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THE WEEKLY ISSUE

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Health or Debt? **8**
¿Salud o Deuda? **8**

11 de Abril 2024

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“A Tribute in Song and Verse to Civil Rights Icon Cesar Chavez”

Wednesday April 10, 2024, 2-4pm
St. John Francis Regis Chapel
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Poetry by: Dr. Ramon Del Castillo, Margie Domingo, and Ernesto Alvarado

Denver Peace and Justice Committee History: Dr. Ramon Del Castillo

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For more event information:
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Original artwork: Danny Flores

Three Tribes Banish South Dakota Governor

Chase Iron Eyes

Politically-motivated, back-stabbing, race-baiting, dog-whistling, anti-Native attacks from South Dakota Kristi Noem continue unabated, and South Dakota tribal nations are striking back. On April 4, we received word from the government office of the Standing Rock Sioux Tribe that it has joined the Oglala and Cheyenne River Nations in banishing Governor Noem from their reservations in the wake of her comments connecting tribal leaders to Mexican drug cartels, throwing Native parents and education under the bus, and requesting a federal audit of tribes.

There's no way to overstate how wrong all of this is. Please watch our new video, in which you can see some of what Noem said and hear a more detailed response from me. I can bottom



line it for you like this: Kristie Noem thinks that by positioning herself as an old-school Indian hunter, she'll appeal to our region's far-right ultra-MA-GA base and possibly set herself up for a seat at the national table as Donald Trump's running mate in November. But at what cost?

These kinds of statements have real effects on how we, as Indigenous People, are seen by the outside world and how we view ourselves. Sadly, Noem appears to care so little for the original

inhabitants of this land — who comprise nearly one tenth of her state's population — that she's willing to sacrifice our reputations and put our children and families in real danger simply to advance her own political agenda and ambitions. It's disgusting.

Of course, Noem has endangered tribes before — and it's not the first time she's been banished by a tribal council. She famously challenged tribal safety checkpoints during the height of the pandemic. And the Oglalas previously banished her when she targeted tribes and attempted to thwart legal First Amendment protests against the failed Keystone XL pipeline by passing a pair of so-called "riot-boosting" bills in 2019.

Enough is enough! It's not acceptable for Kristi Noem to lie repeatedly, stoke further division, and endanger the people of the sovereign nations

which pre-exist the United States and South Dakota, which have illegally annexed and occupied sovereign territory of the *Oceti Sakowin*. Noem is now prohibited from entering sovereign territory of Sioux bands and is subject to detention and/or removal if she violates banishment orders, meaning the state's governor is barred from entering more than 10 percent of all land her state claims is within its "borders."

I'm no fan of government leaders, right or left, who fail to prioritize our concerns, such as respecting treaty law, protecting the environment, or keeping our families together. But, clearly, the far-right — who Noem so proudly represents — is fully committed to using us as a stepping stone, no matter the collateral damage. She seems proud to continue in the tradition of government-sanctioned genocide perpetrated by the likes of George Armstrong

Custer, George Yates, John Chivington, William Tecumseh Sherman, and Richard Henry Pratt.

“

I'm here to tell you, just as we did when those historical figures came after us, we're going to fight back with everything we've got.

I'm here to tell you, just as we did when those historical figures came after us, we're going to fight back with everything we've got. *Wopila tanka* — thank you for standing for justice and truth.

Chase Iron Eyes is the Director and Lead Counsel with The Lakota People's Law Project.

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Making Ends Meet Is Hard Enough Without a Penalty for Coming Up Short

Brian Carss

Poverty is expensive in this country.

Few things illustrate that truism like overdraft charges and late fees, which are often little more than outrageous penalties for not having enough money. But there are plans in the works at the Consumer Financial Protection Bureau (CFPB) to rein in these abusive practices.

Overdraft fees occur when a customer attempts to withdraw more money from their account than is available, but the banking institution covers the transaction — for a fee. The CFPB is proposing rules to close loopholes in rules on overdraft fees by establishing a benchmark that banks cannot exceed.

Over a quarter of Americans live in a household that was charged an overdraft fee in the past year, but especially harmed are those who have the least to begin with. These overdraft fees are structured to prey on consumers already in a financially precarious position. The impact skews toward low-income households and people of color. Young people are also more likely to be affected.

When banks hit people with an overdraft fee, they end up further in the hole — to the benefit of the bank. “Overdraft fees are not so much a useful service as they are a lucrative profit center underwritten by the most economically vulnerable consumers,” said Kimberly Fountain, consumer field manager at Americans for Financial Reform.

Overdraft fees affect credit scores and can even lead to account closures, leaving people without access to banking services altogether. More than any other group, Black Americans tend to be underbanked or unbanked.

As with overdraft fees, banks foist the burden of late fees on people living paycheck to paycheck, low to moderate income consumers, and people of color.

More than 80 percent of adults have at least one credit card — and these cards are full of junk fees. Late fees alone cost consumers \$14 billion a year — and low-income earners pay about twice as much in fees as higher-income earners.

“

Making ends meet in this country is hard enough without being charged for coming up short.

These late fees are not based on any sort of need for the bank. The CFPB found that banks take a fee almost five times greater than the cost to the bank of a late payment.

These practices also reinforce the racial wealth gap. Data shows that banks have often charged those living in neighborhoods with populations of color a higher interest rate. And places with a higher Black or Hispanic population are charged on average more than \$25 in late fees, while in places

See Carss on page 24

A Tale of Two Advocates

Kayt Peck

Both love and hate the phrase, “It is what it is.”

Strangely I love and hate it for the same reason. It acknowledges reality.

I’ve recently faced that paradox twice. First, talking with an old and dear friend while sitting at the counter at Dick’s Pub and Restaurant in Las Vegas, NM. The second involved two Santa Fe-based contractors that work as advocates within the Hermits Peak-Calf Canyon Fire Claims Office. Neither instance was the reality that I would prefer to embrace, but, it is what it is.

I was at the Contractor Connects event hosted by the New Mexico Office of Homeland Security on Saturday, March 30. I’m very impressed with that agency’s work to create the New Mexico Disaster Case Management Team. I met with Ali Rye, Deputy Secretary for New

Mexico’s Office of Homeland Security, and members of her case management team. It was a refreshing conversation, considering the FEMA roadblocks I’ve faced as a fire victim who lost my home, and as a member of a devastated community. I get the sense Rye and her team care, they truly care.

“

This dilemma is very real for me, for my home was one of hundreds destroyed in that fire.

I was concerned about the limited number of local contractors at the event, but I know there was an honest attempt to support the community.

I digress.



One informational table at the event was staffed by two contractors from Santa Fe representing the advocate team with the Hermits-Peak-Calf Canyon Claims Office. I asked about two individuals I wanted to see at the booth, both of whom I knew stood for the well-being of the community and had served as employees with the advocate’s office.

The two men at the table looked at each other before one said, “They are no longer with the advocate team.”

I remember when locals urgently requested that the Federal Emergency Management Agency hire people from

the area to work within the FEMA operation responsible for distributing nearly \$4 billion from the Hermits Peak-Calf Canyon Fire Assistance Act.

A few locals were hired as navigators to help process claims and as advocates to speak on behalf of those claimants. The advocates were there to provide a local voice. It appears that the local voice is gone.

I expressed my concerns and asked the men working at the FEMA table to convey to Paula Gutiérrez, the claims’ office advocate, my disappointment in the situation.

The two men reacted differently.

One looked away, embarrassed, perhaps even a tad ashamed.

The other glared at me, making it clear that if I wasn’t there for them to help me with my personal claim, I wasn’t welcome at their table.

I’ll stick with my attorneys, so I walked away.

Once again, it reminded me of many prior experiences with the claims office.

Obedience and acquiescence are key to receiving any recompense for damages inflicted when the U.S. Forest Service lost control of not one but two prescribed burns. The claims office is not to be questioned.

It is what it is.

This dilemma is very real for me, for my home was one of hundreds destroyed in that fire. How I miss my home. Yes, the cabin is gone, but I miss my land. I miss the deer, the wind in the trees, the sound now changed within the devastated forest. I miss my neighbors, two of whom have died, early demise exacerbated by the trauma of displacement.

The truth of the interminable waiting became very clear in my second encounter with reality.

I sat with a friend, my lunch companion, who wanted my advice. He talked about others telling him to give up fighting FEMA, aided by an

See Peck on page 7

The U.S. Billionaire Class Is Richer Than Ever and That’s Bad News for Democracy

Omar Ocampo

A new, disturbing milestone has been confirmed with the release of *Forbes Magazine’s* 38th annual World Billionaires List. The U.S. billionaire class is now larger and richer than ever, with 813 ten-figure oligarchs holding \$5.7 trillion firmly in their possession.

This is a \$1.2 trillion increase compared to the year before, bringing total billionaire gains since mid-March 2020 to a gargantuan \$2.7 trillion in current dollars.

The staggering upsurge in billionaire wealth over the last four years is further proof that our economy is designed primarily to benefit high-net-worth individuals. Profits are not held by the laboring masses who produce it. Instead, they flow into the bank accounts of the wealthiest Americans, who use those earnings and assets to undermine our democracy.

The resources of the billionaire class endow them with an enormous power to influence the political process directly and indirectly. Even when their preferred candidates are not in office, our democratic institutions are still more likely to respond to the policy preferences of the rich rather than the average voter, especially when it comes to taxes.

It is no secret that the vast majority of Americans, including 63% of Republicans, are supportive of measures that increase taxes on the wealthy. Yet our representatives consistently fail to deliver on this demand. A quintessential example of this was former President Donald Trump’s 2017 Tax Reform bill that promised to boost everyone’s income. It was the most unpopular piece of legislation to be approved and signed into law in the past 25 years.



A recent report by the Center on Budget and Policy Priorities revealed that the primary beneficiaries of Trump’s tax bill were the top 1%. They are set to receive an average tax cut of more than \$60,000 in 2025 while the vast majority of workers will see no growth in wages or earnings.

The good news is that Trump’s tax cut is set to expire on New Year’s Eve 2025. It provides us with an opportunity to implement a new tax regime that not only expands the revenue base of the federal government but also seeks to dilute extreme wealth concentration.

President Joe Biden’s Billionaire Minimum Income Tax (BMIT) is one promising proposal. By raising the top tax rate and imposing a higher levy on the diverse income streams the top 0.01% receive from their assets, including a tax on unrealized capital gains, the BMIT seeks to tax the most economically privileged. It is estimated to raise \$50 billion a year over the next decade, making our tax system a bit more equitable.

Another proposal was introduced by Sen. Ron Wyden (D-Ore.). The similarly named Billionaire Income Tax (BIT) is more straightforward in that it targets asset gains that can easily be tracked by the public, like a billionaire’s stock holdings in a publicly traded company.

Microsoft’s stock increased \$142.82, or 63.5%, between January 2023 to January 2024. A billionaire who purchased Microsoft stock last January would have to pay a 20% capital gains tax—about \$28 per stock purchased—under Wyden’s proposal, even if they had not sold any shares.

A well-designed progressive tax on billionaire wealth is an efficient alternate way to raise revenue.

A modest 5% tax on all wealth above a billion dollars levied today would raise more than \$244 billion in 2024. And that’s likely an underestimation since there are several ten-figure oligarchs that keep their wealth concealed from *Forbes*. Wealth-X, a private research firm, identified 955 billionaires in their Billionaire Census last year, 142 more than what *Forbes* just registered.

But a wealth tax is not without its detractors. The wealth defense industry and its fellow travelers argue that the imposition of a wealth tax would hurt investment and innovation. But most innovation that occurs in the U.S. economy is driven by people worth less than \$50 million. Plus, a modest wealth tax is unlikely to change billionaire behavior, but is instead likely to function “as a constraint on their rate of wealth accumulation.”

Others will point to the failure of wealth taxes in several European countries as proof as to why it is a bad idea. But research has demonstrated that their unpopularity was largely the result of poor policy design. Low wealth thresholds set by lawmakers hurt upper-middle-class households who did not have the cash to pay since their home was their most valuable or only asset. They consequently lobbied for a number of exemptions that were granted and later exploited by the ul-

trawalthy. The erosion of the wealth tax base led to a significant shortfall in the revenue collected by the state.

For a wealth tax to be effective, it must be applicable only to individuals and households with a very-high net worth. Billionaires possess an unfath-

omable amount of financial resources, meaning that liquidity constraints do not hinder their ability to pay wealth tax obligations.

Of course, a wealth tax alone is not enough to ensure the safety of our political democracy. The fact that billionaires spent \$1.2 billion in the 2020 general election and more than \$880 million in the 2022 midterms should be seen as a crisis of political inequality. This is a system designed for the rich.

See Ocampo on page 24

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Demon Talk Seems Absurd. But It's Deadly Serious.

Quentin Young



If you believed far-right rhetoric, you'd think America is swarming with demons.

Conservative elected officials, religious leaders and MAGA influencers in recent years have regularly ascribed aspects of society they don't like to the work of demons. They don't mean it figuratively. They think actual demons — real evil spirits, such as a child might imagine them, except conjured by people who in other ways qualify as grown-ups — are at work on a wide range of what they perceive as bad things, from elections they don't win to the existence of gay people.

“

They might be possessed by delusions, but the damage they could do is diabolical.

It's easy for reasonable folk, when they hear fantastical accounts of demons, to laugh like it's a joke. On the surface it's very comical. Think of a person gravely asserting that society's ills

were all the fault of Lord Voldemort or Gozer.

But all the demon talk reflects a dark quality of the Trumpist program to reshape society and trash republican government. Its adherents intend to cast opponents not as adversaries in a political contest but as enemies fit only for destruction. They are out to *demonize* those who don't agree with them and create an environment in which abuse and violence are permissible, even necessary.

