off in a rural area.

Vince Patti 18:35

Right. And I mean, it yeah, it just goes to show that rural providers are just completely strapped at the moment and closing. I mean, it's sort of obvious, right? I mean, none of this when you when you think about it should really be surprising in any way.

Dr. Victoria Dooley 18:52

It shouldn't. It shouldn't.

Beatrice Adler-Bolton 18:53

Right, so now, this is Medicare for all week. So hypothetically speaking, why actual Medicare for All, and not a 10 year glide path or the public option?

Dr. Victoria Dooley 19:07

Excellent question. Well, public option is a program that's destined to fail. Public option is a way for politicians to say, "Hey, look, we tried! We were going to do Medicare for All. We started it by having this public option, and that didn't work, so let's scrap Medicare for All." And that's what their donors want. Big pharma and the private health insurance companies, that's what they want. They don't want a single payer Medicare for All system. But what public option will do is it will lead to a two tiered system, where you have people who are able to stay with good employer insurance and they'll get priority when they call doctors to schedule, and you have people who are in this public option, who are the sicker people, the people who don't make as much money, and they're not going to get as good of care. So public option really leads to this tiered system. Whereas with Medicare for all, if everyone is in if everyone is invested, the system is going to work for everyone, because you have the rich people just as invested in the system as a whole as the poor people. If you split the system into, "Okay, we're gonna have this one system of health care for the rich, and another for the poor," who's going to get worse care? It's going to be the people who are poor. But if you say, "Hey, we have one system, and there's rich people and poor people all in this system," you better believe the rich people, and their resources, and their access are going to make sure that the system is good, because they have to use the system too. So public option- it's a cop out. I don't know anybody who loves their private health insurance. Now I do know people who like it because it's better than somebody else's, but think about that. The only reason they like it is because it's better than somebody else's. And that's just not right. It should be healthcare, not wealth care. And at the rate we're going, the rate of inflation for healthcare is rising more rapidly than the rate of inflation for other things. And these handful of people who think they have really good insurance, all they needed is wait a few more years, it's not. Their deductibles are going to go up, their networks are going to become more restrictive. It's impossible to maintain this current system that is costly and inefficient. It's just impossible. So the best way to deliver care is to have one system that covers everyone, and then you eliminate all this administrative red tape. I mean, you think about it, when you're paying for health care, if you have any healthcare dollars left, they should be used to take care of you, or your family member, or someone else when they're sick. If there's any change after you pay your premiums and deductibles, there's any change, that's your damn change! There shouldn't be some healthcare CEO sailing around in their yacht with your change! They do not add anything to your care. And because our system of politics allows for lobbyists, and corporate donations, we need campaign finance reform as Senator Sanders talks about. but when somebody is paying you to say, "Hey, you need to keep us around."

Vince Patti 22:33

It's never gonna change.

Dr. Victoria Dooley 22:35

We're gonna change. So yeah, we need to eliminate the middleman. At the end of the day, what does a healthcare company do for you? They're not the doctor so they don't deliver the care for you. They will pay for your medications or your office visits after you've paid your premium, your deductible, your copay, your coinsurance, etc, etc. And nowadays more people are understanding that it's usually cheaper to get prescriptions with no insurance than it is with insurance. So you can go to the pharmacy and the pharmacy could tell you, your insurance allows \$50 for this medication, I can say, "Well, how much is this medication cash?" \$20. So what have they added? What has insurance company added for you? They've added nothing. So public option is pretty much just more of the same. With the Affordable Care Act, we insured more people, but there's still more underinsured people. So we went from a nation of a lot of uninsured, to less uninsured, but even more people who are underinsured, everybody's co-pays, deductibles, coinsurance- What even is a coinsurance? I don't really understand what that is. But anyway, your out of pocket costs are rising. So if the Affordable Care Act did not solve the rationing insulin crisis, the rising deductible crisis, there is no way that public option is going to solve that crisis, because public option is just more of the same- more of the Affordable Care Act.

Vince Patti 24:10

Yeah. And I mean, the other thing is, it's so obvious. If you were to make a public option that was as generous as, say Medicare for All, why? For what reason would-

Beatrice Adler-Bolton 24:24

-you even need private insurance?

Vince Patti 24:25

Exactly.

Dr. Victoria Dooley 24:26

Yeah, exactly. There would be no need for it. So it's just politicians way of- there's a gentleman- Oh, gosh, I forget his name- but basically, he worked for the health insurance company and he talked about how they know that there is no choice with employer-based health insurance. You might have two options, but if you're a family, the one option is going to cost you way more than the other, right?

