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# Access to health care for undocumented immigrants:

A resource for policy makers and advocates

November 2019

Policy Toolkit



Developed by UndocuElders in the IE, as community based research collaboration.

## Introduction

The state of California has passed a number of policies that aim to support in the integration of immigrants. Health access for all undocumented immigrants remains a critical unmet need. Recognizing this need, the Health4All coalition aims to ensure comprehensive, affordable, and accessible care for immigrants who are currently excluded from our health care system by expanding Medi-Cal coverage to undocumented individuals whose incomes are at or below the Medi-Cal eligibility threshold of 138% of the federal poverty level.<sup>1</sup> In 2016, the state of California took a critical step towards reducing the health coverage gaps for undocumented Californians by expanding Medi-Cal eligibility to all low-income children using state funds.<sup>2</sup> Today, most children in California have health coverage, regardless of immigration status.<sup>3</sup> In 2019, Governor Gavin Newsom announced a plan to build on that expansion by extending Medi-Cal coverage to income-eligible young adults up to the age of 25, regardless of immigration status. This expansion is set to take effect on January 1, 2020.

The Health4All campaign's current objective is to expand coverage to low-income undocumented adults. If coverage was expanded to include adults regardless of immigration status, it is estimated that 1.15 million low-income undocumented adults would qualify for full-scope Medi-Cal; older undocumented adults (65+) make up 2% (or 25,000) of those who would be newly eligible for Medi-Cal.<sup>4</sup>

UndocuElders in the IE is a community-based research collaboration. Our goal is to raise awareness about the health needs and access to care among undocumented older adults. The purpose of this toolkit is to provide advocates and policy makers information on trends and knowledge on the health needs of undocumented older adults.

What you can take away from this policy toolkit:

- The toolkit provides an overview on immigrant demographics in CA, a synthesis of the health needs of undocumented adults, a summary of ways in which undocumented immigrants are able to access care and barriers to care, and an overview of the Health4All campaign.
- Actionable content includes a policy brief with findings from a study with undocumented older adults, health needs profiles/narratives, talking points and FAQs.

## BACKGROUND AND KEY FACTS

### FEDERAL

- Despite their contributions, federal law precludes undocumented immigrants from accessing federal public benefit programs. Undocumented immigrants are roughly 5% of the population, but account for only 1.4% of healthcare spending.<sup>19</sup>
- Approximately 8% of undocumented individuals' income goes to taxes and all immigrants (regardless of status) contribute an estimated \$80,000 more in taxes than government services utilized over their lifetime.<sup>20</sup>

### CALIFORNIA

- 1 million undocumented Californians are classified as low income. Undocumented adults in California are the largest group of uninsured individuals as 3 in 5 are classified as low income and 9 in 10 lack health care coverage.<sup>21</sup>
- Immigrants in California tend to be healthier than underprivileged U.S.-born residents.<sup>22</sup> Undocumented residents in California have been found to visit a regular physician minimally, are less likely to receive blood pressure and cholesterol checks, and have lower healthcare expenditures when compared to U.S. citizens and other immigrant groups.<sup>23</sup>

### INLAND EMPIRE

- Those without health insurance in the Inland Empire (IE) must rely on emergency department, safety net hospitals, and community health clinics to access care.<sup>24</sup>

	<b>Immigrants in the US</b>	<b>Immigrants in CA</b>	<b>Immigrants in the Inland Empire</b>
No. of immigrants	44.5 million <sup>5</sup>	11 million <sup>6</sup>	1 million <sup>7</sup>
No. of undocumented immigrants	11.3 million <sup>8</sup>	3 million <sup>9</sup>	300,000 <sup>10</sup>
Undocumented Immigrants who are uninsured	45% <sup>11</sup>	60%-70% <sup>12</sup>	175,000 residents <sup>13</sup>
Contributions in state & local taxes	\$11.7 billion <sup>14</sup>	\$3 billion <sup>15</sup>	\$260 million <sup>16</sup>
Social Security	\$13 billion <sup>17</sup>		
Sales taxes	\$ 6.9 billion <sup>18</sup>	\$2 billion	\$114 million

## UNDOCUMENTED OLDER ADULTS

There are approximately 1,346,000 undocumented immigrants age 55 and older residing in the U.S. It is estimated that nearly 70% of undocumented individuals are of Latino origin.<sup>26</sup> In 2010, Latinos represented 7% of individuals age 65 and older; this figure is estimated to increase to 20% within the next three decades.<sup>26</sup> Limited by their undocumented status, older adults are compelled to work low-wage jobs that rarely permit them to save and plan for their future.<sup>27</sup> Undocumented older adults often will work through their retirement years, usually depending on their children for financial support.<sup>28</sup> With their undocumented status restricting their economic prosperity and ability to save for retirement coupled with exclusion from accessing public benefits such as

health care, undocumented older adults are unprepared for the costs of health care and related expenses they will face as they age.

As undocumented Latino older adults age, they will be subjected to the same illnesses that afflict all senior citizens, often among the most expensive to treat: chronic diseases, cognitive disorders, and physical injuries.<sup>29</sup> Diabetes, tuberculosis, and kidney failure are the most common illnesses afflicting the older undocumented community.<sup>30</sup> Undocumented immigrants experience a number of mental health disorders. In terms of mental health issues, Latino older adults are likely to experience depression, stress, Alzheimer's disease and dementia.<sup>31</sup>

## COMMON BARRIERS TO HEALTH CARE FOR IMMIGRANTS<sup>32</sup>



### Language

- Limited English proficiency and literacy challenges discourage undocumented immigrants from seeking care until their conditions exacerbate. Communicating with staff and filling out paper work can be challenging.

