Podcast Introduction and Guest Welcome

You know, we have been gifted a voice and a position in society which many people do listen to. And I think we need to use that voice, not just in siloed in this office space or in the hospital bed or this operating room, but we to go outside of that.

We need penetrate into administration, into politics, to build community with underserved people, when we're looking at them in the office, but outside of the offices.

The farm workers need to know we care about them, not in office because we are treating them for a medical condition. They need know that we stand behind them.

I'm Dr. Ali Ahmed and I am Dr Soraya Rapan. In this podcast, we are asking the unasked questions. We're physicians applying the lens of narrative medicine, exploring integrative practices and psychedelic treatment and health.

Together with our guests, We weave new learnings through stories, expertise and the sciences. Let's dive in. Welcome to the Two Curious MDs podcast. Today we have Dr.

Farah Karipaneni, MD, MPH and fellow of the American College of Surgeons, who's a highly accomplished endocrine and general surgeon based in Fresno, California.

In your current role, you are an associate clinical professor at UCSF Fresno, and you also practice in the community in Fresna, California. Oh, we have a little bit of overlap there where you did your general surgery residency in New York at Albert Einstein.

I actually went to. My own residency there, and you blend all of this training that you have with also this work that, you do in advocacy. So, endocrine surgeon, public health advocate and storyteller, And you're also the only endocon surgeon serving California Central Valley.

Is that correct? Yeah, except for, I have now my, uh, our former residents who went to dinner fellowship. She came back and joined me. So now congratulations.

Well, that is beautiful. And this is important because California's California central Valley is where two thirds of residents rely on. On medical, which is California state Medicaid.

And as we know, that's been in the news. So as coverage shrinks and access roads, you're bearing witness to a system in crisis. Right now, it feels really, really current and important to speak to these stories that we're.

witnessing happening amongst us, and I think they're happening at such a rate that it's important to really bring them up, speak for those who can't speak, for themselves.

And I really admire work that you're doing in this. I yeah, you're welcome. Thank you for being here today. Um, oh, yeah. Oh, thanks. Well, thank you, Farah, for Being here.

You are such an advocate and a writer and mother and an excellent surgeon. And I would I have to add that endocrine surgery. The first time I ever heard of it was when you told me about it and I was like, there's a specialty in endocaine surgery and the nuance and then the delicacy with which the surgery is, provided is quite intense.

And the stories you've told me about them have been really riveting. I'm glad to have you here. Today we're going to talk about some of the healthcare issues that we are confronted with these days, and that is the most beautiful bill.

This is a play on words and it's a way of really marketing, I would say, something that could be really, really impactful and also affect the healthcare of so many people who may lose coverage.

Medicaid Cuts and the Big Beautiful Bill

And I want to really highlight the importance of discussing these things among physicians, among people, who are definitely going to be impacted for the patients that we see.

Can you tell us a little bit about what the most beautiful, whatever bill, means to you and why this idea of a beautiful bill even matters. Tell us more.

Yeah. First of all, thank you so much for having me on. It's always such a blessing to be here with you guys. I really admire all the work that you are doing in integrative medicine.

And it's really a space that is so unique what you're doing. Thank you for all that And thank you for having me. I think this is a very timely thing to talk about.

You know, things before the big, beautiful bill were not going great for Medi-Cal patients and for the underserved in general. And so this going to be a huge hit.

Uh, and I it's a good idea for us to about it. Not bringing to this discussion, um, any specific, uh, political background that I have. It's more in the capacity of my lived experience.

as a subspecialty surgeon, a practitioner in an underserved area, having seen what the struggles are already and seeing what we're going to inherit as further struggles.

And this, mind you, is off the heels of COVID from which we never recovered as far as healthcare. Those of us who worked in the trenches during that time and afterwards will know exactly what I'm talking about.

So it is an interesting time and there will be interesting challenges. And so what it means to me, you know, one of the biggest things out of all of things that were rolled out with the big, beautiful bill.

and for us to talk about as physicians are the Medicaid cuts. I think that's one of the most glaring things because the medicaid funding was already very much in contention.

Once the Affordable Care Act was passed, immediately thereafter it has been under scrutiny and people have tried to bring it down since the beginning.

by reducing the funding, by getting rid of it entirely. And so there currently isn't much to take from that program without just completely slashing enrollment, which basically some people, you know, as far as the Congressional Budget Office analyzing the effect has said that potentially 7.8 million people will become uninsured Uh, which this congressional budget office is nonpartisan and of course, this somehow becomes a very partisan issue.

None of this is partisan. This is just about people getting healthcare and we are doctors. We are non partisan and people should get healthcare. Otherwise they will die and the other people who need healthcare, uh, will also die because the, other, people are flooding the emergency rooms.

