US health and immigration systems failing migrants

Uninsured migrants and illegal immigrants who fall ill in the USA get a raw deal from the country's health and immigration systems. Sharmila Devi reports from New York City.

The USA is a nation built by immigrants but the latest newcomers are finding that when it comes to health care, they are falling through the cracks.

"Medical renditions"—the repatriation of uninsured migrant patients by hospitals—and harsh conditions for rising numbers of immigrant detainees are the inevitable consequences of the twin failures of the health and immigration systems, say campaigners.

Around 12 million people in the USA are undocumented workers. In addition, around 3·5 million children, many of whom are US-born citizens, are believed to live in families where at least one member is in the USA illegally. In recent months, clinicians say a rising number of migrants have become too afraid to come forward for treatment for fear of being detained and deported by law enforcement agencies.

"Even though these workers have helped to revitalise burnt-out communities, lots of people are saying get them out of town. But it's a double-edged sword because Americans don't want to do the jobs that they do and these towns have to reinvent themselves somehow", said Steven Larson, a migrant health expert and physician at the Hospital of the University of Pennsylvania, Philadelphia, PA, USA. "Until we have immigration reform, there won't be a resolution."

Getty Images

Detained Mexican illegal immigrants wait in a holding cell in Nogales, AZ, USA

Many Americans voted for Barack Obama in the hope he would tackle health as well as immigration reform.

> **"...only last-minute interventions by lawyers and judges have prevented seriously-ill patients from being dumped across the US border."**

Obama spoke of granting "amnesty" to the 12 million illegal immigrants, many of whom work in low-wage agricultural and other low-skilled jobs.

But American concerns, heightened since the September 11 attacks, will not easily be allayed given that up to 500 000 people stream across US borders each year. Adding to worries is the recession, leading to greater fears about the loss of US jobs and strained resources.

The creaking public-health system, administered on a state-by-state basis, is being forced to come up with ad-hoc solutions for migrants given the absence of universal health care or federal reimbursements for their care. Some of the more egregious cases of ill-treatment by hospitals were highlighted last year by reports done in the USA and Latin America by *The New York Times* and *The Washington Post*.

Although emergency rooms are required—and reimbursed—to provide acute care to anyone regardless of ability to pay, long-term and rehabilitative care is not always covered by Medicaid—the federal programme for those on low-incomes.

Hospitals find it cheaper to pay for the cost of repatriation than to provide long-term care for uninsured migrants. Neither the immigration system, overseen by the Department of Homeland Security, nor the health system has made any provision for such cases, so individual states, particularly those in overburdened border areas, have to come up with their own responses.

In some cases, only last-minute interventions by lawyers and judges have prevented seriously-ill patients from being dumped across the US border. One case concerned Elliott Bustamente, an infant who was born a US citizen with Down's syndrome and a heart problem. But University Medical Centre (UMC) in Tuscon, Arizona, the hospital where he was born, tried to have him deported to Mexico. UMC said it believed his parents were resident in Mexico and moving him there would provide continuity of care. Meanwhile, his parents did not seem to be able to pay some US$28 000 in hospital charges.

The baby was heading to the airport when a lawyer for his parents summoned the police, who called UMC, which ended up bringing the baby back. "They said we had no rights, the baby neither", Gricelda Mejia Medehuari, the child's mother, told *The New York Times*. "When Elliott was 2 weeks, they told me to gather my things because the baby was leaving in 15 minutes with a lady. It was very ugly. We contacted the Mexican consulate. They got us a lawyer."

The lawyer said the hospital dropped its "medical pretext" for Elliott's transfer to Mexico after the Arizona Medicaid system approved payment for his treatment. A hospital spokeswoman said Elliott's case was "not representative of UMC's

long history of successful medical transfers of patients both to and from northern Mexico but it does underline the complex dilemmas that border hospitals face every day".

More hospitals are resorting to such "medical transfers" where patients have no means to pay for long-term treatment and neither state nor charitable assistance is available. Health advocates call these cases "medical renditions"—a reference to the Bush administration's extraordinary transfer of suspected terrorists to countries known to torture prisoners.