### Transportation

- Lack of transportation is cited as an external resource constraint to undocumented immigrant access to healthcare. This circumstance can result in missed appointments and poor illness management.

### Status and Fear of Deportation

- Concern about providing personal information, including divulging their undocumented status, precludes noncitizens from seeking health care. Fear of deportation has kept immigrant families from seeking treatment. Whether the threat is real or imagined, the distress of being discovered as undocumented has an acute impact on the lives and wellbeing of immigrants.

### Unfamiliarity with Systems of Care

- Undocumented immigrants are unaware of services available to them or how to utilize the healthcare system.

### Cost

- Undocumented immigrants do not seek care due to the cost related to possible treatment; by not seeking initial intervention, this delay can result in exacerbated health conditions that become more difficult to treat and more expensive with the passage of time.

## HEALTH ACCESS: FEDERAL AND STATE POLICIES, PROGRAMS, & COMMUNITY SERVICES

### FEDERAL

**EMTALA:** Under the Emergency Medical Treatment and Active Labor Act (EMTALA) of 1986, all hospitals that contain emergency departments and receive federal funding are required to provide emergency care to patients regardless of immigration status or ability to pay. EMTALA requires that hospitals provide care until patients stabilize, and obligates providers to develop release plans for these individuals.<sup>33</sup>

**PRWORA:** The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 reformed the U.S. welfare. In addition, PRWORA barred many categories of immigrants, including undocumented immigrants, from accessing federally-funded insurance programs such as Medicaid and Medicare. Furthermore, PRWORA also precludes most authorized immigrants (except refugees) from accessing federal assistance programs for a period five years after receiving legal permanent residency status.<sup>34</sup>

**ACA:** The passage of the Affordable Care Act (ACA) in 2010 represented the U.S.'s most significant healthcare reform and expansion of coverage since 1965. The law expanded healthcare to 20 million Americans and reduced the uninsured rate to 8.6% (Kaiser Family Foundation, 2016). Undocumented immigrants were excluded from ACA provisions as they are prohibited from purchasing insurance through the health exchanges and do not benefit from the Medicaid expansion.<sup>35</sup>

**Recent Regulation – Public Charge:** A regulatory change was recently finalized to broaden the definition of public charge, which would permit immigration officials to assess the likelihood of an immigrant becoming dependent on government services, thus denying these individuals to adjust their legal status. Public charge will have a chilling effect on older adults due to likely bewilderment and fear among these individuals and their families; older adults may relinquish seeking the assistance they need because of apprehension about how this could affect their families.<sup>36</sup>

### CALIFORNIA

#### Emergency Medi-Cal

Undocumented immigrants can access Restricted Medi-Cal, sometimes called “Emergency” Medi-Cal, which provides limited coverage in the form of pregnancy and emergency services.<sup>37</sup> Restricted benefits include care and services that are necessary for the treatment and care of an emergency medical condition; follow-up care and long-term treatment after the emergency has been resolved is not covered under emergency Medi-Cal (except for low-income women who are pregnant or within 60 days post-partum; they can receive any medically necessary services during that time, regardless of status).<sup>38</sup> Contrary to popular belief, undocumented immigrants do not consider emergency medical rooms as their main source of care; in terms of low income immigrants, these individuals depend upon community clinics and community hospitals for their source of treatment.<sup>22</sup>

Currently, for an undocumented adult over the age of 25 to qualify for Medi-Cal in California, the law requires that they either be pregnant or have an “emergency medical condition,” which must be “severe, acute, and life-threatening or lead to disability.”<sup>23</sup>

**MISP & CMSP:** Undocumented immigrants that are not able to afford healthcare may obtain county-administered safety-net programs if they meet the conditions necessary to qualify for these programs. Medically Indigent Services Programs (MISP) are available in certain counties across the state of California. MISP is described as “providers of last resort” for county residents who lack any other source of care.<sup>39</sup> Each county has the discretion to determine eligibility, benefits, and services MISP is able to provide county residents. Currently, 23 of the 58 counties offer a MISP program. MISP is not health insurance; it is a short-term assistance lasting one month to a year. Undocumented immigrants are eligible for MISP coverage in 10 out of the 23 counties. In the Inland Empire, undocumented immigrants may access MISP in Riverside County, but this program is not accessible to this community in San Bernardino County. California Medical Services Program (CMSP) is available in 35 rural counties. Eligibility is limited to residents ages 21-64 with incomes below 200 percent the Federal Poverty Line. Undocumented residents only have access to emergency services through CMSP.<sup>40</sup> Eleven counties do not provide non-emergency care for undocumented immigrants.<sup>41</sup>

**PRUCOL:** Is a little known legal provision in California that grants some undocumented immigrants access to full scope Medi-Cal coverage.<sup>42</sup> Under Permanently Residing Under Color of Law (PRUCOL), undocumented immigrants who can corroborate that immigration authorities are aware of their presence in the U.S. and do not intend to deport them (for example, asylum seekers) can obtain Medi-Cal coverage via the PRUCOL eligibility category. The PRUCOL category applies to immigrants who have applied for legal status and are waiting for a response, as well as certain others.<sup>37</sup> PRUCOL is an eligibility category, not an immigration status. It can only be found in the state of California and New York, and coverage varies depending on the state.<sup>43</sup>

