"Undocumented Patients and Physicians: How Did We Get Here? Where Are We Going?"

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At the end of this session, participants should be able to

1. Describe the social, political, and economic realities concerning undocumented immigrants in the United States.
2. Identify ethical challenges posed by social policy in treating undocumented patients in accordance with the values of our health-care institutions
3. Describe ways in which healthcare institutions are responding to these challenges.
4. Update the potential immediate legislative future

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"Cutting to the Chase"
US Immigration and Social Systems (last 30 years)

1. Makers v Takers – We conceive of migrants as takers; "Resource pie" seen as finite.
2. System Goal = to prevent entry & discourage others from coming to U.S.
3. Healthcare, education = individual benefits
4. **Conclusion** – Deny immigrants "benefits"; Potential "makers" prevented from contributing to healthcare & economic systems; ***alt pathways proliferate***
5. **Consequence - Potential contributions stifled** by exclusionary policies, e.g., young people buying insurance on exchanges, diversifying healthcare workforce (Kuczewski 2017)

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Here's what we are supposed to believe about immigration as Catholics (2017)

Catholic Philosophical Anthropology: Humans are

- **(pro-, co-) creators (makers)**
- **Essential workers – supply chain, service labor – Many other nations competing for new immigrants**
- **Familial animals**
- **Rooted in connectedness; *reluctant migrants***
- ***A natural right to migrate***

Policies

- Periodic adjustment
- *Family reunification*
- Perpetual Dream Act
- **Decoupling health, education, public safety from immigration status - *Sanctuary***

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Undocumented Immigrant Patients

1. **First Generation Ethics Consultations** *(late 1990s - ?)* Chronic or Long-term care needs, e.g.,

- Severe injury
- Dialysis
- Organ transplantation

Issue: "How do we discharge this patient?

2. **Second Generation Ethics Consultations** (2016 thru pandemic) Patients not seeking care based on fear, i.e., deportation or cost (vaccine)

Issue: How do we get our patients to come in?

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What Clinical Ethicists Have Advocated

- *Organizational obligations?* **Implicit Values: Care, Efficiency, Public Health, Community/Solidarity**
- Administrators start with "No," a.k.a., "We can't do everything"
- ***"Because we can't do everything, doesn't mean we can't something."***
- Develop (a) clinical interventions, a.k.a. Sanctuary Doctoring and (b) welcoming environment, e.g., front door policies, signage

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Access Options

a. 6/7 States undocumented children are eligible for state-funded health insurance programs – CA, NY, IL, MA, OR, WA, + District of Columbia (2 million undocumented minors in US); Also Children with Special Needs Medicaid available across country
b. Emergency rooms
c. Federally Qualified Health Centers (FQHCs) – sliding scale primary care
https://bphc.hrsa.gov/about/healthcenterprogram/index.html

d. Charity care programs
e. Local/Regional programs – Donated Care networks
f. Mobile Units/Community health workers

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Themes and Takeaways

- Alternative models
- Knowledge of availability
- Navigation
- Willingness to utilize – (a) Program ID cards, (b) Interpreter services, (c) Immigration concerns – free stuff + safety fear

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What's DACA?

- **Deferred Action for Childhood Arrivals** (DACA): Act of "prosecutorial discretion" by President Obama that provided 2-yr renewable stay of action and issued work permits to so-called "Dreamers":
  1. Persons brought to US under age of 16 y.o.
  2. Live in US > 5 years
  3. Relatively clean record
  4. High school education or equivalent or currently in school, military

- Benefits:
  1. Defer deportation of individual
  2. Work authorization and SSN
  3. Renewed every 2 years
  4. Program announced June 15, 2012 & eligibility contingent on presence in US on June 15, 2012
  5. **Ineligible for most federal benefits, i.e., student loans, ACA**

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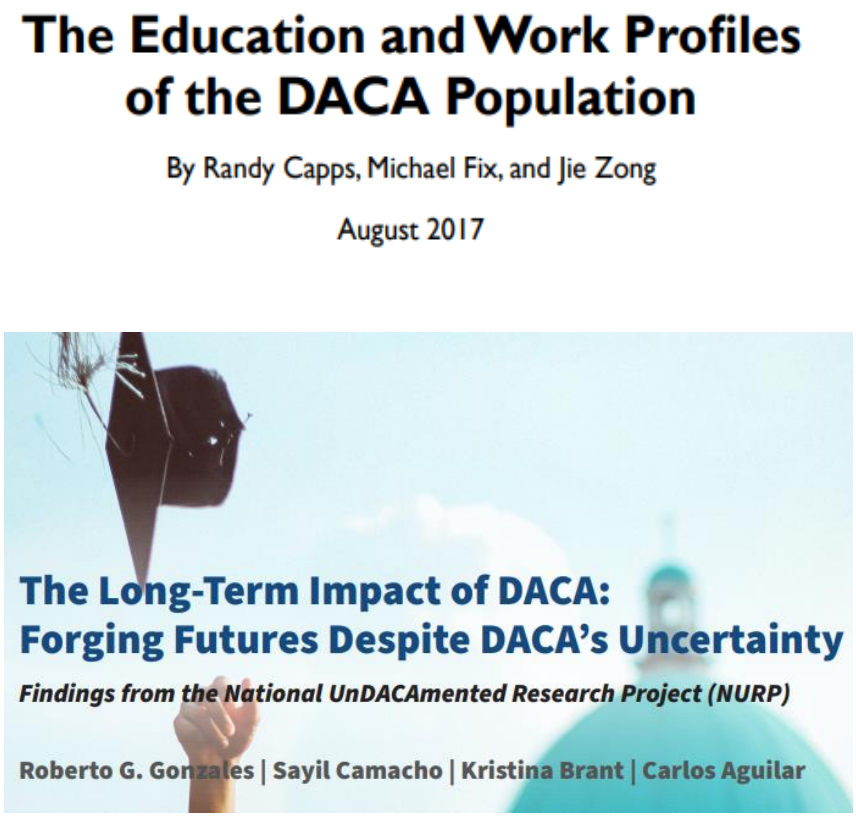
DACA & Social Determinants of Health



- Increased wages
- Expanded the kinds of employment available
- Fostered access to higher education as institutions increased scholarship and financial aid opportunities.
- **DACA recipients now enroll in college at a rate close to that of their peers in the general population**

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Medical Education

Before DACA

- Few but occasional undocumented medical students
- Schools generally utilized “International Student” category
- Student might adjust status based on individual circumstances or leave USA to practice (Some stories are pre-1996 when immigration laws made adjustment more difficult.)

DACA Era

- 221 matriculants nationally (45 matriculated at Loyola Stritch)
- Increases diversity of med student pool (bilingual, bicultural), & general awareness of immigrant patient issues, DACA recipients as constituents of AAMC, ACGME, AMA, APA, etc., increases advocacy.
- *Role of Medical Education and Medicine: Support, accompany, advocate, foster opportunity*

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What's Happening Legislatively?

Short term

- "Parole" – a sort of legislatively codified DACA for undocumented immigrants
- Would increase employer-based insurance

Longer term

- DREAM Act for youth
- Various proposals are more/less inclusive (4 million undocumented under 30 y.o.
- All ad hoc, none solve ongoing structural problem

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