

32 days to surgery: How health care privatization kills

written by NT
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"I'll be able to walk after this — I didn't lose my leg." But weeks of delay and lost wages are the price of privatized care.

There are over 14 million people in California enrolled in Medi-Cal, making it one of

the largest Medicaid programs in the U.S. Below is my story, one of many stories of people who face barriers to accessing services through this program.

The 32-day odyssey

On Oct. 4, 2025, I ruptured my Achilles. I was brought to the ER in Gardena, California, where the ER doctor claimed that the MRI unit was “non-operational” that night. I later looked on their website, which states that their MRI unit is operational “24/7.” Did I mention I have Medi-Cal for health insurance?

The doctor then prescribed me codeine to manage the pain, and said that I need to see my primary care physician (PCP), to get a referral to see an orthopedic doctor, to get a referral to get an MRI, to get the MRI of my Achilles, to prove that I need surgery. All the while, the ER doctor tested me in the ER and confirmed that I had ruptured it.

I see my PCP a few days later, and they write me a referral for me to see an orthopedic doctor. Through my insurance, the referral is sent to an entity called the “Medical Group,” which handles the finances for my subsidized health care — they take my referral and distribute that money to private companies, so that everyone gets their profit from someone’s injury / illness. It took the Medical Group, “Prospect Health,” seven days to approve an “urgent” referral for me to see an orthopedic doctor. At Los Angeles Orthopedic Surgery Specialists (LAOSS), the doctor examined me and said, “This patient needs surgery ASAP” (10 days post-rupture).

LAOSS sends another “urgent” referral to Prospect Health to approve an MRI for me. After calling back and forth to each entity for a week and getting nowhere, I decided to go to the ER to see if I could get the MRI done directly. I visited Cedars-Sinai Medical Center in LA, and after spending five hours in the ER, the ER doctor explained that “the hospital will not pay for the MRI, given your insurance.” She did, however, order me an Air Cast to make it more comfortable. She also recommended

that I visit LAOSS directly to get this squared away. This is day 16 post-rupture, and typically these surgeries are performed within the first week.

I visited LAOSS the next day, on Oct. 21, to get to the bottom of this. A clerk in the office calls Prospect Health directly for me, and the MRI referral gets approved during this call. The same clerk schedules me for surgery on Friday, Oct. 24.

I had purchased concert tickets prior to the injury for Oct. 24 — and I couldn't attend the concert if I had surgery at 8 a.m. the same morning — so I asked to move the surgery to the following week, which the clerk agreed would be on Oct. 28. I confirmed, "So my surgery is on the 28th?", and they confirmed, "Yes, your surgery is on the 28th." I left that meeting feeling relieved, and I got the MRI done that same night.

On Friday the 24th, I called LAOSS to confirm the details of my surgery on Oct. 28. They responded, "No, you have a pre-op appointment scheduled, not surgery. The surgeon will do some tests and prep you for the surgery."

I went to my pre-op appointment on Oct. 28 (24 days post-rupture), and after doing a few tests, the surgeon explained that my Achilles had healed a lot, and he did not recommend surgery — this was the answer that I was expecting from this system. He explained that if we did go through with surgery, he could schedule me in two weeks, because of "more urgent surgeries" on the calendar. I went home to do my own research before making a final decision.

The decision was to get the surgery; the literature says the difference in outcomes is "inconclusive," but I read through many personal accounts both from people who went with surgery and those who went the non-surgical route. They explained that the risk of re-rupture is significantly higher for non-surgical versus surgical. The only difference is non-surgical gets you back to baseline activities quicker (think walking, errands, light chores), while surgery helps you return quicker to high-

impact exercise (like jumping, running and cutting) with considerably less risk.

Basically, if you're older, non-surgical is best (fewer complications); if you're younger, surgical is best (quicker recovery). Rule of thumb: If the rupture is greater than 3 cm, it requires surgery. My tear has a gap close to three times that.

I sent an email to the surgeon the night after the pre-op, requesting urgent surgery, and outlined the reasons above. The next day, LAOSS calls me and says that "we're scheduling you for surgery in two days (Oct. 31)." LAOSS calls me on Oct. 30 and says, "We weren't able to secure an operating room, so we have to postpone the surgery until Nov. 5 (32 days post-rupture).

I secured surgery on Nov. 5 with no complications, and have been recovering since.

I'm one of the lucky ones

I've currently been out of work for over five weeks, and not to mention lost wages — I've also lost critical time with my students. I teach high school, and I see my students as my own children — I asked the surgeon, "How would you feel if you went without seeing your kids for over five weeks?"

All this is to say — I'm one of the lucky ones. I have most of my needs met, and communities to support me through this. I have access to rides to-and-from my appointments and access to some savings. I shared with my students the story of Noor Faraj, a 10-year-old Palestinian who lost three limbs during the U.S.-funded genocidal onslaught of Gaza. I explained that "I'll be able to walk after this — I didn't lose my leg." Perspective helps with our own suffering and building empathy with those who have it so much worse.

There are so many people on Medi-Cal / Medicare / etc. who do not have their needs met. I can wait on the phone for hours to deal with this bureaucracy because I have safe and stable housing. And I think about people that don't — and the people that

give up, rightfully so. This story is for everyone.

The answer lies with socialism

We need a new system that serves health care, not one that hoards money at the expense of people's suffering. Capitalism will never offer that because it's not designed to — its function is to build profit. The answer lies within the social fabric of our humanity and concern for our communities to be safe and healthy. The answer lies with socialism.

