

Issue Brief: Immigration and Public Health

Keywords

- Immigrants, public health, communicable disease, health insurance

Description

This issue brief discusses the influx of communicable diseases into the United States associated with illegal immigration. Furthermore, it discusses the disproportionate lack of health insurance and access to healthcare that both legal and illegal immigrants face in the United States.

Key Points

- The U.S. government has always (today under U.S. Code 8, 1182) enforced health standards for legal immigrants.
- Illegal immigrants—who do not undergo any health inspection before entering the U.S.—have largely contributed to the outbreak of communicable diseases that were either practically eradicated or previously unheard of in the U.S., but prevalent in the developing world.
- Legal and illegal immigrants disproportionately lack health insurance and receive fewer health services than native-born citizens.

Issue Brief

During the 19th and 20th centuries, with the advent and development of vaccines and improvements in sanitation and hygiene, the United States and other Western nations made significant improvements in the area of public health. Government enforced health standards for legal immigrants, especially those established by the Immigration Act of 1891 (ex. Ellis Island) that required the health inspection of immigrants by physicians of the Military Health Systems, greatly contributed to the domestic control and eradication of disease.¹ Even today, under section 212 of the Immigration and Nationality Act (8 U.S. Code 1182), aliens “who [are] determined (in accordance with regulations prescribed by the Secretary of Health and Human services) to have a communicable disease of public health significance” are inadmissible. In regards to the importation of communicable diseases, the problem largely lies in illegal immigrants, who naturally do not undergo medical health examinations prior to entering the U.S.

Due to the lack of medical screening, the rapidly swelling population of illegal immigrants in the U.S. has both introduced contagious diseases never before seen in the U.S. and set off a resurgence of diseases that had previously been nearly/totally eradicated by our public health system. These diseases include, but are not limited to: tuberculosis, HIV/AIDS, cholera, measles, rubella, hepatitis, malaria, West Nile virus, Dengue fever, Chagas’ disease, leprosy, and SARS.² Notably, while illegal immigration is not *solely* responsible for the importation of these diseases, as tourism and international commerce

¹ Elizabeth Yew, M.D. “Medical Inspection of Immigrants at Ellis Island, 1891-1924.” *Bull. N.Y. Acad. Med.* 56, no. 5 (June 1980): <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1805119/pdf/bullnyacadmed00114-0060.pdf>

² Wayne Lutton, “Immigration and Public Health,” *The Social Contract Quarterly* (Fall 2003): 12-20. <http://www.thesocialcontract.com/pdf/fourteen-one/xiv-1-12.pdf>

are certainly factors, it is largely accountable. For instance, tuberculosis—once the leading cause of deaths for young adults in the early 20th century—was essentially eradicated by the 1970s in the U.S., although it remained a significant health issue in the developing world. It reemerged in the late 80s, carried by immigrants and refugees from such countries. Tuberculosis’ swift, deadly return is now lethal for about 60% of those infected due to its evolved multi-drug resistance (MDR-TB), cost of ~\$250,000 dollars over 24 months to treat, and high contagiousness.³

For both legal and illegal immigrants residing in the U.S., a disproportional lack of access to health insurance is a major cause for concern. The analysis conducted by the Center for Immigration Studies (CIS) regarding the population data of 2007 shows that 33.2% of *all* immigrants did not have health insurance compared to a 12.7% of native-born citizens who did not (Table 1). Moreover, although only amounting to 12.5% of the total population of the U.S., immigrants constituted 27.1% of the nation’s uninsured population. When factoring in their U.S.-born children under the age of 18 who often accordingly also lack health insurance, they constitute 31.9% of the entire uninsured population, while only amassing to 14.5 million in numbers (Figure 1).