So I think that's something that everyone should also understand, even if you don't particularly care about Medicaid patients or the underserved. You know, when you're talking about public health, you know the health of the public matters to the individual and here right now, we're kind of look everything is being looked at from the lens that actually doesn't even understand anymore what the help of public means to them to individual.

You just said, you know, if you slash Medicaid for a certain group of people and those people lose insurance, how does that snowball and impact everybody else in a society?

and what are some of those aspects that we will start to see happening? There's the place of crisis and the temperature is gonna go up there. We know that for a fact that people who are already underwater are gonna be even more underwater.

The hospitals are in crisis, the ERs, you talk about placement, all the kind of like resonances of the crisis that's happening and how it impacts everybody, I think we haven't thought through that, you know, and I, think there's this kind of almost like a lack of empathy happening because of the partisanship.

What do you find is within, You know? I Think we have to ask physicians always say, well, before I even look at a problem or try to solve the problem.

What is this problem inviting me to do in myself? You know, where do I find myself not up to solving this problem yet is, I think, a place to start from.

Because I feel like with the tools that we've had that, we have been employing for the last couple of decades of our lives, We are still in a space where humanity and medicine is in even deeper crisis.

And you said this in one of your articles, humanity in medicine isn't crisis, and we're kind of in like, whoa, that has come true. You know, so in some ways I'm kind of asking you, what does that feel like to be to have been in this field for so long with the perspective you've had, starting from where you are kind, of grounded in the Central Valley and now looking at this scale of what's about to happen and all the ramifications, how do you in yourself start to reconcile the gap, you know that was just kind Yeah, I think we need to be fierce community advocates.

I thinks it's no longer the situation of, you know, decades and generations prior where, the physician was, we were always going to have to community advocate, but more politically so, it is not just going work and coming home.

We have been gifted a voice and a position in society which many people do listen to, and I think we need to use that voice, not just in siloed in this office space or in the hospital bed or this operating room, but we have to go outside of that.

We need penetrate into administration, we penetrate politics, build community with underserved people, when we're looking at them in the office, but outside of the Office, you know, like the farm workers need to know we care about them, not in office because, we are treating them for a medical condition, they need know that we stand behind them.

They need that if you are gonna go on strike right now, so that you can send a message that the grapes aren't going to go bad because you're not gonna pick them they, need you to that I'm gonna give you some money so that you can stay at home so you CAN strike.

That I, as a physician, care about that. And not just about your thyroid condition when you come to my office for like a reimbursable visit. Yeah. And I'm being reminded also that what's happening in the body, in that person's body is happening, the greater body of the community, right?

Like that endocrine problem is actually a community problem because chances are there's air, water quality involved, there are toxins involved or some sort of stressors involved that Do impact not just the individual, but the community.

So I'm always reminded that our work is, is political because the body is. And what happens to the bodies political. Yeah. I think we should all read Rupa Maria's, um, inflamed.

Physicians as Community Advocates

Uh, I. That's a nice, uh, blueprint for, for like just. The colonization, the capitalism of medicine. how it has led to inflammation on many different levels.

And she puts it really, really well. I think that should be required reading. Because what you're speaking to is inflammation. Just like our bodies have inflammation, at least to different kinds of diseases, I there's an inflammation in a social, political level that has lead to widespread inflammation of different communities.

Like redlining, for instance. So many examples. Can you just walk us through kind of the impact that you envision, I think, with these kind reductions both in Medicaid, both on the impacts that it makes on The Affordable Care Act and for the expiration of a lot of these tax benefits that were seen before that will be impacted by this bill.

What would that, what kind impact do you this loss of insurance or Medicaid coverage or even those tax benefits for people who need them having on you and in the care that you provide for the underserved in Fresno.

Well, I think there's so many things that could happen. We recently had one of our hospitals shut down in Madera. And when that happened, which is something that would happen if there is no funding for Medicaid that is is rural hospitals will be in a lot of trouble.

And as they start to have less funding because they have so many Medicaid patients, those patients will have to travel farther into areas that are these larger cities where people are not expecting there to be this overcrowding of really sick patients who don't have any insurance, there's just going to be more of that.

And in the emergency room, it's still kind of like an equalizer. The emergency is not this capitalist thing where you can slip someone $20 and then your heart attack means more than that person's brain bleed.

It's not like that, guys. So you're going go to the ER. There's going be a lot of sick people there. Why? Because they had to pay their rent instead of buying their insulin.

guys like that's why okay and then so so you're not no matter how rich you are you aren't gonna need that emergency room to get your stroke protocol or your heart attack taken care of fast you know and there's a window for that and if you don't get the window then you could die and and that you not the Medicaid patient but it's everybody really right everybody's gonna suffer so I feel like at CRMC, we see, and I think we've talked about this before, how the hallways were actual hall ways before COVID.