**COMMUNITY SERVICES:** Although likely to be uninsured, undocumented immigrants can obtain healthcare at nonprofit community health centers, charity hospitals, and public clinics and hospitals that provide free or sliding scale services to those who are uninsured.<sup>44</sup> In the state of California, there are 1,334 community health centers. However, it is likely that undocumented immigrants will also face challenges obtaining services at these facilities because of the limited resources with which these providers operate.<sup>46</sup>

**HEALTH4ALL:** The Health4All Coalition, co-chaired by Health Access California and the California Immigrant Policy Center, consists of organizations that have dedicated their efforts to expand healthcare to undocumented immigrants. Despite the success of the Affordable Care Act, more than 1 million undocumented Californians remained without health insurance.<sup>47</sup> The California Endowment launched the #Health4All campaign in 2013 to determine a statewide solution so that all Californians “have access to affordable, quality health coverage.”<sup>48</sup> This initiative sought to educate others about the important contributions undocumented Californians have towards the state’s communities and economy and to raise awareness about this population’s lack of healthcare coverage.<sup>49</sup> Health4All has now become a coalition of immigrant rights activists, health care advocates, and community members coming together to call for expanding health care to all Californians, regardless of immigration status.

The campaign has achieved some successes. On June 24, 2015, Governor Jerry Brown signed SB 75 (Lara), which expanded full-scope Medi-Cal to all low-income children under the age of 19, regardless of their immigration status. On October 9, 2015, Governor Jerry Brown signed SB 4 (Lara) the Health for All Kids Act, which ensured that undocumented children enrolled in restricted-scope Medi-Cal transitioned seamlessly to full-scope Medi-Cal upon implementation. On May 16, 2016, full-scope Medi-Cal was expanded to all children.<sup>50</sup> Since then, well over 250,000 undocumented children have successfully enrolled in Medi-Cal thanks to the expansion.<sup>51</sup>

In 2017, after witnessing the success of Health4All Kids, the Health4All coalition began a new initiative called “Health4All Adults,” an effort to expand coverage to low-income undocumented Californians. Within

the California legislature, state legislators have introduced bills co-sponsored by Health Access and CIPC in recent sessions granting healthcare to all Californians regardless of immigration status. The two bills, SB 29 and AB 4, would grant full-scope Medi-Cal to low income undocumented adults by removing immigration status as an eligibility exclusion.<sup>52</sup> These bills would close one of the most significant remaining coverage gaps in the California health care system.<sup>53</sup>

The UC Berkeley Labor Center has found that granting Medi-Cal to all low-income adults regardless of immigration status would extend coverage to more than 1.15 million undocumented adults by 2020.<sup>4</sup> Furthermore, this extension of coverage would diminish the number of uninsured by nearly a quarter, with more than 1 million Californians likely to become insured. Among those who would become eligible for Medi-Cal, approximately 25,000 undocumented elders (age 65+) would benefit from such an expansion. A 2018 budget report by The California Legislature's Nonpartisan Fiscal and Policy Advisor found that approximately \$3 billion in state funds would be required to expand full-scope Medi-Cal coverage to undocumented adult immigrants.<sup>54</sup> The Health for All coalition has focused on legislation that included all adults. However, due to fiscal limitations legislation is amended to focus on segments of the population. In 2019, the Health for All efforts were focused on two age brackets – youth (19-25) and older adults (65+) (e.g., SB29 was amended to only include undocumented elder 65+).

## ACTIONABLE CONTENT

The research team developed several resources based on the findings of the study for policy makers and advocates. These include:

### Frequently Ask Questions

- Includes FAQs about the Health4All coalition

### Talking Points

- Talking points summarize major findings from the study and supporting rationale for focusing on older undocumented adults in the study.

### UndocuElder Profiles

- Profiles on several undocumented older adults who participated in the study are included to support advocacy efforts. The profiles highlight the participants' experiences as undocumented immigrants in the U.S. and stress the health and access issues shared by each participant. Profiles are available in two formats.
- Abbreviated version
- Full version

### Policy Brief

- Available online: <https://socialinnovation.ucr.edu/health-needs-undocumented-older-adults-view-health-status-access-care-and-barriers>

## FREQUENTLY ASKED QUESTIONS

### WHAT IS HEALTH4ALL?

Health4All is a campaign co-chaired by Health Access California and the California Immigrant Policy Center (CIPC) to ensure everyone, regardless of immigration status, has access to Medi-Cal and other public health care programs in California.

### HOW MANY OLDER UNDOCUMENTED OLDER ADULTS WOULD BE ELIGIBLE FOR FULL-SCOPE MEDICAL IF HEALTH FOR ALL PASSED?

If coverage was expanded to include all low-income adults, it is estimated that 1.15 million low income undocumented adults would qualify for full scope Medi-Cal; older undocumented adults (65+) make up 2% (or 25,000) of those who would be newly eligible for Medi-Cal.

### WHEN DID HEALTH4ALL BEGIN?

- The Health4All Campaign began in 2013 when immigrant rights activists, health care advocates, and community members came together to call for expanding health care to all Californians, regardless of immigration status.<sup>55</sup>
- Health4All legislation was first introduced by Senator Ricardo Lara in 2014, co-sponsored by Health Access California and CIPC. The bill would provide full-scope Medi-Cal to all low-income undocumented adults by removing immigration status as an eligibility exclusion. It would also establish an individual insurance marketplace parallel to Covered California for undocumented Californians above the Medi-Cal income threshold

### WHAT IS THE DIFFERENCE BETWEEN FULL-SCOPE AND RESTRICTED-SCOPE (EMERGENCY MEDICAL)?

- Restricted-scope Medi-Cal only covers emergency and pregnancy-related services, and it may also cover care and services related to an emergency medical condition (including dialysis services). It does not cover medications, regular doctors' visits, or dental care.<sup>56</sup>
- Full-scope Medi-Cal, covers all medically necessary services, including medical, vision, dental, and mental health services.