Take the example of Andrew Wommack. Founder of a sprawling ministry based at Charis Bible College in Woodland Park, he is a leading proponent of the Seven Mountains Mandate, which says Christians should rule over all aspects of society. He is closely tied to the New Apostolic Reformation, a

Trump-warrior dominion movement led by self-identified “prophets” who, as journalist Jennifer Cohn wrote, “teach that believers possess *supernatural* gifts, such as speaking in tongues, prophecy, faith healing, and the ability to cast out demons (exorcism).”

Wommack is a demon aficionado. Five days after the Jan. 6 insurrection, a violent attack undergirded by Christian nationalist rage, Wommack posted a video in which he said, “We're fighting against demonic powers, and you have to get violent, angry against the devil, you have to resist the devil.” He cautioned listeners that they should not “fight people,” then immediately undercut that humane stipulation: “Now sometimes if a person is doing the devil's bidding a hundred percent, it may be impossible to separate the evil that is motivating that person from that person.”

The listener is left with the message that believers have a divine mandate to correct people they find irredeemably bad through violence.

Much of the Christian right's preoccupation with demons can be traced back to early NAR leader C. Peter Wagner, who died in 2016 shortly after endorsing Donald Trump for president. His wife published a book called “How to Cast Out Demons,” and the two of them founded a “ministry of deliverance” devoted to casting out demons.

“There are people ... who are directly affected by demons, not only in politics, but also in the arts, in the media and religion in the Christian church,” Wagner told NPR. Asked how one can tell if a person is possessed by a demon, Wagner said they might manifest “unhuman behavior,” and he claimed his wife conducts a medical doctor-like process to

make a determination: “So she actually does diagnostic work on people to discover not only if they have demons, but what those demons might be.”

The recent crop of demonbusters is far less exacting. Joe Oltmann, the election-denying Colorado podcaster evidently assumes anyone who disagrees with him politically is a demon. One of his recent segments was about how “demons say removing Trump is democratic.”

Demon talk is especially ominous coming from Oltmann, who has suggested on various occasions that scores of people should be executed, including Gov. Jared Polis and President Joe Biden.

Some lost souls are so into demons they've made a profession of it. Chad Ripperger, a priest in the Archdiocese of Denver, is an “exorcist.” In a video that's been viewed more than 1 million times, he described one of the scariest exorcisms he's performed.

“There was a full-blown, preternatural manifestation right there, and the demon was screaming,” he told an interviewer. “If that doesn't strike the fear of God in you nothing will.”

Ripperger in another interview talked about how “demons” are ascendent in our world, evidenced in part by Hitler, “homosexuals” joining the clergy and “tyrannical behavior.”

“It seems to me that we're living in a period where there's been a retraction of grace and then at the same time, because of what men were doing, God allowed, because of the sinfulness of man — we haven't gotten our act together — God has allowed evil people to start having much more influence.”

Far-right Colorado media personalities, members of the state Legisla-

ture, officials in the state Republican Party and other Christian figures have reinforced the notion that differences are due not to human variety but rather to wiles of Satan.

Much of what they most object to is rooted in anti-LGBTQ bigotry. This was succinctly expressed by Family Research Council president Tony Perkins.

“This whole thing with LGBT is the zenith of man's rebellion against God,” he said in an interview. Care to guess the culprit? “Demonic spirits.”

It's eye roll-inducing stuff, but we dismiss it at our peril.

Wommack has urged his followers to “take back Colorado” from the “demon-possessed” left, and in fact he has helped orchestrate plans to control local government bodies. As journalist Logan M. Davis has documented, a Wommack-aligned set of candidates took over the local school board, infusing the district with biblical overtones. Now he's associated with a parallel campaign to control the Woodland Park City Council. If the Wommack-tied candidates win in Tuesday's election, “He will have taken over Woodland Park,” Logan wrote.

The threat of a Christian theocrat effectively ruling a Colorado town from his pulpit is a microcosm of present threats to the nation, where white Christian nationalists are bent on putting a fascist autocrat in power.

They might be possessed by delusions, but the damage they could do is diabolical.

Quentin Young is the editor of Colorado Newsline. This commentary is republished from Colorado Newsline under a Creative Commons license.

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US Court Orders Transfer of Migrant Children From 'Profoundly Inhumane' Open-Air Sites

By Brett Wilkins Children

Migrant rights defenders on April 4 cheered a federal court ruling ordering U.S. Customs and Border Protection to stop holding undocumented minors in squalid open-air detention sites in Southern California and to transfer all children held in such locations to "safe and sanitary" spaces.

“

It remains a tragedy that a court had to direct the government to do what basic human decency and the law clearly require.

Neha Desai, National Center for Youth Law

Customs and Border Protection (CBP) contended that people held in the open-air detention sites (OADS) are not yet in U.S. custody. However, Judge

Dolly Gee of the U.S. District Court for the Central District of California in Los Angeles issued a 12-page ruling that found migrant children are entitled to protection under the Flores Settlement Agreement, which established national minimum standards for the treatment of detained minors.

Gee found that CBP violated the 1997 agreement by detaining children in unsafe and unsanitary conditions, failing to properly feed them, and taking too long to process them at seven sites near San Diego and Jacumba Hot Springs. Migrants detained in these OADS have waited as long as five days before being transferred to indoor lockups.

"The court's decision to recognize CBP's custody of children in open-air detention sites is a crucial step towards ensuring accountability and protection for vulnerable migrants," said Lilian Serrano, director of Southern Border Communities Coalition, a case plaintiff.

"There are minimum standards that must be followed if CBP will be detaining families, children, and other people," Serrano added. "We are pleased to see the federal court acknowledge this fundamental truth. Now we expect the agency to comply with the court's order immediately."

As the number of migrants entering the United States without authorization has surged during President Joe Biden's tenure, U.S. border authorities have forced migrants—including people legally seeking asylum—into OADS, where they face what case plaintiff National Center for Youth Law (NCYL) called "profoundly inhumane conditions."

NCYL said migrant children are "forced to take shelter from harsh rain and wind in porta-potties, burn toxic brush and garbage to stay warm, and survive on nothing more than a granola bar and a bottle of water each day."

Neha Desai, NCYL's senior director of immigration, called Gee's ruling

"a tremendous victory for children at open-air detention sites."

"But it remains a tragedy that a court had to direct the government to do what basic human decency and the law clearly require," Desai added. "We expect CBP to comply with the court's order swiftly, and we remain committed to holding CBP accountable for meeting the most rudimentary needs of children in their legal custody, including food, shelter, and basic medical care."

A 2023 report on conditions at the Jacumba Hot Springs site published by the U.S. Immigration Policy Center (USIPC) at the University of California San Diego found that all of the migrants held at the site said border agents did not give them enough

food and over half said they did not get enough water for the day. All migrants interviewed also said they were deprived of adequate sanitation like toilets and proper shelter and shade structures.

Another report published last year revealed a "shocking pattern" of abuse of migrants and some American citizens perpetrated by Department of Homeland Security personnel at the U.S.-Mexico border in recent years under both the Trump and Biden administrations.

Brett Wilkins is a staff writer for *Common Dreams*

For More Immigration News:
ElSemanaOnline.com

Peck

attorney, and take whatever the federal government offers. Considering FEMA is required by law to give money to those devastated by the fire and subsequent floods, it's not necessarily bad advice. It may not be as much as one deserves, but it won't likely be chicken feed. He's going through the FEMA process for his elderly mother's claim, another neighbor I miss who still cannot return home.

My friend struggles to decide if his mother should accept what's on the table and move on, even if it is not entirely what is owed.

"You tell your mom to go get what she can," I said. "She needs to get it and enjoy it, making what's left of her life as comfortable and pleasurable as possible."

But that ain't me. I am what I am.

At least some of us need to hang in there. I turn 70 this month, and I've wondered, will I ever have the chance to go home? I've witnessed and experienced the pressure the claim's office puts on people to abandon their attorneys. I've wondered why. At one point a veiled threat was leveled at me, apparently to discourage me from writing. The implication I get from the claims office is, those using attorneys may be forced to litigate, delaying any settlement for five to ten years.

It's not about the money. For me it's about human decency.

In my business, I sometimes train those in the nonprofit sector about dealing with diverse communities. One observation I present is not always popular. I speak about avoiding the use of charity as a tool of oppression. If money

is given out of a sense of superiority, out of the desire to control, it's not a gift, it's a purchase of obedience.

That is what I see with FEMA in its claims office for Hermit's Peak-Calf Canyon Fire victims. I find that ludicrous because this is not charity. This was approved by Congress and signed by the President to compensate people, real people, and communities devastated by a disaster created by prescribed burns botched by a branch of the federal government.

How do I describe in a single paragraph what we've experienced?

From the very beginning FEMA has approached service to fire and flood victims with rigorous requirements to qualify for assistance, sometimes to the point of being laughable. I recently heard from a man who was required by FEMA to provide three years of check stubs to complete his request for compensation of business he lost due to the natural disaster. Then there is the prioritization of what kind of claims are paid first. The first major outflow of money was for reforestation with values determined by the Natural Resource Conser-

vation Service, a branch from the same agency which caused the fires. Those of us who are still living patchwork lives because of lost homes—well, crickets.

All right, it can't be put in a single paragraph. Perhaps a book?

The real issue right now is explaining why I'll hang in there, working with attorneys who are in my corner. I'm fighting for change. I'm fighting for a FEMA that puts the needs of the people ahead of the affluence of contractors and the sense of power in bureaucracy.

Most likely, I'll never see it, but I've read history. I know the world becomes better because of those who fight for change they may never see.

Kayt Peck is both a professional writer and also a victim of the Hermit's Peak/Calf Canyon Fire. She lost her Rociada home in April 2022.

*In her ongoing column, *Nosotros la Gente*, she writes about the spectrum of experiences faced by wildfire survivors. This commentary is republished from *Source New Mexico* under a Creative Commons license.*

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Medical Debt Affects Much of America, but Colorado Immigrants Are Hit Especially Hard

By Rae Ellen Bichell and Lindsey Toomer

In February, Norma Brambila's teenage daughter wrote her a letter she now carries in her purse. It is a drawing of a rose, and a note encouraging Brambila to "keep fighting" her sickness and reminding her she'd someday join her family in heaven.

Brambila, a community organizer who emigrated from México a quarter-century ago, had only a sinus infection, but her children had never seen her so ill. "I was in bed for four days," she said.

Lacking insurance, Brambila had avoided seeking care, hoping garlic and cinnamon would do the trick. But when she felt she could no longer breathe, she went to an emergency room. The \$365 bill — enough to cover a week of groceries for her family — was more than she could afford, pushing her into debt. It also affected another decision she'd been weighing: whether to go to México for surgery to remove the growth in her abdomen that she said is as big as a papaya.

Brambila lives in a southwestern Denver neighborhood called Westwood, a largely Hispanic, low-income community where many residents are immigrants. Westwood is also in a ZIP code, 80219, with some of the highest levels of medical debt in Colorado.

More than 1 in 5 adults there have historically had unpaid medical bills on their credit reports, more in line with West Virginia than the rest of Colorado, according to 2022 credit data analyzed by the nonprofit Urban Institute.

The area's struggles reflect a paradox about Colorado. The state's overall medical debt burden is lower than most. But racial and ethnic disparities are wider.

The gap between the debt burden in ZIP codes where residents are primarily Hispanic and/or non-white and ZIP codes that are primarily non-Hispanic white is twice what it is nationally. (Hispanics can be of any race or combination of races.)

Medical debt in Colorado is also concentrated in ZIP codes with relatively high shares of immigrants, many of whom are from Mexico. The Urban



Norma Brambila, a community organizer with Westwood Unidos, received a bill for an emergency room visit for a sinus infection that she said is equivalent to a week's worth of groceries for her family. / Cuando Norma Brambila, organizadora comunitaria de Westwood Unidos, sufrió una sinusitis, pospuso la búsqueda de atención médica por temor a la factura que llegaría. (Photo/Foto: Rachel Woolf for KFF Health News)

Institute found that 19% of adults in these places had medical debt on their credit reports, compared with 11% in communities with fewer immigrants.

Nationwide, about 100 million people have some form of health care debt, according to a [KFF Health News-NPR investigation](#). This includes not only unpaid bills that end up in collections, but also those being paid off through

installment plans, credit cards, or other loans.

Racial and ethnic gaps in medical debt exist nearly everywhere, data shows. But Colorado's divide — on par with South Carolina's, according to the Urban Institute data — exists even though the state has some of the most extensive medical debt protections in the country.

The gap threatens to deepen long-standing inequalities, say patient and consumer advocates. And it underscores the need for more action to address medical debt.

"It exacerbates racial wealth gaps," said Berneta Haynes, a senior attorney with the nonprofit National Consumer Law Center who co-authored a [report on medical debt and racial disparities](#).

Haynes said too many Colorado residents, especially residents of color, are still caught in a vicious cycle in which they forgo medical care to avoid bills, leading to worse health and more debt.

Brambila said she has seen this cycle all too often around Westwood in her work as a community organizer. "I really would love to help people to pay their medical bills," she said.

Health or Debt?

Roxana Burciaga, who grew up in Westwood and works at Mi Casa Resource Center there, said she hears questions at least once a week about how to pay for medical care.

Medical debt is a "big, big, big topic in our community," she said. People don't understand what their insurance actually covers or can't get appointments for preventive care that suit their work schedules, she said.

Many, like Brambila, skip preventive care to avoid the bills and end up in the emergency room.

Doctors and nurses say they see the strains, as well.

Amber Koch-Laking, a family physician at Denver Health's Westwood

Family Health Center, part of the city's public health system, said finances often come up in conversations with patients. Many patients try to get telehealth appointments to avoid the cost of going in person.



What we've heard from our constituents is that medical debt sometimes is the difference between them being housed and them being unhoused." Denver City Council Member Shontel Lewis

Adding to the crunch is Medicaid "unwinding", the process of states re-examining post-pandemic eligibility for health coverage for low-income people, Koch-Laking said. "They say, 'Oh, I'm losing my Medicaid in three weeks, can you take care of these seven things without a visit?' Or like, 'Can we just do it over the portal, because I can't afford it?'"