And then in COVID, the hallway's became units. Now, to the Hallway on either side is also a unit of patients. It's literally reshaped how you walk into the hospital because it's not a hallway anymore, it is an actual unit.

for patients and that we never recovered. And I shuddered to think, what's going to happen next? Like, where else could you put a patient? And, you know, now we started having discharge lounges and patients, the minute they can be discharged, we're like, You got to discharge the patients become like a quality measure.

It's always been a equality measure because you always have to get patients in and out. But now you can't, there's no space for that patient to even like get their discharge instructions and change their clothes.

You immediately get them out of the room so that someone can get out the ER so the next patient could get into the ear and that's just going to get a lot worse.

And so in the most simplest of terms, it's going be really hard for life saving care. Now the other thing that is going happen is that all those outpatient, what's gonna happen on the out patient level?

So I'm thinking a subspecialty surgeon So if you can't get your surgery done, this has happened in Madera and I'm thinking it's going to happen more and more.

If you are not Medicaid, let's say you have great insurance but you had your surgeries scheduled at Madara Hospital with another surgeon, a gallbladder or a thyroid, whatever.

Now, Madera shuts down, you can't have your surgery there. You have to establish care with someone else who actually has privileges at a hospital that's open.

So then you come to me to get your gallbladder done. Well, now I have lots more consults before than I had before. And my wait time is a lot longer. so you are not going to be able to Get your care as locally as you could otherwise.

Then you're going go somewhere else, hoping that you'll get better care there Those places, we are at the point where they're already at Stanford, one in three people in the ER is quoted to be a Medicaid patient.

So they are already seeing the overcrowding effects as well. There's no guarantee now that you go to that higher level of care that your going to actually get yourself your timely gallbladder either.

Wow. Absolutely. Yeah, I mean, it's not that I remember the first time I walking through the CRMC and Fresno and seeing over 200 people waiting for beds.

And that was a shock to me. I was very shocked coming overseas, where, you know, i was practicing global health and came back to America after 10 years and I walked through that year and i go what happened to america what happen to the emergency room and then when COVID you know, happened, of course, the impact continues to get worse and we're continuing to talk about the same problem and it's same issue.

And yet what is going on? Why aren't doctors, why aren' t people in the healthcare space speaking about this or rising to the surface on the issues here?

What do you think is needed to really move this in a direction where people can listen and understand the consequence of this? I think we need more physicians in these positions to make these votes.

I that physicians need to get political. We need back physicians who are willing to, make their jobs political in South Carolina. There's a doctor, I'm going to try to find her name, that's running and she's on social media and, she is really great.

She's out there trying to challenge Lindsey Graham. Um, and, uh, Annie Andrews, she's running to defeat Lindsey Graham and she has a mom of three. She's a pediatrician.

Um. And she speaks out on these issues a lot. I think she is not a career politician, She is a Pediatrician and She has been in activism like Moms Demand Action, um, been on, you know, Instagram making reels about this bill that we're talking about now.

And she is just laser focused. And I think we need people like that. Not everybody's gonna be that, we don't all have to reinvent the wheel. We can identify people that and focus on supporting them.

So it takes all kinds and we're not all gonna to be the ones to jump into politics. There's also local politics, there's a lot of money for instance right now locally in Fresno County that hasn't been used, that's specifically earmarked for the homeless.

Now, what are they going to do with that money? We don't even know. I'm sitting here, I don' even about that. But I know about it because of a local advocate who I work with on her organization called We Are Not Invisible.

Hospital Crowding and Access Crisis

Um, and she, so she knows that there's this money because she's has time to go to these meetings. And so, we as physicians don't have to reinvent the wheel.

Sometimes we just have. Identify people in the community and then show up. So how do I know about this? Because she asked for a meeting with me. How did she ask for meeting me?

She knows I care because I've showed up to a bunch of things. That was a privilege actually that she felt that that, she that it was worth it to speak to me about the things that she has on her mind about The Homeless Community.

And I think building relationships like that, it takes time. It takes a lot of time to do. But once those relationships are there, they can't be broken.

You know, It's really, really powerful. I Think we should do more of that. I have a question I really believe in this and I feel like we're almost looking at it from the lens of.

Are we are we talking about redefining the role of a physician in society? Almost like, are, we at that moment? Farah, you and I, I think we have parents who are physicians, right?

So we kind of grew up with that. And there was always this way that a physician was, and that's how we're taught behind a professional kind facade. Because I feel like there's still almost a generational difference between how physicians almost look at themselves in society right now.

