

**THE PATHWAY TO FULL INTEGRATION AND SELF  
SUFFICIENCY: CRITICAL SUPPORTS FOR IMMIGRANT  
WOMEN AND FAMILIES**

Presented at

“How Comprehensive Immigration Reform Should Address the Needs of Women  
and Families”

Submitted to  
U.S. Senate Committee on the Judiciary

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March 18, 2013

Senator Hirono, Ranking Member Grassley, and members of the Senate Judiciary Committee, on behalf of the National Council of La Raza (NCLR), I thank you for the opportunity to appear before you today and provide testimony. NCLR is the largest national Hispanic civil rights and advocacy organization in the United States, an American institution recognized in the book *Forces for Good* as one of the highest-impact nonprofits in the nation. We represent some 300 Affiliates—local, community-based organizations in 41 states, the District of Columbia, and Puerto Rico—that provide education, health programs and care, housing, workforce development, and other services to millions of Americans, including immigrants, annually.

NCLR has a long history of fighting for sensible immigration laws, evidenced through our work in the Hispanic community, in the states and in Washington, DC. Most of our Affiliates teach English, provide health services, promote financial literacy, and otherwise ease the integration of immigrants into the mainstream. We support and complement the work of our Affiliates in communities by advocating for public policies here in Washington and increasingly at the state level.

NCLR contributed to shaping the Immigration Reform and Control Act of 1986, the Immigration Act of 1990 to preserve family-based immigration, and the Nicaraguan Adjustment and Central American Relief Act (NACARA), and we led four successful efforts to restore safety net systems that promote immigrant integration. We have worked with multiple Administrations—including Presidents Reagan, both Bushes, and Clinton, to achieve the best results possible for our community and for the country. We know that working with both parties is the only way to get things done. We thank the U.S. Congress for making it an imperative to achieve immigration reform this year. It is clear that everyone—not just the Hispanic community and not just immigrants—has a stake in and stands to benefit from having well-functioning and fair immigration policies.

As the recent election clearly demonstrated, the issue of immigration is a galvanizing one for the nation's Hispanic community. There is opportunity to address it humanely and responsibly. Toxic rhetoric in public discourse on this issue has affected us deeply, regardless of immigration status, and getting this debate on the right course is a matter of fundamental respect for the presence and role of Latinos in the U.S. This community of voters generated the game-changing moment for immigration last November, creating an opening to finally achieve the solution to our broken immigration system. And Latinos' critical role in civic society continues to grow. An average of 878,000 Latino citizens will turn 18 each year between 2011 and 2028. Our community is engaged and watching this debate closely.

Congress has a unique, historic opportunity to pass immigration reform this year. Not only does fixing our broken immigration system benefit immigrants themselves, but it is in the interest of our country. Immigration to the United States should be orderly and legal, promote economic growth and family unity, and reflect our nation's values. The moral, economic, and political imperatives for action are aligned, and Congress has an opportunity and a responsibility to deliver immigration reform that:

- **Restores the rule of law** by creating a path to legalization and a roadmap to citizenship for the 11 million aspiring Americans, as well as smart enforcement that improves safety and security, supports legal immigration channels, prevents discrimination, and respects due process
- **Preserves the rule of law** by restoring integrity and confidence in workable legal immigration channels that uphold the principle of family unity for all of America’s families, and strengthen our economy by responding to employment needs while upholding wages, labor rights, and protections for the American workforce
- **Strengthens the fabric of America** by adopting proactive measures that advance the successful integration of new immigrants

### **Investments in Women and Families Are at the Heart of Immigrant Integration**

Keeping families together and strong is a core principle and a fundamental value of American life. It also promotes the economic stability of immigrants and their integration into our country, and we must continue our historic commitment to this idea. In every religion, every culture, and every wave of immigrants that have come to this country, the family unit has been critical both to the survival of immigrants in a strange land, as well as to their success in adapting and contributing to their newly adopted nation. We would be undermining ourselves as a nation if we walked away from family unity as a guiding principle for our immigration policy. These close relatives are able to make vital contributions to the U.S. economy as productive workers and entrepreneurs. Family-based immigrants have a higher mobility than employment-based immigrants and are able to fill gaps in our economy.

Immigrant families are also more likely to start small- and medium-sized businesses as they benefit from family networks and pooled resources. Research shows that immigrant families work together not only to accelerate the integration of new immigrants, but they also form businesses together. Prior testimony from conservative policy organizations notes “a large majority of immigrant-owned businesses in the United States are individual proprietorships relying heavily on family labor,” and family-based immigration has contributed to reenergizing small business culture in the U.S.<sup>1</sup> Immigrant-owned family businesses are a driving force behind revitalization in cities across our country and spur job growth in nearly every major metropolis. Immigrant women, in particular, are helping the country produce economically as one of the fastest growing sectors of the small business community. Immigrant women now represent 40% of immigrant business owners in the United States, often while serving as the predominant caregivers within their families.