Looking for the Right Fix

Colorado has taken steps to protect patients from medical debt, including expanding Medicaid coverage through the 2010 Affordable Care Act. More recently, state leaders required hospitals to expand financial assistance for low-income patients and barred all medical debts from consumers' credit reports.

But the complexities of many assistance programs remain a major barrier for immigrants and others with limited English, said Julissa Soto, a Denver-based health equity consultant focused on Latino Coloradans.

See Debt on page 23

PRIMAVERA

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April 5th, 2024 ~ 5pm-9pm

Exhibit Runs
April 5th - April 27th

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Lakewood, CO 80214

Curators
Rob & Tammy Yancey

Art by
Danielle Ramos

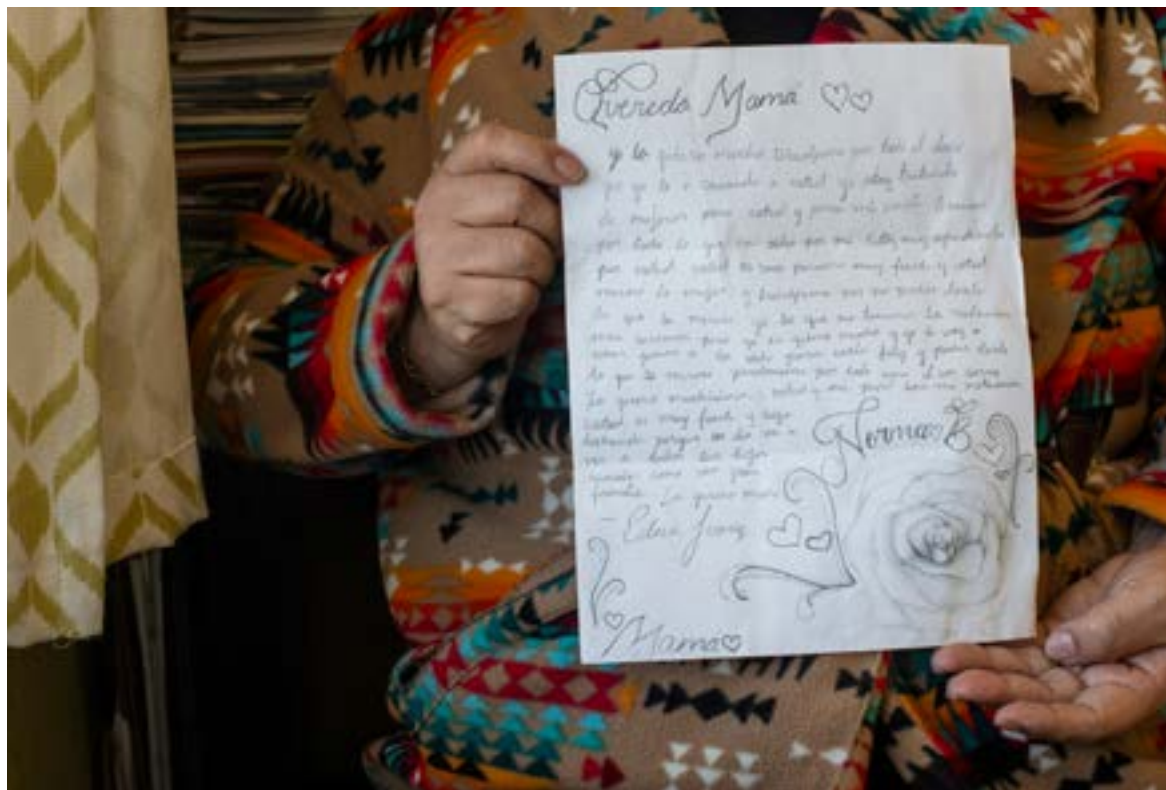
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La Deuda Médica Afecta a Gran Parte de EE.UU., Pero en Especial a Inmigrantes en Colorado



Quando Norma Brambila, organizadora comunitaria de Westwood Unidos, sufrió una sinusitis, pospuso la búsqueda de atención médica por temor a la factura que llegaría. Se enfermó tanto que su hija le escribió una carta en español diciéndole cuánto la amaba e instándola a "seguir luchando". / When Norma Brambila came down with a sinus infection, she put off seeking medical care, out of fear of the ensuing bill. She became so ill that her daughter wrote a letter in Spanish telling her how much she loved her and urging her to "keep fighting." (Foto/Photo: Rachel Woolf for KFF Health News)

Por Rae Ellen Bichell y Lindsey Toomer

En febrero, la hija adolescente de Norma Brambila le escribió una carta que ahora lleva en su cartera. Es un dibujo de una rosa y una nota alentadora que anima a su mamá a "seguir luchando" contra su enfermedad, y que le recuerda que algún día se reunirá con su familia en el cielo.

“

Lo que hemos escuchado de nuestros constituyentes es que la deuda médica a veces es la diferencia entre que tengan vivienda y que estén sin hogar”.

Shontel Lewis, miembro del Concejo Municipal de Denver

Brambila, una organizadora comunitaria que emigró de México hace un cuarto de siglo, solo tenía sinusitis, pero sus hijos nunca la habían visto tan enferma. “Estuve en cama durante cuatro días”, dijo.

Sin seguro de salud, Brambila había estado evitando buscar atención médica, esperando que el ajo y la canela surtieran efecto. Pero cuando sintió que ya no podía respirar, fue a la sala de emergencias. La factura de \$365 —suficiente para cubrir una semana de alimentos para su familia— era más

de lo que podía pagar, y terminó endeudada.

La deuda también afectó otra decisión que había estado considerando: si ir a México para tener una cirugía para que le extrajeran un crecimiento en su abdomen que, dijo, es tan grande como una papaya.

Brambila vive en un vecindario del suroeste de Denver llamado Westwood, una comunidad mayoritariamente hispana y de bajos ingresos donde muchos residentes son inmigrantes. Westwood también está en un código postal, 80219, con algunos de los niveles más altos de deuda médica en Colorado.

Allí, más de uno de cada 5 adultos han tenido históricamente facturas médicas impagas en sus informes de crédito, una tasa más parecida a la de West Virginia que a la del resto de Colorado, según datos de crédito de 2022 analizados por el Urban Institute, una organización sin fines de lucro.

Las luchas del área reflejan una paradoja sobre Colorado. En general, la carga de deuda médica del estado es más baja que la de la mayoría. Pero las disparidades raciales y étnicas son más amplias.

La brecha entre la carga de deuda en los códigos postales donde los residentes son principalmente hispanos y/o no blancos y los códigos postales que son principalmente blancos no hispanos es el doble de lo que es a nivel nacional. (Los hispanos pueden ser de cualquier raza o combinación de razas).

La deuda médica en Colorado también se concentra en códigos postales con porcentajes relativamente altos de inmigrantes, muchos de ellos de México.

El Urban Institute encontró que el 19% de los adultos en estos lugares tenían deuda médica en sus informes de crédito, en comparación con el 11% en comunidades con menos inmigrantes.

A nivel nacional, aproximadamente 100 millones de personas tienen alguna forma de deuda de atención médica, según una investigación de KFF Health News y NPR. Esto incluye no solo facturas impagas que terminan en agencias de cobros, sino también aquellas que se están pagando a través de planes de pago, tarjetas de crédito u otros tipos de préstamos.

Los datos revelan que las brechas raciales y étnicas en la deuda médica existen casi en todas partes. Pero la división de Colorado —en línea con la de Carolina del Sur, según los datos del Urban Institute— existe aunque el estado tiene algunas de las protecciones más amplias del país contra estas deudas.

Esta brecha amenaza con profundizar desigualdades de larga data, dicen defensores de pacientes y consumidores. Y resalta la necesidad de más acción para abordar la deuda médica.

“Exacerba las brechas raciales de riqueza”, dijo Berneta Haynes, abogada principal del National Consumer Law Center, una organización sin fines de

Ve Deuda, página 22

THE WEEKLY ISSUE
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U.S. Secretary of Health and Human Services
Xavier Becerra spoke with local leaders

Colorado - April 3, 2024

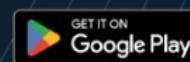


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Secretary Becerra Touts Improved Health Care Access and Equity During Colorado Visit

COLORADO

By Lindsey Toomer

Colorado Gov. Jared Polis and U.S. Secretary of Health and Human Services Xavier Becerra spoke with local leaders about improving health care access and equity on April 3, at a community health center in Denver.

Gathered at the Tepeyac Community Health Center, the group talked about Colorado's progress in improving health care affordability as well as ways the Biden-Harris administration can further support those efforts.

"We're going to do everything we can to reach out to the communities that have been left out," Becerra said.

The Latino community has seen the highest increase in health insurance coverage in the last three years, Becerra said, with a 52% increase nationally last year in Latino people signing up for insurance coverage under the Affordable Care Act. He said the Black community came close with a 49% increase.

"The reason we're breaking records is because principally the communities that were least insured, the Black and

brown communities, are now gaining access to coverage, and that's not an accident. That wasn't by luck, it was a lot of hard work," Becerra said. "That's because we went out and intentionally found people that didn't have access to the care they needed."

With the 2024 presidential election approaching, the Biden campaign is attempting to maintain strong support from Black and Latino voters amid indications their approval of the president has declined during his time in office. Support from those communities would be essential for Biden to win reelection in November.

Community health centers like Tepeyac need a consistent, permanent stream of funding that isn't debated every year during the congressional budget process, Becerra said. Certain health centers that serve as safety net providers in high-need communities are eligible for funding from the federal government, but that funding fluctuates year to year.

Polis said collaboration with the Biden administration will continue to help Colorado lead when it comes to health care policy. He noted the state's pending application with the Food and

Drug Administration that would allow Colorado to import certain less expensive prescription drugs from Canada. The governor also touted Colorado's Prescription Drug Affordability Review Board and said the state wants to cap private payer costs of certain prescription drugs.

"I know we're doing something right because we've been sued by pharma already," Polis said. "We're looking at every way we can to save people money, reduce costs — and that means reducing costs at the individual level and also the system level."

Occupational therapist Rebecca Gillett, who serves on Colorado's Health Insurance Affordability Enterprise Board, talked at the event about how she grew up watching her parents, who immigrated to the U.S. from the Philippines, struggle without access to proper health coverage. When she was diagnosed with rheumatoid arthritis in her 20s, she became even more aware of how difficult it can be to afford care with a chronic illness.

"I ended up borrowing money from my home equity that I owned in Florida in order to pay for my health coverage for the first year and a half



Colorado Gov. Jared Polis and U.S. Secretary of Health and Human Services Xavier Becerra talk about health care access with local leaders April 3, 2024, at the Tepeyac Community Health Center in North Denver. / El gobernador de Colorado, Jared Polis, y el secretario de Salud y Servicios Humanos de EE.UU., Xavier Becerra, hablan sobre el acceso a la atención sanitaria con líderes locales el 3 de abril de 2024, en el Centro de Salud Comunitario Tepeyac, en el norte de Denver. (Photo/Foto: Lindsey Toomer/Colorado Newslines)

while I was in grad school," Gillett said. "To me, access to care is imperative, and for people who have chronic diseases and autoimmune diseases, the care is really expensive. I'm paying a student loan and a loan that was basically to pay for my health care for a year and a half."

While Gillett said she's proud of the progress Colorado has made, there's still more work to be done. She said for people with chronic conditions, navigating health insurance systems is like a part-time job.

Becerra also joined U.S. Rep. Yadira Caraveo, a Thornton Democrat

who used to work as a pediatrician, in Commerce City April 3, to further discuss health care and prescription drug affordability with local providers and advocates.

Watch *El Semanario Live Stream discussion with Rep. Caraveo and Secretary Becerra* [here](#).

Lindsey Toomer is a Reporter with Colorado Newslines. This article is republished from Colorado Newslines under a Creative Commons license.

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El Secretario Becerra Destaca la Mejora del Acceso a la Atención Sanitaria y la Equidad Durante Su Visita a Colorado

COLORADO

Por Lindsey Toomer

El gobernador de Colorado, Jared Polis, y el secretario de Salud y Servicios Humanos de EE.UU., Xavier Becerra, hablaron con los líderes locales sobre la mejora del acceso a la atención sanitaria y la equidad el 3 de abril, en un centro de salud comunitario en Denver.

Reunidos en el Centro de Salud Comunitario Tepeyac, el grupo habló sobre el progreso de Colorado en la mejora de la asequibilidad de la atención médica, así como las formas en que la administración Biden-Harris puede apoyar aún más esos esfuerzos.

"Vamos a hacer todo lo posible para llegar a las comunidades que han sido dejadas de lado", dijo Becerra.

Según Becerra, la comunidad latina ha experimentado el mayor aumento de la cobertura sanitaria en los últimos tres años, con un incremento del 52% a nivel nacional el año pasado en el número de latinos que se inscribieron para obtener cobertura de seguro en virtud de la Ley de Asistencia Asequible. Dijo que la comunidad negra se acercó con un aumento del 49%.

"La razón por la que estamos batiendo récords es porque principalmente las comunidades que estaban menos aseguradas, las comunidades negra y morena, ahora están ganando acceso a la cobertura, y eso no es un accidente. No ha sido por suerte, sino por mucho trabajo", dijo Becerra. "Eso es porque salimos y encontramos intencionadamente a personas

See [Becerra/Esp](#) on page 17

THE WEEKLY ISSUE

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Denver Will Gather for 23rd Annual César Chávez Celebration



The César Chávez Peace and Justice Committee of Denver celebrates their 23rd annual celebration honoring the late labor leader on April 13. / El Comité de Paz y Justicia César Chávez de Denver celebra su 23rd edición en honor al fallecido líder sindical en 13 de abril. (Photo: CEF/The Weekly Issue/El Semanario)

COLORADO

The César Chávez Peace and Justice Committee of Denver (CCPJ) began a tradition honoring César Estrada Chávez in 2002. The memory of the late labor leader and humanitarian continues in Colo-

rado on Saturday, April 13, with an in-person celebration at César Chávez Park in north Denver. The theme of the 23rd Annual celebration is "Cultivating César Chávez' Social Justice".