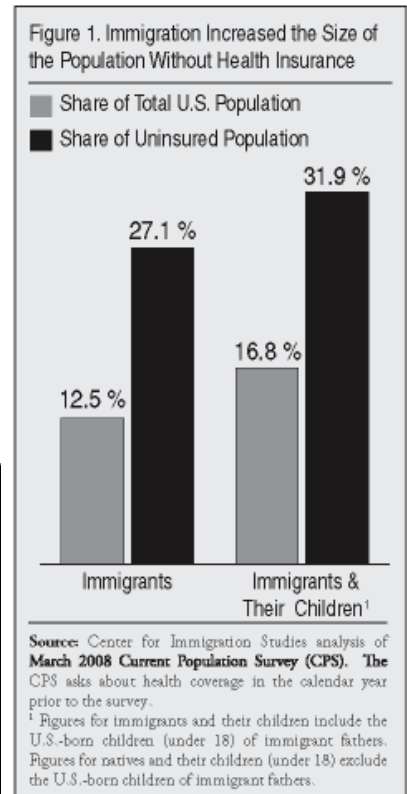


Table 1. Immigrant and Native Health Insurance Coverage in 2007 (thousands)

	Number Uninsured	Percent Uninsured	Number Insured by Medicaid	Percent Insured by Medicaid	Number Uninsured or on Medicaid	Percent Uninsured or on Medicaid
Native-Born	33,269	12.7 %	35,200	13.4 %	68,469	26.1 %
Immigrants	12,388	33.2 %	4,353	11.7 %	16,742	44.9 %
Natives and their Children ¹	31,111	12.5 %	30,209	12.1 %	61,320	24.6 %
Immigrants and their Children ¹	14,546	29.0 %	9,345	18.6 %	23,891	47.6 %
All Persons	45,657	15.3 %	39,554	13.2 %	85,211	28.5 %

Source: Center for Immigration Studies analysis of March 2008 Current Population Survey (CPS). The CPS asks about health coverage in the calendar year prior to the survey.
¹ Figures for immigrants and their children include the U.S.-born children (under 18) of immigrant fathers. Figures for natives and their children (under 18) exclude the U.S.-born children of immigrant fathers.

It is important to note that despite these high rates of uninsured among immigrants, research indicates that new immigrants are not primarily accountable for the growth of the overall uninsured population in the United States, largely because their numbers are still small in comparison to the United States population as a whole.⁴ The primary reason immigrants are less insured than native-born citizens is that, despite their high rates of employment, immigrants are less likely to have and/or be offered employer-sponsored health insurance.⁵ This is because a significant percentage of immigrants are employed by low-wage jobs, small firms, or in labor/service/trade occupations, that are less likely to

³ Madeleine Cosman, “Illegal Aliens and American Medicine,” *Journal of American Physicians and Surgeons* 10, no. 1 (sprint 2005): 6-10, <http://www.jpands.org/vol10no1/cosman.pdf>.

⁴ Holahan, J. *Is Immigration Responsible for the Growth in the Number of Uninsured* (Washington DC: Kaiser Commission on Medicaid and the Uninsured) February 2001.

⁵ Leighton Ku, “Why Immigrants Lack Adequate Access to Health Care and Health Insurance,” Migration Information Source, <http://www.migrationinformation.org/Feature/display.cfm?id=417>.

offer health benefits. ⁶ The uninsured population as a whole is up to three times as likely than the insured population to report problems in obtaining necessarily medical care and is significantly less likely to receive preventative care.⁷ Lack of insurance coverage is a vital issue facing immigrants today, and increasing coverage rates is crucial to guarantee their welfare.

Relevant Websites (3-5)

Centers for Disease Control & Prevention

<http://www.cdc.gov/>

Center for Immigration Studies

<http://www.cis.org/>

Kaiser Commission on Medicaid and the Uninsured

<http://www.kff.org/about/kcmu.cfm>

U.S. Census Bureau- Health Insurance

<http://www.census.gov/hhes/www/hlthins/hlthins.html>

U.S. Census Bureau- Immigration

<http://www.census.gov/population/www/socdemo/immigration.html>

⁶ Urban Institute and Kaiser Commission on Medicaid and the Uninsured analysis of 2002 Current Population Survey data.

⁷ Waidmann Ku. *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low-Income Population*. Kaiser Commission on Medicaid and the Uninsured, August 2003.