Immigrants who enter the U.S. through the family-based immigration system have social and economic advantages in that families act as a resource for integration. Families are powerful integrating institutions—serving as resources for employment, access to credit, and as a one-stop shop for support and information for newcomers. This allows immigrants to integrate into our society and become productive taxpayers more quickly. The instrumental role of women as the drivers of integration may go unnoticed; however, they often help their families achieve full

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<sup>1</sup> Testimony of Stuart Anderson, on behalf of the National Foundation for American Policy, before the House Subcommittee on Immigration, Citizenship, Refugees, Border Security, and International Law, May 2007.

participation in society by pushing them to naturalize, learn English, and take on many on civic responsibilities.

### **The Truth about Immigrants and Public Benefits**

There are significant mischaracterizations of immigrants' access to public benefits. Many Americans are largely unaware of the fact that undocumented immigrants are almost entirely banned from most major health insurance and public safety net programs. Lack of access is often buffered by lower ages, strong presence in the work force, and positive health behaviors, ensuring that immigrants use fewer public resources. Immigrants are not only less likely to use public benefits systems, but when they actually do receive access to a program, they are also likely to use a lower value of benefits, making them cheaper to provide for when they are enrolled in programs. According to a recent Cato report, the total use of benefits such as SNAP and Medicaid was 25–50% lower for immigrants than citizens, when adjusting for characteristics like socioeconomic factors and age.<sup>2</sup> Health expenditure data drawn from more than twenty articles from peer-reviewed journals, scholars, and respected health researchers also indicate the same. Immigrants, uninsured or not, at any age, generally cost less to the system, though many pay more out of their own pockets to get fewer services.

These promising figures should not imply that the status quo is okay. One critical study published in the *American Journal of Public Health* in which immigrants were again found to have half the per capita health expenditures as U.S. citizens provides strong warning. The trade-off of immigrant restrictions was borne on the backs of their children. Immigrant children while having per capita expenditures that are overall 74% lower than children in fully citizen families, also had emergency room expenditures that were three times higher than citizen children.<sup>3</sup> In addition, programs such as Supplemental Nutrition Assistance Program (SNAP) have a small cost, but many studies demonstrate that these programs can lift people out of poverty and have lasting benefits on the nutritional status of children. In particular, Children's HealthWatch found that children of immigrants who received SNAP were healthier, less hungry, and more likely to have better nutrition outcomes than those in immigrant households without SNAP. General SNAP use among children closed the poverty gap by 21.3% from 2000–2009.

### **A Splintered Public Benefits System**

The ultimate goal of any public benefits system should be to provide the support that enables American families—including immigrant families—to become self-sustaining. However, the irony in the treatment of immigrants is that the rules in place may actually make it harder for them to do so.

Very few would argue that health insurance is essential to health and well-being in the U.S. However, recent changes to the health care system put in place the first-ever statutory restriction to private market insurance. Beginning in January 2014, when state and federal health insurance

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<sup>2</sup> Leighton Ku and Brian Bruen. "The Use of Public Assistance Benefits by Citizens and Non-Citizen Immigrants in the United States" Cato Institute: Washington, DC. (February 2013)

<sup>3</sup> Sarita Mohanty, et al. "Health Care Expenditures of Immigrants in the United States: A Nationally Representative Analysis." *American Journal of Public Health*. August 2005; 95(8): 1431—1438.

exchanges are implemented, immigrants without legal status will no longer be able to purchase insurance in the predominant marketplace, where an estimated 16 million Americans will eventually purchase their health insurance. There are approximately 375,000 undocumented immigrants who purchase insurance on their own who now will have to seek other alternatives in the equivalent of an insurance black market. While the employer-based market is a source of coverage for some three million undocumented immigrants, there is the question of whether or not that market will provide the same opportunities as it has been consistently eroding.

Most immigrants coming here through the family based immigration system must be sponsored by someone who demonstrates that they will financially support those immigrants. The penalties can be severe for those who do accept help. For instance, immigrants accepting any cash assistance such as those in the Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) also face these restrictions and can be deemed “public charges” and made inadmissible to the country and potentially deportable.

Recognizing that any family can fall on hard times, immigrants are allowed to accept certain non-cash assistance. Even so, under the Personal Responsibility Work Opportunity Reconciliation Act (PRWORA), immigrant women and families face statutory restrictions to programs that could help with full integration and productivity. With rare exception, most legal immigrants face a minimum five-year bar to federal programs that are often central to health and well-being such Medicaid, Medicare, and the Supplemental Nutrition Assistance Program (SNAP). Anyone who is undocumented and even certain legal immigrants are barred indefinitely under those statuses.