See [Denver](#) on page 21

Denver Se Reunirá para la 23^a Celebración Anual de César Chávez



El Comité de Paz y Justicia César Chávez de Denver celebra su 23ª edición en honor al fallecido líder sindical con un evento presencial el 13 de abril. (Foto: CEF/The Weekly Issue/El Semanario)

COLORADO

El Comité de Paz y Justicia César Chávez de Denver (CCPJ) inició una tradición en honor a César Estrada Chávez en 2002. La memoria del difunto líder laboral y humanitario continúa en Colorado el sábado 13 de abril, con una celebración en persona en el Parque César Chávez en el norte de Denver. El tema de la 23ª celebración

anual es "Cultivando la justicia social de César Chávez".

La celebración de este año comenzará con una misa católica tradicional a las 9:00 de la mañana, en la capilla St. John Francis Regis, 3333 Regis Boulevard, Denver, CO 80221.

La tradicional Marcha comenzará después de la Misa a las 10:30am,

Vea [Denver/Esp](#), página 18

DEN

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Denver Encourages All to Start by Believing Victims of Sexual Assault



The Blue Bench's third annual RISE Survivor Art Show is filled with art pieces created by survivors of sexual assault and is on display until April 28. (Photo/Foto: Ble Bench)

COLORADO

Last week marked the internationally recognized Start by Believing day, which is a day to encourage everyone to Start by Believing victims of sexual assault – as they would believe any other victim of crime. On April 3, Denver District Attorney Beth McCann, Denver Police Chief Ron Thomas, Denver Health Forensic Nurse Program Manager Michelle Metz, The Blue Bench Co-Director Client Services Laura Patlan, and three brave survivors, gathered to encourage everyone

to start by believing victims and survivors of sexual assault.

Officials and survivors of sexual assault stood together last week to share what happens when victims are believed, while also promoting The Blue Bench's third annual RISE Survivor Art Show. The RISE Survivor Art Show is filled with art pieces created by survivors of sexual assault. The art show opened on April 5, to the public at RemainReal Fine Art gallery at 901 Santa Fe Drive, and is on display until April 28.

“Research has shown that two out of every three sexual assault incidents are not reported to police, and this lack

of reporting allows offenders an opportunity to reoffend,” said District Attorney McCann. “We know many victims don't report because they don't think they will be believed. Our office always starts by believing victims, and we provide the support they need as we focus on holding offenders accountable.”

One in two women, one in three men, and one in two trans-/nonbinary individuals will experience some form of completed or attempted sexual assault within their lifetimes. With this horrifying reality, it is likely that everyone knows someone who was or will be sexually assaulted. Being sexually as-

saulted can have a devastating impact on survivors and their reasons for not sharing they were sexually assaulted vary. However, should a victim choose

to disclose their experience, a negative, dismissive, or unsupportive reaction

See **Believe** on page 21

Denver Anima a Todos a Empezar por Creer a las Víctimas de Agresiones Sexuales

COLORADO

La semana pasada se celebró el día internacionalmente reconocido Start by Believing [3 de abril], un día para animar a todo el mundo a empezar por creer a las víctimas de agresiones sexuales, como creerían a cualquier otra víctima de un delito. Esta mañana, la fiscal del distrito de Denver, Beth McCann, el jefe de policía de Denver, Ron Thomas, la directora del programa de enfermería forense de Denver Health, Michelle Metz, la codirectora de servicios al cliente de The

Blue Bench, Laura Patlan, y tres valientes supervivientes, se reunieron para animar a todo el mundo a empezar por creer a las víctimas y supervivientes de agresiones sexuales.

Funcionarios y supervivientes de agresiones sexuales se reunieron la semana pasada para compartir lo que ocurre cuando se cree a las víctimas, a la vez que promovían la tercera exposición anual de arte RISE Survivor de The Blue Bench. La exposición RISE Survivor Art Show está repleta de obras de arte creadas por supervivientes de agresiones sexuales. La exposición se

inauguró la semana pasada en la galería RemainReal Fine Art gallery, en 901 Santa Fe Drive, y estará abierta al público hasta el 28 de abril.

“La investigación ha demostrado que dos de cada tres incidentes de agresión sexual no se denuncian a la policía, y esta falta de denuncia permite a los delincuentes la oportunidad de reincidir”, dijo el fiscal McCann. “Sabemos que muchas víctimas no denuncian porque piensan que no se les creerá. Nuestra oficina siempre empieza por creer a las víctimas, y les proporcionamos el apoyo que necesitan mien-

tras nos centramos en responsabilizar a los delincuentes.”

Una de cada dos mujeres, uno de cada tres hombres y una de cada dos personas trans/no binarias sufrirán algún tipo de agresión sexual, consumada o en grado de tentativa, a lo largo de su vida. Con esta horrible realidad, es probable que todo el mundo conozca a alguien que haya sufrido o vaya a sufrir una agresión sexual. Ser agredido sexualmente puede tener un impacto devastador en los supervivientes y sus razones para no compartir que fueron agredidos sexualmente varían. Sin em-

bargo, si una víctima decide revelar su experiencia, una reacción negativa, despectiva o insolidaria por parte de alguien a quien se lo cuente puede impedirle buscar y recibir la ayuda que necesita.

Por este motivo, la ciudad de Denver y sus socios siguen concienciando sobre la importancia de creer a las víctimas de agresiones sexuales y animan a la comunidad a investigar sobre este importante asunto para estar preparados con una respuesta de apoyo en caso de que alguien revele que ha sido agredido sexualmente.

Las investigaciones demuestran que si se cree a una víctima, aumentan las probabilidades de que reciba la ayuda que necesita. Esto puede ser ponerse en contacto con un defensor de la víctima, como The Blue Bench, hacer que Denver Health complete un kit SANE, y/o informar a la Policía de Denver, que investiga y luego trabaja con la Oficina del Fiscal del Distrito de Denver para responsabilizar a los delincuentes.

“El Departamento de Policía de Denver reconoce que las supervivientes pueden no querer denunciar su agresión sexual a las fuerzas del orden - y apoyamos su decisión”, dijo el Jefe Thomas. “Sin embargo, animamos encarecidamente a que se pongan en contacto con un grupo de defensa para recibir la ayuda que necesitan, y si llega el momento en que sí quieren denunciarlo a la policía, el Departamento de Policía de Denver empieza por creer”.

Las investigaciones también muestran que las víctimas de agresiones sexuales suelen contárselo primero a un amigo o a un familiar. Aunque la ciudad de Denver y sus socios se comprometen a creer a los supervivientes, se anima a que todo el mundo empiece por creer. Si alguien dice que le han robado, suele recibir compasión y apoyo. La misma reacción y respuesta debe compartirse cuando alguien dice que fue agredido sexualmente.

“Denver Health es consciente de que denunciar una agresión sexual puede ser difícil y hace todo lo posible por eliminar cualquier barrera que pueda suponer para el paciente acudir

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22nd Annual Día del Niño at the DAM Celebrates Children in Denver

COLORADO

The Denver Art Museum (DAM) will host its 22nd annual *Día del Niño* (Day of the Child) celebration on Sunday, April 28, with free general admission for all, bilingual activities, hands-on artmaking, musical and artistic performances and more. The museum will join its Golden Triangle neighbors, including Clyfford Still Museum, Center for Colorado Women's History, History Colorado Center and the Denver Public Central Library for a neighborhood-wide festival to honor children around the world.

The 22nd Annual *Día del Niño* Celebration will be held on Sunday, April 28, 10 a.m.-5 p.m. at the Denver Art Museum, 100 W. 14th Ave. Pkwy.

This global celebration of all children at DAM will feature art experiences including live dance and music by international and local artists, hands-on activities in the [Creative Hub](#) spaces in the Martin Building and the [Dream Studio](#) in the Hamilton Building.

With FREE general admission all day, visitors will have the opportunity to explore all museum galleries and spaces, which currently feature acclaimed

exhibitions including [Have a Seat: Mexican Chair Design Today](#), [The Skeletal World of José Guadalupe Posada](#), [Fazal Sheikh: Thirst | Exposure | In Place](#) and [Weaving a Foundation: Cornerstones of the Textile Arts Collection](#), as well as the DAM's global art collections.

Everyone is invited to bring their family and friends to the DAM to *Día del Niño*, with free admission all day from 10 a.m. to 5 p.m., which includes full access to all activities, exhibitions, performances and spaces within the museum.

This year, for the first time, visitors will be able to experience the Monarch Butterfly Biosphere in Michoacán, Mexico, through virtual reality visors provided by the [Mexican Consulate General in Denver and the Butterfly Pavilion](#), at the Creative Hub in the Martin Building.

Celebrate local Indigenous elders in the [Native Elder's Exhibition](#), which highlights the artistry of nine community members ages 55 and over who have been active in making art and in supporting our local Native communities, on view through May 30.

Inside the museum's Sturm Pavilion and outside in Kemper Courtyard, live

music and dance performances by the following groups and performers will represent the countries of Indonesia, Ireland, Mexico, Peru, Venezuela and Zimbabwe: ARCINDA (Arts & Culture of Indonesia); Ballet Folklórico Sangre de México; Celtic Steps Irish Dance; Chihera African Marimbas; Colorado Mestizo Dancers; Colorado New Style (CNS); Comparsa Morelos en Denver (Chinelos); Danza Caballitos de Rancho Grande; Danza Matachina Guadalupeana; El Mariachi Juvenil de Bryant Webster; El Sistema Colorado Chamber Orchestra with members of the Colorado Symphony; Folklor México en la Piel; Friendship Powwow Dancers; Mariachi Femenil Alma del Folklore; New American Stories by Roshni Youth; Qhaswa Peru USA; and Sandoval Singers.

The Denver Preschool Program (DPP) will bring in celebrity guest readers at 11 a.m. at Sturm Pavilion to read *Señorita mariposa* by Ben Gundersheimer. The book will be read to children in English by Denver ABC 7's news anchor Jessica Crawford and in Spanish by Briana Gonzáles. A complimentary book will be given to each child who attends the book reading while supplies last.



The Denver Art Museum (DAM) will host its 22nd annual *Día del Niño* (Day of the Child) celebration on Sunday, April 28, with free general admission for all. / El Denver Art Museum (DAM) festejará su XXII Celebración Anual del Día del Niño el domingo 28 de abril con entrada general gratuita para todo el público. (Foto/Foto: Courtesy Denver Art Museum)

In the Hamilton Building's Dream Studio, visitors will be able to join live art demonstrations by Colorado-based artist [Arturo García](#) from 12 p.m. to 3 p.m. On the second level of the Hamilton Building, Colorado artist Chris Bagley, creator of the exhibition *Space Command* will meet and greet visitors from 1 p.m. to 3 p.m.

Visitors are encouraged to explore additional Golden Triangle Creative District organizations participating in

this celebration, including the [Denver Public Library](#), [Clyfford Still Museum](#), [History Colorado Center](#) and the [Center for Colorado Women's History](#) at the [Byers-Evans House Museum](#).

For museum information, visit www.denverartmuseum.org or call 720-865-5000.

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La XXII Celebración Anual del Día del Niño en el DAM Festeja a los Niños de Denver y del Mundo

COLORADO

El Denver Art Museum (DAM) festejará su XXII Celebración Anual del *Día del Niño* el domingo 28 de abril con entrada general gratuita para todo el público, actividades creativas bilingües, presentaciones musicales en vivo y mucho más. El museo se unirá a sus vecinos del distrito creativo Golden Triangle (Triángulo Dorado), entre ellos, el Clyfford Still Museum, el Center for Colorado Women's History, el History Colorado Center y la Denver Public Central Library, para celebrar en todo el barrio un festival en homenaje a las niñas y niños de todo el mundo. XXII Celebración Anual del Día del Niño, Domingo, 28 de abril, 10 a. m.-5 p. m. Denver Art Museum, 100 W. 14th Ave. Pkwy.

En esta celebración global de la niñez en el DAM se ofrecerán experiencias de arte, como música y danza en vivo, interpretadas por artistas locales e internacionales de todas las edades, así como actividades creativas y presentaciones especiales en los espacios del [Corazón Creativo](#), ubicados en el Edificio Martin, y oportunidades para crear arte con artistas invitados en el Estudio de Sueños y en la instalación de Comando del Espacio en el Edificio Hamilton.

Con entrada general GRATUITA durante todo el día, los visitantes tendrán la oportunidad de explorar todas las salas y los espacios del museo, que



Invitamos a todo el público a traer a sus familiares y amigos a celebrar el *Día del Niño* en el DAM. / Everyone is invited to bring their family and friends to the DAM to *Día del Niño*. (Foto/ Photo: cortesía de Denver Art Museum)

actualmente albergan reconocidas exposiciones, tales como [Have a Seat: Mexican Chair Design Today \(Tome asiento: Sillas mexicanas contemporáneas\)](#), [The Skeletal World of José Guadalupe Posada \(El esqueleto mundo de José Guadalupe Posada\)](#), [Fazal Sheikh: Thirst | Exposure | In Place \(Fazal Sheikh: Sed | Exposición | En el lugar\)](#) y [Weaving a Foundation: Cornerstones of the Textile Arts Collection \(Tejiendo una fundación: Cimientos de la colección de artes textiles\)](#), además de las colecciones

de arte mundial del DAM.

Invitamos a todo el público a traer a sus familiares y amigos a celebrar el *Día del Niño* en el DAM, y a disfrutar de entrada gratuita todo el día desde las 10 a. m. a las 5 p. m., que incluye acceso a todas las actividades, exposiciones, presentaciones y espacios del complejo del museo.

