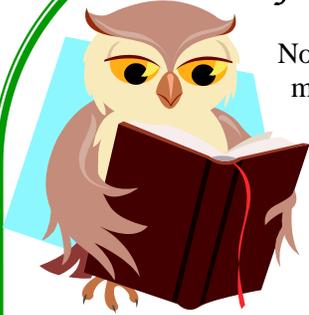




Common Myths about HealthCare and Undocumented Immigrants

Myth: Most of the uninsured are immigrants.



No! 34.4 million of the total uninsured population are citizens in working families and immigrants make up only a small percentage of the uninsured population.ⁱ But non-citizens are much more likely to be uninsured, with 47% uninsured versus 15% among citizens.ⁱⁱ

Myth: All undocumented immigrants are from Mexico.

No! While many immigrants do come from Mexico, other countries of origin include Canada, Korea, Brazil, Vietnam, India, Cuba and Guatemala.ⁱⁱⁱ

Myth: High unemployment among immigrants leads to lack of health insurance.

No! Undocumented immigrants provide most of the labor in agricultural, construction and extractive job sectors. Research shows that among men aged 18–64, natives are the least likely to be in the job areas mentioned above (83%) followed by legal immigrants (86%) and ***the group that is most likely to be working are the undocumented immigrants (92%).***^{iv}

Myth: Immigrants are not different than the overall U.S. population in facing barriers to health care.

No! Immigrants fare much worse. For example, they are less likely to: have employer-based healthcare benefits, have a usual source of care, have had recent contact with a health professional, receive preventive care^v

Myth: Undocumented immigrants come to United States for free healthcare facilities.

No! According to a survey conducted in 1996/1997, undocumented immigrants come to United States primarily for jobs, education or for uniting with family/friends. “Their ambulatory health care use is low compared with that of all Latinos and all persons nationally, and their rates of hospitalization are comparable except for hospitalization for child birth” (Berk, Shur, Chavez and Frankel, 2000, p.51). The undocumented do not have any Government coverage nor do their low-paying jobs and legal status allow them to buy health insurance.^{vi} The number of physician visits for undocumented immigrants was 36.4% in El Paso and 27.2% in Los Angeles compared to 74.8% of physician visits for the entire U.S. population.^{vii}

Myth: Undocumented immigrants do not contribute to our public welfare system.

No! Undocumented workers are estimated to have paid \$7 billion in social security taxes and over \$1.5 billion in Medicare taxes annually.^{viii} Locally undocumented immigrants in Bernalillo County pay an estimated total in property taxes of \$2.28 M - \$2.35 M per year.^{ix} In Texas, the state revenues collected from the undocumented population exceeded the amount spent on them for social services by \$424.7million!^x



Myth: Immigrants are causing health care expenditures per capita to rise drastically.

No! Average annual per capita health care expenditure (2005) was \$1,797 per non citizen vs. \$3,702 per citizen.^{xi} Undocumented immigrants tend to be uninsured which forced to them to wait till conditions worsen. It is found immigrant children visit emergency room less often than U.S. born children and when they do, they are sicker and increase their emergency room expenditures.^{xii} Non-citizen immigrants had lower public expenditures around health in the northeast U.S. compared to US natives or naturalized citizens in the period 1996-2006.^{xiii} In Texas, the state's total healthcare costs for the undocumented population was a mere \$58 million in 2005 although they are 7% of the state's population.^{xiv}

Myth: Emergency rooms are crowded with uninsured immigrants.

No! In fact, immigrants have a lower rate of emergency room use at 13% vs. 20% for citizens.^{xv}

Myth: Undocumented immigrants drain the public welfare system.

No! Undocumented Latino immigrants use our public welfare system at very low rates compared to the entire U.S. population. Their use of Medicaid was 2.5% in El Paso, 2.2% in Houston and 9.8% in Los Angeles. ((Berk, Shur, Chavez and Frankel, 2000, pp. 58-59).

Further, fear of public charge prevents undocumented immigrants from seeking assistance which they are eligible for due to the "chilling effect" of eligibility changes in other programs.^{xvi}

Myth: Restricting healthcare access to undocumented immigrants will not affect American citizens

Lack of coverage reduces access to preventive healthcare. This can increase costs for public health overall. For example: under-vaccinations of the undocumented population can make all communities vulnerable to diseases like measles, flu or pneumonia.

ⁱ Coverage Matters: Insurance and Health Care, Institute of Medicine, October 2001.

ⁱⁱ Same as 1

ⁱⁱⁱ http://www.dhs.gov/xlibrary/assets/statistics/publications/III_Report_1211.pdf

^{iv} Unauthorized Migrants: Numbers and Characteristics, Background Briefing Prepared for Task Force on Immigration and America's Future, Passel, Pew Hispanic Center, 2005.

^v Same as 1

^{vi} Immigrants in the U.S. healthcare system: Five myths that misinform American Public, Center for American Progress, 2007

^{vii} Berk, M.L., Schur, C.L., Chavez, L.R. and Frankel, M. (2000). Healthcare use amongst undocumented Latino immigrants: Is free health care the main reason why Latinos come to United States? A unique look at facts. *Health Affairs*, 19(4), 51-65.

^{viii} Same as 6

^{ix} Gerry Bradley, New Mexico Voices for Children, 5/18/09

^x Same as 6

^{xi} Same as 1

^{xii} Same as 6

^{xiii} J.A.Simpson, F.A.Wilson, K. Eschbach, Trends in Healthcare Spending amongs Immigrants in United States. *Health Affairs*, 29:3, February 2010.

^{xiv} Same as 6

^{xv} Same as 1.

^{xvi} (SJM 52 report/ impact of 1996 PRWORA on access to health care for immigrants).