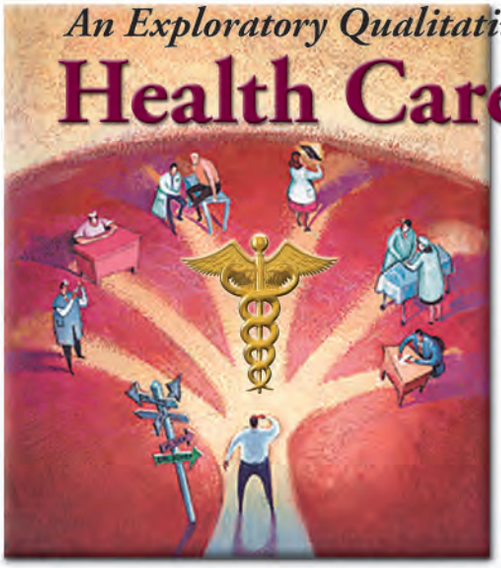
NEXO

VOL. XII, NO. 2

The Official Newsletter of
The Julian Samora Research Institute
The Midwest's Premier Latino Research Center

SPRING 2009



An Exploratory Qualitative Study

Health Care Needs of Lansing's Latinos

By Linda M. Hunt, Isabel Montemayor & Annette Sokolnicki
MSU Department of Anthropology and Lansing Latino Health Alliance

The U.S. is in the midst of a health care crisis. Health care costs are skyrocketing, accounting for about 16% of the GNP and continuing to grow everyday (Keehan et al., 2008). In the face of an economic downturn, the number of uninsured people in this country is increasing steadily, with an estimated 15.3%, or 45 million uninsured in 2007 (De Navas-Walt et al., 2008). Historically minority populations are the most affected by such trends. While comprising those in greatest need they may have the least access to quality health care. Latinos are especially hard hit; they are the most likely of all groups in the U.S. to lack health coverage, with an estimated 32.1% uninsured in 2007 (De Navas-Walt et al., 2008).

The health care issues facing Latinos are shared by many in the U.S., however, the specific circumstances of this group may compound these problems in several ways. For example, while most Latinos are employed, they are over-represented in low-wage and informal employment, which is unlikely to include affordable health insurance benefits (Cunningham et al., 2006). The special considerations associated with recent immigration, such as limited English language proficiency and questions of legal documentation, may further complicate health care for this population.

Latinos in Michigan and, more specifically, Latino's in metropolitan Lansing, mirror many of these national trends. With the recent drastic reversals in the industrial base of Michigan the health resources in the state are increasingly stretched. Latinos compose about 10% of the Lansing population (U.S. Census Bureau, 2007). From 2002 to 2007 there was an average increase of about 2.3% of Michigan residents without health insurance. This was more than double for Latinos in Michigan, with an increase of 5.4% uninsured. Similarly, while there was a 2.0% increase in dependence on government insurance plans among the general population of Michigan, for Latinos the figure was increased by 5.5% (Kayitsinga & Martinez, 2008).

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The Role of Law in Constructive Deportation

By Daniella D. Lyttle
MSU Law Student

An increasing number of children who are citizens of the United States find themselves having to choose between their country and their parents. This phenomenon is due to the fact that children are born to undocumented persons in the U.S. By virtue of their birth in the United States, these children are U.S. citizens. The problem is that once an undocumented parent is identified and placed in deportation proceedings, the issue of what happens to their children inevitably comes up. Deportation affects more than the deportee. It affects legal citizens of the United States.

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GLOBALIZATION AND OUR DISCONTENTS

From the Director
Rubén O. Martinez

Globalization is, in one way or another, related to or has relevance for the many challenges the United States is facing today and the discontents experienced by its citizens. Whether the challenge is educational, economic or political, the rise of a global economy is rendering national economies obsolete and creating markets that transcend national boundaries. These changes are rippling across our nation and focusing attention on our education systems, producing economic displacement, and engendering intense reactionary movements. As we move into the future we can expect that national economies will become part of macro-regional economies (European Union and North American), and that competition across these economies will result in, among other things, upward pressures on the skill sets of our labor force, increases in transnational labor and its movements, and increased public health issues for all nations.