Este año, por primera vez, los visitantes tendrán la oportunidad de vivir la experiencia de la Biosfera de la Mar-

iposa Monarca en Michoacán, México, mediante visores de realidad virtual proporcionadas por el Pabellón de las Mariposas en colaboración con el [Consulado General de México en Denver](#). Esta actividad se llevará a cabo en el Corazón Creativo del Edificio Martin.

Acompáñanos para celebrar a las personas indígenas mayores en la exposición [Native Elder's Exhibition \(Enfoque en la Comunidad: Exposición de obras de personas nativas mayores\)](#), que pone de relieve la destreza de nueve personas indígenas mayores de 55 años que han estado creando arte y apoyando a las comunidades indígenas locales de manera activa. Esta exposición inaugural, que podrá visitarse desde el 14 de marzo al 30 de marzo, se convertirá en un evento anual en el DAM.

En el Pabellón Sturm del Edificio Martin del museo y afuera, en el Patio Kemper, habrá presentaciones de música y danza en vivo, donde los siguientes grupos e intérpretes representarán a Indonesia, Irlanda, México, Perú, Venezuela y Zimbabue: ARCINDA (Las Artes y Cultura de Indonesia); Ballet Folklórico Sangre de México; Celtic Steps Irish Dance; Chihera African Marimbas; Colorado Mestizo Dancers; Colorado New Style (CNS); Comparsa Morelos en Denver (Chinelos); Danza Caballitos de Rancho Grande; Danza Matachina Guadalupeana; El Mariachi Juvenil de Bryant Webster; El Sistema Colorado

Chamber Orchestra, con miembros de la Colorado Symphony; Folklor México en la Piel; Danzantes del Powwow de la Amistad; Mariachi Femenil Alma del Folklore; New American Stories de Roshni Youth; Qhaswa Peru USA; y Sandoval Singer.

El Programa Preescolar de Denver (DPP, por sus siglas en inglés) invitará a celebridades a leer *Señorita mariposa* de Ben Gundersheimer a las 11 a. m. en el Pabellón Sturm. El libro será leído a las niñas y niños, en inglés, por la presentadora de la cadena ABC, canal 7 de Denver, Jessica Crawford y, en español, por Briana Gonzáles. Se entregará un libro gratuito a cada niño que asista a la lectura, hasta agotar existencias.

En el Estudio de Sueños del Edificio Hamilton, los visitantes podrán interactuar con el [artista invitado del mes Arturo García](#), de las 12 del mediodía a las 3 p. m. En el segundo piso del Edificio Hamilton estará el artista de Colorado Chris Bagley, creador de la instalación *Space Command (Comando del Espacio)*, para interactuar y charlar con los visitantes de la 1 p. m. a las 3 p. m.

Invitamos a los visitantes a explorar otras organizaciones del Distrito Creativo de Golden Triangle que participan de esta celebración, como la [Denver Public Library](#), [el Clyfford Still Museum](#), [el History Colorado Center](#) y el [Center for Colorado Women's History del Byers-Evans House Museum](#).

Para obtener más información sobre el museo, visita www.denverartmuseum.org o llama al 720-865-5000.

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Luján, HHS Secretary Becerra, and Albuquerque Mayor Keller Visit Albuquerque Sobering Center

NEW MÉXICO

U.S. Senator Ben Ray Luján (D-N.M.), U.S. Secretary of Health and Human Services Xavier Becerra, and Albuquerque Mayor Tim Keller highlighted \$4.2 million in Congressionally Directed Spending secured for the City of Albuquerque Gateway’s Medical Sobering Center. During their visit on April 4, Senator Luján, Secretary Becerra, and Mayor Keller toured the Sobering Cen-

ter and met with local officials to discuss behavioral health and substance use initiatives.

In addition to Senator Luján, U.S. Senator Martin Heinrich (D-N.M.) and U.S. Representative Melanie Stansbury (D-N.M.) helped secure this funding to support Gateway’s Medical Sobering Center’s work to help people get sober. It also helps facilitate access to long-term recovery services, case management, and recovery housing. Last week, Senator Luján secured \$15 million for

26 New Mexico projects, including investments in flood and fire mitigation, health care access, small business support, and workforce development.

“Today, I had the honor of joining our city’s healers and folks who are on a mission to make our communities safer for the people who call Albuquerque home. It takes all of us working together, telling this story, and supporting one another to solve the substance

See [Luján](#) on page 20



U.S. Senator Ben Ray Luján, U.S. Secretary of Health and Human Services Xavier Becerra, and Albuquerque Mayor Tim Keller visit Albuquerque Sobering Center. / El Senador Ben Ray Luján (D-N.M.), el Secretario de Salud y Servicios Humanos, Xavier Becerra, y el Alcalde de Albuquerque, Tim Keller, visita el Centro de Sobering y se reunieron con funcionarios locales para discutir la salud conductual y las iniciativas de uso de sustancias. (Photo/Foto: U.S. Sen Luján)

El Senador de los EE.UU. Luján, el Secretario de HHS Becerra, y el Alcalde de ABQ Keller Visitan el Centro de Sobriedad de Albuquerque

NEW MÉXICO

El Senador Ben Ray Luján (D-N.M.), el Secretario de Salud y Servicios Humanos, Xavier Becerra, y el Alcalde de Albuquerque, Tim Keller, destacaron los \$4.2 millones de dólares en gastos dirigidos por el Congreso asegurados para el Centro Médico de Sobriedad de la Ciudad de Albuquerque

Gateway. Durante su visita el 4 de abril, el Senador Luján, el Secretario Becerra, y el Alcalde Keller recorrieron el Centro de Sobriedad y se reunieron con funcionarios locales para discutir la salud conductual y las iniciativas de uso de sustancias.

Además del senador Luján, el senador Martin Heinrich (demócrata de Nuevo México) y la diputada Mel-

anie Stansbury (demócrata de Nuevo México) ayudaron a conseguir esta financiación para apoyar el trabajo del Centro de sobriedad médica de Gateway para ayudar a las personas a mantenerse sobrias. También ayuda a facilitar el acceso a servicios de recuperación a largo plazo, gestión de casos y viviendas de recuperación. La semana pasada, el Senador Luján aseguró 15 mil-

lones de dólares para 26 proyectos de Nuevo México, incluyendo inversiones en mitigación de inundaciones e incendios, acceso a la atención médica, apoyo a pequeñas empresas y desarrollo de la fuerza laboral.

“Hoy he tenido el honor de unirme a los sanadores de nuestra ciudad y a la gente que tiene la misión de hacer que nuestras comunidades sean más

seguras para las personas que llaman a Albuquerque su hogar. Se necesita que todos trabajemos juntos, contando esta historia, y apoyándonos unos a otros para resolver la crisis del trastorno por uso de sustancias. Y eso es lo que el Sobering Center representa”, dijo el senador Luján. “Estoy orgulloso de

Ve [Luján/Esp](#), página 17



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NM LGBTQ+ Equality Group Endorses 2024 Candidates

COLORADO

By Roz Brown

After 30 years of championing the rights of LGBTQ+ people, Equality New Mexico has its finger on the pulse of supportive legislation and has made its earliest endorsements ever for the 2024 election. Marshall Martínez, executive director of the group, said the advocacy organization has come out early for candidates he calls equality “rock stars,” those who have demonstrated proactive leadership in the fight for LGBTQ+ issues. He believes New Mexico and a handful of other states serve



Marshall Martínez, executive director, Equality New Mexico said the advocacy organization has come out early for candidates who have demonstrated proactive leadership in the fight for LGBTQ+ issues. (Photo: Equality New Mexico)



“Queer and trans people deserve to be happy and healthy in the community they live in.”
Marshall Martínez, Equality New Mexico

as models in supportive legislation. “Queer and trans people deserve to be happy and healthy in the communi-

ty they live in,” Martínez pointed out. “But until we can make that happen at the national level, we want to make sure that those in New Mexico can have that life, and that others folks could consider coming to New Mexico for that life.” Last year the New Mexico Legislature

See [LGBTQ+](#) on page 24



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The Burden of Getting Medical Care Can Exhaust Older Patients

By Judith Graham

Susanne Gilliam, 67, was walking down her driveway to get the mail in January when she slipped and fell on a patch of black ice.

Pain shot through her left knee and ankle. After summoning her husband

on her phone, with difficulty she made it back to the house.

And then began the run-around that so many people face when they interact with America's uncoordinated health care system.

Gilliam's orthopedic surgeon, who managed previous difficulties with her

left knee, saw her that afternoon but told her "I don't do ankles."

He referred her to an ankle specialist who ordered a new set of X-rays and an MRI. For convenience's sake, Gilliam asked to get the scans at a hospital near her home in Sudbury, Massachusetts. But the hospital didn't have the



A study found that slightly more than 1 in 10 seniors, including those recovering from or managing serious illnesses, spent a much larger portion of their lives getting care — at least 50 days a year. / El estudio determinó que poco más de 1 de cada 10 personas mayores, incluyendo las que se estaban haciendo controles o recuperándose de enfermedades graves, pasaban más tiempo recibiendo atención médica: al menos 50 días al año. (Foto/Foto: Adobe Stock)

doctor's order when she called for an appointment. It came through only after several more calls.

Coordinating the care she needs to recover, including physical therapy, became a part-time job for Gilliam. (Therapists work on only one body part per session, so she has needed separate visits for her knee and for her ankle several times a week.)

"The burden of arranging everything I need — it's huge," Gilliam told me. "It leaves you with such a sense of mental and physical exhaustion."

The toll the American health care system extracts is, in some respects, the price of extraordinary progress in medicine. But it's also evidence of the poor

fit between older adults' capacities and the health care system's demands.

"The good news is we know so much more and can do so much more for people with various conditions," said Thomas H. Lee, chief medical officer at Press Ganey, a consulting firm that tracks patients' experiences with health care. "The bad news is the system has gotten overwhelmingly complex."

That complexity is compounded by the proliferation of guidelines for separate medical conditions, financial incentives that reward more medical care, and specialization among clinicians, said Ishani Ganguli, an associate

See [Medical](#) on page 18

EARTH WEEK 2024

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Adultos Mayores, Agotados por Tener Que Organizar Tanta Atención Médica

Por Judith Graham

En enero, Susanne Gilliam, de 67 años, estaba yendo a recoger el correo afuera de su casa cuando se cayó al resbalar sobre una capa de hielo negro.

Sintió una punzada de dolor en la rodilla y el tobillo de la pierna izquierda. Después de llamar a su marido por teléfono, logró regresar a su casa con dificultad.

Y así comenzó el vaivén interminable que tantas personas enfrentan cuando tienen que navegar el desorganizado sistema de salud de Estados Unidos.

El cirujano ortopédico de Gilliam, que la había tratado antes por problemas en la misma rodilla, la vio esa tarde pero le aclaró: "Yo no me ocupo de tobillos".

La derivó a un especialista en tobillos que ordenó nuevas radiografías y una resonancia magnética. Gilliam pidió hacerse las pruebas en un hospital cerca de su casa en Sudbury, Massachusetts, que le resultaba más conveniente. Pero cuando llamó para pedir una cita, el hospital no tenía la orden del doctor,

que finalmente llegó después de varias llamadas más.

Coordinar la atención que necesita para recuperarse, incluyendo sesiones de fisioterapia, se convirtió en un trabajo de medio tiempo para Gilliam. (Los terapeutas trabajan solo en una parte del cuerpo por sesión, y por lo tanto Gilliam requiere visitas separadas para su rodilla y su tobillo, varias veces a la semana).

"El peso de organizar todo lo que necesito es enorme", dijo Gilliam. "Te queda una sensación de agotamiento físico y mental".

En algunos casos, las deficiencias del sistema de salud son el precio que se paga por avances extraordinarios en el campo de la medicina. Pero también ponen en evidencia las incoherencias entre las capacidades de los adultos mayores y las demandas del sistema.

"La buena noticia es que sabemos mucho más y podemos hacer mucho más por las personas con distintas afecciones", dijo Thomas H. Lee, director médico de Press Ganey, una consultoría que hace seguimiento de

Ve [Médica](#), página 20

Becerra/Esp

que no tenían acceso a la atención que necesitaban”.

A medida que se acercan las elecciones presidenciales de 2024, la campaña de Biden intenta mantener un fuerte apoyo de los votantes negros y latinos en medio de indicios de que su aprobación del presidente ha disminuido durante su mandato. El apoyo de esas comunidades sería esencial para que Biden ganara la reelección en noviembre.

Los centros de salud comunitarios como Tepeyac necesitan un flujo de financiación constante y permanente que no se debata cada año durante el proceso presupuestario del Congreso, dijo Becerra. Algunos centros de salud que sirven como proveedores de la red de seguridad en las comunidades de alta necesidad son elegibles para la financiación del gobierno federal, pero que la financiación fluctúa de año en año.

Polis dijo que la colaboración con la administración Biden seguirá ayudando a Colorado a liderar en lo que respecta a la política de atención de la salud. Señaló la solicitud pendiente del estado con la Administración de Alimentos y Medicamentos que permitiría a Colorado para importar ciertos medicamentos recetados menos caros de Canadá. El gobernador también promocionó la Junta de Revisión de Asequibilidad de Medicamentos Recetados de Colorado y dijo que el estado quiere limitar los costes del pagador privado de ciertos medicamentos recetados.

“Sé que estamos haciendo algo bien porque ya hemos sido demandados por las farmacéuticas”, dijo Polis. “Estamos buscando todas las maneras posibles para ahorrar dinero a la gente, reducir los costos - y eso significa reducir los costos a nivel individual y también el nivel del sistema.”

La terapeuta ocupacional Rebecca Gillett, que forma parte de la Health Insurance Affordability Enterprise

Board de Colorado, habló en el acto de cómo creció viendo a sus padres, que emigraron a EE.UU. desde Filipinas, luchar sin acceso a una cobertura sanitaria adecuada. Cuando le diagnosticaron artritis reumatoide a los 20 años, fue aún más consciente de lo difícil que puede ser costearse la atención sanitaria con una enfermedad crónica.

