



# UNDOCUMENTED AND UNINSURED

A Five-Part Report on Immigrant Youth and the  
Struggle to Access Health Care in California

## PART 2: BAND-AID CARE

A REPORT BY THE DREAM RESOURCE CENTER OF THE UCLA LABOR CENTER



# BAND-AID CARE FOR THE POOR AND UNINSURED

For immigrant families, access to medical care is both limited and a financial hardship. Immigrants tend to work in industries that do not offer employer-based insurance.<sup>1</sup> In addition, undocumented immigrants do not qualify for most public health benefits, and more than half live below the federal poverty line, making it unlikely they can afford health insurance.<sup>2</sup>

When undocumented Californians do seek medical attention, the types of care available are Band-Aid options—basic services that provide a quick-fix or temporary remedy but do not address preventative, long-term, or sustainable health needs. These limited public programs are often the only option for uninsured Californians.

These barriers are essential to consider as California prioritizes health care for all and addresses wellness in the lives of vulnerable and unprotected populations.

“ Within our family, when we have health care issues, we think about money as opposed to thinking about our health. We tend to let it continue until it is really a pressing issue. ”

—Male, 22, Berkeley



Photo: St. John's Well Child and Family Center

## IMMIGRANT YOUTH DELAY CARE, ENDURE PAIN, AND COVER THE COST

Survey findings show that in the past year, **50 percent** of uninsured immigrant youth delayed getting the medical care they felt they needed. Of those, **96 percent** reported that the main reason was cost or lack of insurance.

Many low-income, undocumented youth are forced to choose between paying for a medical visit or other basic needs that are essential to their survival and sustainability. A twenty-two-year-old male respondent from El Monte shared, “It’s a struggle because we either pay our rent or go to the clinic, and the rent is our first priority.”

The financial obstacles of being undocumented and uninsured are echoed by other immigrant youth across California. A nineteen-year-old male participant from South Los Angeles revealed: “I have a blood disease, and I have to constantly look for ways to stay healthy. My family stopped taking me to the hospital because it was getting expensive, and we couldn’t pay.” A twenty-six-year-old female respondent from Arvin shared the pressures of staying healthy for her family: “Getting sick is not an option. There [are] six children [in the family]. It would be painful for my parents. It’s not an option.”

Immigrant youth initially endure the pain when they are sick or injured, with the hope that they will recover without medical intervention. A twenty-one-year-old male participant from Huntington Park illustrated what a nightmare this experience can be: “I broke my arm and had to tolerate the pain for three days until I had to go to the emergency room to help with the pain.” It is too common that the constraints of income and immigration status take priority over the need for medical attention.

When undocumented individuals are able to pursue care, survey findings show that immigrants in California pay out-of-pocket for the expense. **Thirty-nine percent** of immigrant youth paid for treatment themselves, and **32 percent** received support for medical expenses from friends or family.

Despite the common perception that immigrants drain social service programs, studies have shown that the use of the emergency room by undocumented communities is relatively low.<sup>3</sup> Only 34 percent of immigrant youth in the survey had ever visited an emergency room. Because emergency care is generally a last resort, it is also the most costly. The price of one visit can become a paralyzing obstacle for the undocumented and uninsured. A twenty-two-year-old male participant from Rialto shared a familiar story: *“On one occasion I [was] very sick and hospitalized for [several] hours, and the only thing that I [was prescribed*

*was] Tylenol. I was charged about \$18,000 and was not able to pay for the bill.”* Minimal care and high costs contribute to immigrant families’ mistrust of the health care system.

The incorrect assumption that low-income communities already have adequate access to services leads to the belief that poor health is a personal choice. Health care is a collective concern—not a personal issue. California has the opportunity to protect vulnerable populations by providing adequate services and access for all.

“ It is very frustrating and overwhelming because I have to go to the community clinics, which are slow and don’t have a lot of resources. It takes months [to make] an appointment, [and] you’ll be there all day. ”

—Female, 21, Los Angeles

## **BAND-AID SERVICES ARE INCOMPLETE AND THE DOMINANT SOURCE OF CARE FOR THE UNINSURED**

Seventy-four percent of immigrant youth report they have received services from public safety-net programs, such as emergency Medi-Cal, public hospitals, and community or county health clinics.<sup>4</sup> Undocumented Californians are able to access these forms of care due to their low cost, payment plans, sliding-scale fees, and no-cost services. While these programs may appear accessible, they are commonly understaffed, underfunded, overcrowded, and unable to meet the needs of many of those seeking care.

