

In California, Poverty and Immigration Status Are Linked Together

ITAMAR WAKSMAN



WRITER'S COMMENT: In writing for our feature assignment in my Journalism class, I knew I wanted to write a piece centered around social justice and those who live on the margins of society. As an immigrant, I had always been fascinated by how different groups of immigrants in this country are treated so distinctly due to how they came here and, oftentimes, their race and national origin. It is with this in mind that I decided to investigate the intersection between poverty and the undocumented community in California, hoping to better understand how their access to state resources affects their socio-economic situation. My piece aims to bring a new perspective to the contemporary, rhetoric-based debate over immigration.

INSTRUCTOR'S COMMENT: "In California, Poverty and Immigration Status Are Linked Together" is a brave piece of reporting, tackling a range of issues—from access to healthcare to nutritional challenges facing the poor, and the ways in which states can and should respond politically to this in an era when the Federal government is actively assaulting the well-being of immigrants. Itamar thinks big—and makes that clear in his writing and in his conversations. He explores linkages between themes, historical patterns, and the ways in which big-picture political changes impact people on the ground in myriad ways. The result is a compelling feature article, one that holds readers' attention from the get-go, and uses a strong empathic voice to communicate the urgency of the issue. The world would be a far better place if more people had such a capacity for empathy.

—*Sasha Abramsky, University Writing Program*

The emotion in Jasmine Santos' words is palpable when she speaks about the struggles her father faced as a new immigrant. Jasmine's family is undocumented and has not had health coverage since moving to the U.S. 15 years ago. As a young child, Jasmine's father had multiple kidney stones. However, because of his undocumented status, he had no means of acquiring insurance and seeing a physician to receive regular treatment. Instead, he had to wait until the pain became so unbearable that he could go to an emergency room to receive care. As Jasmine recounts how the staff quietly chided him for repeatedly coming to the E.R. instead of seeking regular treatment—ignorant of his inability to do so because to his legal status—the break in her voice betrays a tenderness that remains even as her father's condition has improved.

It is no secret that California is a land of great riches. The western state contains the economic powerhouses of the San Francisco Bay Area and Los Angeles, two of the most productive regions in the world. The U.S. Department of Commerce estimates California's Gross Domestic Product (GDP) if calculated alone would make the state the fifth largest economy in the world, only surpassed by China, Japan, and Germany, and the United States as a whole. But California's fantastic economic vigor does not tell the whole story. The state also has one of the highest poverty rates in the country.

According to the Census Bureau, from 2015 through 2017, on average 13.4 percent of Californians lived below the federal poverty line, with that number increasing to 19 percent when using the Supplemental Poverty Measure (SPM), which adjusts for differences in cost of living. Using the SPM, California has the highest poverty rate of any U.S. state, being only surpassed by the District of Columbia. While the root of poverty in California greatly lies in its high cost of living and inequality, the intersection of the state's large undocumented community and their lack of access to government services has gone relatively unexplored.

In addition to having the largest immigrant stock in the nation, California also has the highest number of undocumented immigrants, estimated by the Pew Research Center at almost 2.4 million in 2014. While the national discourse has focused on undocumented immigrants as a leech on public funds, the reality is that the undocumented cannot access the vast majority of government programs, including

various poverty alleviation programs. Already living in the shadows, undocumented immigrants find themselves disproportionately affected by food insecurity and high medical costs.

CalFresh, the \$1.9 billion food assistance program in California, is one of the state's most important poverty alleviation programs. The Public Policy Institute of California (PPIC), a non-partisan think tank, estimates that the program reduced California's poverty rate by 2.1% in 2017, making it the most effective government program in this regard. However, because CalFresh falls under SNAP, the federal Supplemental Nutrition Assistance Program, only citizens and immigrants with legal status are eligible, leaving out the state's undocumented community regardless of income level. Carla Trujillo of the UC Davis AB540 Center, which works with the undocumented community, says that this puts an extra burden on the community that other individuals experiencing poverty do not bear. Instead of being able to rely on government assistance, Trujillo explains, undocumented immigrants must rely on private organizations like local food banks to ensure food security.

