

VOICES FROM THE FRONT LINES:

BARRIERS TO HEALTH CARE FOR UNDOCUMENTED CALIFORNIANS

AUTHOR

Anthony Galace
Health Policy Fellow

Introduction

Despite the expansion of health care through the Affordable Care Act (ACA), millions of Californians still live in fear of illness, injury, or the crushing financial burden of unsubsidized medical care. For undocumented immigrants, the explicit denial of coverage under the ACA has kept many without access to preventive services and basic health care. Although ACA enrollment in California has far outpaced any other state, over one million undocumented immigrants still lack access to quality, affordable health coverage.¹

The inability to access health coverage has severely marginalized the undocumented community. For example, undocumented immigrants play a pivotal role in providing food for all Californians, since over half of farm workers are undocumented;² however, they themselves are banned from partaking in the health care system despite serving as the backbone of our supermarkets and grocery stores. Moreover, undocumented immigrants have been found to contribute more in taxes than the federal government spends to provide services for them.³ Yet, despite their undeniably positive impact, barriers to coverage have limited the chances for undocumented immigrants to maintain their health. For members of the undocumented community who manage to stay healthy, including those we interviewed for this project, many attribute their well-being to luck and good fortune.

Additionally, the national debate regarding comprehensive immigration reform and President Obama's recent executive actions on immigration have thrust the intersection between immigration and health into the national spotlight. Advocates across California have taken center stage, seizing this opportunity to remind lawmakers and the general public that investing in health coverage will improve health outcomes and reduce health spending.⁴ As a result, support for the #Health4All campaign, which seeks to extend health coverage to undocumented immigrants, has noticeably increased.⁵ However, questions about the funding mechanism for this proposal still remain, most notably from Governor Jerry Brown. His reticence to endorse the Health for All Act (Senate Bill 4), which would provide all Californians access to health coverage regardless of immigration status, stems from concerns over the proposed increases in health care spending.⁶

TABLE OF CONTENTS

INTRODUCTION	1
METHODOLOGY	3
FINDINGS	4
POLICY RECOMMENDATIONS	6
CONCLUSION	7
APPENDIX	7
REFERENCES	8
ACKNOWLEDGMENTS	9

In August 2014, The Greenlining Institute published *Voices from the Front Lines: California's Remaining Uninsured and the Safety Net*,⁷ which focused on the voices of safety net providers, advocates and foundations, to determine how ACA implementation affected their work. This brief follows up by adding the voices of 13 undocumented immigrants who have struggled to access health care. By sharing their stories, we hope to emphasize the human element of this issue and center future discussions on the people these reforms will affect. California has the opportunity to create a healthier, more inclusive future, and prioritizing the well-being of undocumented immigrants is a step in the right direction.

The #Health4All Campaign

In March 2013, The California Endowment launched its #Health4All campaign, initiating a statewide policy dialogue regarding access to health care for the remaining uninsured. This campaign included a video titled, "Dreaming of Health Care," which featured undocumented youth and young adults discussing how a healthy life is difficult to achieve when individuals are unable to access health care.⁸ This video sparked a robust social media campaign to raise awareness for health care expansion to undocumented immigrants.

Over the past two years, the #Health4All campaign has gained a great deal of momentum, with a recent study commissioned by The California Endowment showing 54 percent of those polled support providing health coverage to undocumented immigrants.

The Greenlining Institute strongly supports the purpose and values of the #Health4All campaign because we believe that everybody should have access to quality, affordable health coverage, regardless of race, income or documentation status. Over the past two years, the #Health4All campaign has gained a great deal of momentum, with a recent study commissioned by The California Endowment showing 54 percent of those polled support providing health coverage to undocumented immigrants.⁹ Many cited the economic benefits of ensuring access for quality, affordable health care. Granting all Californians access to health care will reduce spending on costly programs that mostly target low-income populations, and increase state sales tax revenue from health care institutions due to the increase in insured patients.¹⁰ This sent a powerful message to lawmakers that all Californians should have the opportunity to obtain health coverage.