To my parents' generation, the boomer generation of physicians, this kind of public advocacy would be like, oh no. Don't even, I don't know if that's true for you, but at least that and now us as, what is this about the pediatricians wanting to step in and save everything?

That must be a thing. I love it. And then we're seeing like, okay, what do we then look at the next generation? And I'm seeing my residents who are, yeah, they're on social media.

I see some of them really looking to the task of crafting the narrative. We have Dr. Glom Flocken, I think that's his name. He's on a social Even just some of these things, you know, how funding and reimbursement and everything does impact and doing that in a really lighthearted way.

But how do you think, so this is my question, How do think we can redesign medical education? Because we've been redesigning medical education, but I think we have been designing it for efficiency and for billing and coding.

And I feel like we really let down our current cohort of medical students because we even squeezed their pre-clinical time to almost 18 months. Yes, we dropped them into the clinical space, and then in the space they are learning from a different perspective.

You know, part of what drew me to medical education was when we would talk about the medical humanities. We would talked about social justice. Actually, one of the courses I taught at USC had the Rupa Maria's book inflamed as their summer reading.

Yeah, and it blew the lid open, though, because these are such dangerous topics to be talking about. in a class full of, right? Like I had 24 students and there was so much disagreement about the realities that they perceive because some are coming from Indiana and some were coming California, Central Coast, some coming Irvine and they're all kind of getting together in the same room and all reading about healthcare system from this other lens that may never have encountered.

You know, the stories of other people in health care that, you know. Complexify what medical students choices. So how would you redesign medical education to better prepare doctors for what's going to happen?

Yeah, that's a good question. I think having I. Think modeling is is really is. Really important. Everyone has a different technique with, how they interact with residents.

Some are more hands on, some are hands off. I personally, as a learner, learned from watching a lot more. once someone's interested in something from like them asking questions and expounding.

But I, I try as you know, in my professorship role to model more than directly tell. And, and everybody who works with me, like my whole like scrub tech staff, my outpatient office staff knows about my stances on literally everything when it comes to social justice.

And so sometimes it's just like having these conversations in their earshot as we're doing surgery or as were

advocating for a Medicaid patient or something like that.

But I think modeling is super important. So I try to share what I'm doing, not necessarily because I am like, you should do this too, but just to show them what it would look like.

And I think that's really important is because I don't think it's that they don' want to do it. I thnk it is overwhelming. A lot of us get overwhelmed too. I gave a grand rounds on compassion, compassionomics.

And one of the feedbacks was we already do so much. You want us to this too? And it's hard. It's a lot, right? So when you say that about how we have to redefine our role, it is overwhelming for a lotta people who already are struggling and we all see our struggles differently.

We all have different financial struggles. Some physicians are really struggling financially. Primary care doesn't pay well, and you might not be married to someone who's working.

You might be the breadwinner. So I get it. There's a lot going on. But compassion is actually financially feasible model. And so is keeping Medicaid, by the way.

Sometimes you have to use people's language in order to speak with them. To to demonstrating the importance of doing this to colleagues and to trainees, we might have to make an argument like that with compassion, you know, and and with with being part of the community, all of these outreach things.

For me, you know, it gives me so much. And so that's an argument that I make, I, make sure to demonstrate how much it has enriched my life.

Politics, Local Advocacy, and Medical Education

And I always invite people to come with me, like try to invite them to certain things that I do. And not all of them, I would say most of actually don't take that invitation as far as the residents, because I work with surgery residents.

I also work students, a lot of the students. will be very receptive to that. And we've had book clubs, we have had outreach with them, a lot of things.

They have more time and their surgery residents don't. So the most that I can hope for is that, I have modeled something of what it is to be a voice in the community, to build community.

to be a voice for health disparities. Um, and I also, you know, as my residents know from how messy my, my office is on when my kids are there and how to, how, to how be, uh, mom, You know as well and, um, just kind of like bring all the parts of yourself to where you go.

Because, because, Because as people remind you, there's a lot going on. How am I going to do it all? Yeah. I love how you bring in all the elements of who you are, your identity, or work, you're role as a mother, and your role and as writer, as the person who represents and models, that's such an important role, all aspects of what you as surgeon standing there in the middle of cases all day long sometimes, the cases that come in and the complexity of those.

I'm also curious about What you talked about earlier, you have an MPH. You mentioned the book inflamed. We're talking about social justice. And what is not really apparent, I think, to a lot of physicians or to people in the healthcare field is that Just prescribing medication is not enough.

Just, you know, seeing a person and saying, okay, this is, This is going to heal you. That's just not Enough because outside of that space, there's so much more happening.

that is a direct impact of on how people live and how People live is what happens to their bodies, right? So if you are impacted by, by you your socioeconomic stressors that you live in, the toxins that your exposed to, malnutrition,

stress of survival, and then not having insurance.

on top of that, you know, where you don't have access and you're blocked. I mean, it's seeds to so many things, its seeds, to all elements of how we live.