Vince Patti 24:53

And they come from the same company.

Dr. Victoria Dooley 24:54

So you really have no choice, you're gonna pick the more affordable option. And then you really have no choice with employer sponsored health insurance. But with a single-payer Medicare for All, you have tons of choice, because if you're going to be a doctor, if you're going to be a hospital, and you're going to accept insurance you have to accept Medicare for All! Might there be one or two people who decide we're not going to accept Medicare for All, we're gonna do cash only? Well, you know, good luck with them.

Vince Patti 25:23

Yeah, I think we can all wish them well, and they can go on their way.

Dr. Victoria Dooley 25:27

Right. And nowadays, a crazy thing is people aren't even able to decide their own pharmacy, nowadays. Like, I have patients all the time telling me "Hey, I like ABC pharmacy, but my insurance says in order for them to pay for my medicine, I have to go to XYZ pharmacy." How crazy is that? There is no choice in private health insurance, but with a single payer, Medicare for All, you will be able to go to whatever pharmacy, whatever doctor, whatever hospital you want, and you won't have to worry about "Are they in network? Am I going to get a surprise bill?"

Vince Patti 26:04

Yeah, I mean, I think that when other politicians talk about union hard-fought contracts for private insurance, and people who they've somehow managed to find who really happen to like their insurance, it leaves out the fact that all of those people are subject to their employment status.

Dr. Victoria Dooley 26:32

You can keep insurance as long as you don't get fired, you can keep your insurance as long as your company doesn't go bankrupt. You can keep your insurance as long as your company doesn't decide, "You know what? We're going to change insurances because it's no longer affordable for us."

Vince Patti 26:45

Right? It's such a disingenuous argument when they're able to find people who say, "Oh, we love our union insurance." I mean, Medicare for all would be better for unions, too! I mean, it's just a no brainer.

Dr. Victoria Dooley 27:02

It would. And Senator Sanders has a plan for a just transition for workers who are displaced by Medicare for All. They're going to have financial assistance they are going to have free training to make sure that they are able to transition to other employment, so just transition. And what unions are going to be able to do is, they're going to be able to get that money in their paycheck. Because he says, if you're a union, and you've negotiated this wonderful health care plan, once we have Medicare for All, the money that your company saves has to go back to the workers. So the say that unions are going to somehow lose something with a Sanders vision of a Medicare for All, it's just a flat out lie. They're going to gain money in their pocket.

Beatrice Adler-Bolton 27:51

Oh, for sure. I mean, unions have been losing under a private insurance model for decades, now.

Dr. Victoria Dooley 27:58

They don't get a salary increase because the cost of healthcare has gone up.

Beatrice Adler-Bolton 28:04

Mm hmm. And when that becomes such an important bargaining chip in the process of any union negotiation, you know, to preserve people's health insurance, so much has been given up in the Union fight.

Dr. Victoria Dooley 28:19

You have no time to work on anything else, because you spent so much time, and energy, and effort on health care. And then what did GM do when the workers went on strike? What did they do to them? The health care that, "Oh, I like my my employer sponsored health care from GM," what did GM do to them when they went on strike? They took it away. They took away their health care. That would never happen with Medicare for All. Medicare for all is freedom for all. You know, I have people they come to my office and they're stressed because they're overworked and underpaid. And I'm like, you know, have you considered another job? And they're like "Dr. Dooley, you know, I got high blood pressure, diabetes and sleep apnea. I hate my job, but at least it has good insurance. If I quit my job, I can't guarantee that the same medications are being on covered a new insurance." And then on top of that, there might be a 90 day waiting period as a new employee before they even get insurance. So what are they supposed to do for 90 days, and they're on several different medications, then? What are they supposed to do? So it frees-

Vince Patti 29:23

Right. And then they talk about non compliance, right?