Furthermore, much of the success of the #Health4All campaign has been tied to the Health for All Act (Senate Bill 1005 during the 2013-2014 legislative session, and currently Senate Bill 4), authored by Senator Ricardo Lara (D-Bell Gardens). Although it initially stalled in the Senate Appropriations Committee, Senator Lara reintroduced the Health for All Act on December 1, 2014.¹¹ SB 4 seeks to expand full-scope Medi-Cal¹² coverage to any Californian who meets income requirements, regardless of immigration status. Moreover, this bill would permit undocumented immigrants to purchase health coverage through Covered California, albeit without access to federal subsidies.

While SB 4 has already garnered the support of several legislators and advocates, determining the funding mechanism is still the biggest obstacle to its passage. As a result, advocates have begun to explore provisions in the ACA that give states the flexibility to tailor health care policies to their specific needs starting in 2017. While these policies require more research to guarantee sufficient funding to offset the cost of expansion, this proposal can potentially lead to a breakthrough. Yet, advocates and lawmakers who formulate possible solutions need to fairly and equitably distribute the fiscal responsibility to support this legislation. They must ensure that the cost of health care expansion does not disproportionately shift to low-income communities and communities of color.

President Obama's Executive Action on Immigration

On November 20, 2014, President Obama announced several executive actions to curb deportations for millions of undocumented immigrants, including over one million California immigrants.¹³ This directive expanded upon the President's 2012 executive order, which initiated the Deferred Action for Childhood Arrivals (DACA) program.¹⁴ The president's recent actions also established the Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) program, which protects undocumented parents with children who were U.S. citizens or lawful permanent residents.¹⁵

Advocates are hopeful that the state will grant DAPA beneficiaries access to Medi-Cal in the same way that DACA recipients gained coverage in 2012. Moreover, by temporarily protecting mixed-status families¹⁶ from deportation, legal residents will be more encouraged to sign up for health care through Covered California or Medi-Cal without fear of exposing their family members' immigration status.¹⁷

However, President Obama's executive actions have been the subject of strong opposition, including on the legal front. As this report goes to press, implementation of the President's executive actions has been halted by a federal district court ruling, which the administration plans to appeal. How long the legal dispute will take to resolve is unknown at this point. Nevertheless, The Greenlining Institute remains a staunch supporter of these actions, and we look forward to their successful implementation.

In sum, the President's executive actions authorized the following:

- Expanding the population eligible for the Deferred Action for Childhood Arrivals (DACA) program to people of any current age who entered the United States before the age of 16 and lived in the United States continuously since January 1, 2010, and extending the period of DACA and work authorization from two years to three years
- Allowing parents of U.S. citizens and lawful permanent residents to request deferred action and employment authorization for three years, in a new Deferred Action for Parents of Americans and Lawful Permanent Residents program, provided they have lived in the United States continuously since January 1, 2010, and pass required background checks
- Expanding the use of provisional waivers of unlawful presence to include the spouses and sons and daughters of lawful permanent residents and the sons and daughters of U.S. citizens
- Modernizing, improving and clarifying immigrant and nonimmigrant visa programs to grow our economy and create jobs
- Promoting citizenship education and public awareness for lawful permanent residents and providing an option for naturalization applicants to use credit cards to pay the application fee

Retrieved from <http://www.uscis.gov/immigrationaction>

Methodology

Throughout the summer and fall of 2014, Greenlining conducted and transcribed semi-structured interviews with a diverse group of undocumented immigrants living in California. Greenlining reached out to the interviewees through coalition partners and personal networks. In total, we interviewed 13 people for this brief with the following ethnic demographics: four Mexican, two Salvadoran, two Korean, one Vietnamese, one Chinese, one Nigerian and two Filipino. Participants ranged from ages 18 to 52, all from low-income backgrounds. Three lived in Los Angeles County, one lived in Davis, and the remaining nine lived in Alameda County. At the time of the interviews, four of the participants

“We were scared to go to the hospital because of the amount of money we’d have to pay, so that was not an option for us.”

Findings

[illegible]

High Cost of Health Care

When asked what they do when they get sick, several participants also said they would simply stay home. Remedies, such as lemon and honey water, over-the-counter medication and rest were the most commonly identified treatments to any ailment. The only time they sought medical care from a clinic or hospital was after their condition had significantly deteriorated, sometimes to near-fatal levels. For example, one participant's mother became extremely ill after ignoring worsening stomach pain for several weeks.