Our K-12 education systems as a whole are failing the nation. Not only are U.S. students losing ground to students in other industrialized countries, but the achievement gap between dominant and minority groups remains seemingly intractable. Our nation's schools have steadfastly refused to transform themselves into diverse organizations to better meet the educational needs of increasingly diverse student populations. The achievement gap itself is comprised of several other gaps that need to be addressed. These include the expectations gap, the competency gap, and school/home gap. The expectations gap refers to the differential expectations that teachers have of their students on the basis of group characteristics. The competency gap has to do with having the necessary credentials to teach but being unable to effectively teach all students. Finally, the school/home gap has to do with the lack of effective communications and partnerships between schools and the parents of students. Without substantial improvements in our K-12 education systems, the skills sets of the U.S. workforce will ultimately limit the nation's place in the global economy.

With the rise of transnational labor comes the need for nations to facilitate the movement of workers across national boundaries. It is clear that where capital goes, labor is sure to follow. Rather than closing borders, nations will have to provide borders that provide for the orderly movement of workers across national boundaries. This has implications for the ways nations relate to each and requires broad awareness of the increasing interdependence that characterizes human existence in the 21st century. Ultimately, as governance structures emerge beyond nation-states, national identities will give way to identities associated with macro-regional economies. In the long run, just like citizens of European nations are beginning to identify with the European Union, national identities in the U.S. and other countries will recede in relation to emerging macro-regional identities. Indeed, over the long run, transnational worker identities will evolve to global identities as they move from country to country in the pursuit of better employment.

Increased movement of people across national boundaries, whether as transnational workers or as international travelers, will have significant implications for public health issues. The misalignment between the rise of transnational labor and the laws and policies of nation-states makes it difficult for undocumented workers to seek medical care. That makes it difficult to contain communicable diseases. Public health agencies already are beginning to recognize the need for collaboration across national boundaries in order to contain the spread of diseases. International medical and pharmaceutical standards, as in production (where the health of consumers has become a concern), will have to be developed as a way of facilitating treatment of patients traveling across national boundaries. The unrestricted purchase of antibiotics, for example, could contribute to the rise of resistant strains of microbes. Clearly, globalization poses many challenges for human existence beyond the 21st century.

Increased awareness and understanding among Americans of the process of globalization is critical for addressing the challenges posed by a rising global economy. Not only would responses to societal change be better aligned, they would likely be more rational, constructive and humane.

NEXO

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Latino Economic Impact in Michigan

By Steve Miller, Center for Economic Analysis, MSU

Similar to other U.S. states, Michigan's Latino population has grown steadily over the past decade. Accordingly, the Latino population is playing increasingly important roles in the health of state economies. While Michigan has not experienced the enormous growth among Latino residents as states like New Mexico, California and Texas, its Latino population has increased by 73,000 residents between 2001 and 2007. Latino residents only make up about 4% of Michigan's total population, but they contribute to both the social and economic make-up of Michigan.

We set out to better understand how the Latino population impacts Michigan's economy. Similar to all Michigan residents, the Latino population contributes directly to the Michigan economy through two channels. They own and operate their own businesses or are employed toward the production of goods and services and they spend their earnings on Michigan-produced goods and services.

According to the U.S. Census (CPS-2008), approximately 14,210 Latino residents in Michigan own their own business or are self-employed, and 5,178 report some income as farmers. Michigan businesses and producers also employ about 146,790 Latino workers year-round plus an additional 45,800 migrant and seasonal farmworkers. We consider the distribution of the Latino workforce across industries and ask, "What is the contribution of these workers to the overall state economy?"

