

Undocumented Mexican Immigrants:

Is the American Public Wrong?

Kara Russell

Writing 50, MW 11:00-12:50

Dr. Van Dahm

March 19, 2008

Undocumented Mexican Immigrants:

Is the American Public Wrong?

Introduction

The issue of unauthorized immigration has and continues to be the center of a heated debate that inspires passionate opinion and, often times, anger. This is understandable, as illegal immigrants have come to represent an integral part of United States society today, spreading across social and economic realms. According to the U.S. Department of Homeland Security, nearly 4.2 million unauthorized immigrants entered the U.S. between the year 2000 and the year 2006, totaling 11.6 million by the end of 2006 (Hoefer, Rytina, & Campbell, 2007, p. 1). The national makeup of these immigrants includes groups from North America, Asia, South America, and Europe, but the group that seems to be the central subject of media broadcasts and dinner conversations alike is the one from Mexico. This is undoubtedly a result of the immediate shared border between the U.S. and Mexico. The neighboring country represents the largest source of illegal immigration into the U.S., with an estimated 6.6 million unauthorized residents from Mexico living in the U.S. in 2006 (Hoefer, Rytina, & Campbell, p. 1). For states along the U.S./Mexico border, particularly California, in which one third of the nation's Hispanic population resides, it is an issue that is literally close to home (Leichter, 2004, p. 177). The relevance and immediacy of this matter is visible in the current presidential debates and platforms, in which border control is a major topic. On one side, there is talk of tighter border security, as indicated by the further expansion of a giant fence that aims to keep Mexican nationals out of the U.S. On the other side, there is talk of amnesty and granting those immigrants who are already residing in the U.S. a pathway to citizenship.

Within this major debate, there are many who uphold the popular belief that unauthorized Mexican immigrants are a drain on public resources and services in the U.S., and health care is perceived as a major source of this drain. It is this issue that I wish to speak to, as I give close attention to Southern California while addressing the extent to which unauthorized Mexican immigrants burden the health care system through the use of public programs and free, government-funded health services. After extensive research, it appears that the degree to which illegal Mexican immigrants drain the health care system is in fact not nearly as large as the common perception contends. Multiple factors are examined, including the use of public welfare-type programs such as Medicaid, overall health expenditures by patients and by hospitals for uncompensated care, and barriers to and reluctance to access care. These factors are explored through the utilization of primary sources including peer-reviewed studies conducted and written by university professors and scientists. Secondary sources, principally books, are also used, including one which addresses the attitudes of Mexican immigrants towards existing barriers to care, and contains a primary account of an immigrant's experience with health care in the U.S. Current public opinion is evaluated through the analysis of secondary sources, consisting of multiple respected newspapers that are based in varying areas of the country, as well as equally respected magazines. After carefully analyzing these numerous sources, it becomes apparent that contrary to popular belief, undocumented Mexican immigrants do not disproportionately burden the U.S. health care system by accessing free public services or public assisted programs. In actuality, they exhibit significantly less overall health expenditures and health service utilization than many other United States inhabitants, including U.S.-born citizens.

#### Current Public Opinion

The topic of illegal immigration has become increasingly prevalent in public discourse, as John Broder (2006) of the New York Times evocatively describes, “Immigration has always polarized America, and has been a simmering issue for years. But the debate has reached a screaming pitch” (p. 1). Unfortunately, this outcry appears to be largely negative, as reflected in a poll of legal immigrants in the United States, in which the vast majority indicated that they felt that anti-immigrant sentiment was rising in the U.S. (Bahadur, 2006, p. A10). According to the article, the participants in the poll commented on the public response of proposed Senate legislation that would allow the illegal immigrants who currently live in the country to become legal guest workers on a pathway to citizenship. Participants also commented on the House of Representatives bill that passed in December 2005, known as The Border Protection, Anti-terrorism, and Illegal Immigration Control Act of 2005, which aimed to build a 700-mile steel wall along the U.S./Mexico border. From the legal immigrants’ point of view, the public response to both of these bills was overwhelmingly negative, and was ultimately “fueled by racism” (Bahadur, 2006, p. A10).