Eventually, when her pain became unbearable, she was forced to seek emergency medical care and doctors found significant internal bleeding. Fortunately, the doctors were able to save her life, but she clearly had allowed her condition to deteriorate because of lack of health coverage and fear of costs.

One participant stated, “I don’t really go to the doctor because it’s expensive, unless it’s really, really bad. I didn’t get a checkup for years until I started college, but up to that point, I didn’t go for years.” Those who were able to avoid such situations identified luck as a crucial factor in maintaining their well-being. Three participants reported either a family member or themselves having been in a situation that required immediate medical attention.

While relaying her experience, one participant stated, “One time, I sprained my knee and just put a bandage for two to three months. Even though I was limping, I was really scared of hospital bills because my brother got into a really bad car accident when I was growing up, so I didn’t want to add up to the hospital bills.”

Cultural Competency in Health Care

Every participant cited lack of English proficiency as an obstacle that made navigating the health care industry even more difficult. Two interviewees mentioned the lack of cultural competency and understanding among health professionals, with one saying, “We would bring my sister to the doctor, but sometimes they would turn her away because they couldn’t understand her or my parents, and it was hard for me to translate. They ignored us when we would ask for more herbal or natural treatments as opposed to medicine that had side effects.”

Most of the participants also admitted to never having health insurance while living in the United States. For those who do qualify for DACA, the opportunity to sign up for Medi-Cal was a great relief; yet, several participants also admitted their concerns about family members who do not qualify for these benefits. One interviewee referenced her mistrust of the health care system due to institutional barriers, saying “I had to take care of myself and my mother. I didn’t want to rely on an institution that I was not welcome to.”

Gaining Health Care through Education

Several interviewees indicated that having student health insurance made a significant difference in their lives. One interviewee said, “Gaining coverage from UC SHIP¹⁸ really helped my family out a lot. At first it was strange because I had never been able to go to the doctor before, but in college, I was able to seek care for almost any health issue.”

Participants who were students at the time of the interview expressed concern about the looming specter of losing their coverage after graduation. In the case of UC SHIP, recent graduates are only permitted to purchase coverage for one additional coverage period (quarter or semester), provided that they were enrolled in UC SHIP during the coverage period in which they completed their degree.

Three interviewees were experiencing these challenges as recent graduates from undergraduate or graduate programs from a CSU or UC. These recent graduates expressed their concerns leading up to graduation, with one saying, “I had to save up all of my money because I knew I needed to be prepared for the worst. If I got sick after my student health insurance expired, I would have no way to pay for it.”

“ We would bring my sister to the doctor, but sometimes they would turn her away because they couldn’t understand her or my parents, and it was hard for me to translate.”

Developing Community through Advocacy

One participant articulated that her passion for advocacy and policy reform developed when she realized that “health care for us is the last thing. Realizing this was very disheartening and it made me think about my family and folks who are older and sicker.” Additionally, many also gained a sense of solidarity and community with fellow community organizers and activists. Interviewees were actively involved in a variety of organizations, including Asian Students Promoting Immigrant Rights through Education (ASPIRE), dedicated to the empowerment of Asian and Pacific Islander undocumented youth and young adults, and the California Immigrant Policy Center (CIPC).

Interviewees felt inspired to give back to their respective communities, a feeling drawn from their own struggles. One participant, an undocumented burn survivor, expressed her desire to “become a psycho-social therapist to take care and help other burn survivors heal emotionally so that they can be productive citizens in society even though they’re burned, disfigured or disabled.” However, despite her desire to empower members of her community, her lack of health coverage limited the options open to her. Her condition prevented her from driving, which restricted her opportunities for work. In explaining this challenge, she said, “If I don’t have medication, I risk having a seizure, which is why I can’t drive. And that’s the main reason why I haven’t been able to find a job. I would love to work for a lot of great organizations, but if you’re going to be doing social work, you need to be able to drive and travel.”

