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Short Communication
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Undocumented Patients: The Voiceless and Exploited

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Short Communication

"Keep, ancient lands, your storied pomp!" cries she

With silent lips. "Give me your tired, your poor,

Your huddled masses yearning to breathe free,

The wretched refuse of your teeming shore.

Send these, the homeless, tempest-tost to me,

I lift my lamp beside the golden door!" [1].

Currently in the United States (US), there are an estimated 12 million Undocumented Immigrants (UIs) who are all potential patients [2]. This is more than the entire population of the state of Israel, my ancestral home. UIs are people who have entered the US without documents or authorization, those who were legally authorized to enter but remain after their visa has expired, and those whose application for immigrant status has not been finalized [3]. Managing the health care needs of Undocumented Patients (UPs) is problematic in the US. The manner in which health care is provided to this vulnerable population is a true test of the fundamental values that this nation upholds as a land of opportunity. Currently, there are multiple barriers to receiving health care for UIs. I will argue the current system of health care delivery for UPs is unjust, inefficient, and exploitative.

If one takes a step back into the not too distant history of the founding of the United States of America, it is clear that all the founders of this country were immigrants. The Native Americans had well-established tribal nations living on this land, so it is fair to say the founders of the United States of America would be considered today to be "undocumented" immigrants. The early immigrants to this country took considerable risks by crossing the Atlantic Ocean. Their reasons for immigrating to this country varied and included escaping religious persecution and an opportunity to improve their lives. The founders of this country are analogous to today's immigrants who take considerable risks for the opportunity to improve their own lives and their children's lives. In the mid 1990s, a significant shift in the portrayal and attitude regarding UIs emerged. The passage in 1994 of Proposition 187, which denied unauthorized immigrants access to health and public education, contributed to negative sentiments against UIs in the US [4]. Although this was later deemed unconstitutional, it was followed shortly by a more impactful federal legislation. The passage of the Personal Responsibility Work Opportunity Reconciliation Act (PRWORA) and the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) in 1996 marked a significant turn in the treatment of UIs [5,6]. Prior to the passage of this law, the U.S. held a long tradition of providing equal access to public assistance [7]. However, after the passage of this legislation, the law divided all immigrants into qualified and nonqualified alien groups, therefore making citizenship a prerequisite condition for social and health entitlements [8]. This exclusion of UIs from the health insurance marketplace was perpetuated with the passage of the Affordable Care Act in 2010, which prohibits UIs from purchasing health insurance [9]. The concepts of "undocumented" or "nonqualified aliens" are artificial constructs that have no moral validity.

The characteristics of UIs in the US are important to appreciate the unique challenges facing this population. While there are similarities between uninsured patients and UPs, there are also some differences that make UPs especially vulnerable. If one believes health care is a fundamental human right and not a privilege for the wealthy few, then both groups clearly face injustice. However, UPs have to contend with the additional daily prospect of potential deportation and may experience guilt and shame due to their status. The current political leadership has undoubtedly exacerbated the sense of isolation and fear that is prevalent in this population. UIs are mostly of Hispanic origin (64%), and 90% are adults between the ages of 18 to 40 years [2]. There are more than 4 million

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people in the US who are children born to UIs [2]. UIs are often of low socioeconomic status, which has its own unique associated health care consequences. UIs make up more than half of the hired labor on farms according to the US Department of Agriculture (USDA) [10]. UIs also make up about 15% of workers in construction jobs [10]. The US economy is dependent on this large labor force, which makes up large segments of certain key industries. If all UIs were deported, the economy would collapse. However, this UI labor force is often paid below minimum wage and may be forced to work in unsafe environments, reflecting the exploitation of this vulnerable population. These individuals are often asked to perform jobs that nobody else is willing to perform. However, when they become ill, the federal government looks the other way, or even worse, looks for ways to send them back to their country of birth. Acknowledgement of the dependence that the US has on its UIs is long overdue. Additionally, contrary to popular belief, many UIs do file tax returns. The most recent IRS data shows UIs paid $23.6 billion in income taxes [11]. These billions of dollars were paid for benefits that they are not eligible to receive under federal law, most notably healthcare. This is further evidence of how these voiceless millions are being exploited.

UIs have to face multiple barriers in order to receive appropriate medical care. The most commonly cited barrier to health care for UIs are national policies that explicitly exclude this population [12]. Poor socioeconomic status and fear of deportation prevent many UIs from seeking primary care services. Since UIs are not allowed to purchase health care insurance, they are also susceptible to higher out-of-pocket costs. Medical repatriation, which is the practice of repatriation of a sick individual to the country of origin against an individual's will for the purposes of medical care, has been shown to lead to avoidance of care [12]. In addition, due to their undocumented status, they often are unable to mandate safer work environments. Thus, they are more likely to suffer from occupational hazards to their health. As most UIs come from countries where English is not the primary language, they also have to struggle with decreased health care literacy. Patients with limited English language proficiency have been shown to be at a higher risk of poor health and decreased access to health care [13]. Shame and discrimination are commonly felt by UIs, and this also contributes to poor access to health care [12].

Injustice is not a random occurrence or an unavoidable reality, but rather it is a consequence of unjust systems and policies. The American public has accepted a shared responsibility to not allow people to die on the streets due to inability to pay or lack of documentation as demonstrated by the passage of the Emergency Medical Treatment and Active Labor Act (EMTALA) in 1986. However, EMTALA has remained an unfunded mandate by the federal government. A system that requires hospitals to take care of all patients in extremis without a similar system to care for them once they have recovered from the acute illness is by design a broken system. UPs that are not covered by employer-sponsored insurance or state-funded programs, and the extent that primary and preventative care safety net capacity is insufficient to meet the needs of UIs, leads to a situation in which hospitals are left to absorb the cost of care for this population [14]. This places a large burden on hospital systems, and it leads to difficulties at discharge as skilled nursing facilities are allowed to deny patients due to lack of insurance. One of the unethical solutions that have emerged is the practice of forced medical repatriation, which runs afoul of the fundamental values of the medical profession. Hospitals have an obligation to provide care to the communities they serve, especially non-profit hospitals. This commitment to the community is vital because without community trust, patients will only present to hospitals when they are desperate. This social contract is broken when hospitals start to function as an extension of the U.S. Immigration and Customs Enforcement (ICE) agency by allowing forced medical repatriation.