Private companies, such as MexCare, have also found a niche in the medical transfer market. The company was founded in California 6 years ago to help to provide a "significant reduction in the cost of unpaid services" to US hospitals. MexCare said it worked with private hospitals in Latin America with the full consent of the patients willing to move. In a statement, it rejected what it called *The New York Times'* inference that it served a role in "deporting undocumented residents".

The USA does not compile national statistics on medical transfers, which have involved several national governments, particularly in Latin America. The Mexican consulate in San Diego alone said it handled 87 medical cases last year but not all of them ended in repatriation. "The whole concept of sending immigrants away runs counter to what I do as a physician", said Edward Zuroweste, chief medical officer of the Migrant Clinicians Network, which provides assistance to 5000 clinicians who serve vulnerable migrant populations across the country. "I have sympathy with hospitals that can't transfer patients out to rehab or a nursing home because they don't have insurance. But many of these people are essentially deported when that shouldn't happen and wouldn't happen if we had proper immigration reform."

Zuroweste and other physicians look to New York and California where the state provides full health coverage regardless of status or ability to pay (see panel). In a stark contrast, most US states do not finance post-hospital care for illegal immigrants, temporary legal immigrants, or legal residents living in the USA for less than 5 years.

Alan Alviles, president of the New York City Health and Hospitals Corp, is proud of his publicly-funded system, the largest in the country that serves 1·3 million New Yorkers including 400 000 uninsured. "From my perspective, I view health provision the same way as education and I would never think of rationing it or not admitting the kids of undocumented workers. We try to provide a medical home for all patients whether they're insured or not", he said. "I do think over the long-term we'll see the US move to universal health care. I don't know what will happen in the short-term because of the recession. We in New York are vulnerable because we have many low-income patients. Medicaid provides 65% of our revenue base, so any cuts to programmes do have a disproportionate effect."

"The USA does not compile national statistics on medical transfers..."

Health and human rights advocates are also urging the incoming Obama administration to address the issue of inadequate health care in immigration detention centres, which held more than 300 000 people awaiting deportation decisions last year, triple the number since 2001.

Human Rights Watch, the New York-based group, has highlighted the failure by the Immigration and Customs Enforcement arm of the Department of Homeland Security to provide care to detainees with chronic conditions, such as HIV/AIDS. "There's very little information out there, such as how many detainees have HIV, and the care does not meet international standards", said Rebecca Schleifer of the health division of Human Rights Watch. "One man became resistant to 13 medications for HIV and can't work anymore. Another detainee in custody was ridiculed when he said he had meningitis and was given the wrong treatment." In the past 5 years, about 83 immigrants died during or soon after being taken into custody, with actions by medical staff possibly contributing to 30 of these deaths, *The Washington Post* reported last year.

Zuroweste said a rare glimmer of hope was a Migrant Clinicians Network programme in collaboration with Homeland Security to combat tuberculosis. More than 200 cases of tuberculosis were treated in 35 countries thanks to efforts to track infected farm-workers who returned home after working in the USA.

Joanne Lin, legislative counsel for the American Civil Liberties Union, said legislation was before Congress that would make high standards of health care enforceable in detention centres and for migrants more generally. "Abuses have been well documented by the press and advocacy community but government's been completely unresponsive", she said. "We'll be watching the incoming administration very closely."

Sharmila Devi

***Panel:* New York state's approach**

55-year-old Saufi Abdulghani, who is from Malaysia, describes himself as a lucky recipient of New York's generosity. The former merchant seaman moved to New York City in 1996 for further training as a chef. He overstayed his student visa to work but had a stroke in 2003. Confined to a wheelchair and with limited mobility on his left side, he was moved to the Coler-Goldwater rehab hospital on Roosevelt Island in 2004 and looks set to stay there for the foreseeable future." This place is a haven. They give me not just food and shelter but they respect me as a human being", said Abdulghani, who likes to sit in the hospital grounds to gaze at the views of Midtown Manhattan and the UN. "If I had the chance I would leave and work but I can't. I'm not American and lots of people say Americans are bad but I've seen here how the system really helps others."