“Acabé pidiendo prestado dinero del capital de la vivienda que tenía en Florida para poder pagar mi cobertura sanitaria durante el primer año y medio que estuve en la universidad”, explica Gillett. “Para mí, el acceso a la atención es imperativo, y para las personas que padecen enfermedades crónicas y autoinmunes, la atención es realmente cara. Estoy pagando un préstamo estudiantil y un préstamo que era básicamente para pagar mi atención médica durante un año y medio.”

Mientras Gillett dijo que está orgulloso de los progresos de Colorado ha hecho, todavía hay más trabajo por hacer. Ella dijo que para las personas con enfermedades crónicas, navegar por los sistemas de seguro de salud es como un trabajo a tiempo parcial.

Becerra también se unió a la Representante de EE.UU. Yadira Caraveo, una demócrata de Thornton que solía trabajar como pediatra, en Commerce City el 3 de abril, para seguir discutiendo la atención de la salud y la asequibilidad de los medicamentos recetados con los proveedores locales y defensores.

Vea el debate en directo de El Semanario con la diputada Caraveo y el secretario Becerra aquí.

Lindsey Toomer es reportera de Colorado Newsline. Este artículo fue publicado originalmente por Colorado Newsline.

Traducido por Juan Carlos Uribe, The Weekly Issue/El Semanario.

Para Noticias de Colorado:
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Luján/Esp

haber conseguido más de 4 millones de dólares en fondos federales para apoyar este centro, ayudando a su personal a obtener los recursos que necesitan para ayudar a las personas en sus momentos más vulnerables. Me alegro de que este esfuerzo innovador desempeñará un papel clave en ayudar a nuestras comunidades a mantenerse seguro y bien, mientras que sirve como un modelo nacional sobre la mejor manera de abordar la crisis de consumo de sustancias.”

“En el HHS, estamos haciendo inversiones en prevención, tratamiento, reducción de daños y apoyo a la recuperación”, dijo Becerra, Secretario del HHS. “También estamos trabajando duro para cambiar la narrativa en nuestras comunidades latinas, y eliminar los viejos estigmas que hacen que sea más difícil para las personas buscar ayuda. Vamos a seguir haciendo este trabajo durante el tiempo que sea

necesario - hasta que hayamos cumplido con nuestras promesas a las familias en las comunidades de todo el país.”

“El Sobering Center en Gateway llenará una necesidad crítica en nuestra comunidad, aliviando la presión sobre los primeros en responder, hospitales, departamentos de emergencia, y proporcionando un lugar seguro para que la gente se ponga sobria y se conecte a los próximos pasos en su camino hacia la recuperación”, dijo el alcalde Keller. “Agradecemos el apoyo del senador Luján, el secretario Becerra y todos nuestros líderes en Washington para invertir en este lugar de esperanza y curación”.

Traducido por Juan Carlos Uribe, The Weekly Issue/El Semanario.

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Medical

professor of medicine at Harvard Medical School.

“It’s not uncommon for older patients to have three or more heart specialists who schedule regular appointments and tests,” she said. If someone has multiple medical problems — say, heart disease, diabetes, and glaucoma — interactions with the health care system multiply.

Ganguli is the author of a [new study](#) showing that Medicare patients spend about three weeks a year having medical tests, visiting doctors, undergoing treatments or medical procedures, seeking care in emergency rooms, or spending time in the hospital or rehabilitation facilities. (The data is from 2019, before the covid pandemic disrupted care patterns. If any services were received, that counted as a day of health care contact.)

That study found that slightly more than 1 in 10 seniors, including those recovering from or managing serious illnesses, spent a much larger portion of their lives getting care — at least 50 days a year.

“Some of this may be very beneficial and valuable for people, and some of it may be less essential,” Ganguli said. “We don’t talk enough about what we’re asking older adults to do and whether that’s realistic.”

Victor Montori, a professor of medicine at the Mayo Clinic in Rochester, Minnesota, has for many years

raised an alarm about the “treatment burden” that patients experience. In addition to time spent receiving health care, this burden includes arranging appointments, finding transportation to medical visits, getting and taking medications, communicating with insurance companies, paying medical bills, monitoring health at home, and following recommendations such as dietary changes.

Four years ago — in a paper titled “[Is My Patient Overwhelmed?](#)” — Montori and several colleagues found that 40% of patients with chronic conditions such as asthma, diabetes, and neurological disorders “considered their treatment burden unsustainable.”

When this happens, people stop following medical advice and report having a poorer quality of life, the researchers found. Especially vulnerable are older adults with multiple medical conditions and low levels of education who are economically insecure and socially isolated.

Older patients’ difficulties are compounded by medical practices’ increased use of digital phone systems and electronic patient portals — both frustrating for many seniors to navigate — and the time pressures afflicting physicians. “It’s harder and harder for patients to gain access to clinicians who can problem-solve with them and answer questions,” Montori said.

Meanwhile, clinicians rarely ask patients about their capacity to perform the work they’re being asked to do. “We often have little sense of the complexity of our patients’ lives and even less insight into how the treatments we provide (to reach goal-directed guidelines) fit within the web of our patients’ daily experiences,” several physicians wrote in a 2022 paper on reducing treatment burden.

Consider what Jean Hartnett, 53, of Omaha, Nebraska, and her eight siblings went through after their 88-year-old mother had a stroke in February 2021 while shopping at Walmart.

At the time, the older woman was looking after Hartnett’s father, who had kidney disease and needed help with daily activities such as showering and going to the bathroom.

During the year after the stroke, both of Hartnett’s parents — fiercely independent farmers who lived in Hubbard, Nebraska — suffered setbacks, and medical crises became common. When a physician changed her mom’s or dad’s plan of care, new medications, supplies, and medical equipment had to be procured, and new rounds of occupational, physical, and speech therapy arranged.

Neither parent could be left alone if the other needed medical attention.

“It wasn’t unusual for me to be bringing one parent home from the hospital or doctor’s visit and passing the ambulance or a family member

on the highway taking the other one in,” Hartnett explained. “An incredible amount of coordination needed to happen.”

Hartnett moved in with her parents during the last six weeks of her father’s life, after doctors decided he was too weak to undertake dialysis. He passed away in March 2022. Her mother died months later in July.

So, what can older adults and family caregivers do to ease the burdens of health care?

To start, be candid with your doctor if you think a treatment plan isn’t feasible and explain why you feel that way, said Elizabeth Rogers, an assistant professor of internal medicine at the University of Minnesota Medical School.

“Be sure to discuss your health priorities and trade-offs: what you might gain and what you might lose by forgoing certain tests or treatments,” she said. Ask which interventions are most important in terms of keeping you healthy, and which might be expendable.

Doctors can adjust your treatment plan, discontinue medications that aren’t yielding significant benefits, and arrange virtual visits if you can manage the technological requirements. (Many older adults can’t.)

Ask if a social worker or a patient

navigator can help you arrange multiple appointments and tests on the same day to minimize the burden of going to and from medical centers. These professionals can also help you connect with community resources, such as transportation services, that might be of help. (Most medical centers have staff of this kind, but physician practices do not.)

If you don’t understand how to do what your doctor wants you to do, ask questions: What will this involve on my part? How much time will this take? What kind of resources will I need to do this? And ask for written materials, such as self-management plans for asthma or diabetes, that can help you understand what’s expected.

“I would ask a clinician, ‘If I chose this treatment option, what does that mean not only for my cancer or heart disease, but also for the time I’ll spend getting care?’” said Ganguli of Harvard. “If they don’t have an answer, ask if they can come up with an estimate.”

Judith Graham, a contributing columnist, writes the “Navigating Aging” column for KFF Health News.

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Denver/Esp

partiendo de la Capilla Regis hacia el Parque César E. Chávez, en 4131 N. Tennyson St., Denver, CO 80212. El programa y entrega de premios comenzará después de la Marcha en el Parque César Chávez.

Cada año, el CCPJC de Denver honra a individuos y organizaciones que encarnan los ideales y la visión de César Chávez. En el evento se entregarán los premios a los siguientes galardonados:

Carlota Espinoza recibirá el Premio al Liderazgo Anciano; Dr. Nicki Gonzales será honrada con el Premio al Liderazgo Femenino Adulto; Milo Marquez recibirá el Premio al Liderazgo Masculino Adulto; Alessandra Chavira será honrada con el Premio al Liderazgo Femenino Juvenil; y el premio comunitario se entregarán al Homies Unidos Denver.

La celebración contará con comida y entretenimiento.

A finales de los años 60 y principios de los 70, Chávez lideró una nación de apoyo a los trabajadores agrícolas del país, que se enfrentaban continuamente a abusos, salarios bajos y a veces inexistentes, y condiciones de trabajo inhumanas. Creó conciencia para la gente que no tenía voz, y fue fundamental en la creación del sindi-

cato United Farm Workers (UFW), exigiendo derechos para la gente del campo. Para leer más sobre la historia de César Chávez clic [aquí](#).

En 2001, los ex representantes del estado de Colorado Frana Mace y Rob Hernández patrocinaron un proyecto de ley para crear un día festivo en el estado, y la ex concejala de Denver Ramona Martínez inició un día festivo en Denver en reconocimiento de Chávez y sus logros.

Durante las últimas dos décadas, el comité ha trabajado con el Departamento de Parques y Recreación de la Ciudad y el Condado de Denver para reconstruir el Parque César E. Chávez en el noroeste de Denver, lo que en 2015 incluyó la inauguración de un busto con el nombre del parque. El parque se reconstruyó para aumentar el acceso e incluir iconos culturales importantes para la lucha por la igualdad de derechos de todas las personas.

Para más información visite la página de [facebook](#) del Comité de Paz y Justicia César Chávez de Denver.

Traducido por Juan Carlos Uribe-The Weekly Issue/El Semanario.

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Cada sesión es asesorada por una terapeuta bilingüe y dirigida por una coordinadora del Grupo de Cáncer en Español.



Las personas que califiquen pueden solicitar sesiones gratis de terapia en salud mental y ayuda financiera para algunos costos médicos.

Médica

las experiencias de los pacientes con el sistema de salud. “La mala noticia es que el sistema se ha vuelto tremendamente complejo”.

Esto se agrava por las múltiples guías para tratar afecciones, la superespecialización médica, y los incentivos financieros que hacen que los pacientes reciban cada vez más atención, dijo Ishani Ganguli, profesora asociada en la Escuela de Medicina de Harvard.

“No es raro que pacientes mayores tengan tres o más cardiólogos que les programan citas y pruebas regulares”, dijo. Si alguien tiene varios problemas de salud (por ejemplo, enfermedades cardíacas, diabetes y glaucoma), las interacciones con el sistema se multiplican.

Ganguli es la autora de un nuevo estudio que muestra que los pacientes de Medicare dedican aproximadamente tres semanas al año a hacerse pruebas médicas, ver a doctores, someterse a tratamientos o procedimientos médicos, buscar atención en salas de emergencia o pasar tiempo en el hospital o en centros de rehabilitación. (Los datos son de 2019, antes de la pandemia de covid, que alteró los patrones de atención médica. Cada servicio recibido se contó como un día de contacto con el sistema de salud).

El estudio determinó que poco más de 1 de cada 10 personas mayores, incluyendo las que se estaban haciendo controles o recuperándose de enfermedades graves, pasaban más tiempo recibiendo atención médica: al menos 50 días al año.

“Hay aspectos de esto que son muy beneficiosos y valiosos para las personas, pero hay otros que son menos esenciales”, dijo Ganguli. “No hablamos lo suficiente sobre lo que les pedimos a los adultos mayores que hagan, y si tiene sentido”.

Victor Montori, profesor de me-

dicina de la Clínica Mayo en Rochester, Minnesota, lleva muchos años advirtiendo sobre lo que llama la “carga de tratamiento” que enfrentan los pacientes.

Esto incluye el tiempo que dedican a recibir atención médica, programar citas, encontrar transporte para las visitas médicas, obtener y tomar medicamentos, comunicarse con las aseguradoras, pagar facturas médicas, monitorear su salud en casa y seguir consejos como cambios en la dieta.

Hace cuatro años, en un artículo titulado “¿Se siente mi paciente agobiado?”, Montori y sus colegas descubrieron que el 40% de los pacientes con enfermedades crónicas como asma, diabetes y trastornos neurológicos “sentían que su carga de tratamiento era insostenible”.

Cuando la carga de tratamiento es excesiva, las personas dejan de seguir las recomendaciones médicas y dicen que su calidad de vida empeora, según los investigadores. Los adultos mayores con múltiples afecciones médicas y bajo nivel de educación son especialmente vulnerables, ya que experimentan inseguridad económica y aislamiento social.

El uso cada vez más frecuente de sistemas telefónicos digitales y portales electrónicos para pacientes en los consultorios y la falta de tiempo por parte de los doctores profundizan las barreras. “Cada vez es más difícil para los pacientes acceder a doctores que puedan pasar tiempo con ellos, para ayudarlos a resolver problemas y responder sus preguntas”, dijo Montori.

Mientras tanto, los médicos rara vez preguntan a los pacientes sobre su capacidad para realizar las tareas que se les pide. “A menudo tenemos poca idea de qué tan compleja es la vida de nuestros pacientes”, escribieron médicos en un informe de 2022 sobre cómo reducir la carga de tratamiento.

Un ejemplo es lo que vivieron Jean Hartnett, de 53 años de Omaha, Nebraska, y sus ocho hermanos después que su madre de 88 años sufriera un derrame cerebral en febrero de 2021, mientras hacían compras en Walmart.

En ese momento, su madre estaba cuidando al padre de Hartnett, quien sufría de una enfermedad renal y necesitaba ayuda con las tareas diarias, como ducharse o ir al baño.

Durante el año posterior al derrame cerebral, los padres de Hartnett, ambos trabajadores agrícolas extremadamente independientes que vivían en Hubbard, Nebraska, sufrieron varios achaques y las crisis médicas se volvieron comunes.