The screaming pitch that Broder described in 2006 has since reached a new height, as current primary elections have catapulted the issue of illegal immigration to the front of the media, and therefore public, attention. When visiting any presidential candidate’s official website, immigration reform is listed among the most important issues that the candidate hopes to tackle. On GOP candidate John McCain’s website, for example, the page on border security and immigration reform opens with, “Immigration is one of those challenging issues that touch on many aspects of American life” (Border Security, n.d.). As McCain says, immigration is an issue that affects all Americans, and effectively dealing with the potential negative and positive contributions it brings will prove to be one of the future president’s greatest challenges. As

Monica Campbell (2008) describes it: “On the campaign trail this year, no issue burned hotter than immigration--particularly on the Republican side” (p. 26). The issue is especially explosive within the Republican Party, with the bulk of the party advocating for tighter border control (Willon, 2007, p. B1). Richard Wolf reports in a recent January 2008 issue of *USA Today*:

As the debate over the residency status of the nation's estimated 12 million illegal immigrants boils, another battle is simmering over what -- if any -- benefits they deserve while they're here. Some of the most heated arguments on the issue focus on health care. So far, immigrants are losing. (p. 1A)

It seems that Americans have not come too far from the “racialized nativism” (Inda, 2000, p. 47) of Californians fourteen years ago, when they voted to approve Proposition 187. The proposition denied medical care to illegal immigrants, and, additionally, required health care providers to report illegal immigrants who sought care to government officials (Bruhn & Brandon, 1997, p. 49). Although it is important to keep in mind that public opinion is constantly changing, especially during a time of political elections, there seems to be a significant portion of the population that views undocumented Mexican immigration as a major source of depletion of public resources, including health care services. There is a focus on how much money undocumented Mexican immigrants drain from border-state hospitals. For example, in a *Washington Post* article, a writer reported on Texas politicians’ reactions to a report released by Texas State Comptroller Carole Keeton Strayhorn, which showed that undocumented Mexican immigrants pay their fair share of taxes and are good for the economy. The reaction was an outcry of protest, as the politicians argued that illegal immigrants drain 4.5 billion dollars from the Texas economy, and claimed that it is mostly due to health care costs (Fears, 2006, p. A02). It is obvious that the issue of undocumented immigration from Mexico is increasingly important

to politicians and citizens, and it seems that the stormy debate over economic cost and benefit will not be over any time soon.

### Literature Review

The current literature that investigates the burden that undocumented Mexican immigrants place on the health care system faces a challenge, as there is no single encompassing method of evaluating the issue. This is due to the fact that both subjects within this type of research, undocumented immigrants and health care expenses, prove difficult to accurately trace. For obvious reasons, undocumented immigrants are nearly impossible to precisely survey or collect data about, because there is a lack of papers or any other substantial evidence for their existence and status in the U.S. Health care is also difficult to pinpoint, because there are multiple elements which make up health care, including primary care, emergency care, public programs, free clinics, health insurance, and more. It is understandably challenging to account for every aspect that falls under the umbrella of health care, and, thus, most literature isolates the focus to one or two of the aforementioned issues.

A portion of the literature addresses the topic of health insurance, which will not be the focus of this paper. Specifically, it discusses unauthorized immigrant's lack of health insurance, and the role this plays in accumulating uncompensated medical costs. According to the American Medical Association (2008), one in seven Americans are uninsured, totalling more than 47 million people (Voice for the Uninsured). The literature agrees that there is a positive relationship between a lack of health insurance and an increase in the use of public-assisted services and uncompensated care (Castel, Timbie, Sendersky, Curtis, Feather, & Schulman; Berk, Schur, Chavez, & Frankel; Goldman, Smith, & Sood). The California Immigrant Policy Center (2007) published a report that concentrates on health insurance, which evaluates whether

or not immigrants are more likely to lack insurance than other groups living in the U.S. They argue that immigrants, including those who are unauthorized, do not have a higher likelihood to lack insurance when compared to U.S. citizens (*Immigrants*, p. 1). They further cite that 74% of the uninsured individuals nationally are U.S. citizens, and that unauthorized immigrants make up only a fraction of the remaining 26% (p. 1).