## WHAT UNDOCUMENTED POPULATIONS CURRENTLY HAVE ACCESS TO HEALTH INSURANCE?

- As of May 2016, ALL low-income undocumented children under 19 years old can enroll in full-scope Medi-Cal. This was made possible with the passage of Senate Bill 75, “Health4All Kids”.
- In 2019, Governor Gavin Newsom approved \$98 million in the state budget to expand Medi-Cal to low-income undocumented young adults (19-25 years old). California estimates 90,000 young adults will enroll between January through June of 2020 with this new effort.

## WHEN DOES THE EXPANSION FOR UNDOCUMENTED YOUNG ADULTS (19-25 YEARS OLD) START?

- Low income undocumented young adults will be able to enroll in full-scope Medi-Cal starting in January 2020.

## TALKING POINTS

### OLDER UNDOCUMENTED ADULTS IN CALIFORNIA

- It is estimated that undocumented older adults represent 2% (or 25,000) of the population who would be eligible for full scope Medi-Cal.

### WHY A FOCUS ON OLDER UNDOCUMENTED ADULTS?

#### **Akin to children, older undocumented older adults are a vulnerable population.**

- **Work conditions:** Often in jobs that require extraneous physical labor (e.g., warehouses), repetitive work, with limited or poor health regulations. Many individuals are in these types of jobs for multiple years or for as long as they are part of the labor force in the U.S.
- **Financial insecurity:** Approximately 16% of older adult immigrant live below the poverty line; 40% are members of low-income families.
- **Wages:** Low wages prevent undocumented older adults from saving.
- **Retirement:** Not eligible for federal retirement plans.

#### **Unaware of available support resources**

- Often undocumented older adults are not familiar with systems of care in the U.S. They are unable to navigate systems that may require them to complete paper work in English or be English proficient; and have high levels of health literacy.

#### **Immigration climate**

- The current immigration sociopolitical climate is associated with heightened levels of emotional distress.
- Individuals are fearful of detainment and deportation; and experience higher levels of anxiety and depression.

#### **Contribution to US economy and their families**

- Many undocumented older adults have worked in the U.S. for decades.
- Most older adults invest a lifetime for children/grandchildren with no expectations other than their family members' well-being.

### UNDOCUELDERS IN THE IE: WHAT WE LEARNED FROM THE STUDY

#### **Currently access to care equates paying out of pocket for care**

- Most participants access care through community health centers by paying out of pocket for care.

- Few participants received services through Medically Indigent Services Program (MISP).

### **Undocumented older adults experience high level of risk associated with the cost for health care.**

- Cost as a barrier: They may not access routine care, preventative care, and needed care due to cost (i.e., they have limited/no savings and the cost of health care is an extra expense). Paying for health care can become a burden.

**EL SEÑOR MARTIN EXPLAINS, “YA ES UN GASTO EXTRA. TAL VEZ ES UN GASTO EXTRA QUE NO ESTA ENTRE TU PRESUPUESTO VERDAD PERO TIENES QUE CONSEGUIR DINERO VERDAD PORQUE NECESITAS LA MEDICINA.” [IT’S AN EXTRA EXPENSE. PERHAPS IT’S AN EXTRA EXPENSE THAT IS NOT IN YOUR BUDGET, BUT YOU HAVE TO FIND THE MONEY BECAUSE YOU NEED THE MEDICINE.] [68 YEARS OLD]**

### **Is paying out of pocket for care sustainable?**

- If they experience a chronic condition that required regular care – paying for care out of pocket is not sustainable.
- Example: if you have diabetes, every two to three months, you pay a consultation, lab works, and medications; this could cost between \$100 and \$300. If additional exams are needed, this is more costly. One participant shared that she could spend up to \$1,000 if she needed a biopsy or additional scans (MRI or CATSCAN).

**DOÑA FLOR SHARES: SO, I AM LIVING WITH THE STRESS AND ALL THAT BECAUSE EVERYONE NEEDS MONEY AND IT IS VERY DIFFICULT... ALL THAT WE OWNED, OUR PROPERTIES, WE SOLD THEM ... TO COME HERE AND WITH THAT MONEY, MY HUSBAND HAS MANAGED TO HELP US MOVE FORWARD... [WITH OUR SAVINGS] HE PAYS FOR EVERYTHING, BUT OBVIOUSLY, THE MONEY WILL END BECAUSE WHEN YOU DO NOT ADD, AND YOU ARE ONLY SUBTRACTING, [EVENTUALLY]...IT REACHES TO ZERO. [67 YEARS OLD]**

### **What happens to your health if you go without health care?**

- Many participants did not have access to routine care or preventative care.
- Conditions exacerbate, ongoing deterioration
- Health care becomes more expensive
- Emergency care is not enough - The ER only stabilizes patients, and provides no follow-up care

**Emotional burden – Participants who experience a decline in their health often experienced emotional distress related to loss of independence or financial insecurity.**