Dr. Victoria Dooley 29:26

Exactly, exactly. And then it allows people to work where they want to work, because some people, they don't love their job. They're not passionate about it, they're there for the benefits. But if you don't have to work somewhere just so that you could afford your insulin, you can work where you like to work, and that's going to lead to more productive and more happy workers. Because you know you're getting somebody who wants to work for you because they want to work for you. They're not just working for you because you are offering good health insurance benefits, because everybody's going to have great health insurance benefits with Medicare for All. So it's going to be so freeing. It's going to be freeing for patients, it's going to be freeing for employers and unions, it's going to be freeing for doctors, and let's face it, this is the way they do it in every other industrialized nation in the world. I was recently out of the country, and I met a pharmacist from Australia. And she was telling me a little bit about her system and how she had a patient who had left Australia and came to the US, and needed a medication, and just was shocked by how much money it would cost them here in the US. And they were going to be gone for a few weeks. And they had called her while they were on vacation in the US. Called their pharmacist back in Australia and said, "Do I really need this medicine? Or can I go a few weeks without it because I'm in the US, and I left my medicine on Australia that's going to cost so much money."

Vince Patti 30:52

Oh my god.

Beatrice Adler-Bolton 30:52

Oh my goodness.

Dr. Victoria Dooley 30:53

And then she was telling me about, there's a hepatitis C drug that costs- I don't know, it's like tens of thousands of dollars-

Beatrice Adler-Bolton 31:02

The really, really expensive new one, right?

Dr. Victoria Dooley 31:04

Right. To cure Hepatitis C. Well, in Australia, they just negotiated, and they pay 10% of what we pay in the US for this medication to cure people from hepatitis C. So, we in the US, it's kind of hard for us to wrap our heads around the idea that, yeah! You know what? You can go to the doctor, and leave, and not pay anything. It's hard. They don't understand the concept because they never lived in that time. But in some of these other developed nations, they don't understand how we go to the doctor and have to whip out our wallets. It's just as foreign to them. And you know, when I was a little kid, I didn't have the internet, I'm giving my age a little bit. And so we had encyclopedias, and we weren't a super rich family, and, you know, we couldn't buy the whole set of encyclopedias, the whole alphabet at once! We pick up a couple at a time. And so, you know, I had to do a report on the aardvark. And I just was excited, hopefully, we'll get the whole set of encyclopedias. So maybe I could do a report on the zebra, instead of on the aardvark. And if you would have told me then that, hey, one day, you're gonna have this little thing in your hand, and you're gonna be connected to this thing called the internet, you're just going to be able to get all the information you need, my mind would have been blown. I wouldn't have been able to wrap my mind around it. And that's how we're acting, some of us in the US. We just can't get that concept in our brain, like, "How is this possible? Like, I pay so much money for my health insurance. How is it possible that you're telling me that one day, I could just go to the doctor and pay nothing?"

Vince Patti 32:43

Right.

Dr. Victoria Dooley 32:44

Well, go visit Canada. I mean, it's possible, we're doing it and it's going to actually save us money. We cannot afford to go on the current route that we're going on.

Beatrice Adler-Bolton 32:54

No.

Dr. Victoria Dooley 32:54

There is a better way. Every other developed nation in the world is doing it, and I know it's hard to wrap your mind around it, but there is no country who has went to a universal system who said, "You know what, this isn't working out. Let's switch back."

Vince Patti 33:09

Exactly. I mean, it is actually worth noting that all of the sort of pundit class of people who sort of hand wring about how much will this cost?

Beatrice Adler-Bolton 33:22

And "legislative impossibilities."

Vince Patti 33:25

Yeah, it's worth just talking for a second about the fact that this entire plan is intended also to save an enormous amount of money.

Dr. Victoria Dooley 33:36

Absolutely.

Beatrice Adler-Bolton 33:37

And time. I mean, a lot of my doctors that, you know, I've been talking to them and a lot of them are in faculty practices, so they're not in fee-for-service payment. And to them, Medicare for All means that they can reclaim their time to practice more. One approval process, one formulary, one set of forms. Right now, there's this different set of forms for every single insurance company, and sometimes depending on which type of plan or which level of plan. It's different. And so you have all of these small practices that just can't stay open anymore, because they can't even afford to do their own billing.

Dr. Victoria Dooley 34:24

You can't afford it. I am a small practice. I'm hanging in there as long as I can. When I graduated residency as a female of color, I was offered 65 cents on the dollar compared to my white male colleagues, and I said, "You know what, if anybody's going to underpay me, it's gonna be myself." I said, I'm opening up my own practice. I couldn't do it. And there was a study- The Mercatus Study- which was funded by the Koch brothers- is it Coke or Cock?

Beatrice Adler-Bolton 34:58

Coke. Cock works.