Table 1 compares Latino and non-Latino workers and self-employed in terms of occupations and industries in which they work. While Latino workers are comparably less likely to be found in education, health services, and public administration industries, the distribution of Latino workers across industries mostly mirrors that of non-Latino workers. However, when we look at the occupations within these industries, we see real contrasts. Latino workers are much more likely to undertake service sector, construction, and manufacturing occupations, and less likely to undertake professional and business-related occupations.

Table 1. Industry and Occupational Distribution of Michigan Workers

Industry	% Latino	% Non Latino
Leisure & Hospitality	21	8
Agriculture, Forestry	6	4
Manufacturing	20	18
Wholesale, Retail Trade	14	14
Construction	6	6
Other	10	12
Professional, Business	7	9
Financial Activities	3	5
Education & Health Srv	13	20
Public Administration	1	3

Occupation	% Latino	% Non Latino
Construction, Extraction	10	5
Farming, Fishing	7	3
Service Occupations	31	17
Production Occupations	15	9
Other	5	4
Transportation, Material	7	6
Sales & Related Jobs	7	10
Office & Administration	7	13
Management, Business	6	13
Professional & Related	5	20

Source: U.S. Census Bureau; Current Population Survey

By contributing to these industries, Latino workers contribute to the overall output of Michigan's industries. If we were to remove Latino workers from their respective vocations in the economy, we find that the total level of economic activity declines by $23.79 billion dollars as measured in Gross Regional Product.[1] This impact is further shown through employment impacts. Statewide employment would decline by 349 thousand jobs in the absence of the productive output of Michigan's Latino workers. Economy-wide employment declines by more than the initial decrease for two reasons. First, when we remove the productive output of one worker, we also remove the productive output of other workers making products and services that go into the production of the initial product or service. Secondly, by removing the worker from the economy, we not only remove the productive capacity of that worker, but also wages that go toward the purchase of Michigan goods and services. In effect, we find that each Latino job supports an additional 1.1 jobs in Michigan.