Cuando un médico cambiaba el plan de atención de su mamá o su papá, eran necesarios nuevos medicamentos, suministros y equipos médicos, y programar nuevas sesiones de terapia ocupacional, física y del habla.

Ninguno de los padres podía quedarse solo si el otro necesitaba atención médica.

“No era inusual para mí estar llevando a uno de mis padres a su casa después del hospital o de la visita al médico y pasar una ambulancia o un familiar transportando al otro al doctor”, explicó Hartnett. “Se necesitaba muchísima coordinación”.

Hartnett se mudó a la casa de sus padres durante las últimas seis semanas de vida de su padre, cuando los médicos decidieron que estaba demasiado débil como para someterse a diálisis. Falleció en marzo de 2022. Su madre murió meses después, en julio.

Entonces, ¿qué pueden hacer los adultos mayores y sus cuidadores y familiares para aliviar la carga de la atención médica?

Para empezar, es importante sincerarse con el médico si el plan de tratamiento que recomienda no resulta factible, y explicarle por qué, dijo Elizabeth Rogers, profesora asistente de medicina

interna en la Escuela de Medicina de la Universidad de Minnesota.

Recomendó preguntar sobre cuáles intervenciones serían las más importantes para mantenerse saludable y cuáles podrían ser prescindibles.

Los médicos pueden ajustar los planes, suspender los medicamentos que no producen beneficios significativos y programar visitas virtuales, en caso de que las personas puedan manejar la tecnología necesaria (muchos adultos mayores no pueden).

Pregunte también si un asistente de pacientes (también llamados navegadores) puede ayudarle a programar varias citas y exámenes en el mismo día, para minimizar la carga de ir y venir de los centros médicos. Estos profesionales también pueden ayudarlo

a conectarse con recursos comunitarios, como servicios de transporte. (La mayoría de los centros médicos tienen personal de este tipo, pero los consultorios médicos no).

Si no entiende cómo hacer lo que su médico pide, pregunte: ¿Qué implicaría esto de mi parte? ¿Cuánto tiempo llevaría? ¿Qué necesitaré? Y pida materiales escritos, como guías de autocontrol del asma o la diabetes, que puedan ayudarle a comprender mejor los requisitos.

Judith Graham, columnista colaboradora, escribe la columna “Navigating Aging” para KFF Health News.

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Crear

al hospital”, afirma Metz. “Los pacientes son recibidos con atención y respeto; se les explican sus opciones y se respetan sus decisiones. Empezar por creer significa que los pacientes son tratados con respeto y empatía para garantizar que reciben la atención que necesitan y merecen.”

Dado que entre el 90 y el 98% de las denuncias de violación son ciertas -al igual que ocurre con otras denuncias de delitos-, es muy poco probable que alguien esté mintiendo cuando dice que ha sido agredido sexualmente. Esta es otra razón por la que creer es importante. Hay muchos recursos para las personas que buscan información, incluida la mejor manera de responder, que puede ser simplemente decir “te creo” o “lo siento”. Si desea conocer otras formas positivas de responder y recursos para víctimas y supervivientes, visite: www.Denvergov.org/Start-byBelieving-The-Blue-Bench - Sexual Assault Hotline - 303-322-7273/ Español 303-329-0031;

Enfermeras Examinadoras de Agresiones Sexuales de Denver Health - 303-602-3007; y Unidad de Asistencia a Víctimas de la Policía de Denver - 720-913-6035.

“Empezar creyendo significa poner a los supervivientes en primer lugar, apoyándoles con la defensa, el apoyo y la justicia que buscan para curarse y superar su agresión”, dijo Megan Carvajal, Directora Ejecutiva de The Blue Bench. “Estamos con nuestros socios en este trabajo para ser un cambio positivo para hacer frente a los delitos violentos de agresiones sexuales”.

En el décimo año de participación de Denver en esta campaña educativa, el mensaje es el mismo: creer a las víctimas de agresiones sexuales. La campaña Start by Believing fue desarrollada por End Violence Against Women International (EVAWI). Además, durante todo el mes de abril, el DPD compartirá información sobre la importancia de creer, el consentimiento y otra información de concienciación sobre agresiones sexuales en las páginas [Facebook.com/denverpolice](https://www.facebook.com/denverpolice) e [Instagram.com/denverpolice](https://www.instagram.com/denverpolice).

Traducido por Juan Carlos Uribe, The Weekly Issue/El Semanario.

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Luján


use disorder crisis. And that’s what the Sobering Center represents,” said Senator Luján. “I am proud to have secured over \$4 million in federal funding to support this facility, helping their staff get the resources they need to help people in their most vulnerable moments. I’m glad this innovative effort will play a key role in helping our communities stay safe and well, while serving as a national model for how to best address the substance use crisis.”

“At HHS, we’re making investments in prevention, treatment, harm reduction, and recovery support,” said HHS Secretary Becerra. “We’re also working hard to change the narrative in our Latino communities, and chip away at age-old stigmas that make it harder for people to reach out for

help. We will continue to do this work for as long as necessary – until we’ve followed through on our promises to families in communities across the country.”

“The Sobering Center at Gateway will fill a critical need in our community, alleviating the strain on first responders, hospitals, emergency departments, and providing a safe place for people to sober up and connect to next steps on their path to recovery,” said Mayor Keller. “We appreciate the support from Senator Luján, Secretary Becerra, and all of our leaders in Washington to invest in this place of hope and healing.”

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Believe

from someone they tell can stop them from seeking and receiving the help they need.

This is why the City of Denver and partners continue to create awareness around the importance of believing victims of sexual assault and encourage the community to research this important issue so that they are prepared with a supporting response – should someone disclose they were sexually assaulted.

Research shows that if a victim is believed, it increases the likelihood of them receiving the help they need. This can be contacting a victim's advocate, such as The Blue Bench, having a SANE kit completed by Denver Health, and/or reporting it to Denver Police, who investigate and then work with the Denver District Attorney's Office to hold offenders accountable.

"The Denver Police Department recognizes that survivors may not want to report their sexual assault to law enforcement – and we support their decision," said Chief Thomas. "However, we strongly encourage that they reach out to an advocacy group to receive the help they need, and if the time comes where they do want to report it to police, the Denver Police Department starts by believing."

Research also shows victims of sexual

assault typical tell a friend or family member first of their sexual assault. While the City of Denver and partners are committed to believing survivors, it is encouraged that everyone starts by believing. If someone says they were robbed, they are typically met with compassion and support. The same reaction and response should be shared when someone says they were sexually assaulted.

"Denver Health realizes that coming forward after a sexual assault can be difficult and they do their best to get rid of any barriers a patient may face coming to the hospital," said Metz. "Patients are met with care and respect; their options are explained, and their decisions honored. Starting by believing means that patients are treated with respect and empathy to ensure they get the care they need and deserve."

With 90-98% of rape reports being true – similar to other reports of crime – it is highly unlikely that someone is lying when they say they were sexually assaulted. This is another reason why believing is important. There are many resources for information seekers, including how best to respond, which can be simply saying "I believe you" or "I am sorry". For additional positive ways to respond and for resources for vic-

tims and survivors, please visit www.Denvergov.org/StartbyBelieving; [The Blue Bench](http://TheBlueBench.org) – Sexual Assault Hotline – 303-322-7273/ Español 303-329-0031; [Denver Health Sexual Assault Nurse Examiners](http://DenverHealth.org) – 303-602-3007; and [Denver Police Victim Assistance Unit](http://DenverPolice.org) – 720-913-6035.

"Start by believing means putting survivors first, supporting them with the advocacy, support, and justice they seek in order to heal and move beyond their assault," said Megan Carvajal, Executive Director of The Blue Bench. "We stand with our partners in this work to be a positive change for addressing violent crimes of sexual assaults."

In Denver's tenth year of participating in this educational campaign, the message is the same – believe victims of sexual assault. The Start by Believing campaign was developed by [End Violence Against Women International \(EVAWI\)](http://EndViolence.org). Also, throughout the month of April, DPD will share information on the importance of believing, consent and other sexual assault awareness information on [Facebook.com/denverpolice](https://www.facebook.com/denverpolice) and [Instagram.com/denverpolice](https://www.instagram.com/denverpolice) pages.

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Denver

This year's celebration will begin with a traditional Catholic Mass at 9am, St. John Francis Regis Chapel, 3333 Regis Boulevard, Denver, CO 80221.

The traditional *Marcha* will begin after the Mass at 10:30am, starting from the Regis Chapel to César E. Chávez Park, on 4131 N. Tennyson St., Denver, CO 80212.

The program and awards ceremony will begin after the *Marcha* at César Chávez Park. Each year, the CCPJC of Denver honors individuals and organizations who embody the ideals and vision of César Chávez. The event will present the awards to the following recipients: Carlota Espinoza will be honored with the Anciana Leadership Award; Dr. Nicki Gonzales will be presented with the Adult Female Leadership Award; Milo Marquez will receive the Adult Male Leadership Award; Alessandra Chavira will receive the Youth Female Leadership Award; and the Community Organization Award will be presented to Homies Unidos Denver.

The celebration will feature food and entertainment.

In the late 60's and early 70's, Chávez led a nation of support for the country's farmworkers who contin-

ually faced abuse, low pay and sometimes no pay, and inhumane working conditions. He created awareness for the people who had no voice, and was instrumental in creating the United Farm Workers (UFW) union, demanding rights for the people of the fields.

In 2001, former Colorado State Representatives Frana Mace and Rob Hernández sponsored a bill to create a state holiday, and former Denver City Councilwoman Ramona Martínez initiated a City holiday in Denver recognizing Chávez and his accomplishments.

Over the past two decades, the committee has worked with the City and County of Denver Parks and Recreation to rebuild the César E. Chávez Park in northwest Denver, which in 2015 included the unveiling of a bust featuring the parks' namesake. The park was rebuilt to increase access and include cultural icons important to the struggle for equal rights of all people.

For further information visit the César Chávez Peace and Justice Committee of Denver's [facebook](https://www.facebook.com) page.

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Deuda



Norma Brambila en la puerta de La Casita Community House en el vecindario Westwood de Denver, Colorado. / Norma Brambila stands outside La Casita Community House in Denver's Westwood neighborhood. (Foto/Photo: Rachel Woolf for KFF Health News)

lucro que fue co-autora de [un informe sobre deuda médica y disparidades raciales](#).

Haynes dijo que demasiados residentes de Colorado, especialmente residentes de minorías, siguen atrapados en un círculo vicioso en el que evitan la atención médica para evitar las facturas, lo que resulta en más deuda y peor salud.

Brambila dijo que ha visto este ciclo con demasiada frecuencia en Westwood, en su trabajo como organizadora comunitaria. “Realmente me encantaría ayudar a la gente a pagar sus facturas médicas”, agregó.

¿Salud o deuda?

Roxana Burciaga, que creció en Westwood y trabaja en Mi Casa Resource Center, en el vecindario, dijo que al menos una vez a la semana escucha preguntas sobre cómo pagar la atención médica.

La deuda médica es un “gran, gran, gran tema en nuestra comunidad”, dijo.

La gente no entiende lo que cubre realmente su seguro o no puede conseguir citas para atención preventiva que se ajusten a sus horarios de trabajo, explicó.

Muchos, como Brambila, ignoran la atención preventiva para evitar las facturas y terminan en salas de emergencias.

Los médicos y enfermeras también dicen que observan estas tensiones.

Amber Koch-Laking, médica de familia en el Denver Health's Westwood Family Health Center, parte del sistema de salud público de la ciudad, dijo que las finanzas a menudo surgen en conversaciones con pacientes. Muchos intentan obtener citas de telesalud para evitar el costo de ir en persona.

Sumándose a la presión están las “desafiliaciones” de Medicaid, el proceso por el cual los estados vuelven a examinar la elegibilidad (proceso que se

había suspendido durante la pandemia) para la cobertura de salud para personas de bajos ingresos, dijo Koch-Laking.

“Dicen, ‘Oh, estoy perdiendo mi Medicaid en tres semanas, ¿puedes ocuparte de estas siete cosas sin una visita?’ o ‘¿Podemos hacerlo por el portal?, porque no puedo pagar una cita’.”

Buscando la solución correcta

Colorado ha tomado medidas para proteger a los pacientes de la deuda médica, incluida la expansión de la cobertura de Medicaid a través de la Ley de Cuidado de Salud a Bajo Precio (ACA) promulgada en 2010.



No es que lo estemos evitando y no queremos pagar. Es solo que a veces no tenemos la opción de pagar”.

Rocío Leal, Organizadora Comunitaria

Más recientemente, líderes estatales exigieron a los hospitales ampliar la asistencia financiera para pacientes de bajos ingresos y prohibieron que todo tipo de deudas médicas se reflejara en los informes de crédito de los consumidores.

Pero las complejidades de muchos programas de asistencia siguen siendo una barrera importante para los inmigrantes y otras personas con conocimiento limitado de inglés, dijo Julissa Soto, consultora de equidad en salud con sede en Denver enfocada en los latinos de Colorado.

Por ejemplo, muchos pacientes no saben que pueden recibir ayuda para sus facturas médicas del estado o de organizaciones comunitarias.

“El sistema de atención médica es un rompecabezas. Mejor aprende a jugar con el rompecabezas”, dijo Soto, contando que ella misma vivió la experiencia de tener cuentas médicas enviadas a agencias de cobros cuando emigró por primera vez a Estados Unidos desde México.

“Muchos hospitales también tienen financiamiento para ayudarte con tu deuda. Solo tienes que llegar a la persona adecuada, porque parece que nadie quiere informarnos que esos programas existen”, dijo. Y agregó que simplificar las facturas ayudaría mucho a muchos pacientes. Varios estados, incluidos Oregon, Illinois y Maryland, han intentado facilitar que las personas accedan a la ayuda financiera del hospital al requerir que los hospitales analicen proactivamente a los pacientes.