The other issues that the existing literature explores include how often unauthorized Mexican immigrants use public assisted services and programs such as Medicaid, the overall per-capita health expenditures, hospital and physician expenditures, and, finally, they briefly discuss the role of the fear of deportation and other cultural barriers in resistance to access care. It is these issues that this paper will mostly address, and the work by the leading authors and researchers in these areas will be drawn upon for insight. With this, the result is hopefully a synthesis of multiple elements that affect health care, ultimately offering a more comprehensive and well-rounded argument.

#### Public-Assisted Programs

Undocumented Mexican immigrants are not disproportionately enrolled in public-assistance programs such as Medicaid, which provides health services for individuals and families with a low income. The validity of the popular belief that unauthorized Mexican immigrants use welfare programs more than other groups was tested in a study done by University of California researchers. The study evaluated the utilization of seven different public-assistance programs, of which Medicaid was one, and compared usage rates by unauthorized Mexican immigrants to other ethno-racial groups and immigrants in Los Angeles County. It is important to note that unauthorized Mexican immigrants typically access Medicaid through their U.S.-born children, as their illegal status does not qualify them otherwise. When

compared to all immigrants, illegal Mexican immigrants received Medicaid assistance the least, with only 12.9% of their population enrolled compared to 14.6% of Asian immigrants, 24.8% of White immigrants, and 15.1% of all immigrants as a whole (Marcelli & Heer, 1998, p. 289). It was also found that unauthorized Mexican immigrants were 14% less likely than U.S.-born citizens to have used any welfare program, and 0.6% less likely to have used Medicaid specifically (Marcelli & Heer, p. 291). Furthermore, when unauthorized Mexican immigrants did receive Medicaid, they received the lowest average amount of assistance than members of other groups (Marcelli & Heer, p. 297). It is therefore clear “that unauthorized Mexican...immigrants do not reflect popular perceptions of welfare use” (Marcelli & Heer, p. 298). Though the public perceives undocumented Mexican immigrants as a major drain on public resources, it is apparent that, in fact, they are not. They are enrolled in Medicaid relatively less, and when they are indeed enrolled, they accumulate lower average costs than other groups.

These findings are reinforced by another study carried out in Los Angeles by university professors, which reflects the results of the Project HOPE Hispanic Immigrant Health Care Access Survey. Their methodology included using probability sampling and conducting in-person interviewing, and used estimates from the 1994 National Health Interview Survey to compare the results of undocumented Latino immigrants to the overall United States population and total Latino population. Although the study speaks to Latino immigrants, rather than Mexican-born immigrants specifically, Mexican nationals made up the overwhelming majority of the Latino population in the U.S. in the year 2000, when the study was published, at about 4.7 million individuals living in the U.S. versus the next largest country of origin, El Salvador, at about 430,000 (Hoefler, Rytina, & Campbell, 2007, p. 4). It is therefore plausible to extrapolate the data from this study to Mexican-born immigrants. The paper states that about ten percent of



undocumented Latinos or their family reported Medicaid enrollment (Berk, Schur, Chavez, & Frankel, 2000, p. 58). With approximately two million undocumented Latinos living in California at that time, this represents only four percent of total Medicaid eligibles statewide (p. 58). This means that 96% of the total group of people eligible for Medicaid are *not* undocumented Latinos. This proportion is rather low, and by no means represents any number close to a majority. Berk et al declare, “Thus, although not trivial, Medicaid costs associated with caring for undocumented Latinos in California are not a major factor in the state’s escalating Medicaid costs” (p. 59). Though illegal Mexican immigrants’ contribution to Medicaid costs should not be ignored, it is not representative of the great calamity to public health care programs that many assume to be true.