One such organization is Aggie Compass, a center within the campus of UC Davis that provides nutritional resources to students in need. Leslie Kemp, Director of Aggie Compass, agrees that there is a large divide between the assistance available to students in need with legal status and those who are undocumented. She says that aside from the discrepancy in funds, one of the roots of the problem is targeting services to those most in need. Because CalFresh has eligibility requirements that are checked through government data, its benefits can specifically target the poor. By contrast, non-government programs do not have the same access to information on applicants' incomes and cannot target recipients as efficiently, reducing their effectiveness in alleviating poverty. This means that even if efforts were made to create a program that gave nutritional assistance through cash payments, as Aggie Compass is in the process of developing, it would still be difficult to prevent those who are not in need from receiving benefits. Ms. Kemp also points out that most people do not know that enrolling in CalFresh provides other benefits. For example, Pacific Gas and Electric, a California utility company, gives discounts to CalFresh recipients of up to 30% of their expenses. This benefit is also unavailable to the undocumented community, furthering the divide in resources available between them and those with legal status.

Apart from ineligibility, there is great concern that even "eligible

children do not access” CalFresh benefits when they live in households with members that are undocumented, says Paul Tepper of the Western Center on Law and Poverty. While CalFresh keeps beneficiaries’ information confidential and does not ask for the immigration status of family members that do not apply, mixed status households still fear that applying for their children puts them at risk of deportation. This results in eligible children not receiving benefits, exacerbating food insecurity, especially in a state with a large undocumented population like California.

Medical costs also present a unique challenge to the undocumented community. Medi-Cal, the state program providing insurance to families and individuals at or below 138% of the federal poverty line, is unique in that it extends partial coverage to some undocumented immigrants. The state estimates that of the 1.8 million uninsured undocumented immigrants, 1.2 million are currently poor enough for Medi-Cal but cannot collect benefits due to their legal status. A 2013 study published in the *Journal of Health Economics* by Benjamin Sommers and Donald Oellerich found that Medicaid, the federal version of Medi-Cal, has the third highest poverty alleviation effect of all federal programs due to its reduction of out-of-pocket expenses for recipients. This means that low-income undocumented individuals cannot receive the same benefits as other poor residents, and instead must mostly rely on inconsistent county-level medical services for the indigent, private non-profit health clinics without comprehensive services, and costly emergency-room visits when their illness becomes severe according to a 2016 PPIC report. Additionally, the Affordable Care Act (ACA) prohibited undocumented immigrants from purchasing health insurance through the state exchange program Covered California and receiving subsidies through the exchange, restricting the community from receiving benefits which have allowed millions of Americans to purchase healthcare. This leaves the undocumented on the margins of the healthcare industry, unable to purchase subsidized coverage while being completely excluded from public benefits.

Jasmine Santos is currently the Executive Director of Clinica Tapatí, a non-profit, student-run free health clinic in Sacramento—experience that, along with her own upbringing, gives her a deep understanding of the deep financial and emotional distress on the undocumented. According

to Santos, over 90 percent of the clinic's patients are undocumented; as such, they consistently run into institutional barriers to receiving proper care. Because most are only covered by emergency Medi-Cal, they can only go to a hospital for emergency services when their condition becomes severe. Not only does this result in worse outcomes for undocumented patients, but it also presents an additional strain on state resources because emergency services are far more expensive than typical outpatient care.

Another challenge is that the majority of the clinic's patients primarily speak Spanish, meaning that even if they or their children have a form of health coverage that allows them to receive regular care, they continue to go to the clinic because the staff speaks Spanish and provides "culturally sensitive healthcare" that takes into account patients' background and socio-economic status. Ms. Santos says that public hospitals have little translation resources available, restricting many undocumented individuals who primarily speak another language from accessing them. Many also fear being asked their immigration status at hospitals, further limiting their access to healthcare.