“ *If you support me by expanding health care, I will not just be able to take care of myself, I’ll be able to work and pay taxes. Investing a little now will create a better future.* **”**

All of the interviewees also shared the belief that health care is a fundamental human right. Because of anti-immigrant sentiments that have erupted in some parts of the country, several participants referenced the need to reframe this debate around the humanity of the people these reforms affect. One participant expressed her belief that investing in the well-being of undocumented immigrants would only be beneficial by saying, “If you support me by expanding health care, I will not just be able to take care of myself, I’ll be able to work and pay taxes. Investing a little now will create a better future.”

Policy Recommendations

- California legislators should prioritize the passage of The Health for All Act, SB 4, and Governor Jerry Brown should sign it into law. SB 4 would decrease health care costs and allow undocumented Californians to gain access to health coverage.
- Advocates and stakeholders who serve the undocumented community should use The California Endowment’s #Health4All campaign as a model to amplify and uplift personal narratives. In order for future debates to encompass all aspects of this issue, they must be centered on the human struggle of undocumented Californians who would benefit from these reforms.
- Health care institutions should make a more intentional and concerted effort to employ a diverse workforce that reflects the state. As California continues to diversify, the quality and accessibility of health care will depend heavily upon the cultural competency and understanding of health professionals. Employing health workers who speak multiple languages will also improve access to health care. In order to ensure the highest quality of care, these institutions must hire professionals who can best serve patients’ needs.

- Clinics, hospitals and other health care institutions should partner with community organizations that serve undocumented immigrants in order to build trust. By engaging with the undocumented community, providers can better establish a health care system that focuses on addressing the needs of the community in a manner that is sensitive and considerate towards their needs.
- State lawmakers should identify opportunities to implement innovative, state-specific policies that serve the needs of all Californians, including undocumented immigrants. By examining the specific provisions and regulations of the ACA that give states the freedom and flexibility to reshape health care policies, California can set an example for all states to follow in creating a truly fair, equitable and inclusive health care system.

Conclusion

The success of Covered California and Medi-Cal expansion uplifted millions of people who previously lacked health coverage, but this also reinforced the need to ensure that all Californians have health care.¹⁹ Undocumented immigrants have made and continue to make tremendous political, economic and cultural contributions to California, and we will all benefit if we recognize that we can only be healthy when we are all healthy. As the #Health4All campaign continues to grow, advocates must pressure lawmakers and the governor to pass SB 4 because this legislation represents a pivotal step towards greater health equity and a brighter future for California. In order to bridge health disparities that disproportionately affect low-income communities and communities of color, we must do more to ensure that our neighbors, friends and fellow Californians who are undocumented have the chance to live healthy, thriving lives.

The success of Covered California and Medi-Cal expansion uplifted millions of people who previously lacked health coverage, but this also reinforced the need to ensure that all Californians have health care.

Appendix: Additional Research and Resources

- Amueda-Dorantes, C. (November 2014). *President Obama's Executive Order granting temporary reprieve from deportation to millions of undocumented immigrants will reopen the immigration debate*. The London School of Economics and Political Science. Retrieved from http://eprints.lse.ac.uk/60424/1/blogs.lse.ac.uk-President_Obamas_Executive_Order_granting_temporary_reprieve_from_deportation_to_millions_of_undocume%5B1%5D.pdf
- Baldassare, M., et al. (March 2014). *PPIC Statewide Survey: Californians & their government*. Public Policy Institute of California in collaboration with The James Irvine Foundation. Retrieved from http://www.ppic.org/content/pubs/survey/S_314MBS.pdf
- Brindis, C., et al. (February 2014). *Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Demographics and Health Coverage*. UC Berkeley Labor Center and UCLA Center for Health Policy Research and UCSF Philip R. Lee Institute for Health Policy Studies. Retrieved from http://laborcenter.berkeley.edu/pdf/2014/DACA_health_coverage.pdf
- Cheer, S., Essaheb, K. (December 2014). *The Obama Administration's DAPA and Expanded DACA Programs*. National Immigration Law Center. Retrieved from <http://www.nilc.org/dapa&daca.html>
- McConville, S. (February 2014). *Health Care and California's Undocumented Immigrants*. Public Policy Institute of California. Retrieved from http://www.ppic.org/main/blog_detail.asp?i=1462
- The Greenlining Institute. (August 2014). *Voices from the Front Lines: California's Remaining Uninsured and the Safety Net*. The Greenlining Institute. Retrieved from <http://greenlining.org/wp-content/uploads/2014/08/Voices-from-the-Front-Lines-Californias-Remaining-Uninsured-and-the-Safety-Net-spreads.pdf>