And that has an impact on everybody, as you mentioned. So how can we take this to a broader, a Platform because this is this bigger than just you me and I was talking about it.

This is really scary and and i want to add another part of this definitely that's really Scary and maybe I can expand on what you just said is With the creation of This kind of world right where so many are going to kind Of fall off the very delicate edge that they were already on, right?

It's creating a sense of this ability we have to look at certain people as more human than others. or deserving of, you know, rights of deserving, of dignity, right?

And that's what's happening in stripping away their basic rights. The system is telling them you don't deserve dignity. or respect, or your body to be cared for, and how devastating that is on that level.

And however, not just is it devastating to the bodies that it's happening to, but to us. What it does to people witnessing that and that happening is, it challenges our own empathy.

It challenges the limits of our empathy, right? Like when we're talking about how can a resident, for example, who's training, whose in general surgery, so busy when faced with, oh, what are the other roles in society that you may be called towards?

because that too is now part of our wheelhouse. Vaccine denialism is not just about the quality of the vaccines, it's about this war on vaccines that's happened that is really baseless and has no scientific basis.

We are in the midst of it going, Oh my gosh, you know, it's going to over time. What happens is it of roads our empathy. Of course it does. you know, situations like this where you've had the 10th patient that day and you're having to discuss with them why they should give the flu vaccine to their child who has asthma because it'll actually help them survive pneumonia this winter.

And you had that for the tenth time and a part of you just is ready to check out. A part you is saying this problem is bigger than I am and that's where the edge of burnout is, right?

And that's what I think these conditions are primed for physicians to kind of get into because we're so empathic, we see everything, and we feel everything.

We are also powerful. And we know we should be able to do better. When those things aren't happening, that is where we really feel powerless. That is when the moral injury kind happens.

It's where the giving up and the depersonalization and all of that starts. And so we're in that mix. Yeah, just tell me what you see here that can lead us to recognizing, to resisting, and seeing that it's a story.

Yeah, seeing that it's a deliberately purposefully created set of conditions for us to lose our empathy. And that that is that place where physicians are standing at.

I saw us doing that in COVID, right? And COVID is where physician storytelling really took off because we were really seeing like, There's no other way for these stories to get out there unless we tell you what it feels like to sit next to somebody and hold up an iPad while they say goodbye to their loved ones.

And we did that. You were right at the beginning. We haven't even gotten over that yet. Here we are right up against situations like that where we will be standing on the bedside of somebody whose life would have been saved.

buy more food on their table, insulin, a stable place to live, and just access to the basics, just the basic that we talk about. And this is not a new problem.

Structural violence has been around for decades. For those who aren't familiar, I'm sure you guys are, structural violence is A form of violence, which some people may not see it that way, but that is what it is where in some social structure or social institution causes harm to people by.

preventing them from meeting basic needs, which we should be calling rights, the Constitution calls rights but we're just not doing that right now, has roots in colonialism and slavery, things like institutionalized racism, sexism, classism.

The medical industrial complex is part of that. We are part structural violence. To answer your question, it's two parts. One is to recognize what it is and call it out when we see it, which is a huge thing to do.

And then the second part is taking care of ourselves to make sure that we can continue to that because it's a heavy call. But it was always a call because the Hippocratic oath which we all took, can I read a part of it?

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being whose illness may affect the person's family and economic stability.

My responsibility includes these related problems if I am to care adequately for the sick. I'll prevent disease whenever I can for prevention is preferable to cure.

And I remember I remain a member of society with special obligations to all my fellow human beings. those sound of mind and body, as well as the infirm.

This is the modern version. The original version is a similar vein, but there was a lot of stuff that is just not applicable in a modern society. But we signed up for something like this, guys.

Yes, once we said we would do that, we entered into a world of finance, and business. It's true. And then we adjusted. We adjusted to that, to the point where all of this kind of fell away because nobody was really doing it.

But it's what we signed up for. Not that nobody's really do it, some people are doing, it some are clinging to this and other people disillusioned and people just completely forgot it or never believed in it to begin with, maybe one of those things.

But this is what we all signed up for. We all set it in our white coat ceremony and I believe it. So it's not that alien.

Burnout, Structural Violence, and the Hippocratic Oath

It's just alien because of what the medical industrial complex has turned into, which is just a business where there's a transaction and that's it, but we literally said that we weren't going to turn people's illnesses into the thing we were treating.

We were going to treat the people and not the illness. And so I think as far as like, how do we do that? How do you continue to do in this society? Well, I it's really important to t treat each patient as you would your family.

