

IMMIGRANT HEALTH IN SOUTH CAROLINA: THE COST OF IGNORANCE AND EXPLOITATION IN A VOLATILE POLITICAL CLIMATE

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Introduction

Immigrant health is a complex issue that affects the healthcare system, economy, workforce, and communities of the United States. Estimates show that by 2009, nearly one person out of every six living in the U.S. will be of Hispanic origin. According to the U.S. Census Bureau, South Carolina's Hispanic population tripled between 1990 and 2000 and other estimates show it to be the 4th fastest growing in the country. The majority are predominantly foreign-born immigrants. These Hispanic immigrants make up a growing percentage of our blue-collar labor force-- often finding work in agriculture, construction, and other low-paying jobs that sustain our economy and growth. They are the source of significant and growing contributions to our community as producers, consumers, workers, and taxpayers via sales tax, residential expenses, etc. According to the Selig Center for Economic Growth, in 2001 the Hispanic community contributed over \$1 billion into South Carolina's economy. In order to continue to positively contribute to our economy and communities, sustained good health is vital; however, most immigrants have acute barriers to health care access. This includes limited access to primary care, limited access to information, language obstacles, poverty, lack of health insurance, lack of understanding of the healthcare system, and lack of responsiveness of the healthcare system.



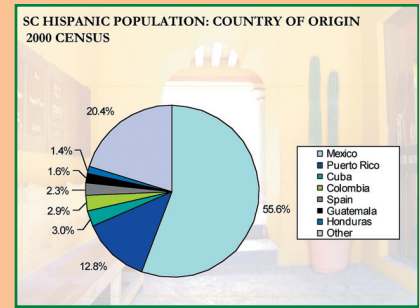
Current South Carolina legislation addressing Hispanic health issues could adversely affect the long term health and welfare of all residents of our state. Some of the proposals entail disregard of critical prevention of healthcare affairs and long-term economic costs, indifference to worker's rights, and disregard for communities and families. Considering that public perception drives legislation, we present our research to promote a better understanding of the complex issues surrounding immigrant health legislation. Our three aims:

- 1) Draw specific and clear conclusions on how the status of being an immigrant affects health care access
- 2) Evaluate public perception of problems associated with immigrants and health care access, and
- 3) Assess how well current or forthcoming state legislation addresses the barriers to health care access for immigrants.

Methods

1. Defined which immigrant group (Hispanic) and what type of immigrants (documented, legal resident, and undocumented) to research
2. Gathered information on immigrant health status and access and barriers to their access.
3. Investigated the status of immigrant healthcare policy in ours and other states, comparing
 - a. Demographics
 - b. Qualification requirements for government programs such as Medicaid
 - c. Active policies affecting immigrant health.
4. Scoured proposed legislation in South Carolina for bills that would directly impact immigrant health
5. Identified and interviewed key informants with expertise on immigrant health and legal issues.

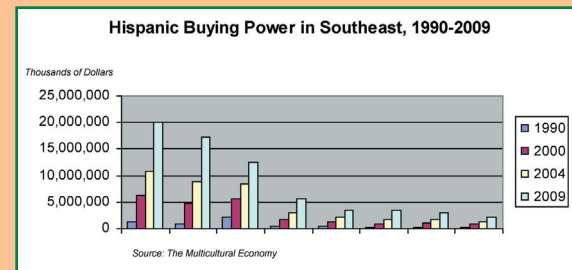
- *Selected Web Resources:**
- a. Kaiser Foundation for immigrant health info: www.kaisernetwork.org
 - b. Library of Congress for national legislation: www.thomas.loc.gov
 - c. South Carolina State House for state legislation: www.scstatehouse.gov
 - d. Centers for Medicare and Medicaid Services for eligibility info: <http://www.cms.hhs.gov/MedicaidEligibility/>



