Illinois doctors say Trump immigration proposal already scaring away patients
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Chicago Tribune December 2, 2018 8:20pm

Within days of arriving in Chicago from Honduras, the 12-year-old boy sat in Dr. Sue Haverkamp's office, getting a physical.

Haverkamp learned the boy had a history of chest pain and heart palpitations. She told his mother that she'd refer him to a cardiologist once he was on Medicaid.

“She looked at me and said, ‘I'm not applying for insurance. I don’t want to risk his status,’” recalled Haverkamp, a pediatrician at Erie Helping Hands Health Center in Chicago’s Albany Park neighborhood.

Currently, participation in Medicaid doesn't affect a person’s ability to get a green card — but under a new Trump administration proposal, it might.

A proposed change to the “public charge” rule would allow immigration officials to consider some immigrants’ likelihood of using Medicaid, food stamps and housing programs, among other things, when deciding whether they should be able to become legal permanent residents — also known as getting a green card. The use of those programs could also weigh against people looking to extend their visas to stay in the U.S. and those seeking to change the types of visas they're using.

The Trump administration has said the proposal is meant to promote self-sufficiency and save taxpayer money by not allowing immigrants to stay in the U.S. if they’re likely to become financial burdens on the country.

Comments on the proposal are being accepted through Dec. 10, after which the administration may finalize it.

But local advocates for immigrants say the proposal goes too far and will result in families, particularly those that include both citizens and noncitizens, skimping on health care and other necessities out of fear that using those public benefits could jeopardize their chances of legally staying in the U.S. That will ultimately cost taxpayers more in the long run, they say.

Many advocates say the proposed change already is having a chilling effect on immigrants, even those who wouldn't be putting themselves or their family members at risk by accepting Medicaid or food stamps.

As many as 1.7 million people in Illinois and 41.1 million people across the country might drop out of public benefit programs or not apply for them because of the proposed rule and fear surrounding it, according to estimates from professional services firm Manatt, Phelps & Phillips.

For example, a child’s use of government programs such as Medicaid won’t be held against a parent’s attempts to get a green card, the proposed rule says. Still, some families are steering clear of Medicaid, food stamps and other programs out of confusion or just to be safe, advocates say.

Adult immigrants who are in the country without legal permission are not allowed to enroll in Medicaid, and immigrants here illegally cannot get food stamps.

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“It's forcing families who are eligible for these federal benefits to have to make this impossible choice between staying with their loved ones and staying on the path of immigration status, or forgoing these essential programs,” said Andrea Kovach, a senior attorney at the Sergeant Shriver National Center on Poverty Law in Chicago.

Advocates are hearing that's the case among members of Latino, Korean, Arab and Chinese immigrant communities, said Luvia Quinones, health policy director for the Illinois Coalition for Immigrant and Refugee Rights.

“There are a lot of mixed-status families where the kids are citizens but then the parents hear about this, and they're like, ‘Oh, well, I don't want to get penalized for my kid being on Medicaid,’” said Dr. Minal Giri, chair of the Illinois chapter of the American Academy of Pediatrics' Refugee Immigrant Child Rights Initiative. “They're scared.”

One pregnant woman told Giri, who is medical director at Melrose Park Pediatrics, that she wouldn't get health insurance for her baby because she didn't want it to affect her application for a green card, Giri said.

At Under the Rainbow, Sinai Health System's outpatient behavioral health clinic for children and families, many of the therapists have been fielding questions about the public charge rule from nervous parents, said Mirna Ballestas, program director. The program's busy Spanish-speaking therapists have started experiencing no-shows — people who make appointments and then don't show up — something that was rare until now, Ballestas said.

“If people don't get the services they need, it's going to come out in some way,” Ballestas said. “It's going to come out in violence, unnecessary hospital visits.”

Sina's Women, Infants and Children program, a federally funded program that provides nutrition education and food to women and young children, has seen dozens of people stop participating in the program in recent months because of the proposal, said Steven Foley, director of family services at the Sinai Community Institute.

The WIC program isn't among those listed in the proposed public charge rule, but it was reportedly under consideration to be included in the rule at one point. WIC is funded by the same federal agency as food stamps. That's been enough to scare many people away from it, Foley said. People don't have to be legal U.S. residents to participate in WIC.

Immigration advocates say the rule will hurt not only those people, but also cost taxpayers more in the long run by forcing them to pay for medical treatment that potentially could have been avoided with regular care. Fewer people with health coverage could also mean less money for doctors and hospitals, which will end up absorbing the costs of treating those people, according to a Manatt report written on behalf of hospital industry groups.

The number of uninsured children in Illinois increased from 82,000 to 89,000 between 2016 and 2017, according to a new report by the Georgetown University Health Policy Institute. Nationally, that number increased for the first time in a decade between 2016 and 2017.

Still, some say the rule is a good step toward ensuring that immigrants accepted by the U.S. won't become public charges.

“The idea behind the program, to deal with this long-term problem of heavy immigrant welfare use, makes sense,” said Steven Camarota, director of research at the Center for Immigration Studies in Washington, D.C., a think tank that supports the proposal. “I think most of us would say, ‘Look, if the person needs to use welfare, it doesn't make sense to give them a green card.'”

He also pointed out that the proposed rule doesn't penalize parents for their children’s use of programs. If citizen children are dropping out of the programs, it's because their parents are misunderstanding the proposal, he said.

Chicago-area providers agree that misinformation abounds.

“What's happened is families are getting more confused because they don't understand specifically what kinds of immigrants are the ones affected by the rule,” said Alejandra Valencia, director of the Heartland Alliance's Oral Health Forum. “They assume everyone is affected or will be affected.”

Haverkamp, the Albany Park pediatrician, said part of the problem is that because a rule has not been finalized, immigrants are being extra cautious. Since Haverkamp saw the 12-year-old Honduran boy a few months ago, she's said she's seen several more children whose families don't plan to sign them up for Medicaid because of the proposal.

“I think the lack of trust in the system is growing,” she said.