Stories of disappointment, pain, and distress in relation to the health care system were common among the immigrant youth surveyed. For one participant, a twenty-two-year-old female from Claremont, the lack of health care cost her family the life of her father. *“After my father’s passing, the health care system, I see it as a failure. It did not detect his cancer, passed over his ailments, and dismissed them.”* Tragedies like this that could have been avoided are common for low-income, undocumented Californians and will continue if high costs and ineligibility for care are not addressed. The State of California can demonstrate that it values the lives and contributions of immigrants through policies and legislation that provide access to health care resources.



Photo: St. John's Well Child and Family Center



Photo: St. John's Well Child and Family Center

## UNDOCUMENTED CALIFORNIAN IN PURSUIT OF HEALTH CARE MALE, 25, RIVERSIDE

“I had been coughing for two weeks and couldn’t walk a block without gasping for air. My cough kept getting heavier, and it was becoming a lot more painful to breathe. I knew it was bad. I remember feeling something pressing heavily on my chest in the late night, as if something was about to crack wide open. I found myself lying on the couch, aching and taking small breaths to ease the pain. It was bad; I had to see a doctor.

I called mamá; she was half-asleep: ‘Ama, no me siento bien, I don’t feel well.’ I didn’t want to share with her that I was feeling ill for some time. I felt guilty for dragging her out to Riverside from Orange County at 2:00 in the morning. She had work in a couple of hours and didn’t feel safe driving late at night because she feared the police.

Arriving at the emergency room, the receptionist asked me for information that I felt hesitant to answer. I was unable to complete the paperwork because I had no medical insurance. Being undocumented, I grew up without medical insurance, let alone frequent visits to the doctor. We only went when things were urgent or there was blood involved.

Sitting in the empty room, the doctor comes back in with results. He seems puzzled: ‘You had an upper respiratory viral infection. Did you take any medication to treat it?’ I look at him, ‘No, just a home remedy I know.’ We had grown up with homemade treatments: a tea full of honey and a drop of cinnamon for flavor. For mamá, there was no medical prescription; it was the only remedy she could give.

He stops signing papers and looks up: ‘I don’t know how you did it, but you’re lucky your lungs didn’t burst.’”

**TABLE 1: Health Facilities, Delayed Treatment, and Method of Payment for Immigrant Youth**

Health Facilities Used	
Community or county clinics and public hospitals	74%
Emergency room	34%
Delays in Seeking Treatment within the Last Year	
Delayed medical care	50%
Of those, delayed due to cost or lack of insurance	96%
Method of Payment for Medical Care	
Out-of-pocket	39%
Financial support from family and friends	32%

**TABLE 2: Additional Barriers to Accessing Health Services for Immigrant Youth**

Barriers	
Not knowing where to go for care	17%
Feeling overwhelmed by the health care system	15%
Not knowing if they qualify for services	14%
Inability to take time off work	11%

\*Source: Healthy California Survey 2014

## CONCLUSION

Anti-immigrant sentiment in the United States has resulted in the development of exclusionary and discriminatory policies, impacting the undocumented immigrant community across the nation. Immigrant families continue to suffer a lack of services and protections under the Affordable Care Act, which explicitly targets undocumented immigrant communities for exclusion.

The failure to fully support families does not fit the goals and objectives of the Affordable Care Act, and denying care to undocumented Californians has profound repercussions. Immigrant communities absorb and internalize their experiences of exclusion, leaving them ill, frightened, and without access to care.

Across immigrant communities, many are now calling for systemic policy reform that truly prioritizes health for all. Recognizing that health care is a human right, rather than a privilege, allows for a broader conversation that considers the well-being of all Californians.