**EL SEÑOR MANUEL SHARED: SOMETIMES YOU DON'T FEEL WELL AND YOU GET DESPERATE...I'M LOSING MY EYESIGHT IN ONE OF MY EYES AND I GET DEPRESSED. I DON'T FEEL WELL AND I DON'T HAVE A JOB AND I DON'T HAVE MONEY AND [I HAVE TO]...PAY RENT, [FOR] FOOD...I'M GETTING SOME HELP FROM [MY CO-WORKERS]...THEY ARE HELPING ME BUT IT'S NOT THE SAME....MY HEAD WILL HURT...AND IT'S HARD FOR ME TO FEEL BETTER...I'M HERE BY MYSELF...THE FAMILY THAT I LIVE WITH HAS CARED FOR ME...BUT IT'S VERY HARD FOR ME. THERE HAVE BEEN TIMES THAT I THINK ABOUT KILLING MYSELF... LA VIDA ES TRISTE PORQUE EN VERDAD...YO NUNCA HABIA SUFRIDO COMO AHORITA [LIFE IS SAD BECAUSE IN REALITY...I HAD NEVER SUFFERED THE WAY I AM NOW]. [61 YEARS OLD]**

### **Engaging in self-care activities**

- Many participants reported engaging in self-care as a way to prevent health conditions/ complications. Participants reported:
- Changes to their diet, no drinking, no smoking, regular exercise
- Home remedies such as herbal teas
- These activities are an alternative to health care and a form of prevention for undocumented older adults as they do not have the financial means to access care.

## **ABBREVIATED PROFILES**

### **El Señor Manuel (61 years old, AD 60, SD 31)**

#### **Hay veces que he pensado en matarme [There have been moments when I have thought about committing suicide]**

El señor Manuel continues to be haunted by his hospitalization from diabetic complications in 2018, which nearly killed him and led to his current depressive state. Although he felt agitated and his foot became swollen, he decided against seeking medical care; this decision ultimately caused him to lose consciousness and become hospitalized after being found on the floor by his housemates. He remained in the hospital for nearly a week. El señor Manuel currently struggles with diabetes, high blood pressure, and diminishing eye sight. He is also on dialysis and waiting for a kidney donation. His access to health insurance is in flux as he recently lost his job. After working for two decades in the same mattress factory he was fired as he was deemed a liability due to his dialysis treatment. Subsequently, he lost his employment sponsored insurance plan. While he qualified for emergency Medi-Cal after his last health crisis, he worries that his access will be withdrawn and he will find himself without access to health care. In addition, to his serious health needs, El señor Manuel is in a state of emotional distress. He worries about his inability to pay for health bills if he were to lose access to health care, he worries about his ability to pay for day-to-day expenses after losing his job, he worries about what will be of his life now. He stated, la vida es triste porque en verdad...yo nunca habia sufrido como ahorita [Life is sad because in reality...I had never suffered the way I am now]. He considers his life tragic because of his medical conditions, which causes him to feel distressed and desperate to the point of considering ending his life.

## **La Señora Antonia (65 years old, AS 60, SD 31)**

### **Mi vida es puro llorar, yo creo que es depresión. [My life is all about crying, I think it's depression]**

La señora Antonia has been told by a doctor her depression has likely contributed to her health issues. Depression is a disease that affects more women than men, especially women ages 45 to 64 (John Hopkins Medicine). La señora Antonia revealed that she often cries as she thinks about her and her husband's current financial struggles, and her deteriorating health. La señora Antonia was hospitalized four months ago and underwent open heart surgery. Prior to this surgery, she had been reluctant to seek care repeatedly because she lacked the financial resources to pay what she believed would be an expensive intervention. She chose to tolerate her symptoms despite repeatedly feeling que se me desmayaba todo el cuerpo [she lost feeling in her whole body]. It was not until she saw a cardiologist who refused to let her leave because she had been running a fever for over 72 hours. It was also during this time that she received surgery on her left leg that was infected due to her diabetes. She experienced excruciating pain that often left her crying day and night. Prior to her surgery she was denied health care while suffering a heart attack. La señora Antonia believes that she was precluded from receiving intervention because of her undocumented and socioeconomic status. These events have terrified her, but she continues to persist. La señora Antonia has recently resumed her employment as a house cleaner. She expressed that her doctor was reluctant to clear her, but she explained her situation, Mi esposo gana muy poco y no le alcanza para pagar todo...Entonces por pura necesidad me estoy llendo a trabajar [My husband earns too little and it's not enough to pay for everything...Because of this need I go to work]. It is likely that she is still not completely recovered and in pain, but La señora Antonia is compelled to work as her husband cannot provide for their dwelling and other expenses without her assistance. La señora Antonia wishes to return to Guatemala once she is no longer capable of working, but will likely not live peacefully as she revealed that several relatives have been murdered in her country.

## **Don Ignacio (70 years old, SD 31, AD 60)**

### **Lo que yo le tengo miedo es depender en mis hijos. Yo no quiero depender de nadie [I fear becoming dependent on my children. I don't want to be dependent on anyone]**

Don Ignacio suffers from several debilitating health issues. He underwent heart surgery 15 years ago and had part of his intestine removed during another procedure. He suffers from glaucoma for which he must use eye drops daily on both eyes. In addition, he has had surgery on his lymph nodes that left him vulnerable to cold weather and his kidneys are failing him. He experiences pain on his shoulder that prevents him lifting most things and feels pain when he walks. Don Ignacio is obligated to seek healthcare and take medications, but this is becoming burdensome and increasingly more expensive.