A more recent study published in 2004 reports similar results to the above study, also showing a relatively low proportion of Medicaid enrollment. Howard Leichter, a professor at Linfield College, found that 35.6% of California’s uninsured children are eligible but not enrolled in Medicaid, and 73% of these nonparticipating Medi-Cal eligibles are Hispanics<sup>1</sup> (Leichter, p. 183). The study showed that 34.4% of all Hispanics in California are enrolled in Medicaid, compared to 10.5% of Whites and 40% of African-Americans. (Leichter, p. 182). Though Whites show the lowest enrollment, Hispanics do not represent the highest enrollment in Medicaid, but, rather, African-Americans do. More importantly, Hispanics utilize Medicaid relatively less, because they represent the largest percentage of people who *are* eligible but *do not* enroll. In addition, it has further been found that among adults and children enrolled in

---

<sup>1</sup> 40% of Hispanics in the U.S. are foreign-born.  
(<http://pewhispanic.org/reports/report.php?ReportID=84>)

publicly funded insurance programs, immigrants<sup>2</sup> had lower per capita publicly funded health care expenditures than U.S. born individuals (Mohanty, Woolhandler, Himmelstein, Pati, Carrasquillo, & Bor, 2005, p. 1435).

#### Health Costs/Expenditures

The study that reported the above fact concerning per-capita publicly funded health care expenditures was revealed as part of a study that investigated the overall health care expenditures of immigrants. The study utilizes the 1998 Medical Expenditure Panel Survey (MEPS) to compare the health expenditures of immigrants to those of U.S.-born citizens. Expenditures are defined as the sum of payments for care provided, including out-of-pocket payments, insurers' payments, and imputed payments for free care received in public hospitals and clinics (Mohanty, Woolhandler, Himmelstein, Pati, Carrasquillo, & Bor, 2005, p. 1431). It therefore includes estimates of free care and bad debt in public hospitals or clinics. The study showed that the median total expenditure for Hispanics was 1,184 dollars per year, compared to the higher amount of 1,563 dollars for U.S.-born persons (p. 1434). These numbers are extremely valuable, as they account for uncompensated care, or care that is not paid for, which is a main worry of those against illegal immigration. As the study notes, "Our finding of lower health care expenditures among immigrants cannot be explained by free care" (p. 1436).

When the expenditures were stratified into categories based on age and type of care, immigrants had far less expenditures than the U.S.-born in all areas including office visits, outpatient visits, inpatient visits, and prescription drugs, with the exception of expenditures concerning children's visits to the emergency department (Mohanty, Woolhandler, Himmelstein, Pati, Carrasquillo, & Bor, 2005, p. 1436). There was a lower mean number of emergency

---

<sup>2</sup> The study cites that 5-10 million immigrants living in the U.S. at the time were undocumented (p. 1436).

department visits among immigrant children, but higher per capita expenditures, most likely due to the fact that the children arrive at the emergency department much sicker, because they lack adequate access to primary care (p. 1435). This discrepancy, though, is not present when all ages are taken into account, as U.S.-born individuals' emergency department expenditures were nearly three times as much as that of immigrants (p. 1436). This study is limited by the fact that it does not distinguish between undocumented and documented immigrants, but since undocumented immigrants are included in the numbers presented along with the documented population, they certainly are not exceeding, or even coming close to exceeding, the expenditures of U.S.-born citizens. If they were making as large of an impact as public belief concedes, the impact would be enough to skew the numbers of this study, and, in fact, they do not. Ultimately, the "findings show that the widely held assumptions that immigrants are consuming large amounts of scarce health care resources are invalid" (p. 1437). Furthering this notion, another study investigated the correlation between a state's percentage of non-citizen immigrants and the level of uncompensated care expenditures, and found that there was no correlation (Castel, Timbie, Sendersky, Curtis, Feather, & Schulman, 2003, p. 1).

#### Health Care Utilization

Health care utilization and access is inextricably linked with health expenditures. Typically, the less one accesses care, the fewer expenditures that will be acquired. Joshua Yang and Marjorie Kagawa-Singer (2007) of the UCLA Center for Health Policy Research put it simply, "Immigrants use health care less than the native born" (p. 532). Undocumented Mexican immigrants utilize health care services less for a number of reasons, and one, perhaps the largest, is simply due to a lack of money. They have higher poverty rates, which results in lower

expectations for care and an inability to pay, ultimately leading to underutilization of health care services (Torre & Estrada, 2001, p. 89).