References

- ¹ Lucia L. et al. (May 2014). *A Little Investment Goes a Long Way: Modest Cost to Expand Preventive and Routine Health Services to All Low-Income Californians*. UC Berkeley Center for Labor Research and Education and UCLA Center for Health Policy Research. Retrieved from http://laborcenter.berkeley.edu/pdf/2014/health_undocumented.pdf
- ² Villarejo, D. (September 2002). *The Health of U.S. Hired Farm Workers*. National Center for Farmworker Health, Inc. Retrieved from <http://www.ncfh.org/pdfs/6122.pdf>
- ³ Becerra, D., et al. (December 2012). *Fears vs. Facts: Examining the Economic Impact of Undocumented Immigrants in the U.S.* Journal of Sociology & Social Welfare. Retrieved from http://www.wmich.edu/hhs/newsletters_journals/jssw_institutional/institutional_subscribers/39.4.Becerra.pdf
- ⁴ Lucia L. et al. (May 2014).
- ⁵ Fairbank, Maslin, Maullin, Metz & Associates. (September 2014). RE: Findings of a Statewide Survey on Expanding Access to Health Coverage. GS Strategy Group. Retrieved from http://www.calendow.org/uploadedFiles/Health_Happends_Here/FM3-GS_Strat-Final%20Memo.pdf
- ⁶ Aliferis, L. (January 2015). Gov. Brown: 'Not a Lot Left in Budget' to Cover Undocumented. The California Report State of Health. Retrieved from <http://blogs.kqed.org/stateofhealth/2015/01/09/gov-brown-not-a-lot-left-in-budget-to-cover-undocumented/>
- ⁷ The Greenlining Institute. (August 2014). *Voices from the Front Lines: California's Remaining Uninsured and the Safety Net*. Retrieved from <http://greenlining.org/wp-content/uploads/2014/08/Voices-from-the-Front-Lines-Californias-Remaining-Uninsured-and-the-Safety-Net-spreads.pdf>
- ⁸ The California Endowment. (March 2013). *The California Endowment Releases Undocumented California Youth Video, Launches #Health4All Campaign*. Retrieved from <http://tcenews.calendow.org/releases/the-california-endowment-releases-undocumented-california-youth-ideo-launches-health4all-campaign>
- ⁹ Fairbank, Maslin, Maullin, Metz & Associates. (September 2014).
- ¹⁰ Lucia L. et al. (May 2014).
- ¹¹ Sundaram, V. (December 2014). *Sen. Lara Re-Introduces Health for All Act*. New American Media. Retrieved from <http://newamericamedia.org/2014/12/sen-lara-re-introduces-health-for-all-act.php>
- ¹² "Full-scope Medi-Cal" refers to the standard Medi-Cal program. "Medi-Cal is California's Medicaid health care program. This program pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes." Retrieved from <http://www.dhcs.ca.gov/Services/medi-cal/pages/whatismedi-cal.aspx>
- ¹³ Retrieved from <http://www.uscis.gov/immigrationaction>
- ¹⁴ "Consideration for Deferred Action and Childhood Arrivals (DACA) refers to the executive order issued on June 15, 2012, which announced that certain people who came to the United States as children and met several guidelines may request consideration for deferred action for a period of two years, subject to renewal. They are also eligible for work authorization. Deferred action is a use of prosecutorial discretion to defer removal action against an individual for a certain period of time." Retrieved from <http://www.uscis.gov/humanitarian/consideration-deferred-action-childhood-arrivals-daca>
- ¹⁵ "Deferred action for parents of U.S. citizens and lawful permanent residents" – An undocumented individual living in the United States who is the parent of U.S. citizen or lawful permanent resident and who meets the following guidelines can request deferred action and employment authorization if they:
- Have lived in the United States continuously since January 1, 2010;
 - Had, on November 20, 2014, a son or daughter who is a U.S. citizen or lawful permanent resident; and
 - Are not an enforcement priority for removal from the United States, under the November 20, 2014, Policies for the Apprehension, Detention and Removal of Undocumented Immigrants Memorandum.
- Retrieved from <http://www.uscis.gov/immigrationaction>
- ¹⁶ "Mixed-status family" refers to a household made up of individuals with different citizenship or immigration statuses, such as a family with an undocumented mom, a "lawfully present" dad, an adolescent granted deferred action through DACA, and a child who is a U.S. citizen because he or she was born in the United States. Retrieved from http://www.nilc.org/aca_mixedstatusfams.html#F1
- ¹⁷ Gorn, D. (December 2014). *Exchange, Immigration Advocates Urge Enrollment by Mixed Status Families*. California Healthline. Retrieved from <http://www.californiahealthline.org/capitol-desk/2014/12/exchange-immigration-advocates-urge-enrollment-by-mixed-status-families>
- ¹⁸ "The University of California Student Health Insurance Plan (UC SHIP) is a student-focused benefits package for UC graduate and undergraduate students, including strong medical, behavioral health, pharmacy, dental and vision care benefits." Retrieved from <http://www.ucop.edu/ucship/>
- ¹⁹ CoveredCa News. (November 2014). *Open Enrollment off to a Strong Start, Early Statistics Released by Covered California and DHCS Show*. Retrieved from <http://news.coveredca.com/2014/11/open-enrollment-off-to-strong-start.html>