Don Ignacio must visit the doctor every three months to receive a check up and refill for his medications. He is responsible for paying all of his medical services, but stated that ...por pisar su consultorio me cobran antes de consultarme, entonces es una situación que a mi me esta limitando mas todavía [...every time I step into a clinic I get charged before I'm treated, then a situation that is limiting me more and more]. He feels he has no choice in the matter of healthcare because he could be vulnerable to his health conditions exacerbating without care. He has also chosen to forego needed surgery on both eyes as he will be charged \$3000 for each eye an amount he is unable to afford. Don Ignacio has chosen to not seek public benefits because he has heard that si tu pediste un beneficio automáticamente cero referring to having no chance of adjusting his status if he seeks assistance. The nonprofit legal advocacy organization, Justice in Aging, warned that seniors would be deterred from seeking public benefits because of changes to public charge; Don Ignacio is among those who were predicted to not seek services due to apprehension as he worries it will have severe implications on him. He chooses not to enroll in emergency Medi-Cal or MISP because he feels that it will affect him and his family negatively. As an undocumented elder, he has greater health needs given his conditions, but his fear of being deemed a public charge will likely result in his health further deteriorating and lacking access to financial relief.

## **La señora Fabiola (55 years old, AD 47, SD 20)**

### **If I had insurance, I might still have my eyesight.**

La señora Fabiola has high blood pressure, high cholesterol levels, and diabetes. Accessing care for these health conditions has been difficult as she is undocumented and has experienced ambiguous access to health insurance. Due to her undocumented status and economic limitations, she went undiagnosed and untreated for a prolonged time. As time persisted, she started losing her sight in both eyes. During periods when she felt most despondent, she could only see up to 5 inches in front of her. She needed someone to lead her when walking as she could not see if there were steps in front of her. La señora Fabiola has stated that her eye condition has caused her to feel mal y me deprimi [felt bad and depressed].

The cost for the needed eye surgery ranged from \$5000-8000 per eye. She was able to get surgery. Upon undergoing surgery, there was no remedy for the right eye, but they were able to save the left eye. She said, Si yo hubiera podido agarrar una seguridad...a tiempo, quizás el ojo derecho no lo hubiera perdido [If I would have been able to get an insurance plan in time, perhaps I would not have lost my right eye]. Since her surgery, she has not been able to work in a formal full time position as she fears further injuries. Now her family has to contend with paying \$150 for a visit to the doctor and medications every 3 months. She hopes that she will not experience any further medical complications. She hopes that lawmakers can implement accessible and low cost healthcare that not only her community will benefit from, but everyone can afford.

## **El Señor Andres (56 years old, AD 52, SD 20)**

### **Tenía yo aseguranza y no me quisieron atender [I had health insurance, but they denied me care]**

El señor Andres relocated to the United States in 1986 for more prosperous opportunities as he persistently experienced poverty and challenges acquiring work in his country of origin. Like many other undocumented immigrants, he must work considerable hours in order to sustain his family. He works 46 to 52 hours a week, but is still left short of being able to seek healthcare for himself. He is happy to have access to a CA driver's license and pays his taxes every year hoping that one day there will be an opportunity for him to change his status.

El señor Andres suffers from pain often felt throughout his bones and joints. He prefers to be active in order to assuage his pain; he enjoys working because se quita uno todo el dolor (one's pain all goes away). There are periods in which he feels lightheaded and believes he has high cholesterol, but does not seek medical attention. He is often conflicted about whether to seek health care access for himself as most of his expenses go towards paying for his wife's costly diabetic and high blood pressure care. He must choose between his health and that of his spouse. El señor Andres consistently chooses to sacrifice his wellbeing so that his wife maintains the necessary care to abate her medical conditions. Another significant impediment to him seeking medical care is that no alcanza el dinero, ese es el problema [the money isn't enough, that's the problem]. He lacks the income necessary to seek treatment for himself and also expressed shame as he and his wife are living in a garage due to their socioeconomic status. In the past, despite having employer sponsored insurance, he has been denied care twice when he suffered from an asthma attack engendered by the environment at his work. Currently, he does not have employer sponsored insurance, he stated that he has changed his diet as a way better care of himself and often resorts to home remedies. His lack of insurance often worries him as he also fears for his wife's health. His limited income has informed his decision to not seek healthcare despite knowing he requires intervention, which has likely caused his condition to exacerbate.

## FULL-LENGTH PROFILES

### El Señor Manuel (61 years old, AD 60, SD 31)

#### **Hay veces que he pensado en matarme (There have been moments when I have thought about committing suicide).**

El señor Manuel migrated to the United States nearly four decades ago (1983). He chose to relocate because of economic hardship and to discover new opportunities not found in his country of origin. While in Mexico, el señor Manuel resided in a rural village working to harvest crops, often becoming unemployed after the harvesting period concluded, which eventually compelled him to journey to the U.S. Since arriving in California, he has worked in restaurants and, prior to his current state of unemployment, he worked in a mattress factory for two decades. Through the decades of living in the U.S. he has established friendships that he considered a blessing. He cherished his ability to work and to contribute what he could prior to his health deteriorating.

El señor Manuel continues to be haunted by his hospitalization from diabetic complications in 2018, which nearly killed him and led to his state of depression. Although he felt agitated and his foot became swollen, he decided against seeking medical care. This decision ultimately caused him to lose consciousness and become hospitalized after being found on the floor by his housemates. He remained in the hospital for nearly a week.

El señor Manuel currently struggles with diabetes, high blood pressure, and diminishing eye sight. He is also on dialysis and waiting for a kidney donation. His access to health insurance is in flux as he recently lost his job. After working for two decades in the same mattress factory he was fired as he was deemed a liability due to his dialysis treatment. Subsequently, he lost his employment sponsored insurance plan. While he qualified for emergency Medi-Cal after his last health crisis, he worries that his access will be withdrawn and he will find himself without access to health care. In addition, to his serious health needs, El señor Manuel is in a state of emotional distress. He worries about his inability to pay for health bills, he worries about his ability to pay for day-to-day expenses after losing his job, he worries about what will be of his life now. He stated, *la vida es triste porque en verdad...yo nunca habia sufrido como ahorita* [Life is sad because in reality...I had never suffered the way I am now]. He considers his life tragic because of his medical conditions, which causes him to feel distressed and desperate to the point of considering ending his life.