That's the first thing. It's harder to in an employed practice. But it is not impossible. Um, it, so, uh, So, just remember that you, every moment you're in front of a patient is a moment.

You can resist, Uh, is the moment where you can dissent and don't take that for granted. It means something. I mean, something to that patient. And that is in a, exists in, a sphere of how many people care about you like deeply, probably like a ton, right?

So that person is, in that sphere. So you just did something really good. And then I think modeling for the residents,

for next generation coming up, modeling that, you know, being loud.

I that we need to be a little bit louder. Just make these videos, where you talk about these things and flood social media with them and speak loudly about things.

Go to the meeting and speaker loudly and then when you don't want to go to meeting because you can't, then learn to take a break instead of quitting and come back to it once you've taken your break.

There's no shame in that. And we're not going to solve it today. Nobody has that answer, right? But if all of us did a little bit more, then it would probably lead to something good.

And I also think that the system has to implode, like maybe this is the beginning of the end. Maybe this the thing we need in order for things to change.

Something bad has happened sometimes for because the people in power are just not smart enough to figure it out before something bad happens. Well, thank you.

I think you really brought it up all together. You know, all of the calling it, out what we can do. Bigger voices, bigger stances, connection, community, you know building on what, we know with others emulating that and really modeling that Um, and I really want to, I mean, this was, is that this is such an important episode to to do and you showing up on a Sunday here on July 4th weekend and as really connecting on this very issue that brings us together, in a lot of different ways.

I take care of patients. and I don't bill insurance and every patient, they pay for their service and we take it seriously. We take care of seriously as a team, every person on our team knows that there's a value with this patient.

This patient is valuable, their experience is variable, the conditions can be addressed and if everybody's seeing it in that way, automatically change starts to happen.

You know, automatically the patients has to feel better because they feel supported. They feel heard and feel seen. and the inflammation tends to go down.

You can actually measure that. Sometimes I wonder, is this the placebo effect in medicine? Because it gets so much better just because you're paying attention to your patient.

And if only insurance systems could do this better. I mean, that's what it's for. It's sad to hear that I have insurance and yet I don't find it valuable because it doesn't really cover from for many things.

It's denies you this and you get a headache and try to process that. And it's a daily, you know, trying to get prioritizations. I mean, who wants to do that?

You know in a busy office and they know it. Yeah, they absolutely know. They know that it can make they can be complicated. they Can deny deny who's going to fight.

Not many people they and me and I tell patients you have rights. You have rights, you can go in, talk to your insurance, advocate for yourself, ask an advocate.

You can get coverage for a lot of things, but you have to fight as well. And I remind that that's their responsibility just as much as ours. That's very true.

And it's hard. I mean, health literacy is difficult and calling insurance companies like I would probably rather not do the thing that was denied for myself as a patient rather than call my insurance company and try to figure it out.

But I do it all the time for patients. Physicians need to realize that what you just said, which is there are certain

things that they will deny. They won't even look at it.

It's just a denial. They're expecting that either you're going to accept it or they're gonna have to have an appeal call. So if we understand that as physicians, we have should be ready for that appeal.

We have be to the appeal because no, they didn't look in it, the answer was always no until a phone call, so I always say yes to those. I would say, yes, to appeal, I'm gonna appeal and talk to it and you know what, honestly, a lot of times it does go through finally.

Sometimes it doesn't, but a lotta times does. Yeah, but it's a purposeful process, right? To deny first and then make somebody appeal and 20 or 30, 50% of people will appeal.

And this goes for patients too. I tell patients, read your insurance policy. Know what's in your policy, learn the language and also fight for yourself as well.

As I'm now starting to onboard insurance companies for TMS, I'm recognizing, God, the headache and the pain and frustration and fear that you're not going to get paid for services rendered, and yet you have that responsibility.

But it's so important that we really address this on a larger scale, I think, to physicians and to patients and community at large. that we do have rights.

We can advocate for ourselves. we will advocate ourselves and we stand together on this. And I think that voice can be heard and shared as we kind of, as you said, call it out more loudly.

Yeah. You know, we also don't have to have an insurance-based system. So we have do these things every day to take care of the patient in front of us right now, because the policy is not going to change right But there has to be some view to, like we said, getting involved in politics a little bit more and dreaming of a non-insurance-based system.

There's so many countries, the UK, Canada, Sweden, Norway, Denmark. Yes, those happen to have higher taxes that are helping to fund those. And of course, that's not what we want.

But we're going to pay for it one way or another. As we just said, a lot of people are going pay it with their life, which is a whole lot more expensive than taxes.