But change is coming to California. Beginning in 2016, Medi-Cal began covering all eligible children regardless of legal status. After the implementation of the federal Deferred Action for Childhood Arrivals program, usually referred to as DACA, recipients were allowed to apply for Medi-Cal benefits. State lawmakers have also extended Medi-Cal coverage for emergency and prenatal care to undocumented residents, providing relief for a large source of healthcare expenses for the poor. Mr. Tepper believes that contemporary advocacy and legislation is currently centered on extending "coverage to anyone in California." Earlier this year AB 2965, which aimed to extend Medi-Cal comprehensive coverage to all eligible residents regardless of legal status, represented lawmakers' most concerted effort at attaining this goal. Though eventually held in committee, it speaks to California's endeavor to extend coverage to the undocumented community, regardless of federal policy.

These efforts could provide relief to the strained medical resources available to the undocumented community. Ms. Santos says that current efforts have mostly extended coverage to young people and have had little effect on the clinic's patients, who are mostly adults over the age of 35. She says the clinic would welcome further legislative efforts to extend coverage to more people in the undocumented community. But she also emphasizes that without additional investments in translation

assistance and wider awareness about available resources, many in the undocumented community will still face difficult challenges in receiving proper care. Even so, with greater state aid to the low income undocumented community, private safety net organization like the clinic would be better placed to serve a greater number of individuals.

Mr. Tepper believes that California is clearly attempting to “immunize itself” from the actions of the Trump administration. The administration’s markedly anti-immigrant agenda contrasts with the state’s efforts to progressively extend benefits to all and build a different identity in the “resistance” era. In January 2017, President Trump issued an executive order withholding federal funding from sanctuary cities, which prohibit local law enforcement from cooperating with federal immigration authorities. While a number of federal courts have blocked the order on constitutional grounds, it signified the possible beginning of the administration’s conflict with California over immigration. In March the Department of Justice filed a lawsuit against California, claiming that it was obstructing federal immigration enforcement efforts. While California has contradicted the federal government on a variety of issues, ranging from marijuana to climate change, the political importance of immigration to the Trump administration foreshadows a potential clash of greater magnitude as California increasingly extends public benefits to the undocumented community.

Sara Kimberlin of the California Budget and Policy Center, a policy analysis organization, says that this is unlikely. She claims that California has so far been very careful to only use state funds for any extension of services to the undocumented community. The state’s efforts so far have fallen “fully within the state’s authority” to dedicate its own resources to its residents. Medi-Cal is jointly funded by the state and federal government, allowing California to continue extending coverage to the undocumented as long as the funding solely comes out of state coffers. CalFresh is fully funded by the federal government and only administered by the state, meaning that without a change in federal policy it cannot be extended to include the undocumented community. However, this does not prevent the state from creating a supplementary program. The California Food Assistance Program (CFAP) exists today to provide nutritional assistance to primarily poor legal immigrants not eligible for CalFresh. Ms. Kimberlin says that California could decide to use CFAP and other programs to provide assistance to the undocumented

community without federal involvement.

California may foreshadow a greater shift in the national debate. The same state that 20 years ago passed Proposition 187, which restricted undocumented immigrants' access to public services such as schools, is today at the forefront of bringing essential services and aid to this community. While the U.S. Supreme Court eventually found Prop 187 unconstitutional, its passage by popular referendum illustrates how quickly attitudes towards immigration can evolve. Just as changes in the electorate and public discourse resulted in more progressive immigration policies in California, so can nativism give way to reform on the national level. Poverty is experienced without consideration of immigration status. Ms. Kimberlin agrees that as new policy brings an increasing number of individuals access to essential programs, so may California's high poverty rate decline.

Ms. Santos, a DACA recipient, professes that "as an almost graduate, [she's] scared." She fears that DACA will end and she will find herself unable to work after years of study. Yet it is her experience growing up undocumented that pushes her to continue towards her goal of becoming a doctor and serving her community. She finds herself hopeful because of all the public support the undocumented community is receiving, but also worried over the aggressive actions of the Trump administration. "All we can do," she says, "is really hope for the best."