Dr. Victoria Dooley 35:03

-by the Koch brothers and they're very conservative, and their study showed that Medicare for All would save like \$2 trillion over a 10 year period. So Medicare for All is the right thing to do, but it's also the fiscally responsible thing to do. Medicare for All should be that one issue that conservatives and liberals should be able to rally around. Because it's like, hey, it's the right thing to do, but also, it saves money. So if anybody was going to fund a study that would say that Medicare for All is going to bankrupt us, I would expect it to be the Mercatus Study, but it found the exact opposite, that it is going to save us trillions over the next decade. So we cannot afford to continue on the same course that we're going today. Medicare for All is going to save lives. It's going to save money. It's going to help decrease health disparities. Because every time in this nation where you've made efforts to ensure more people- whether it be expanding Medicaid or the Affordable Care Act- every single time, there is still a

disproportionate amount of poor black and brown people left on in short. Every time. So the only way to eliminate that coverage disparity is to cover everyone. And it's really frustrating, and I know why it's because of the money and politics. But you have somebody who's, as a presidential candidate, he's saying, "Look, I got this idea. It's not even radical, because every other developed nation in the world does it-"

Beatrice Adler-Bolton 36:43

We've been trying to pass it for like, decades. You know, every 20 years it comes up.

Dr. Victoria Dooley 36:48

Right. The Medicare we have now was really supposed to be for everyone. But anyway, you have this candidate and he's saying, "Look, I got an idea. Let's give everyone health insurance," right? This shouldn't even be a political issue. This is just a basic human decency issue. And then you have some other candidates, and they're saying, well, "Let's give some people some health insurance." I just- I can't wrap my mind around it. I don't understand why we feel that any politician should have the right to pick and choose who gets to live and who gets to die, especially in a nation as wealthy as ours. It boggles my mind. I don't see why anybody would consider any candidate who was not saying, "Look, if you're human, you deserve health care. We can afford it, I have this study. It was funded by some conservative brothers, but I have this study that shows you, not only can you have health care, but it's going to save our nation trillions of dollars." And wouldn't everybody be on board? Why would everybody not be on board for that? And when people say, "Oh, I don't want to pay for somebody else's healthcare, somebody else's hip replacement-" which is an argument I hear from time to time. Well, number one, you don't understand how insurance works.

Beatrice Adler-Bolton 38:10

You are paying already!

Dr. Victoria Dooley 38:12

When you pay your premium, you don't get sick that year, you've paid for somebody else's health care. So number one, you're wrong from a basic fundamental understanding of what insurance is. And number two, that argument is rooted in racism. What they really mean is, they don't want to pay for somebody who's Black. They don't want to pay for somebody who's undocumented. That whole argument of "I don't want to pay for somebody else's" is rooted and racism, because you know what happens when those same people have a medical tragedy and they can't afford it? What do they do? They go start a GoFundMe.

Vince Patti 38:46

Right. Yeah. And then when you need your hip replaced when you're 75 years old, you better be glad that a whole bunch of other people were willing to pay for it!

Dr. Victoria Dooley 38:59

Exactly. Let's just put all of our money into one GoFundMe pool, so that whenever anybody gets sick, whether it be you, your loved one, your grandchildren, your great grandchildren, that they'll be taken

care of at no cost. So I had a patient, and he was from- I forget where he's from, but he was from another country where they guarantee healthcare, so pick one.

Vince Patti 39:23

Why did he move?

Dr. Victoria Dooley 39:26

For work, but he still goes back home to get his health care, because he has a deductible. Costs too much for him.

Beatrice Adler-Bolton 39:31

I hear that all the time.

Dr. Victoria Dooley 39:33

And he says, we in the US, we don't have as great of a sense of community and great of a sense of connection. He says, in his country, feel like "Yeah, you know, we're all in this together. We all deserve health care." Where in the US. We're more we're more caught up on "Well, I don't believe undocumented people should have health care. I don't believe people in prison should vote." We're not taking it from a human perspective standpoint. We're humans. We're all in this together. And that's a mind shift that we have to have. Medicare for All says, "Hey, we are all in this together. We are all humans. We're going to cover everyone. We're going to have everyone's back." Medicare for All Who Want It says basically, "You're on your own, and you can only be healthy if you're wealthy." That's the difference between the two.

Beatrice Adler-Bolton 40:31

Right Medicare for All Who Want It is the most false of false choices possible. This whole argument of, "Oh, we can't eliminate private insurance because we're going to remove choice." The only choice we're removing is the bosses' choice, your employer's choice, your employer's tether or leverage in order to oppress your labor, and make you work for less, and lock you into your job.