Yeah, I'm hearing first. I wanted to mention that I think the people who work around you guys. Get a lot of what you stand for and I feel like that's part of the role of this position as you're talking to residents and physicians who are feeling isolated and helpless.

I got a reminder from you that exactly you talking about in the OR, you making a stance, Aliyah, are you saying no, healthcare is a right? And coming from a physician, right, coming form that place of authority that says no that is correct is so I think life giving to that system around you that holds that to be true.

And I, think as we're talking about, even holding space for what is correct, right? Recognizing that, yeah, that might take five more minutes on this phone call, but I'm going to do it because it may make a difference, just taking that chance from a place of, And I'm reminded of the time when I was with my kids and we'd be at the checkout line.

And as I am walking out of Target, I'd recognize that, oh, was given too much change. Right. I would tell my kid, all right, we're going back in. We got to give the change back because we're not going to walk away with more money than we are owed.

You know, like those important moments where you kind of connect with the right thing to do and you do the hard thing, or the slightly more difficult thing or thing that's a little bit more complicated because it's worth it.

to the people in front of you, right? So I'm being, you know, recognizing that and then looking for those places of,

and I am really hearing also that physicians are starting to find that becoming political, having a stance about housing, clean air, vaccines, healthcare, no guns, all of that is actually it is actually going to help.

I think it's actually gonna help because we have enough data. We have data from firearm research done.

Patient Advocacy, Insurance Appeals, and Hope

we had data to show exactly what we need to do so it not like we don't have the evidence to base good policy on. what we need is this ability to describe how this policy is going to, like you said, you know, impact not just the people who are losing Medicaid, but the People who were going into the emergency room for their stroke, really breaking those contrasting bits in.

And I just want to know for you right now, as we're kind of heading into maybe thinking, moving from this conversation, what gives you hope right at the situation and what's kind of coming up?

Well, for me, my faith and my personality, I'm always a what can we do type of person. And for making that extra phone call is wellness because otherwise I do feel hopeless.

For some people, they'll see that phone extra call, their extra thing they have to do as as sucking away from them. For me, I see it as empowering. And for much of what I do, you know, have no idea if it's gonna make a difference because it seems sometimes like what's going on right now.

It seems like it is so big that we couldn't possibly overcome it. But if you look at the arc of history, it goes up, goes down, has different ebbs and flows, and people have been defeated before.

Goliath has been defeated before, you know, and so it's not the first time. And it will happen, in my opinion. I know it'll happen. And I feel that deeply.

What can I do? I can do my part in my space. I show up to what I could do. So I'm showing up the things that I am trying to do and I know it's not enough, but it is what i can.

And then what can i do actually is enough because it all i could. When it goes down in history, she cared and she tried. She did something here and there.

That's it. Then I did my party. I did what I could do. That's it. I have to be able to say that. So that's what drives me is I'm going to do my part. And I used to go on these missions to Lebanon, to Mexico, and I don't think there's anything wrong with global health or these outreach things, Kenya, Sudan.

Uganda. But now, what can I do is right in front of me. You know, like there's a lot of things right front me and that's where I'm trying to build these roots in this community that I am in.

And you know it's not an either or. It's just like we said there is so much going on all the time. But that's what gives me hope is I can do what I do and I'm going to do it in front of me and show up to those things.

I want to say yes to this meeting. And I say no to that other one. You know, and someone asked me the other day, like, well, why can't you come at 630? Can you not come to the meeting?

Because it was a robotics meeting, because there's steak being served there. No, I love steak. It's at six thirty and it's not about social justice and not with my kids, so I won't be there, you know.

So that gives me hope, is we can do what we do, define what you can and then do that. Do the heck out of that, you know? And then what can't do you, can not do.

I love that and I see you doing the things that really have value that are like really aligned with your values. Yeah, for me. And I loved that for other people if they have something else going on, but find that thing that drives you,

you know.

I hope it involves social justice because it's a really important time for that. Yeah, I also think it's not devoid of healthcare medical practice. It should be kind of enlisted as a course for all medical students and residents included.

They're not excused. you know, to have because it's so part and parcel of the work that you do. I mean, you can't really ignore it. Social justice has an impact on health care.

Can I talk a little bit? Yeah, can I also mention that exactly what you just hit the nail on the head is like by not providing this education as part of medical training, we're actually under preparing.

our students and our residents in a lot of ways, and that's kind of a, you could look at it as a deliberate omission. to not stir the pot, right? I think at least from my experience of what happened here in Southern California was the health justice course was a battleground for the political stuff that was happening in academia over the last couple of years.

And it is a really tough, I course to teach depending on where your medical school is. I think in Northern California, you guys have a little bit more of an edge, a lot more depth of expertise there, knowledge, and also physicians who really are self-aware.