## RECOMMENDATIONS

We recommend the following in an effort to foster the health of future populations and the growing immigrant demographic in California:

- ◆ Health for immigrant families in California is connected to the need for immigration reform. Halting deportations and reforming the immigration system for the 11 million undocumented immigrants in the United States would have profound positive health outcomes nationwide. We recommend a clear pathway to residency and citizenship with access to health and social programs. Moving forward with immigration reform is essential to the well-being and prosperity of the country as a whole.
- ◆ The health of undocumented Californians is crucial to the well-being of the state. There is no such thing as individual health; all health is public and communal. We recommend expanding the Affordable Care Act to insure all Californians regardless of immigration status or income level. California can continue to lead and set an example by championing health as a human right; a public good for all.<sup>5</sup>



## METHODOLOGY

This report presents the results of the first statewide survey about immigrant youth, led by immigrant youth. We asked participants a series of standardized questions about their experience accessing health care in California. We surveyed 550 undocumented and “DACAmended” (recipients of Deferred Action for Childhood Arrivals) Californians between the ages of 18 and 32, using a participatory methodology that allowed those directly excluded from health care access to lead the research process. A team comprised of 37 immigrant youth conducted face-to-face surveys with their peers during summer 2013. The data and analysis in the report reflects the experiences and real-life barriers to health care faced by undocumented people.

## STUDY DEMOGRAPHICS

<b>REGION</b>	<b>41%</b> Los Angeles	<b>24%</b> Northern California	<b>10%</b> Orange County	<b>10%</b> San Diego	<b>8%</b> Inland Empire	<b>7%</b> Central Valley		
<b>IMMIGRATION STATUS</b>	<b>55%</b> Deferred Action for Childhood Arrival Recipient		<b>42%</b> Undocumented		<b>4%</b> Other			
<b>AGE</b>	<b>47%</b> 22–26 yrs old		<b>36%</b> 18–21 yrs old		<b>17%</b> 27–32 yrs old			
<b>GENDER</b>	<b>55%</b> Female	<b>44%</b> Male	<b>0.7%</b> Genderqueer	<b>0.4%</b> Transgender	<b>0.2%</b> Other			
<b>RACE</b>	<b>93%</b> Latina/o Hispanic	<b>3%</b> Asian	<b>2%</b> Mixed Race	<b>0.7%</b> Pacific Islander	<b>0.2%</b> White	<b>0.2%</b> Native American		
<b>AGE UPON ARRIVAL</b>	<b>53%</b> Months –6 yrs		<b>35%</b> 7–12 yrs		<b>10%</b> 13–16 yrs		<b>2%</b> 17+ yrs	
<b>HIGHEST LEVEL EDUCATION ATTAINED</b>	<b>6.3%</b> >12 yrs	<b>50.2%</b> High School Diploma /GED	<b>19.7%</b> Associates Degree	<b>16.8%</b> Bachelors Degree	<b>1.1%</b> Some Grad School	<b>2%</b> Grad School	<b>3.7%</b> Other	<b>0.2%</b> No response
<b>SEXUAL ORIENTATION</b>	<b>78%</b> Heterosexual	<b>7%</b> Gay	<b>5%</b> Queer	<b>4%</b> Bisexual	<b>2%</b> Lesbian	<b>2%</b> Other	<b>1%</b> Asexual	<b>0.7%</b> Questioning
<b>YEARS IN U.S.</b>	<b>65%</b> 11–20 yrs		<b>23%</b> 21+ yrs		<b>12%</b> 1–10 yrs			

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- 1 Health Access Foundation, “California’s Uneven Safety Net: A Survey of County Health Care,” November 2013, <http://www.health-access.org/files/expanding/California%20Uneven%20Safety%20Net%20-%20A%20Survey%20of%20County%20Health%20Care.pdf>.
- 2 Human Impact Partners, “Family Unity, Family Health: How Family-Focused Immigration Reform Will Mean Better Health for Children and Families,” June 2013, <http://www.familyunityfamilyhealth.org/uploads/images/FamilyUnityFamilyHealth.pdf>.
- 3 Aviva Shen, “How Deportations May Be Hurting Obamacare Enrollment,” December 29, 2013, Think Progress, <http://thinkprogress.org/immigration/2013/12/29/3106511/latino-obamacare-deportation/>.
- 4 Jeffrey S. Passel and D’Vera Cohn, “Unauthorized Immigrant Population: National and State Trends, 2010,” February 1, 2011, Pew Research Center, <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/>.
- 5 National Economical and Social Rights Initiative, “What is the human right to health and health care?,” <http://www.nesri.org/programs/what-is-the-human-right-to-health-and-health-care>.



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