The current health care system is extremely inefficient in the manner in which it provides healthcare to UPs. The current system does not allow for UIs to contribute to their own health care costs. This impedes access to preventative primary care for many UIs since the out-of-pocket costs without health insurance are prohibitive for most. Thus, the last resort for receiving care is costly emergency situations that are covered by EMTALA or Emergency Medicaid. Emergency Medicaid recipients are overwhelmingly female and Hispanic, and eligibility is mostly for pregnancy status even though men are known to greatly outnumber women among UIs [14]. For cities and states with a large immigrant population this problem has been tackled with various solutions that help increase access to care but do not ultimately fix the underlying issues. New York City has the nation's largest public health system made up of the Health and Hospitals Corporation (HHC) and Community Health Care Association of New York State, which provide primary care to uninsured individuals and UPs *via* primarily Medicaid reimbursements, federal Disproportionate Share Hospital funding, and other sources of state Indigent Care Pool funding [2]. My Health LA (MHLA) is a no-cost health care program that offers comprehensive health care for low-income, uninsured LA county residents, regardless of immigration status [2]. There are multiple other programs that exist in areas with large immigrant populations. Federally Qualified Health Centers (FQHCs) provide care for UIs, and they are supported by federal grants from the Health Resources and Services Administration. FQHCs provide preventative care for all patients regardless of their legal status or ability to pay. They provide care for about 20 million people every year [9]. These programs should be expanded and be divorced of the possibility of serving as an extension of the enforcement arm of ICE. Increasing access to primary care for UPs would greatly increase the efficiency and efficacy of healthcare for this population, as well as reduce health care costs for the U.S. in the long term. Policies that exclude UPs from full participation in society serve to turn them into "takers" from the health care system [15]. This reinforces the incorrect assumption that UIs account for a disproportionate share of healthcare costs when in fact national health expenditures for immigrant adults was 55% lower than for U.S. born adults in 2010 [16].

UPs have unique health care problems due to their particular demographics as well as their occupations. A study of Emergency Medicaid spending for UPs in North Carolina between 2001 to 2004 found that 82% of health care spending was related to childbirth and complications of pregnancy [14]. There is limited literature regarding the long-term health of children born to UIs, especially related to the adverse effects of inadequate prenatal care and stressors related to undocumented status. Due to the physical hardship required to enter the US illegally, this naturally selects for a healthier group of people. UIs have been shown to have lower rates of cancer, heart disease, arthritis, depression, hypertension, and asthma compared to US born [17]. However, this favorable status erodes rapidly due to multiple factors including limited access to health care, increased vulnerability caused by low socioeconomic status and occupational hazards, and the fear of deportation [18]. In regards to mental health, unique concerns have emerged among this population. Specifically in regards to Mexican UIs, issues include: failure in the country of

origin, dangerous border crossings, limited resources, restricted mobility, marginalization/isolation, stigma/blame, guilt/shame, vulnerability/exploitability, fear and fear-based behaviors, stress and depression [19]. The difficulty in receiving appropriate mental health care for UIs is especially troubling given their unique vulnerability to mental health problems.

Ultimately, providing healthcare for UIs boils down to distributive justice. From a libertarian perspective, the free market system fails UIs since they do not have equality of opportunity to participate in the healthcare market as mandated by law. Without access to healthcare, they are at a distinct disadvantage in the free market system. From a meritocratic perspective, they are also at a distinct disadvantage since the current White House administration has made it increasingly difficult to become a citizen for UIs. Regardless of the virtue of the individual, without proper documentation, barriers have been put in place for accessing healthcare. If one adopts an egalitarian perspective, then the injustice is obvious. Since no individual chooses which country he or she is born into, behind the veil of ignorance [20], few would support the current system of exclusion for UIs. This view forces us to reexamine how immigrants to this country should be treated. The walls need to be broken down to allow for a meaningful path to citizenship. One could take the view that these individuals entered the country illegally and thus are not entitled to any healthcare benefits. I would counter that if one takes this view, then UIs should not be allowed to work in the US. The US economy is dependent on this cheap labor force; therefore, it is unjust to use these individuals only as a means for their labor, which strips them of their human dignity. As Immanuel Kant stated "I say that man, and in general every rational being, exists as an end in himself, not merely as a means for arbitrary use by this or that will [21]" Justice demands that these individuals are entitled to healthcare benefits if they are in the labor market otherwise they are being used as a means to cheap labor.

Due to the failure of the U.S. government to institute meaningful immigration reform, UPs are victims of an unjust health care system. These millions of people constitute a vital labor force that the U.S. economy is dependent on and additionally contribute billions of dollars in tax revenue. Despite the key role that UIs play in their communities, they are forced to contend with multiple obstacles to receive healthcare. It is time to recognize their right to healthcare access. Even if one were to ignore the moral implications of denying these young men and women access to healthcare, from a purely financial perspective, increasing access to preventative medicine would save the economy billions of dollars. The only rationale for denying these people healthcare arises from an area of ignorance, fear, and xenophobia. This is hard to justify in a country in which the original Native Americans were forced to become second-class citizens and now has the highest immigrant population in the world.

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