Results

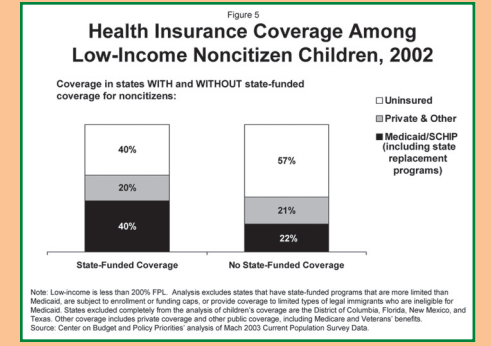
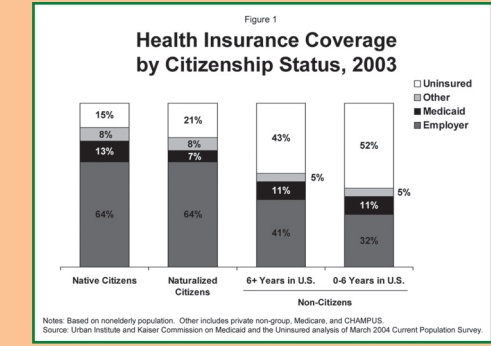
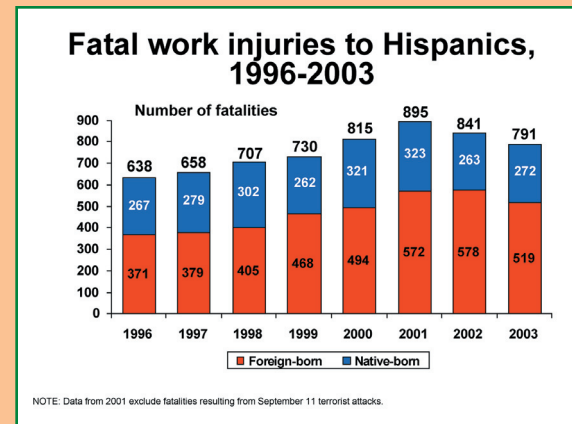
Misconception:
"Immigrants are a drain on our economy and they use government handouts for public services such as healthcare and education, taking jobs, and not paying taxes."

The Reality:
Hispanics and Latinos contribute significantly to the South Carolina economy and taxes by paying income tax deducted by their employers; purchasing and paying sales tax on items such as food, clothing, transportation, home expenses, personal care products and services, etc; and indirectly contributing to property taxes through leasing fees for residential, automotive, and other expenditures. Additionally, legal immigrants are not eligible to collect government benefits for at least five years although taxes are withdrawn by employers.



The Facts Regarding Immigrant Health:

- The most acute health disparities for Hispanic/Latinos recently cited by Centers of Disease Control in 2002--Cardiovascular Disease, Diabetes, HIV/AIDS, immunizations, infant mortality rates—are preventable.
- All infants born in the United States are US citizens and thereby eligible for all related privileges at birth regardless of parents' immigration status. However, prenatal care for these future citizens is not currently provided for by the government if their mothers are not documented.
- Many immigrants rely on community wellness centers and emergency rooms for services that could easily be treated or prevented through primary care.
- 52% of non-US citizens who have been residents less than 6 years are uninsured, compared to 15% of US citizens.
- Low-income Hispanic families are more likely to include an individual who works at least 40 hours per week than low-income US-born families.
- 80% of immigrants have a full-time worker in the family, but most of these people work in low-wage jobs less likely to provide health benefits.
- Low-income, non-citizen children are about three times more likely to be uninsured than their low-income citizen counterparts.
- According to local leaders in the Hispanic community, immigrants are afraid to access social services for fear of governmental retribution
- To qualify for Medicaid, one must be a US citizen or a legal permanent resident for more than 5 years, as well as meet specific income criteria. About half of states offer forms of provisional coverage in the meantime. South Carolina does not.
- Current research shows that jobs and reuniting with family--not accessing public services --are the main incentives for immigration.
- Currently, all workers are covered for injury under Worker's Compensation regardless of immigration status. Legislation has been proposed to restrict undocumented immigrants from eligibility to collect Worker's Compensation.



Discussion

We faced several challenges in our research and advocacy endeavors:

- a. A lack of quantitative, centralized, and comprehensive information on immigrant health
- b. Ambiguous federal and state policies regarding immigrant statuses, healthcare, and related penalties
- c. Limited access to experts in the immigrant health policy field
- d. A volatile and dubious philosophical and political climate regarding undocumented immigrants and immigrant policies

Nevertheless, we celebrated several successes:

- a. Scholarly investigation began with broad, overarching themes and narrowed to direct and deep questions which allowed us to identify specific and relevant recommendations.
- b. Synthesizing information from limited, diverse, and scattered resources created a coherent picture of the problem.
- c. Authoring a policy memo to be circulated among state legislators and engaging in conversations with them at their offices in Columbia raised awareness about immigrant healthcare concerns in the South Carolina government.

- Recommendations for change and action:
- a. Implore state legislators to promote constructive legislation and veto proposed legislation that would worsen disparities. How? Call, write, visit, email, and vote!!! Push for SC to join the ranks of states with health programs to care for immigrant workers and communities that do not have access to care, insurance, or Medicaid.
 - b. Recognize and take part in promoting the health and well being of the entire population and economy to have a healthy workforce, healthy communities, and healthy families
 - c. Consider the inalienable rights of an individual as a worker, resident, and community member

- Finally, based on our experience with the topic of Immigrant Health and Legislation, we recommend to future Presidential Scholars groups that they undertake projects such as:
- Further study on the economic and social contributions of immigrants, locally and nationally
 - Further study on the effects of excluding a segment of the population from health care access on the health status of that population, health status of the general population, productivity of the general population, and socioeconomic and social impacts of excluding immigrants from healthcare access.
 - Outreach to the immigrant community to educate them about their rights and the availability of healthcare services.