El señor Manuel is fortunate that he is receiving some financial support from his former coworkers and the family he rents a room to within his apartment has embraced and cared for him as family member. He is able to distract himself by accompanying his friend who is a gardener, El señor Manuel pulls weeds and embraces the company of his friend. He is grateful for his surrogate family's company and that of others because he is able to forget his present circumstances.

El señor Manuel is an honorable individual. In terms of the healthcare debts he has accumulated, he stated that he wishes he could pay, but he is unable to work and thus unable to pay back what he owes. He stated, *Pues no, yo me siento mal porque pues uno quiere pagar y uno no tiene dinero; no puede uno* [Well I feel bad because one would like to pay but there is no money; you can't pay]. He wishes to work again he will wait until his condition stabilizes to seek employment.

## FULL-LENGTH PROFILES

### Don Ignacio (70 years old, SD 31, AD 60)

#### **Lo que yo le tengo miedo es depender en mis hijos. Yo no quiero depender de nadie. nadie [I fear becoming dependent on my children. I don't want to be dependent on anyone]**

Don Ignacio is an accountant by trade. He felt destined to become an accountant beginning in his childhood due to his fascination with numbers and his father also holding the same profession. While residing in Mexico, he owned his own accounting business for several decades. It was not until business began to diminish that he decided to relocate to the United States to spend more time with his children who had established their lives in this country. He arrived in the U.S. with a visa and has remained since its expiration. Upon arriving he bought a home where he and his wife live along with their daughter and grandchild. He is often concerned about becoming ill and the related costs of healthcare as he fears losing the home he worked to so hard to secure.

Don Ignacio suffers from several debilitating health issues. He underwent heart surgery 15 years ago and had part of his intestine removed during another procedure. He suffers from glaucoma for which he must use eye drops daily on both eyes. In addition, he has had surgery on his lymph nodes that left him vulnerable to cold weather and his kidneys are failing him. He experiences pain on his shoulder that prevents him from lifting most things and feels pain when he walks. He is obligated to seek healthcare and take medications, but this is becoming burdensome and increasingly more expensive.

Don Ignacio must visit the doctor every three months to receive a check up and refill for his medications. He is responsible for paying all of his medical services, but stated that ...por pisar su consultorio me cobran antes de consultarme, entonces es una situación que a mi me esta limitando mas todavía. [...every time I step into a clinic I get charged before I'm treated, then a situation that is limiting me more and more]. He feels he has no choice in the matter of healthcare because he could be vulnerable to his health conditions exacerbating without care. He has also chosen to forego needed surgery on both eyes as he will be charged \$3000 for each eye an amount he is unable to afford.

Don Ignacio has chosen to not seek public benefits because he has heard that si tu pediste un beneficio automáticamente cero referring to having no chance of adjusting his status if he seeks assistance. The nonprofit legal advocacy organization, Justice in Aging, warned that seniors would be deterred from seeking public benefits because of changes to public charge; Don Ignacio is among those who were predicted to not seek services due to apprehension as he worries it will have severe implications on him. He chooses not to enroll in emergency Medi-Cal because he feels that it will affect him and his family negatively. As an undocumented elder, Don Ignacio has greater health needs given his conditions, but his fear of being deemed a public charge will likely result in his health further deteriorating and lacking access to financial relief.



## FULL-LENGTH PROFILES

### **El Señor Andres (56 years old, AD 52, SD 20)**

#### **Tenia yo aseguranza y no me quisieron atender (I had health insurance, but they denied me care)**

El señor Andres relocated to the United States in 1986 for more prosperous opportunities as he persistently experienced poverty and challenges acquiring work in his country of origin. Like many other undocumented immigrants, he must work considerable hours in order to sustain his family. He works 46 to 52 hours a week, but is still left short of being able to seek healthcare for himself. El señor Andres had the opportunity to become permanent resident, but was denied approval due to additional information documents not arriving on time. He chose not to appeal the decision that was made because he lacked the income necessary for further legal services. He has experienced several challenges because he is undocumented. Although he has a social security number and a CA driver's license, he is not always capable of finding jobs. He is denied employment often because employers will request proof of residency. However, once he acquires a job he has been successful at maintaining the position and as he is able to pick up new skills quickly. He pays his taxes every year hoping that one day there will be an opportunity for him to change his status.

El señor Andres suffers from pain often felt throughout his bones and joints. He prefers to be active in order to assuage his pain; he enjoys working because se quita uno todo el dolor [one's pain all goes away]. There are periods in which he feels lightheaded and believes he has high cholesterol, but does not seek medical attention. He is often conflicted about whether to seek healthcare access for himself as most of his expenses go towards paying for his wife's costly diabetic and high blood pressure care. He must choose between his health and that of his spouse. El señor Andres consistently chooses to sacrifice his wellbeing so that his wife maintains the necessary care to abate her medical conditions. Another significant impediment to him seeking medical care is that no alcanza el dinero, ese es el problema [the money isn't enough, that's the problem]. He lacks the income necessary to seek treatment for himself and also expressed shame as he and his wife are living in a garage due to their socioeconomic status.