In the study performed by Berk et al (2000), in which a representative sample in Los Angeles County was used, health care use by undocumented Latinos was recorded and compared to other groups. In Los Angeles, 6.8% of the Latino population versus 8.9% of the total U.S. population was hospitalized, and 27.2% of the Latino population versus 74.8% of the total U.S. population reported physician visits (p. 57). The only area in which the proportion of undocumented Latino immigrants exceeded the total U.S. population was hospitalization due to childbirth (p. 57). This was factored in, though, to the overall hospitalization rates, in which the undocumented Latino immigrants do not surpass the U.S. population.

In a study published one year later in 2001, Leighton Ku and Sheetal Matani investigated immigrant access to health care. Perhaps their most striking finding was that “even after immigration status was controlled for, being Hispanic was associated with getting less medical care” (p. 252). Both citizens and non-citizens had poorer access to care than white citizens (p. 252). When immigration status *was* controlled for, the percentage of non-citizens that had no doctor, nurse, or emergency department visits in a year was 41% of adults, 38% of non-citizen children, and 21% of citizen children with non-citizen parents (p. 252). This was nearly double the analogous statistics of natives, with 21% of adults not accessing any type of care, and 13% of children of citizens not accessing this care (p. 252). There is an obvious disparity in these numbers, with undocumented immigrants accessing care half as often as natives.

In a recent study of immigrants and their cost of medical care, another reason for reduced access to care was found. That is, immigrants<sup>3</sup> generally reported fewer health problems, as 38% of U.S.-born citizens reported a chronic condition, and only 19% of the undocumented population did so<sup>4</sup> (Goldman, Smith, & Sood, 2006, Socioeconomic status and health outcomes section, para. 5). From this, it appears that undocumented immigrants are, in general, healthier than U.S. citizens. This is an interesting finding that would undoubtedly provide for fascinating research in the future. The study also noted that immigrant males reported 1.4 fewer doctor visits in the last year, and that among undocumented male immigrants, in particular, “40 percent had never received a medical checkup, and 23 percent had never seen a doctor” (Use of services section, para. 3). This number is obviously different among women, due to hospitalization secondary to childbirth.

#### Barriers to Accessing Care

Yet another large, but relatively under-recognized, explanation for decreased access to care by undocumented Mexican immigrants is cultural and linguistic barriers. Disparities in health care access can be attributed to “cultural and linguistic dissonance between certain patient populations and the health care system” (Yang & Kagawa-Singer, 2007, p. 532). A few of the barriers that arise for undocumented immigrants include encountering staff members who do not reflect the demographic characteristics, an under-representation of racial and ethnic minorities in positions of leadership, and a lack of bilingual and bicultural health professionals (Yang & Kagawa-Singer, p. 533). The last is a seemingly obvious barrier, but an important one, as language problems can not only cause patients to feel uncomfortable, but also pose a major

---

<sup>3</sup> According to this study, “the foreign-born were far more likely to be Hispanic” (Socioeconomic status and health outcomes section, para. 1).

<sup>4</sup> The U.S. population statistics were extrapolated from the Los Angeles Family and Neighborhood Survey in L.A. County. Therefore, the data reflects L.A. County conditions.

obstacle in the ability of a physician to accurately and safely treat a patient. If the physician does not speak Spanish, and is treating a Spanish-speaking only patient, he or she cannot effectively relay important diagnosis and follow-up information.

In the previously mentioned study by Mohanty et al (2005), patients reported that they had not brought children in for care to a clinic because they felt that medical staff did not understand Latino culture (p. 1436). In the book *Mexican Americans and Health*, Maria, a woman born in Mexico who immigrated to the U.S., indicates her preference for a Hispanic health care provider as she explains, “I would prefer to have a Hispanic because they would understand me a heck of a lot better than any Anglo would. A lot of the issues that we Hispanics have Anglos do not understand because of the culture...” (as cited in Torre & Estrada, 2001, p. xxxii). In a survey of Mexican origin elders in the U.S., 100% of respondents reported culture as an access barrier (Angel and Whitfield, 2007, p. 170). For undocumented immigrants from Mexico, the lack of understanding by health care professionals is a legitimate barrier to accessing medical care, and since Mexican-born physicians are highly under-represented, this appears to be an issue that these immigrants are likely to face nearly every time they seek care.

