



Comprehensive Immigration Reform Position Paper

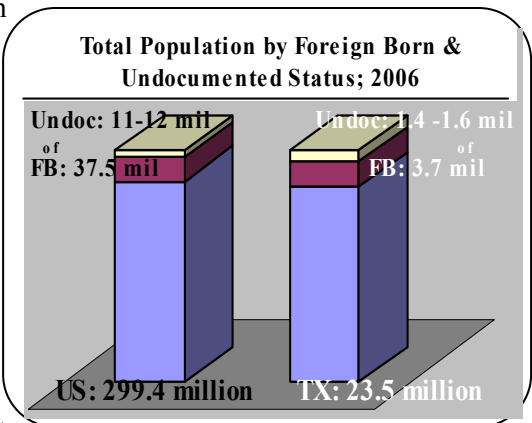
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Historically, policy issues regarding immigrants have mirrored political and economic cycles. But under a 9/11 context, our broken immigration policy has been largely shaped by national security and the war on terror. Recent immigration proposals did not adequately address the root cause of immigration, existing economic demands for immigrant labor or how to address the millions living and working in the U.S.. It was not surprising that congress failed to come to a compromise for comprehensive immigration reform. Consequently, it incited an array of fragmented state and local immigration policies that are largely anti-immigrant in nature rather than objective policy solutions. Such an environment has incited an increase in racial profiling, hate crimes targeting Hispanics have increased and 64% of Hispanics according to a recent poll, find their quality of life is now more difficult.

But the recent election has renewed hope that immigration and the political discourse that follows will be more constructive and bring about a policy solution for the millions living and working in the shadows. An October 2008 Pew Research Center Poll, found 66% of respondents who are registered voters favored providing a way for undocumented currently in the country to gain legal citizenship under certain conditions. Over half (52%) of respondents also stated that immigration was a “very important” issue. With a significant number of Americans acknowledging and ready to address immigration reform, the economic downturn in the U.S. economy and the balancing act of addressing national security, real comprehensive immigration reform will present great challenges.

Why Must Congress Address Comprehensive Immigration Reform?

The changing face of America reached a milestone as communities of color topped 100 million in 2007. Communities of color along with immigrants have undoubtedly transformed the American landscape. It is estimated that *one-in-three* U.S. residents are people of color. Hispanics are largely attributed to this growth representing 14.8% (44.3 million) of the total U.S. population (*U.S. Census/July 2006*). Hispanics account for almost half of the nation’s population growth (1.4 million) during 2005 - 2006, largely from birth by Hispanics. Primarily a young population, 36% of Hispanics are under 18, comprising 5.25% of the total U.S. population. Hispanic students in 2005 accounted for *one-in-five* students attesting to the 42% increase in students of color experienced by U.S. schools. Hispanics are also the 2nd highest growth enrollment population among all racial/ethnic senior groups.



It is projected that there are 39 million immigrants living in America and approximately 11-12 million are undocumented. It is also estimated that two-thirds of children with undocumented parents are U.S. citizens (Undoc. Children: 16%). The majority of undocumented immigrants emigrated from a Latin American country (*Mex:56%, Other Latin America:22%, Asia:13%, Europe/Canada: 6%, Africa/Other: 3%*). In 2005, immigrants represented 12% of the U.S. population but 15% of all workers. Among those immigrants in the workforce, 30% of immigrants were undocumented. The undocumented comprised of 4% of U.S. population and 5% of workforce. In 2006 Texas, the Foreign Born population in 2006 was estimated at 3.7 million individuals (15.9% of state’s population) of which 69% were non citizens and mostly of Mexican origin. Foreign-born minors account for 9.7% of the foreign born population and only 1.9% of all young children in Texas.

Immigrant Contributions

- Immigrants contribute over \$300 billion annually to the U.S. economy.
- Immigrants will contribute an average of \$80,000 more in per capita in taxes than they will utilize in there lifetime. Immigrants, without valid social security number, contribute \$7 billion to Social Security and \$1.5 billion in Medicare taxes annually.
- In 2006, Texas reported that immigrants contribute over \$424 million to the state economy after accounting for state spending on immigrants. Texas is estimated to have 14% of the U.S. undocumented population.
- In a global economy, the interdependence of immigrant labor and their positive contribution to Texas can be measure by the loss (\$390.1 million) in exports by 2010 to the rest of the world and 18.7 billion GRP loss if they were deported.