1 Impacts were modeled using the IMPLAN Pro economic modeling software.

RACE/ETHNIC HEALTH DISPARITIES IN THE UNITED STATES

HEALTH CHARACTERISTICS	HISPANIC LATINO	NON-HISPANIC WHITE	AFRICAN AMERICAN	AMERICAN INDIAN ALASKA NATIVE	ASIAN/PACIFIC ISLANDER
General health status[i]	13.0	8.0	14.4	12.1	6.9
Serious psychological distress[ii]	3.3	2.8	3.7	*4.7[iii]	2.3
No health insurance coverage (< 65 years)[iv]	35.0	12.5	17.5	38.0	15.0
Mortality					
Infant mortality[v]	5.6	5.8	13.6	8.1	4.9
Life expectancy at birth (both sexes)[vi]	--.--	78.3	73.2	--.--	--.--
Males	--.--	75.7	69.5	--.--	--.--
Females	--.--	80.8	76.5	--.--	--.--
Age-adjusted death rates[vii]	600.6	807.7	1038.8	664.5	451.4
Males[viii]	717.0	945.4	1252.9	775.3	534.4
Females[ix]	485.3	677.7	845.7	567.7	369.3
Death rates for selected causes of death[x]					
Diseases of heart — males	192.4	262.2	329.8	173.2	141.1
Diseases of heart — females	129.1	170.3	228.3	115.9	91.9
Cerebrovascular diseases — males	38.0	44.8	70.5	31.3	41.5
Cerebrovascular diseases — females	33.5	44.4	60.7	37.1	36.3
Malignant neoplasms — males	152.7	227.3	293.7	147.6	133.0
Malignant neoplasms — females	101.9	159.1	179.6	105.9	94.5
Chronic lower respiratory diseases — males	25.1	54.7	44.1	34.9	22.5
Chronic lower respiratory diseases — females	15.4	42.5	22.8	25.5	9.7
Motor vehicle-related injuries — males	21.3	22.0	22.5	34.3	9.6
Motor vehicle-related injuries — females	7.8	9.4	7.6	15.4	5.9
Homicide — males	12.1	3.5	37.3	11.3	4.4
Homicide — females	2.1	1.8	6.1	4.0	1.6
Suicide — males	9.4	21.2	9.2	18.9	7.3
Suicide — females	1.8	5.3	1.9	4.6	3.3
HIV —males	7.5	3.0	28.2	4.0	1.0
HIV — females[xi]	1.9	0.6	12.0	1.5	*
Low birth weight and teen pregnancy					
Low birth weight live births[xii]	6.88	7.29	14.02	7.36	7.98
Teen pregnancy[xiii]	5.3	2.0	6.3	6.5	1.0
Selected health conditions					
Diabetes[xiv]	15.7[xv]	8.8	16.0	--.--	--.--
Serum total cholesterol (≥ 20years)[xvi] — males	17.6[xvii]	15.5	10.9	--.--	--.--
Serum total cholesterol (≥ 20years)[xviii] — females	14.4[xix]	18.0	13.6	--.--	--.--
Hypertension[xx] — males	24.8[xxi]	31.2	42.2	--.--	--.--
Hypertension[xxii] — females	28.6[xxiii]	28.1	44.1	--.--	--.--
Overweight (≥ 20 years)[xxiv] — males	75.8	71.8	71.6	--.--	--.--
Overweight (≥ 20 years)[xxv] — females	73.9	57.9	79.8	--.--	--.--
Obesity (≥ 20 years)[xxvi] — males	29.5	32.4	35.7	--.--	--.--
Obesity (≥ 20 years)[xxvii] — females	41.8	31.6	53.4	--.--	--.--
Overweight (6-11 years) — boys	27.5	15.5	18.6	--.--	--.--
Overweight (6-11 years) — girls	19.7	14.4	24.0	--.--	--.--
Overweight (12-19 years) — boys	22.1	17.3	18.5	--.--	--.--
Overweight (12-19 years) — girls	19.9	14.5	27.7	--.--	--.--
Current smoker (≥ 18 years)	10.5	20.9	17.6	23.2	5.2
Binge drinking[xxviii]	23.9	24.1	19.1	31.0	11.8[xxix]
Use of illicit substances[xxx]	6.9	8.5	9.8	6.7	3.6[xxxi]

Sources: Health, United States 2008. U.S. Department of Health and Human Services. Center for Disease Control and Prevention. National Center for Health Statistics.

Footnotes:

i Percent of persons with fair or poor health in 2006.
ii Percent of persons 18 years of age and over with serious psychological distress, 2005-2006. Serious psychological distress is measured by a six-question scale that asks respondents how they experienced each of the six symptoms of psychological distress symptoms (i.e., feel: so sad that nothing could cheer you up; nervous; restless or fidgety; hopeless; that everything was an effort; and worthless) in the past 30 days.
iii Estimates are considered unreliable (Relative standard error of 20%-30%).
iv Percent of population with no health insurance coverage in 2006.
v Infant (under 1 year of age) deaths per 1000 live births in 2005.
vi Life expectancy in years in 2005
vii Age-adjusted death rates per 100,000 population, average annual 2003-2005.
viii Age-adjusted deaths rates per 100,000 population, 2005.
ix Age-adjusted deaths rates per 100,000 population, 2005.
x Age-adjusted death rates per 100,000 population, 2005
xi Rates based on fewer than 20 deaths are considered unreliable and are not shown
xii Percent of live births in 2005.
xiii Percent of live births in 2005.
xiv Includes physician-diagnosed (self-report and excludes women who reported having diabetes only during pregnancy) and undiagnosed diabetes (fasting blood glucose ≥ 126 mg/dL and no reported physician diagnosis), 2003-2006
xv For Mexican Americans and not all Latinos
xvi Age-adjusted percent of population with high serum total cholesterol (≥ 240 mg/dL), 2003-06.
xvii For Mexican Americans and not all Latinos.
xviii Age-adjusted percent of population with high serum total cholesterol (≥ 240 mg/dL), 2003-06.
xix For Mexican Americans and not all Latinos.
xx Age-adjusted percent of persons 20 years of age and over with hypertension, 2003-2006. Hypertension is defined as having elevated blood pressure (i.e., systolic pressure ≥ 140 mmHg or diastolic pressure ≥ 90 mmHg) and/or taking anti-hypertension medication.
xxi For Mexican Americans and not all Latinos.
xxii Age-adjusted percent of persons 20 years of age and over with hypertension, 2003-2006. Hypertension is defined as having elevated blood pressure (i.e., systolic pressure ≥ 140 mmHg or diastolic pressure ≥ 90 mmHg) and/or taking anti-hypertension medication.
xxiii For Mexican Americans and not all Latinos.
xxiv Percent of population with Body Mass Index (BMI) ≥ 25kg/m², 2003-2006.
xxv Percent of population with Body Mass Index (BMI) ≥ 25kg/m², 2003-2006.
xxvi Percent of population with Body Mass Index (BMI) ≥ 30kg/m², 2003-2006.
xxvii Percent of population with Body Mass Index (BMI) ≥ 30kg/m2², 2003-2006.
xxviii Percent of population in 2006 who were classified as binge drinker. Binge alcohol use is defined as drinking 5 or more drinks on at least one day in the past 30 days. Occasion is defined as at the same time or within a couple of hours of each other.
xxix Asian only.
xxx Percent of population 12 years of age and older in 2006 who were using any illicit drug (i.e., marijuana/hashish, cocaine [including crack], heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic drug used nonmedically).
xxxi Asian only.

