

Immigration and the Healthcare System

The fiscal burden of unfunded mandates

By JOSEPH CURWEN, M.D.

I work in emergency rooms in California and am amazed at the unfunded burden our current immigration policies put on our healthcare system. I think this is one of the hidden secrets of the adverse effects of our current immigration policies. When I tell people about the impact that immigration has on our healthcare system, they always think illegal Mexicans and South Americans.

In my work I see far fewer illegal or potentially illegal immigrants than ill elderly or chronically ill young legal immigrants. These legal immigrants make up at least 25 percent if not more of the patients that I see in my emergency rooms. They are from all over the world.

I believe there are approximately 50,000 Iraqi refugees in San Diego and 120,000 Ukrainians and Russians in the greater Sacramento area. There are also numerous Asians, Africans, and Pacific Islanders. Many of them are extremely ill with diabetes, kidney failure on dialysis, heart problems, or other medical conditions.

In 2012, 479,000 immigrants were admitted to the United States without any quota limits under the family chain immigration policy. Anyone who has a pre-existing illness or is elderly is not insurable by private insurance. The Affordable Care Act may change this a little, but most of my patients are indigent and will fall to Medi-Cal.

I am also unsure of whether the health plans have the same obligation to enroll non-citizens with pre-existing conditions. When we accept as a family chain immigrant a 60-year-old obese diabetic bedridden double above the knee amputee with heart problems, we are signing up as a society for some enormous medical expenses. I've seen patients in the U.S. less than two years who have already run up more than \$200,000 in medical bills. I've seen immigrants get right off the airplane and come to the hospital and get open-heart surgery. I haven't seen it but I've heard stories about immigrants or even visitors that have not told the truth about their health history and

arrive and get immediate access to dialysis. And once their life depends on access to dialysis, what can you do in many cases but keep them alive here.

I am confused about how the whole thing is supposed to work because it was my understanding that if you sponsored someone coming in, they could not be a burden on society for such things as healthcare. But there is no way to buy health insurance for a patient like the one I discussed above, so he or she will be on straight Medi-Cal or Medi-Cal Medicare. Some of these patients will not qualify for Medicare and their entire care will be dependent upon Medi-Cal. This puts a huge burden on Medi-Cal, but I have never seen it discussed as a discrete contributor to the large Medi-Cal costs in our state budget. California is not a poor state, but the reimbursements to physicians and hospitals for Medi-Cal patients are either the lowest or next to the lowest of all of the states. California should not have a greater proportion of indigent patients than some of the less prosperous states. In my opinion the very large immigrant population that has chosen to resettle in California has placed this burden on the Medi-Cal system. Of course there are some immigrants without any healthcare coverage at all. The cost of their care is absorbed into the healthcare system and eventually paid by cost shifting from paying patients.

In no way am I saying that this population of immigrants is anything other than ill. I find many of the patients more pleasant to deal with than some of our native-born Americans, but the healthcare system is already overburdened. What kind of sense does it make to let ill refugees or family chain immigration members into this country when they will be an economic burden until they die? Not only that, but they didn't pay taxes, Medicare, or high health insurance premiums when they were younger. When they are elderly and not working, the only taxes they may pay are sales tax on things that they buy.

I know that countries like Australia and New Zealand have strict policies about the age and financial well-being of people that they except as immigrants. When you get older than a certain age, you may visit these two countries but you will never be allowed the benefits of a citizen with access to their public healthcare systems. ■

Joseph Curwen, a practicing physician, writes from the West Coast.