| | 2005 | 2010 | 2015 | 2020 | 2025 |
|--|-----------|-----------|---------|---------|---------|
| Total Employment Loss | 298,000 | 287,100 | 293,800 | 296,300 | 302,700 |
| Total GRP loss (Billions of Fixed 2000\$) | \$17.7 | \$18.7 | \$20.5 | \$21.4 | \$22.6 |
| Personal Income Loss (Billions, Current \$) | \$18.5 | \$19.0 | \$24.6 | \$32.6 | \$42.9 |
| Loss in Exports to Rest of World (million of Fixed 2000\$) | \$66.5 | \$390.1 | \$548.0 | \$387.7 | \$123.9 |
| Net Pop Loss fm Baseline | 1,309,000 | 1,033,000 | 899,400 | 831,300 | 784,400 |
| Labor Force loss | 714,100 | 434,000 | 340,500 | 281,200 | 281,600 |

SOURCE: Texas Comptroller of Public Accounts

Comprehensive Immigration Reform is a Health Security Issue

We must reframe immigration and the border security dialogue to reflect the health security of Texas and our communities. The current **negative and xenophobic levels framing the immigration debate** has not only increased discrimination but has created problems in access to and the quality of health care to Hispanics. Forty-five percent of Hispanics reported being treated poorly in government offices due to their race or ethnicity and about a quarter (22%) of Hispanics, such negative treatment has made them less likely to access services. For the bienestar of our community, immigration challenges the moral dilemma of right or privilege to health care. The present Healthcare system and approaches has not been effective or efficient for Hispanics let alone immigrants. ***The challenges and misperceptions about immigrant and health care are:***

- Immigrants come to work but they are more likely to work in industries that do not offer health insurance. Among legal immigrants, 44% had health insurance in 2005. Only 5% of workforce are unauthorized, comprising only 9% of low-wage workers and 23% of low-skilled workers.
- The 5-year ban for legal immigrants of federally matched services (Medicaid, Medicare, SCHIP) affect their bienestar and places a strain on the health care system as they fall into the uninsured population silo.
- It is estimated that 1.5 million of 6 million uninsured children are excluded from programs due to their legal status. Legal and undocumented immigrant children are more likely to be uninsured, sicker and more costly when they finally attain service.
- Contrary to popular belief, utilization of the ER by immigrants is lower than that of the native citizen and reflects their hesitance and fear to utilize health care services.
- The current citizenship process can take anywhere from 8 to 18 years.
- Deportation is not a feasible solution for the over 11 million undocumented immigrants. The anticipated \$41 billion annual cost to implement such a process exceeds: the Department of Homeland Security budget for 2005-2006; 33 federal agencies responsible for homeland security; double the amount spent on border and transportation security; half the cost

| Service Area | Gen. Rev | % Expenditure on Undoc. Immigrants | Undoc. Immigrant Cost |
|--------------------|----------------------|------------------------------------|-----------------------|
| Emergency Medicaid | \$129,153,257 | 30.0% | \$38,745,977 |
| CSHCN | \$9,111,352 | 78.9% | \$7,189,280 |
| Substance Abuse | \$17,305,929 | 1.7% | \$287,651 |
| Mental Health | \$225,650,365 | 1.7% | \$3,750,650 |
| Immunizations | \$26,906,780 | 10.0% | \$33,143 |
| Women/School | \$21,901,933 | 3.1% | \$674,463 |
| Public Health | \$64,300,000 | 6.1% | \$3,937,888 |
| EMS | \$55,156,810 | 6.1% | \$3,377,937 |
| TOTAL | \$549,486,426 | 10.6% | \$57,996,990 |

SOURCE: TX HHSC & TX Comptroller of Public Accounts (FB: 30% Undoc)

La Fe Policy Research & Education Center is committed to the Bienestar and health status of the Latino community and realizes that health care access and quality is largely influenced by the broken immigration system.

We support comprehensive policies that:

Respect the rights and dignity of immigrants in our community by lifting the cloud of criminalization. The anti-immigrant movement has had dire implications to the delivery and access to healthcare resources for our immigrant communities. By not addressing immigration in a humane way, we will further marginalize immigrants from attaining their health care needs.

The Bienestar of the Latino community is interconnected to the wellness of the family structure. Therefore, legislation with components that address a *path to legalization* and includes a legal means for family unification and reduces immigration backlog.

Healthy workplaces create healthy workforces. Improving the health status of Latinos will require that comprehensive immigration legislation bring dignity to families and workers by providing: legal means for undocumented immigrants for lawful employment; employment freedom where employment visas are not linked to employer; worker protections such as a safe working environment and collective bargaining rights; and access to health insurance.

Recognize that the economic sustainability of Texas is interdependent on our bi-cultural heritage. It is time to end the dehumanization of immigrants by acknowledging the importance to the border culture and economic sustainability of Texas. Increased border security funding does little to address the growing economic insecurities along the border.

Health security of Texas and our communities must be hinged on tri-lateral efforts with Mexico, U.S. and Canada to address border security issues. A tri-lateral effort must build mechanisms that will seek to integrate safety/security tools and agencies but not infringe on the cultural history of the border. For example, the creation of a 700 mile fence will not increase security along the border but harm the sustainability and delivery of health care resources that is already limited.