

PERSPECTIVE: POTUS TRUMP'S EXECUTIVE ORDERS – IMPLICATIONS FOR IMMIGRANTS AND HEALTH CARE

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The United States, under new executive orders proposed by its 45th president, may quickly lose its greatness in serving Emma Lazarus' untimely portrait of immigrants and refugees as *"the tired, poor and huddled masses yearning to breathe free."* After years of progress in improving health care access to underserved populations, new executive orders threaten our nation's advancements in health equity. Within this perspective, we offer examples on how these actions may result in damaging impacts on patients, families, communities and the health care workforce. We add our voices to a myriad of national leaders who are advocating for the preservation of the Affordable Care Act (ACA) and the protection of immigrants, including Deferred Action for Childhood Arrivals (DACA). *Ethn Dis.* 2017;27(2):121-124; doi:10.18865/ed.27.2.121.

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PERSPECTIVE

President Trump's planned legislative and executive actions to revoke Deferred Action for Childhood Arrivals (DACA) and deport undocumented immigrants coupled with the repeal the Affordable Care Act (ACA) are of extreme concern to many. The implications of deportation of immigrants go beyond those who need health care, include families and communities, and if DACA and other immigration protections are revoked, will adversely impact the health workforce. The US health workforce comprises thousands of immigrants, including those with DACA status.¹ Deportation and the revocation of DACA may further exacerbate the shortage of health care professionals, specifically in underserved regions of the country, who comprise the already limited culturally and linguistically responsive health workforce.² In addition, repeal of the ACA will further jeopardize health care access and well-being for tens of millions of individuals and families.

Most dramatically, perhaps, are the potential negative effects on the individual health of members of underserved communities, if these executive orders and congressional actions

are fulfilled. As a physician in training, I remember seeing an anxious woman named Maria at a free clinic. She was worried about her unintentional weight loss and as I examined her, I felt a concerning lump on her

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neck. In 2009, Sacramento County and many other counties in California stopped providing primary care for immigrants who did not have legal documentation. Maria and many other immigrants were no longer able to be seen at the County's primary

care clinic. Maria refused to be seen at a Federally Qualified Health Center (FQHC) or the emergency department because she was afraid to disclose her documentation status and was worried about the cost. Many undocumented immigrants like Maria often forgo or seriously delay seeking medical care because of these fears and too often suffer the deadly end-effect of lack of access to health care.

Several studies have demonstrated that immigrants disproportionately use less medical care and contribute less to health care costs than their representation in the US population.³⁻⁷ Despite these studies, wide misconceptions and distorted assumptions about the use of health services by immigrant populations remain.⁸ President Trump and his cabinet have further polarized the conversation about making access to health care for vulnerable immigrants available. Thus, immigrants, like Maria, may continue to live in limbo without health care or a path to a lawful immigration status.

The deportation of undocumented immigrants, like Maria, and the separation of families will have devastating impacts on the mental health and well-being of millions of US-born children. The American Academy of Pediatrics reports the numerous health effects, including anxiety, depression, eating and sleeping disorders, and poor school performance in children who fear deportation of their parents.⁹ The President has announced that he would prioritize deporting or incarcerating millions of immigrants with a “criminal background,” and this has been vaguely defined. This broad-based approach to deportation puts all immigrants

and their families at risk and, if implemented, will have lasting negative impacts in communities with large percentages of immigrant families.

In states like California where the ACA has been implemented to the full extent of the law, there have been accelerated investments in establishing an integrated patient-centered health care delivery system that provides access to coordinated and high quality effective and efficient care.¹⁰ Approximately 13% of California’s population could lose coverage if the main pillars of the ACA are repealed.¹¹ The uninsured rate in California fell from 17.2% in 2013 to a historic low of 7.4% in 2016 with the largest coverage gains among adults and low-income individuals.¹² Nationally, 13 million uninsured nonelderly Americans gained coverage under the ACA by 2015.¹³ These enhancements to access and quality care have also created additional opportunities to cover all Californians and reduce inequalities in health insurance coverage.

In 2015, Governor Jerry Brown signed Senate Bill 4, the Health for All Kids Act sponsored by Senator Ricardo Lara to expand coverage to all of California’s undocumented immigrant children. In May 2016, an estimated 170,000 undocumented children were eligible for health care coverage under Medi-Cal. California is the fifth state to extend coverage to undocumented children, following Illinois, Massachusetts, New York, Washington, D.C. and Washington. Sacramento and other counties have since approved health coverage for undocumented Californians. These expansions in health care access to immigrants are now in question as

states consider withdrawing expanded coverage without federal support.