In the past, despite having employer sponsored insurance, he has been denied care twice when he suffered from an asthma attack engendered by the environment at his work that caused him to experience a severe cough. Currently, he does not have employer sponsored insurance, he stated that he has changed his diet as a way to take better care of himself and often resorts to home remedies. His lack of insurance often worries him as he also fears for his wife's health. His limited income has informed his decision to not seek healthcare despite knowing he requires intervention, which has likely caused his condition to exacerbate.

## FULL-LENGTH PROFILES

### **La señora Fabiola (55 years old, AD 47, SD 20)**

#### **If I had insurance, I might still have my eyesight.**

La señora Fabiola migrated to the U.S. 20 years ago with her two daughters, 12 and 3 years of age, in tow. She wanted to reunite her family with her husband who had migrated to the U.S. 3 months earlier in search of better economic opportunities. She wanted her children to experience amor en familia [love within the family unit]. She worked since her arrival, most recently a night shift from midnight to 8am for 4 years until she lost her eyesight in her right eye. La señora Fabiola is grateful for the opportunities the U.S. and California has bestowed upon her and her family. She feels that because she has abided by the rules, she was rewarded with the ability to raise and provide opportunities to her daughters that they would not have had access to in their country of origin. Now as a grandmother, she feels her sacrifice of relocating to the U.S. has been worth it as her family is content. She wishes she could open a restaurant so she can share her culture and warmth with the community that embraced her.

La señora Fabiola has high blood pressure, high cholesterol levels, and diabetes. Accessing care for these health conditions has been difficult as she is undocumented and has experienced ambiguous access to health insurance. Due to her undocumented status and economic limitations, she went undiagnosed and untreated for a prolonged time. As time persisted, she started losing her sight in both eyes. During periods when she felt most despondent, she could only see up to 5 inches in front of her. She needed someone to lead her when walking as she could not see if there were steps in front of her. La señora Fabiola has stated that her eye condition has caused her to feel mal y me deprimi [felt bad and depressed].

The cost for the needed eye surgery ranged from \$5000-8000 per eye. She and her husband would never be able to afford the costs. She was able to get surgery. Upon undergoing surgery, there was no remedy for the right eye, but they were able to save the left eye. She said, Si yo hubiera podido agarrar una serguranza...a tiempo, quizas el ojo derecho no lo hubiera perdido [If I would have been able to get an insurance plan in time, perhaps I would not have lost my right eye].

Since her surgery, she has not been able to work in a formal full time position as she fears further injuries. She has stated that she feels pain in her eye. La señora Fabiola believes she is capable of working, but no me animo at the risk of suffering an accident and accumulating further health costs. To support her family, she assists her husband in his 2nd job as a gardener. She's optimistic as she describes being able to walk with a lawnmower, but also describes the economic hardship her family has endured as a consequence of losing her eyesight in her right eye. Now her family has to contend with paying \$150 for a visit to the doctor and medications every 3 months. She hopes that she will not experience any further medical complications. She hopes that lawmakers can implement accessible and low cost healthcare that not only her community will benefit from, but everyone can afford.

## FULL-LENGTH PROFILES

### La Señora Antonia (65 years old, AS 60, SD 31)

#### **Mi vida es puro llorar, yo creo que es depresión. [My life is all about crying, I think it's depression]**

La señora Antonia relocated to the United States with her husband for better opportunities. After her husband lost his employment, their family experienced economic hardship often struggling to pay for rent, food, and their children's education. She and her husband decided that it would be best for them to leave Guatemala in favor of migrating to the U.S. in order to earn the necessary income to support their children's academics. For nearly three decades, La señora Antonia and her husband have worked to maintain two households; despite the struggles, she feels their sacrifice has paid dividends as her children are currently studying to become lawyers in Guatemala. She has worked as a house cleaner for multiple years; she is sought after by her employer because of her work ethic and is often referred by other clients. She feels valued by her employer because she was not forced to return to a home where she experienced discrimination from a former client.

La señora Antonia has been told by a doctor her depression has likely contributed to her health issues. Depression is a disease that affects more women than men, especially women ages 45 to 64 (John Hopkins Medicine). La señora Antonia revealed that she often cries as she thinks about her and her husband's current financial struggles, and her deteriorating health. La señora Antonia was hospitalized four months ago and underwent open heart surgery. Prior to this surgery, she had been reluctant to seek care repeatedly because she lacked the financial resources to pay what she believed would be an expensive intervention. She chose to tolerate her symptoms despite repeatedly feeling que se me desmayaba todo el cuerpo [she lost feeling in her who body]. It was not until she saw a cardiologist that refused to let her leave and had her admitted to the hospital. The doctor said that otherwise solo tenia 72 horas de vida [she only had 72 hours to live]. It was also during this time that she received surgery on her left leg that was infected due to her diabetes, an excruciating pain that often left her crying day and night. Prior to her surgery she was denied health care while suffering a heart attack. La señora Antonia believes that she was precluded from receiving intervention because of her undocumented and socioeconomic status. These events have terrified her, but she continues to persist.

La señora Antonia has recently resumed her employment as a house cleaner. She expressed that her doctor was reluctant to clear her, but she explained her situation, Mi esposo gana muy poco y no le alcanza para pagar todo... Entonces por pura necesidad me estoy llendo a trabajar. [My husband earns too little and it's not enough to pay for everything...Because of this need I go to work] It is likely that she is still not completely recovered and in pain, but La señora Antonia is compelled to work as her husband cannot provide for their dwelling and other expenses without her assistance. La señora Antonia wishes to return to Guatemala once she is no longer capable of working, but will likely not live peacefully as she revealed that several relatives have been murdered in her country.

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Inland Coalition for  
Immigrant Justice