A barrier that only undocumented immigrants alone can understand is the fear of deportation. As John Bruhn and Jeffrey Brandon (1997) state, “Fear of deportation is constant” (p. 52). The report published by the California Immigrant Policy Center, the study by Mohanty et al, and the study by Leichter all cite fear of deportation as a major barrier to accessing medical care for undocumented Mexican immigrants. It is a fear that the media and the ever-changing U.S. and California immigration policies help to perpetuate, despite the fact that it is not always based on a legitimate risk of deportation. With this, there is ignorance and a lack of knowledge of what laws actually indicate (Mohanty, Woolhandler, Himmelstein, Pati, Carrasquillo, & Bor,

2005, p. 1436). The Kaiser Commission additionally reports that undocumented immigrants underutilize health care out of “fear of jeopardizing their citizenship eligibility by incurring costs as public charges” (As cited in Castel, Timbie, Sendersky, Curtis, Feather, & Schulman, 2003, p. 3). It is understandable that after the near-passage of Proposition 187, the fear that it instilled in undocumented Mexican immigrants would take some time to completely dissipate. According to a 2007 survey published by the Pew Hispanic Center, “over half of all Hispanic adults in the U.S. worry that they, a family member or a close friend could be deported” (2007 National Survey). It is apparent that this fear is strong enough to prevent many undocumented Mexican immigrants from accessing appropriate medical care.

#### A Brief Note on Health Insurance

Some literature reports that undocumented Mexican immigrants are more likely to lack health insurance than other groups, such as U.S.-born Whites (Castel, Timbie, Sendersky, Curtis, Feather, & Schulman, 2003, p. 3). This is particularly evident in the state of California, which is home to one third of the country’s Hispanic population (Leichter, 2004, p. 177). This is fairly logical, as the low income of many undocumented Mexican immigrant families would not be adequate for affording skyrocketing health insurance prices in the U.S. Though this may be true, it is important to weigh out all of the factors that contribute to health care costs, as evidenced by the various elements analyzed in this paper. For example, the sheer notion that undocumented Mexican immigrants do not access medical care nearly as often as U.S.-born individuals, and do not incur as much or more costs, both paid and unpaid, is a major finding (Mohanty, Woolhandler, Himmelstein, Pati, Carrasquillo, & Bor, 2005, p. 1434). It is important to realize that undocumented Mexican immigrants are not simply refusing to buy health insurance, and then turning around and racking up medical bills just as if they did indeed have it. With this, it

should be noted that it is widely recognized by scholars that finding work is the main reason for immigration, and not access to better social services, such as health care (Torre & Estrada, 2001, p. 88).

It is equally important to keep in mind, as well, that many undocumented immigrants pay a substantial amount towards taxes, Social Security, and Medicaid. As Mohanty et al (2005) point out, “The Social Security Administration estimates that workers without valid social security numbers contribute 8.5 billion dollars annually to Social Security and Medicare. Such workers...usually receive no eligibility credits for their contributions” (p. 1431). In total, they add approximately ten billion dollars to the economy each year, and pay an average of \$80,000 per capita more in taxes than they use in government services over their lifetimes (Mohanty, Woolhandler, Himmelstein, Pati, Carrasquillo, & Bor, 2005, p. 1431).

#### Conclusion

While American public opinion maintains that undocumented Mexican immigrants are a major drain on the already scant U.S. health care resources, it is evident that this is simply not the case. They are not exhausting resources any more than other groups in the U.S., including native U.S. citizens. When multiple facets of the health care industry are taken into account, including public-assistance programs, overall health expenditures, and access to care, a more complete picture comes to view. As it turns out, undocumented Mexican immigrants are in fact rather hesitant to access health care in the U.S., due to cultural and language barriers, and a substantial fear of deportation. There appears to be a major discrepancy between the economic facts and what the American public perceives, or is led to perceive. Perhaps a more productive approach to alleviating the current U.S. health care crisis would start with a shift in attitude from one that blames the problems on an immigrant community, to one that acknowledges that we are



all part of the problem. Until everyone admits this, including figures in the media and politics, a plausible solution may never be fully realized.