In 2012, under President Obama’s administration, DACA was established to protect from deportation men and women who were born in another country and brought to the United States at a young age. DACA is an executive order that provides temporary lawful US presence, a social security number, and work authorization for undocumented immigrants who arrived in the United States before aged 16 years and either graduated from a high school or obtained a general education development (GED) certificate or were an honorably discharged veteran. Approximately 728,000 out of the 1.9 million estimated young adults in the United States who are undocumented immigrants have been granted DACA, which has been a temporary glimmer of hope for undocumented communities throughout the country.

Undocumented immigrants who enrolled in DACA have received additional opportunities to pursue their dreams of becoming health care professionals. The Loyola University of Chicago Stritch School of Medicine was the first US medical school to recognize applicants with DACA status as domestic students—not international students.¹⁴ Other medical schools throughout the country have also accepted DACA applicants. However, DACA recipients face hurdles in finding ways to pay for medical school.¹⁴⁻¹⁶ In attending health professions school, tuition often remains a prohibitive barrier for individuals with DACA status. Governor Jerry Brown recently signed California Senate Bill 1139, known

as the Medical Dreamer Opportunity Act, a law that addresses the chronic shortage of health professionals in underserved communities by ensuring that all people have access to the state's scholarship and loan forgiveness programs for health professionals, to allow DACA immigrants to be eligible for medical schools, medical residency programs, and most importantly receive state-funded financial support. This, however, along with other protections given to immigrants are now in jeopardy.

President Trump has also threatened to revoke DACA without creating a path to lawful immigration status. This puts thousands of undergraduate students, with DACA status, across the country and who are pursuing medical training and aspire to join the health workforce at risk of deportation. For example, take Bryan, who is an undergraduate student at the University of California and volunteer interpreter at the free clinic where we cared for Maria. Bryan was brought to the United States by his parents when he was only 2 years old; he aspires to serve his community, had been successful in high school, and is now a college pre-medical student. However, his immigrant documentation status authorized by DACA does not provide him with a path to citizenship, and he faces numerous formidable obstacles to realize his dream of becoming a physician.

The Association of American Medical Colleges (AAMC), President and CEO Darrell G. Kirch, MD, issued a statement (<https://news.aamc.org/press-releases/article/statement-daca-executive-action/>) asking the President not to revoke DACA with-

out a permanent pathway to lawful immigration status. The AAMC recognizes the value and contributions of DACA and its support of other immigrant medical students as future health care professionals who will improve access to care for the underserved, improve cultural awareness, and advance health equity.

The deportation of immigrants with DACA status will negatively impact the diversity of our health care workforce, further limiting the supply of bilingual Spanish-English health care providers. A report from the UCLA Center for Health Policy Research estimates that 82% of DACA-eligible young adults are Latino or from Spanish-speaking countries.¹⁷ Latino and Spanish-speaking health care professionals are greatly needed in underserved communities in the United States. For example, in areas of Central California like the San Joaquin Valley, nearly 50% of the population is Latino and only 5% of physicians share this background.¹⁸ The loss of DACA recipients may worsen culturally and linguistically appropriate health care workforce shortages in underserved communities.

President Trump's new legislative and executive orders threaten the health and well-being of citizens and immigrants at all levels of US health care – from deportation to revoking DACA and repealing the ACA. The future for immigrants and their families in our country is of grave concern. Deportation fears will make health care further inaccessible to the vulnerable with unmet health needs, cause further delays in care, and increase health care disparities. Revoking DACA will result in the depor-

tation of a highly talented pool of future health care providers who are culturally and linguistically competent and diminish the diversity of our health care workforce. Repealing the ACA will dial back the clock to a time when the most vulnerable had no access to timely preventative and primary care. The consequences of these actions are profound and working together as health care providers, educators, researchers and advocates to ensure those most vulnerable are not left behind and forgotten is imperative. We add our voices to a myriad of national leaders who are advocating for the preservation of the ACA and the protection of immigrants, including individuals with DACA status who are actively participating in medical training and aspire to join the health workforce to benefit all patients.

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