Dr. Victoria Dooley 40:59

Exactly. It was a recent study that people who are wealthy they live- Oh my gosh, what was it- was seven or nine years longer?

Beatrice Adler-Bolton 41:05

Nine. Yes, nine.

Dr. Victoria Dooley 41:07

Nine years longer, and it's basically by paying us these slave wages, they're basically sucking our life force out of us so that they can live longer healthier lives. I mean, it's insane. So give us Medicare for All. We're going to save money, we're going to be able to negotiate higher wages because we're not trying to get our health care benefits from employers, And it's going to be a win win situation for everybody.

Vince Patti 41:32

Yeah.

Beatrice Adler-Bolton 41:32

So as it stands now, what resources do you have to help your patients who are rationing their medications? I mean, how much longer can this go on before we're facing, just the death of a generation?

Dr. Victoria Dooley 41:47

It's very stressful. It's very stressful. I have some people who, if I haven't heard from them in a while, I just call. I have my staff call to check on- basically it's to do a wellness check because I know that they can't afford one of their life saving medications. And I'm just calling the make sure that they haven't passed, and somebody hasn't told me. That's how serious it is. I'm a small practice, and I get very few samples. I allow samples of medicines that my patients can't get at low cost. So insulin, because there's no generic insulin, certain asthma inhalers, I will allow those samples. But if it's just some fancy brand name drug that I know I can get my patients for cheaper, I don't ever keep those samples. So I get few samples, and there are certain people where I know I don't have enough to get them through the whole 12 months. And I'm just praying that something happens, that they get what they need. I tell people, "Christmas is coming up. Can you ask somebody to pay for your insulin this month as a Christmas gift?" I mean, those are the sorts of things that I have to say to people in order to help get their medicines covered. So it is really stressful. I worry and stress out about a lot of people who I know need medications that they can't afford. Pharmaceutical companies, some of them will have coupons and prescription assistance for people. But some of them are limited to only people who don't have insurance. So if you have insurance, but you have a \$5,000 deductible, they're not going to help you. Which, having insurance and having a \$5,000 deductible and making \$12 an hour, that's pretty much-

Beatrice Adler-Bolton 43:35

Not having insurance.

Dr. Victoria Dooley 43:37

Right, and there's very few that will help you if you meet certain income guidelines, even if you do have insurance. So when that's a possibility, I fill out the forms for the patient. And I'm so glad that I trained in Detroit and Flint, because I learned about these things training in these areas. If I would have trained exclusively in a more affluent area, I might not know about it. But yeah, I am always googling patient prescription assistance and patient coupons. And I have patients who come to me and they're new and they're like, "Wow, why didn't my doctor ever tell me about this?" And I'm not saying that their prior doctor wasn't a good doctor, but I'm just very cost conscious, because I know that everything costs so much. In this day and age, I don't- sometimes people wonder, "Well, why aren't you ordering a ton more tests on me?" And I'm like, well order the tests if you want to, but they're not medically necessary. And I know you have a deductible, so I'm not trying to be mindful of your cost concerns. So I have a limited amount of options to help my patients, but most of the charity care-type programs are for people who fall through that crack. They make a little bit too much money for Medicaid, but they don't have a job

where they have benefits, but that's just a small percentage of the population. The majority of my patients who are struggling are people who work full time! People who work full time, they're getting paid too little, and their company, in order to save money, has shifted them to high deductible plans.

Vince Patti 45:12

Yeah, it's kind of a crazy thing that you mentioned other doctors don't necessarily think all that much about what their patients would necessarily have to pay for their medications. It's definitely something that doesn't get- to my knowledge- taught in medical school, right? To think about like-

Dr. Victoria Dooley 45:31

It doesn't.

Vince Patti 45:32

And on some level, why should it? This shouldn't have to factor into any of your decisions, your medical decisions, right?

Dr. Victoria Dooley 45:42

It shouldn't.