References

2007 National survey of Latinos: As illegal immigration issue heats up, Hispanics feel a chill.

(2007, December 19). Retrieved March 3, 2008, from  
<http://pewhispanic.org/reports/report.php?ReportID=84>

Angel, J., & Whitfield, K. (Eds.). (2007). *The health of aging Hispanics: The Mexican-origin population*. New York: Springer.

Bahadur, G. (2006, March 29). Legal immigrants alarmed by debate; A poll found they see undocumented workers as helping the economy. They are sensing racism. *The Philadelphia Inquirer*, p. A10.

Berk, M. L., Schur, C. L., Chavez, L. R., & Frankel, M. (2000). Health care use among undocumented Latino immigrants. *Health Affairs*, 19(4), 51-64.

*Border security and immigration reform*. Retrieved March 3, 2008, from

<http://www.johnmccain.com/Informing/Issues/68db8157-d301-4e22-baf7-a70dd8416efa.htm>

Broder, J. M. (2006, May 21). Immigration, from a simmer to a scream. *The New York Times*, p. 1.

Bruhn, J., & Brandon, J. (Eds.). (1997). *Border health: Challenges for the United States and Mexico*. New York: Garland Publishing, Inc.

Campbell, M. (2008, January 7). The view from both sides. *Newsweek*, 151(1), 26.

Castel, L., Timbie, J., Sendersky, V., Curtis, L., Feather, & Schulman, K. (2003). Toward estimating the impact of changes in immigrants' insurance eligibility on hospital expenditures of uncompensated care [Electronic version]. *BMC Health Services Research*, 3(1), 1-10.

- Fears, D. (2006, December 15). Official's report ignites a new border conflict. *The Washington Post*, p. A02.
- Goldman, D., Smith, J., & Sood, N. (2006). Immigrants and the cost of medical care; Immigrants use disproportionately less medical care than their representation in the U.S. population would indicate. *Health Affairs*, 25(6). Retrieved March 3, 2008, from Lexis Nexis Academic database.
- Hoefler, M., Rytina, N., & Campbell, C. (2007, August). *Estimates of the unauthorized immigrant population residing in the United States: January 2006*. Retrieved February 12, 2008, from the Department of Homeland Security, Office of Immigration Statistics: [www.dhs.gov/xlibrary/assets/statistics/publications/ill\\_pe\\_2006.pdf](http://www.dhs.gov/xlibrary/assets/statistics/publications/ill_pe_2006.pdf)
- Immigrants and the U.S. health care system*. (2007). Retrieved February 5, 2007, from <http://www.caimmigrant.org/publications.php>
- Ku, L., & Matani, S. (2001). Left out: Immigrants' access to health care and insurance. *Health Affairs*, 20(1), 247-256. Retrieved March 1, 2008, from Lexis Nexis Academic database.
- Leichter, H. (2004, April). Ethnic politics, policy fragmentation, and dependent health care access in California. *Journal of Health Politics, Policy and Law*, 29(2), 177-201.
- Marcelli, E., & Heer, D. (1998). The unauthorized Mexican immigrant population and welfare in Los Angeles County: A comparative statistical analysis. *Sociological Perspectives*, 41(2), 279-302.
- Mohanty, S., Woolhandler, S., Himmelstein, D., Pati, S., Carrasquillo, O., & Bor, D. (2005, August). Health care expenditures of immigrants in the United States: A nationally representative analysis. *American Journal of Public Health*, 95(8), 1431-1438.

Torre, A., & Estrada, A. (2001). *Mexican Americans and Health*. Tuscon: The University of Arizona Press.

*Voice for the uninsured*. (2008, January 8). Retrieved February 23, 2008, from <http://www.ama-assn.org/ama/pub/category/17712.html>

Willon, P. (2007, December 5). In GOP, immigration is hot; Moderates lose ground as the primary focuses attention on the issue that once split the party. *Los Angeles Times*, p. B1.

Wolf, R. (2008, January 22). Rising health care costs put focus on migrants; Tension over uninsured sparks curbs on benefits. *USA TODAY*, p. 1A.

Yang, J., & Kagawa-Singer, M. (2007). Increasing access to care for cultural and linguistic minorities: Ethnicity-specific health care organizations and infrastructure. *Journal of Health Care for the Poor and Underserved*, 18, 532-549.