

**Accessing Health Care Disparities for Undocumented Immigrants in the United States**

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Accessibility to healthcare is a hot topic in the United States for countless communities. Marginalized and impoverished communities are affected by lack of health insurance and equitable access and means of care. Accessibility to care, in which one is seen by a professional health care provider in a reasonable period of time, can account for better health outcomes and lower future health costs. Accessibility is not only being seen by a health care provider, but is also the quality of coverage, services provided, timeliness, and competent providers. Undocumented immigrants are being confined to less than adequate health care provisions and this will have long-term generational affects for the community.

### **Interaction Between Undocumented Immigrants and the Health Care System**

As of 2021, there are 44.7 million immigrants residing in the United States, including 20.8 million non-citizens (KFF, 2023). An undocumented immigrant is an individual from outside of the United States residing in the country with no VISA or citizenship. This population faces barriers to many public benefits, including health care, because of lack of policies that are in place protecting and providing for this community. The United States health care insurance system is a majority private system, with a couple public healthcare options. These options include Medicaid, Medicare, Childrens Health Insurance Program (CHIP), and Affordable Care Act (ACA). Medicaid is a program that insures low-income children, and their providers, and Medicare is a program that insures the elderly and certain people with disabilities. Undocumented immigrants are excluded from government health insurance programs and unable to purchase health insurance from the marketplace. KFF (2023) found that 50% of undocumented immigrants and 17% of lawfully present immigrants are uninsured. Policies are being put in place to protect these communities at the state level, but

little has been done at the federal level to the same degree. Many states have created legislation to allow all low-income individuals, regardless of citizenship status, to enroll in Medicaid and CHIP. Poor health outcomes persist for undocumented individuals when there are no legal grounds to access affordable and adequate health insurance.

### **Health Care Outcomes for Undocumented Immigrants**

Limited access to health care and affordable options for undocumented immigrants can lead to lack of preventative and critical care, which can have long-term detrimental effects on the community and the generations to follow. The research supports the notion that the health care system modalities are forcing undocumented immigrants to rely on unmedicalized practices or receive no health care at all.

In order to receive care, individuals must provide legal identification. Jiminez (2020) performs an ethnographic study at a medical center in Texas to identify their means of identifying and providing care to immigrants in the community. The researcher found that the institution had protocol in place that required individuals to provide proof of legal status and legibility (a photo I.D.) in order to receive care. Documented and undocumented immigrants alike were wary of these protocols and were not able to utilize the medical center. Torres and Waldinger (2015) access a representative survey of latine individuals in the United States to examine the instance of undocumented immigrants receiving care, both in the states and cross-border care. The study found that undocumented immigrants were less likely to receive preventative care in the states and out of the states. Immigrants may not be accessing health care for many reasons including lack of familiarity with the health care system, shortage of culturally competent and Spanish-speaking health care providers,

discrimination, lack of cross-mobility rights, and as proposed in Jiminez's study, documentation required for care.

### **Health Care Outcomes for Documented Immigrants**

Accessibility of health care is not only affecting undocumented immigrants, but also those with legal status in the United States. KFF (2023) states that one in five (18%) of legally present immigrants are uninsured, compared to one in ten (8%) of US born citizens. DACA (Deferred Action for Childhood Arrivals) recipients are lawfully present immigrants, children that arrived by means of their caregivers, that are not receiving adequate health care. DACA recipients have legal documentation to reside in this country but are not offered the same privileges as natural born or naturalized citizens. They are not entitled to many federally funded programs like financial aid, food stamps, and Medicaid. In the case of DACA recipients and other lawfully present immigrants who are not receiving health care, how do we ensure they are getting the preventative and critical health care if they are not receiving it in the country they have legal status in.

### **Are Undocumented Immigrants Entitled to Health Care**

This debate raises the concern that health care is not a fundamental right people are entitled to. Many argue that undocumented immigrants are illegal persons to the state and should become "legal" before they become entitled to the United States healthcare. Putting legitimate health disparities aside, how does a country draw the line at universal health care and placing a fundamental right to health care. Universal health care, and extending its privileged to undocumented immigrants, would cost 1 trillion to 2.1 trillion USD in deficits

per year (Zieff, G., Kerr, Z., Et, al., 2020). Arguments against universal health care include system inefficiency, wait times, and hindering of medical innovation. Operating in a federally sanctioned health care system may lead to bureaucratic protocols that become exhausting and unmanageable for people to navigate. Adjusting to a universal health care system is a costly and time-consuming process and preexisting disparities are still likely to persist.

Undocumented immigrants have lower levels of health insurance and health services because of lack of accessibility and economic barriers, as well as ineligibility to participate in federal sanctioned health insurance programs, like Medicaid and Medicare. The research supports the notion that undocumented immigrants are being left out of health care services, like preventative and critical care, as well as health insurance, both federally funded, private, and employer funded. These barriers are not limited to undocumented individuals, but legally documented individuals in the United States. These disparities persist without a universal and unbiased health care system that is inclusive of immigrants.

### **Policy Proposal**

I propose a universal health care system be put in place to mitigate the health care disparities and restore the health of undocumented and documented immigrants alike, as well as creating community-based health care centers that strive to create culturally competent, equitable, and non-discriminatory care for immigrants who may be fearful or unknowledgeable of the health care system. Although a universal health care system is costly, it would be successful in addressing chronic diseases, like cardiovascular, type 2 diabetes, and obesity, that are straining to treat for the national economy, as well as

decreasing health disparities between impoverished and marginalized groups, and increasing preventative health care (Zieff, G., Kerr, Z., Et, al., 2020). Community-based health centers would offer immigrants a competent and equipped staff free of language and cultural barriers to provide care. This would alleviate fears and doubts immigrants may have about the system and urge their community to receive preventative and critical health care without fear of deportation or costly medical bills.

The health and well-being of all people is a fundamental principle the government should be held accountable for. Providing universal health care and culturally competent community-based health centers would be advantageous for the immigrant population and other marginalized groups. The immigrant population has historically avoided the health care system in the United States, and this can be noticed in the health care disparities presented. Implementing a federally funded health care system would alleviate these disparities and promote better health care for generations to come.

### **References**

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