Vince Patti 45:43

You should be-

Dr. Victoria Dooley 45:44

Focusing on the patient. Giving the patient what we think is best for them, and having some reassurance knowing that they're going to be able to afford it. And I ask some people, maybe their their specialist, their cardiologist wrote them a medication. "Are you taking that medication your cardiologist wrote you?" "No." "Why?" "I can't afford it." Why didn't you tell them? Why didn't you call them back and tell them? And they'll just tell me it's embarrassing, and it is! It's embarrassing to have to tell somebody, to be vulnerable, and tell somebody that you can't afford something as important as medication. So, because of my training, I always ask and I say, "There's never any reason to be embarrassed about that. And if you feel embarrassed about that, you can always call me. I can call the doctor for you, if you feel more comfortable telling me." But there's people who can't afford their medicines, and they're not telling their doctors, simply because they feel like it's an embarrassing thing.

Vince Patti 46:35

And I'm assuming that that also just goes back to having a doctor who comes from your community and who looks like you, right?

Dr. Victoria Dooley 46:42

Yes.

Beatrice Adler-Bolton 46:43

Well in America now, we're punished for needing care and they also punish the people who are helping us. They punish the people who care for us, you know what I mean? We're in an unsustainable spiral right now.

Dr. Victoria Dooley 47:00

Cannot continue to sustain this current system. And again, like I said, these handful of people who think they like their insurance- and the only reason they like it is because it's better than somebody else's, that's the only reason they like it- eventually, their employer is going to go bankrupt or the costs are rising so much. Their employer is going to decide that they're going to stop covering some of the things that they cover now. Or they're gonna decide that they're going to cheap to a less expensive plan. This current model is not sustainable. And I have people who are engineers, I have people who are doctors, who asked me, "Is there any cheaper alternative? Do I absolutely need this test? Because I have this high deductible." So it is affecting everyone. And like I said, I feel like it's really something that we as a nation should be able to rally around. And if you have some friends who are more conservative, just point them to the Mercatus Study and say, "Look, this is fiscally responsible. This is gonna save us money." Forget trying to appeal to them, "Hey, it's going to save lives." Look, this is going to save our country money. America is great. Let's save America some money by switching to Medicare for All.

Vince Patti 48:13

Absolutely. I think you won't have to worry about that with our listeners because for the most part they're pretty on board.

Beatrice Adler-Bolton 48:19

Yeah. But I kind of like that as a "If you want to save some money, if you want to be fiscally responsible, you have no other options. Accept no substitutes, other than single-payer, free at the point of service, with the jobs program."

Vince Patti 48:33

Yeah.

Dr. Victoria Dooley 48:34

Absolutely. That's the only way to do it. And I'm really excited that the American College of Physicians came out in supporting Medicare for All. I was really excited about that, to see that, because traditionally, I don't know if you heard- the AMA, American Medical Association, they were against the current Medicare that we have now, so I wasn't expecting much for them. But doctors do support. At least 50% of doctors support Medicare for All. There is an organization, I don't know if you are familiar with it, Beatrice and Vince. Doctors for Bernie. It's a grassroots organization of doctors who support single payer Medicare for All, and they support Bernie and his policies, and they're writing op-eds, and they're campaigning for him. Have you heard of that organization?

Beatrice Adler-Bolton 49:31

I actually haven't. But I gonna definitely look it up.

Dr. Victoria Dooley 49:33

It's a grassroots organization. You can find them @docs_4_bernied on Twitter, and they are grassroots group of doctors who support Bernie, and again, we recently had the American College of Physicians, which is really exciting. But I think at the end of the day, it's the right thing to do. But doctors are getting burnout. I mean, there's no way that you can become a doctor, and go to work, and write people medicine, and know that they can't afford it and you cannot feel burnt out and sad. There's like no way any person with any little bit of compassion can feel that the current system that we have is a worthwhile one. When I'm really worried about patients, and I have to send them to call them and tell them, "You know what, I need you to go to the ER, that's the only way we're going to solve this problem." Their first response is always, "Ah, I'm not going to be able to afford that. Are there any other options?" That should not be something that happens in this wealthy nation. We've paid for healthcare, but instead of those dollars going to us, they're going to healthcare CEOs, they're going to hospital administrators, they're going to Big Pharma to put on all these commercials. That's where our health care dollars are going, and they should be going to take care of us. I just want to be able to work one day and know that everything that I wrote or ordered for my patient is going to be covered in full. And when you talk about this, this Medicare Advantage- let's talk about Medicare Advantage programs.

Vince Patti 51:04

Ugh.

Dr. Victoria Dooley 51:04

Medicare Advantage, it has advantage in the name because Medicare Advantage takes advantage of taxpayers. Don't believe me? Google it!

Beatrice Adler-Bolton 51:14

Hell yes. I love it!