Defensores de pacientes y consumidores dicen que Colorado también podría restringir aún más el agresivo cobro de deudas, como las demandas, que siguen siendo comunes en el estado.

Nueva York, por ejemplo, prohibió el embargo de salarios después de descubrir que la práctica afectaba desproporcionadamente a las comunidades de bajos ingresos. En ese estado, la investigación también mostró que la carga de la deuda médica estaba afectando dos veces más a las comunidades minoritarias en comparación con las comunidades blancas no hispanas.

Elisabeth Benjamin, abogada de la Community Service Society de Nueva York, dijo que los hospitales estaban embargando los salarios de personas que trabajaban en Walmart y Taco Bell.

Maryland promulgó límites a las demandas por cobros de deudas después que defensores descubrieran que los pacientes que vivían en vecindarios predominantemente mi-



Norma Brambila is a community organizer with Westwood Unidos. / Norma Brambila es organizadora comunitaria de Westwood Unidos. (Foto/Photo: Rachel Woolf for KFF Health News)

noritarios estaban siendo víctimas de estas prácticas de manera desproporcionada.

Incluso en condados ricos, “los bolsillos que se están persiguiendo están en vecindarios mayoritariamente latinos”, dijo Marceline White, directora ejecutiva del grupo de defensa Economic Action Maryland. El grupo de White ayudó a aprobar una ley que exige a los hospitales reembolsar a los pacientes de bajos ingresos y evitar el escenario que estaba viendo, en el cual los hospitales estaban “demandando a pacientes que deberían haber recibido atención gratuita”.

Cobrando un alto precio

En Colorado, los legisladores están considerando una medida para mejorar el acceso de los pacientes a la ayuda financiera: una modificación al programa estatal Hospital Discounted Care, que haría que los hospitales fueran sitios de elegibilidad presunta para Medicaid.

Mientras tanto, algunos defensores de los consumidores dicen que las protecciones existentes no están funcionando lo suficientemente bien.

Los datos estatales muestran que los pacientes que recibían asistencia financiera eran principalmente blancos no hispanos. Y, aunque no está claro por qué, el 42% de los pacientes que podrían haber sido elegibles no fueron evaluados por los hospitales para recibir esa asistencia.

“Lo que está claro es que muchas personas no lo están logrando”, dijo

Bethany Pray, directora adjunta del Colorado Center on Law and Policy, un grupo de ayuda legal con sede en Denver que impulsó la legislación de atención con descuento.

Entre las comunidades de inmigrantes del estado, la deuda médica —y el miedo a la deuda— continúan cobrándose un alto precio.

“Lo que hemos escuchado de nuestros constituyentes es que la deuda médica a veces es la diferencia entre que tengan vivienda y que estén sin hogar”, dijo Shontel Lewis, miembro del Concejo Municipal de Denver. Su distrito incluye el código postal 80216, otro lugar al norte del centro de la ciudad que está agobiado por una deuda médica generalizada.

Paola Becerra es una inmigrante que vive en Estados Unidos sin papeles y estaba embarazada cuando la trasladaron en autobús desde un refugio de Texas a Denver hace unos meses.

Dijo que se ha saltado las visitas de atención prenatal porque no podía pagar los copagos de \$50. Tiene cobertura de salud de emergencia a través de Medicaid, que no cubre visitas preventivas, y ya acumuló alrededor de \$1,600 en facturas.

“No sabía que iba a llegar embarazada”, dijo Becerra, quien pensó que ya no podía concebir cuando salió de Colombia. “Tienes que renunciar a tu salud. O pago el alquiler o pago el hospital”.

Debt



La Casita Community House is in Denver's Westwood neighborhood. / La Casita Community House está en el vecindario Westwood de Denver. (Photo/Foto: Rachel Woolf for KFF Health News)



Norma Brambila, a community organizer with Westwood Unidos, inside La Casita Community House in Denver. More than 1 in 5 adults in the ZIP code that includes the Westwood neighborhood have medical debt on their credit reports. Brambila, too, is dealing with a bill hanging over her head, after an emergency room visit for a bad sinus infection. / Norma Brambila, organizadora comunitaria de Westwood Unidos, afuera de La Casita Community House en el vecindario Westwood de Denver. Westwood se encuentra en el código postal 80219, uno de los más afectados por la deuda médica en el estado, con más de 1 de cada 5 adultos con deuda médica en sus informes de crédito. (Photo/Foto: Rachel Woolf for KFF Health News)

Many patients, for example, may not know they can seek help with medical bills from the state or community nonprofits.

"The health care system is a puzzle. You better learn how to play with puzzles," said Soto, who said she was sent to collections for medical bills when she first immigrated to the U.S. from México. "Many hospitals also have funding to help out with your debt. You just have to get to the right person, because it seems that nobody wants to let us know that those programs exist."

She said simplifying bills would go a long way to helping many patients.

Several states, including Oregon, Maryland, and Illinois, have tried to make it easier for people to access hospital financial aid by requiring hospitals to proactively screen patients.

Patient and consumer advocates say Colorado could also further restrict aggressive debt collection, such as lawsuits, which remain common in the state.

New York, for example, banned wage garnishment after finding that the practice disproportionately affected low-income communities. Research there also showed that medical debt burden was falling about twice as hard

on communities of color as it was on non-Hispanic white communities.

Elisabeth Benjamin, a lawyer with the Community Service Society of New York, said hospitals were garnishing the wages of people working at Walmart and Taco Bell.

Maryland enacted limits on debt collection lawsuits after advocates found that patients living in predominantly minority neighborhoods were being disproportionately targeted. Even in wealthy counties, "the pockets that are being pursued are majority Latino neighborhoods," said Marceline White, executive director of the advo-

cacy group Economic Action Maryland.

White's group helped pass a law requiring hospitals to pay back low-income patients and avoid the scenario she was seeing, in which hospitals were "suing patients who should have gotten free care."

Exacting a Heavy Toll

In Colorado, lawmakers are considering a measure to improve patients' access to financial aid: a modification to the state's Hospital Discounted Care program that would make hospitals presumptive eligibility sites for Medicaid.

Meanwhile, some consumer advocates say existing protections aren't working well enough.

State data shows patients who received financial assistance were primarily white. And, though it's unclear why, 42% of patients who may have been eligible were not fully screened by hospitals for financial assistance.

"What is clear is that a lot of people are not making it through," said Bethany Pray, deputy director of the Colorado Center on Law and Policy, a Denver-based legal aid group that pushed for the discounted care legislation.

Within the state's immigrant communities, medical debt — and the fear of debt — continues to take a heavy toll.

"What we've heard from our constituents is that medical debt sometimes is the difference between them being housed and them being unhoused," said Denver City Council member Shontel Lewis. Her district includes the 80216 ZIP code, another place north of the city center that is saddled with widespread medical debt.

Paola Becerra is an immigrant living in the U.S. without legal permission who was pregnant when she was bused to Denver from a Texas shelter a few months ago.

She said she has skipped prenatal care visits because she couldn't afford the \$50 copays. She has emergency health coverage through Medicaid, but it doesn't cover preventive visits, and she has already racked up about \$1,600 in bills.

"I didn't know that I was going to arrive pregnant," said Becerra, who thought she could no longer conceive when she left Colombia. "You have to give up your health. Either I pay the rent, or I pay the hospital."

For Rocio Leal, a community organizer in Boulder, medical debt has become a defining feature of her life.

Despite the health insurance she had through her job, Leal ended up with high-interest payday loans to pay for healthy births, wage garnishment,

prenatal appointments she missed to save money, and a "ruined" credit score, which limited her housing options.

Leal recalled times she thought they'd be evicted and other times the electricity was cut off. "It's not like we're avoiding and don't want to pay. It's just sometimes we don't have an option to pay," she said.

Leal said the worst times are behind her now. She's in a home she loves, where neighbors bring cakes over to thank her son for shoveling the snow off their driveway.

Her children are doing well. One daughter got a perfect GPA for the second semester in a row. Another is playing violin in the school orchestra. Her third daughter attends art club. And her son was recently accepted to college for biomedical engineering. They are covered by Medicaid, which has removed the uncertainty around big medical bills.

But medical debt still haunts Leal, who has Type 2 diabetes.



It's not like we're avoiding and don't want to pay. It's just sometimes we don't have an option to pay."

Rocio Leal, Community Organizer

When she was referred to Boulder Medical Center to get her eyes checked after the diabetes diagnosis, she said she was told there was a red flag by her name. The last time she'd interacted with the medical center was about a dozen years earlier, when she'd been unable to pay pediatrician bills.

"I was in the process of moving and then my wages were garnished," she recalled. "I just was like, 'What else do I owe?'"

Heart pounding, she hung up the phone.

Rae Ellen Bichell, Colorado Correspondent for KFF Health News, is based in Longmont. KFF Health News senior correspondent Noam N. Levey contributed to this report. Lindsey Toomer is a Reporter with Colorado Newswire. This story was produced by KFF Health News, a national newsroom that produces in-depth journalism on health issues and is one of the principal operating programs of KFF, the independent source for health policy research, polling and journalism.

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Ocampo

It makes our democracy less representative and limits electoral competition down to people who can curry favor with the ultrarich. Campaign finance reform is needed to prevent the further capture of our representative bodies.

We also need to strengthen working class institutions to expand economic democracy and prevent extreme concentrations of wealth from occurring in the first place. Trade unions not only increase the collective power of workers, but they also allow for a greater labor share of national income and close wage inequality gaps.

The growth of billionaire wealth provides this class of tycoons the material resources to disproportionately influence our elections and tax policy to the detriment of the working-class. The Inflation Reduction Act of 2022 is projected to give the IRS an unexpected wind-fall in tax revenue over the next decade. These resources will be critical in enforcing a tax on the top 0.01% and limiting the wealth concentration in the billionaire class. It is a great first step towards strengthening our political democracy and democratizing our economy.

Omar Ocampo is a researcher for the Program on Inequality and the Common Good. This commentary is republished from Common Dreams under a Creative Commons license.

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Carss

where the Black population is nearly zero, people pay less than \$20.

In a new consumer protection action, the CFPB is limiting the amount companies can charge for a late fee to a more reasonable \$8.

Fee reforms work. In 2009, Congress passed the Credit CARD Act, which required banks to give consumers enough time to pay their bills, eliminated retroactive rate increases, and curbed excessive marketing to young adults. Careful study of the CARD Act found that the market became more transparent and many fees went away. By 2013, the law was saving Americans \$20.8 billion a year.

Consumers will appreciate strong action on these issues. And consumers vote! About 82 percent of U.S. adults support lowering the maximum late fee, 68 percent support the 15 day grace period, and 84 percent support requiring companies to remind consumers of late fees.

The CFPB should keep at it. Making ends meet in this country is hard enough without being charged for coming up short.

Brian Carss is a communications intern at Americans for Financial Reform and a recent graduate of North Carolina State University. This op-ed was distributed by OtherWords.org

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LGBTQ+

passed the Reproductive and Gender Affirming Health Care bill, protecting individuals who seek such care from discrimination by public bodies. In addition to LGBTQ+ issues, Martínez said Equality New Mexico also makes endorsements based on legislators' positions on economic policies such as paid family and medical leave. Another issue is abortion access, which he noted has become especially important since the U.S. Supreme Court overturned abortion as a constitutional right in the 2022 Dobbs v. Jackson Women's Health Organization decision. "First and foremost, we can't rely on the federal government to uphold our protections," Martínez contended. "We will continuously point to the Dobbs decision as an indication that the federal judiciary is no longer the backstop that we used to think it was." Martínez added the LGBTQ+ rights organization has endorsed 15 candidates for New Mexico's House and Senate seats and expects a second round of endorsements before November.

Roz Brown is a Producer with Public News Service.

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Deuda-1

Para Rocío Leal, organizadora comunitaria en Boulder, la deuda médica se ha convertido en una característica definitoria de su vida.

A pesar del seguro de salud que tenía a través de su trabajo, Leal terminó con préstamos al día de alto interés para pagar por nacimientos saludables, embargo de salarios, citas prenatales que se perdió para ahorrar dinero y un puntaje de crédito "arruinado", que limitó sus opciones de vivienda.

Leal recordó momentos en los que pensó que serían desalojados y otros momentos en los que les cortaron la electricidad. "No es que lo estemos evitando y no queremos pagar. Es solo que a veces no tenemos la opción de pagar", dijo.

Agregó que, ahora, los peores momentos han quedado atrás. Está en una casa que ama, donde los vecinos traen pasteles para agradecer a su hijo por quitar la nieve de sus pórticos. Sus hijos están bien. Una hija obtuvo un promedio de calificaciones perfecto por segundo semestre consecutivo. Otra está tocando el violín en la orquesta escolar. Su tercera hija asiste a un club de arte. Y su hijo fue aceptado recientemente en la universidad para estudiar ingeniería biomédica.

Están cubiertos por Medicaid, lo que ha eliminado la incertidumbre en

torno a las grandes facturas médicas. Pero la deuda médica sigue persiguiendo a Leal, que tiene diabetes tipo 2.

Cuando la remitieron al Boulder Medical Center para que le revisaran los ojos después del diagnóstico de diabetes, dijo que le dijeron que había una alerta roja junto a su nombre. La última vez que había interactuado con el centro médico había sido unos 12 años atrás, cuando no pudo pagar las facturas del pediatra.

"Estaba en proceso de mudanza y luego embargaron mis salarios", recordó. "Solo pensé, '¿Qué más debo?'".

Con el corazón latiendo con fuerza, colgó el teléfono.

Rae Ellen Bichell, corresponsal de Colorado de KFF Health News.

Noam N. Levey, corresponsal jefe de KFF Health News, ha contribuido a este reportaje. Lindsey Toomer es reportera de Colorado Newsline. Esta historia fue producida por KFF Health News, una redacción nacional que produce periodismo en profundidad sobre temas de salud y es uno de los principales programas operativos de KFF, la fuente independiente de investigación de políticas de salud, encuestas y periodismo.

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