Acknowledgments

About The Greenlining Institute

Greenlining is the solution to redlining. We advance economic opportunity and empowerment for people of color through advocacy, community and coalition building, research, and leadership development. We envision a nation where race is never a barrier to economic opportunity and communities of color thrive.

About the Bridges to Health Program

Nothing is more essential than our health. Everybody should have access to good health regardless of race or income. Health care must be responsive to the nation's growing communities of color, but health care isn't enough. People also need access to things that lead to good health such as safe neighborhoods, healthy foods, clean environments and decent jobs. Greenlining brings the voices of communities of color into critical decisions that affect all of our lives and health.

About the Author

Anthony Galace, Health Policy Fellow

Anthony is from Chula Vista, California, and graduated from the University of California, Berkeley with a degree in Integrative Biology, with a focus in Human Biology and Health Sciences. As the child of Filipino immigrants, Anthony's desire to advocate for underserved communities was shaped by his exposure to the struggles his family members and other immigrants faced while coming to the United States. During his time at UC Berkeley, Anthony developed his passion for advocacy through active involvement with multicultural coalitions to increase student-of-color resources. Upon graduating, he interned at Asian Health Services, a community health center in Oakland Chinatown, where he helped publish a comprehensive report detailing the primary health concerns of the Filipino population in Union City, California. As a member of the Bridges to Health team, Anthony hopes to contribute to increasing access for communities of color to quality, affordable, culturally-competent health care.

Special Thanks to:

Wazi Maret Davis for their research which helped make this project possible. To all who took the time to participate in interviews. And to the California Endowment for its generous support. Without all of your help, this project would not have been possible.

For more information, contact:

Anthony Galace, Health Policy Fellow at (510) 926-4009 or anthonyg@greenlining.org.

EDITORIAL: Bruce Mirken, Media Relations Director, The Greenlining Institute
Tram Nguyen, The Greenlining Institute

DESIGN: Vandy Ritter Design, San Francisco
JC De Vera, Communications Manager, The Greenlining Institute
Theme Cloud Design: Anthony Galace, Health Policy Fellow, The Greenlining Institute



THE GREENLINING INSTITUTE
1918 UNIVERSITY AVENUE, 2ND FLOOR
BERKELEY, CALIFORNIA 94704
WWW.GREENLINING.ORG

T: 510.926.4001 | F: 510.926.4010

GREENLINING BOARD OF DIRECTORS

GEORGE DEAN	NOEMI GALLARDO
ORTENSIA LOPEZ	ALFRED FRAIJO, JR.
ROSARIO ANAYA	YUSEF FREEMAN
ROBERT APODACA	OLGA TALAMANTE
DARLENE MAR	TUNUA THRASH

ORSON AGUILAR, EXECUTIVE DIRECTOR

 The Greenlining Institute

 @Greenlining

 The Greenlining Institute