Dr. Victoria Dooley 51:16

Medicare Advantage robs taxpayers of billions, billions with a B, dollars annually. They do these false coding. They cherry pick patients, so they cherry pick and pick patients that aren't very sick, okay? But then they falsely inflate the data to say that they're really sick so that they get paid more. So they lie and they rob taxpayers of billions of dollars annually, Google it. And then what they do is after they've cherry picked, if you do get cancer, after they've accepted you on their Medicare Advantage plan, then they'll lemon drop you. They'll say, "Oh, we cherry picked you, you thought you're healthy. Now you have cancer. So we're going to try to find a way to get you to kick yourself off of our program." So what they might do is they'll say, "Oh. The major cancer center in town is no longer covered by our plan." So what do you do if you have Medicare Advantage, and you have cancer, and the major cancer center in town is no longer in your network? You're going to leave. So they cherry pick you, and then when you get sick, they lemon drop you. And they falsely bill, and the government has still not found out how to get these billions of dollars back that they have robbed us. So anybody advocating for the public option, which is going to include Medicare Advantage programs-

Beatrice Adler-Bolton 52:32

For all!

Dr. Victoria Dooley 52:32

If somebody says Medicare Advantage, run. Run! They say Medicare Advantage, they are talking about letting these private health insurance companies take advantage of the tax payers, and that is absolutely unacceptable, and it's disgusting that any politician would allow it.

Vince Patti 52:51

Yeah.

Beatrice Adler-Bolton 52:52

Yeah, hell yeah. And if we continue at our current pace, Medicare Advantage is rapidly hurdling forwards, towards a 70% market share of all Medicare recipients by 2030. So we kind of don't really have time to sit around do a four year transition, or do a ten year transition, like...

Dr. Victoria Dooley 53:16

We need Medicare for all yesterday. And when people have straight Medicare, just Medicare, not this Advantage stuff-

Beatrice Adler-Bolton 53:21

I have that, yeah.

Dr. Victoria Dooley 53:22

And I if I need to get them a CAT scan or MRI, you know what I do? I write them an order, and they go get it. But if they have some of these Medicare Advantage plans, I have to do that whole prior-auth, calling somebody who's not a doctor and begging them to pay for this test that my patient really needs. So what advantage has it given to the patient? It's given them no advantage, the only thing it's taken advantage of is the taxpayers, by falsely billing and robbing us of billions of dollars. So even though the Medicare that we have now is not perfect, it's very liked. It's a popular program. And what we are going to do, we're going to take it and we're going to make it even better. We're going to cover dental, we're going to cover vision, we're going to cover hearing aids, we're going to cover long term care, and we're going to eliminate that donut hole thing where-

Beatrice Adler-Bolton 54:16

Hell yeah!

Dr. Victoria Dooley 54:16

We're going to eliminate that donut hole, we're going to eliminate that 20% cost sharing. So Medicare, even as it stands is a popular program, and we are going to make it even better, and we are going to save money doing it

Beatrice Adler-Bolton 54:28

Right. For sure.

Vince Patti 54:29

Hell yeah.

Beatrice Adler-Bolton 54:30

I think that's a great place for us to end it, but is there anything that we haven't covered that you wanted to talk about?

Dr. Victoria Dooley 54:36

Oh, I think the Medicare Advantage, I think that's a good place to end. There's no middle ground Medicare for All. No middle ground. It is only way, it's going to save money, it's going to eliminate the red tape for physicians, and it's just the right thing to do. It's the right thing to do.

Beatrice Adler-Bolton 54:53

We agree. Thank you so much, Dr. Dooley. We really appreciate you coming on today. Where can people find you?

Dr. Victoria Dooley 55:01

You can find me at @DrDooleyMD on social media. And I had so much fun talking to you, it went by so quick! I could talk about stuff like this all day long, so please, whenever you need me back.

Beatrice Adler-Bolton 55:17

I think next time we have an episode where we're going to cover Medicare Advantage, we definitely got to have you come on the panel, as an honorary member of the panel for the day, so we can all bitch and moan about it because-

Dr. Victoria Dooley 55:27

Okay, excellent.

Beatrice Adler-Bolton 55:28

One of our favorite topics.

Vince Patti 55:30

Yeah.

Dr. Victoria Dooley 55:31

Thank you. It was a pleasure.

Beatrice Adler-Bolton 55:33

Thank you so much.

Vince Patti 55:34

Thank you so much.