But it was a real hard course teach, I have to say. And we were kind of looked at as kind Try not to stir the pot too much. It was, it was actually seen as a bad thing that the medical students were leaving the course kind of really emotionally kind riled up.

And we're like, well, of course you're going to get emotionally rilled up if you look at these are just from reading papers. There was no editorializing.

It was really from doing their homework that you really recognize a lot of this is pretty disturbing material when you first come upon it. And I think having mentors and people who are working in this space and also know how to take care of themselves while working the space, and giving that as a role model example as you're doing is so important because it's really difficult when you first encounter these topics.

And I also just kind of chat GBT kind what things we can do as physicians and patients and we'll post some of those items that we in support or even, you know, speak to the professional organizations for physicians, patient advocacy and support organizations are out there.

There's also healthcare reform and policy advocacy groups and will post these in the show notes. So please use that list and really voice your concerns.

This is about all of us and it's about patients and everybody in between. I'd like to ask Farah, how would people be able to find you and connect with you, and the organizations you work with?

We are Healthcare Workers for Social Justice on Instagram. It's hcw and then the number four. I can also share my email address if anyone would like, especially if you're in the Central Valley.

Any medical society that's your local one, ours is Fresno Madera Medical Society. There's a board of directors. committees like the outreach committee that goes to Sacramento for lobbying.

And then there's a lot of different stuff too. So, and those will be doctors that you work with or like colleagues. It's also building community and the same people kind of show up to the things, just like when I go to protests or go the homeless thing, it's the group of people showing up the stuff.

You know, It doesn't matter if the headline could be like, whatever, anti-racism or it could Palestine, or could anything, is the people. These people are your people, Whether, you know, then make community with them.

Whether physicians or not. Yeah, thank you. Thank you for being here. And thank you, for the work that you're doing. Your voice is powerful and your experience even speaks through that in such beautiful ways.

We really appreciate you making time for us in this podcast and we'll continue this conversation ongoing. Yeah, always. Thank You guys so much. I appreciate it.

Every time I get to talk to you guys, I learn something new. I learned something new from all of your podcasts as well. So thank you so much for all the work you do and just who you are and what you stand for.

We are richer for the all work that you. Thank you, it's lovely to be in this with you thank. And we keep the curiosity alive, so I'm going to ask you one final question about what would be a curious question you would want for next podcast.

podcast. Curious question. Do I get to participate? I think what I would ask, I'm actually curious if you weren't physicians, what would you be? Wow, that's a good one.

Closing Reflections and Future Questions

I will probably be an activist and a fitness instructor. Love that. Oh, yeah. Because Let's be honest. I just went to Zumba class this morning and I realized I used to be a dancer, but now I can't seem to dance as well.

But I would be, yeah, I'd be teacher. And I definitely would love to teach, try to paint and write. That would be my, I'd like to just continue to do creative works.

That'd be what I would love to. I think I could just have a list of things that we do. We do a lot of thing. What about you, Soraya? Oh my gosh. There's this person I know who actually went on to have this life that's kind of like the fantasy life, which is just a gypsy.

Her name is Bengali Gypsy, she just travels everywhere, does yoga, and lives out in the outdoors. And I think a part of me recognizes that my biology is so, I've always lived in cities and all of that, but there's a of part me that's just like, yeah, like you know, we live in the world.

Like I want to live near a body of water. I wanna learn specific skills, whether that farming or making baskets or preparing food or something that more grounded.

I think I want to get in my body. So that's the fantasy one. But I, think if I didn't do this, I would be a journalist. You know, that was always the curiosity of always telling the stories of people and the ways in which.

evolves. But yeah, go live out in the world. And leave all of this behind. That's that's the little fantasy I tell myself. Yeah, thank you. Thank you for a podcast.

I think it would be cool to interview a woman physician, also a mother who has maintained some part of a clinical practice, but has also done something political, like has a political position as well, whether it's like local politics or I guess on a national scale, probably not.

But somebody who is like whether a city council member or just something and like what was their path to that, how they balanced everything and how they've impacted the local politics around them and people's wellbeing through that role.

I just Googled what she did. I want Annie Andrews. Can you get her on here? Yeah. Yeah, there we go. So I said my search was physician mothers in politics.

There you go, okay. That's what you asked for. Dr. Akilah Webber, Donna Marie Christensen, Kim Schreier, Angel's Time. Oh yeah, Rupert Mario is a good one.

Yeah, that'll be a great one too. Thank you. That would be amazing. Yes, we'll try to make that happen and that would We challenge you to ask us those unasked questions that you're curious about in your medical practice, condition, health and wellness.

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Post a comment with a question or curious inquiry that have and seek to explore or learn with us. Stay curious, and we'll see you next time.