The outcomes of these restrictions are can be brutal. Victims of domestic violence—immigrant or not—often cite economic challenges as the primary barrier to escape of abuse. An immigrant woman who is allowed to petition for immigration relief under the Violence Against Women Act (VAWA) is barred from SNAP and other programs for five years. U-Visas petitioners, victims of crime who are assisting in the prosecution of those criminals, are denied access to the SNAP program altogether while in that status. Many immigrant women experiencing domestic violence are held hostage to abusers by basic economics, and those who end up leaving put the rest of their family at risk of other serious problems, including hunger.

Due to the construction of these systems, which inhibits their participation even when they pay their fair share, the majority of immigrants go without coverage (58.9%) and their families may face difficulties and take longer to achieve well-being. Public benefits and health care restrictions reach well into immigrant families, even for those who are eligible. The most recent estimates reveal that the uninsurance levels of citizen children living in citizen-headed households is at 8% nationally. In households where at least one parent is a legal immigrant, uninsurance nearly doubles, with 14% of citizen children being uninsured. Finally, one-quarter (25%) of citizen children with at least one undocumented parent are uninsured. Children of noncitizens also experience double the food insecurity (22.1%) than children in naturalized immigrant families.

NCLR’s own focus groups, conducted by Greenberg Quinlan Rosner Research in 2009, on uninsurance in mixed-immigration status families caused alarm. Uninsured moms and dads

understood the absolute necessity of good health care for their children. Many participants noted that they had put their families in severe financial risk, often accruing debt in order to make sure that their children had essential health care. When it came to their own health needs, the majority went without, compromising their own well-being while trying to preserve their children's.

The reality of NCLR Affiliates who are often on the frontlines of immigrant integration is equally concerning. San Ysidro Health Center is an NCLR Affiliate in the southernmost part of California. Of the 82,000 patients that they serve per year, more than half are uninsured. According to Ed Martinez, San Ysidro's President and CEO, doctors and health professionals experience high levels of stress—some even becoming demoralized—because of the care they can't give when a client is without an eligible immigration status and uninsured. As a group that believes their sole purpose is to heal, they provide critical primary and family care services regardless of status. But they often experience trouble when they need to provide health care beyond their capacity. A few weeks ago, a 40-year-old woman walked into their clinic with severe pain due to a mass that her doctor believes is cancerous. As a community health center, San Ysidro is not equipped for her necessary surgery or the chemotherapy that might follow. None of their outside partners have agreed to help. This woman, and patients like her, must be sent away with little more than a prescription to manage pain. San Ysidro believes that the only time this patient will be connected to a hospital is if she somehow finds insurance or ends up in emergency surgery when the condition worsens.

## **Moving Forward**

Across the board, Americans back a complete roadmap to citizenship—one that allows for legalization—ensuring immigrants the opportunity to learn English, work at productive jobs, and perform the duties needed to earn their citizenship down the road. As recently as a month ago, the Kaiser Health Tracking Survey found that Americans supported health care for legalizing immigrants, with more than half agreeing that immigrants with proposed “provisional status” should be able to access Medicaid or receive financial supports for private insurance if their jobs did not allow for them to purchase insurance. This finding was supported by the majority of Americans from all racial and ethnic backgrounds. Health care and social services may not be a part of the core process to meet citizenship requirements, but many of these programs underpin this ultimate aim.

It is common sense that we allow immigrant families, who pay their fair share of contributions, to participate in the systems that are fundamental to the infrastructure of American society. Their future health and well-being will be important to sustain the vibrancy of our country. NCLR believes that policymakers should consider the following strategies as they develop legislation:

- Bolster the ability of employers to ensure that workers can support their families. Workers should have the ability to create strong households, invest in citizenship, and ultimately avoid hardships like hunger. This should be backed up with appropriate incentives to strengthen the eroding employer-based health care system and ensure that

workers and their families are provided opportunities to gain access to employer-based health insurance and wellness plans.

- Prevent the undermining of the private insurance market. Encourage immigrant families' participation in the private sector insurance market by extending coverage opportunities to legalizing immigrants in this area, supporting the systems where other Americans get their insurance.
- Remove statutory restrictions to federal “means-tested” health and nutrition programs for lawfully present immigrants, including those who are legalizing. Eliminating barriers to Medicaid, for currently lawfully present immigrants whose only options may be exchanges, may actually generate funding that can be reinvested in our nation's health priorities.
- Provide neighborhoods and communities with the resources needed to support integration at the ground level. Ultimately, these resources will be the closest partners of immigrant families who will help them thrive and contribute.

In previous legislative debates, members of Congress on both sides of the aisle and the President of the United States have touted immigration reform as vehicle to promote public policy that addresses the social well-being and health of immigrants. NCLR agrees that now is the time. We recognize that each policy investment in immigration reform must be mindful of America's pocketbook. By the same token, it comes down to a simple adage—penny wise or pound foolish. Giving immigrant women and families the tools for full integration now will pay off in their contributions later.