Table & data provided by Dr. Jean Kayitsinga, JSRI

Health Care Needs

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In the spring of 2008, in order to better understand how these trends are affecting Latinos in the Greater Lansing area, we conducted a small exploratory study of Latino health needs and strategies. This study was a collaborative effort of the Lansing Latino Health Alliance (LLHA) and the department of Anthropology at Michigan State University. The LLHA is a community group established in 2003 with funding primarily from the Ingham County Health Department, with the mission of reducing health disparities and improving health status among Latinos in the Lansing area. This study was an innovative step in the LLHA's effort to obtain relevant and meaningful information about the health needs of Latinos of Greater Lansing. It points toward serious limitations in the health resources currently available to this population and identifies innovative health care strategies used by this group.

The Study

We conducted in-depth, open-ended interviews with focus groups comprised of adult Latinos and Latinas for this study. With the help of the ministers of three Latino churches in the Greater Lansing area, we recruited church members to participate in the focus groups, which were held on the church premises following Sunday services. We conducted three focus groups, one at each church, for a total of 21 participants. The groups discussed the most important health problems for Lansing area Latinos, how people deal with those problems, and what health care resources they use.

Following analysis of the focus group transcripts, we generated a more in-depth set of questions for individual interviews. Using snowball sampling methods, we selected a convenience sample of 16 Latinos living in Greater Lansing for interviews. The individual interviews followed a standardized set of questions covering topics similar to those we discussed with the focus groups, and individuals were encouraged to answer as expansively as they wished.

Focus groups and interviews were conducted by a group of anthropology graduate students,[1] in English or Spanish, according to the subject's preference. The study was approved by the Michigan State University IRB and all subjects gave informed consent to participate.

All of the 37 individuals who participated in this study were self-identified Latinos living in the Lansing area. There were 16 males and 21 females, ranging in age from 21 to 63 years of age, with a mean age of 37 years. Most (24) were married and most (31) spoke Spanish at home at least some of the time. Sixteen were U.S. born. Most of the foreign-born (14) were from Mexico, and the remaining foreign-born (7) were from various Latin American countries including Colombia, Guatemala, and Ecuador. The foreign-born had been in the U.S. for an average of 15 years. Seventy-six percent (28) had attended college and many (11) had college degrees. Their household income ranged from about $9,000 to $100,000, with an average of $42,000. It should be noted that several (8) were full-time students, so these figures probably underestimate the socio-economic status of the group. While several individuals (6) had no health insurance of any kind, most (24) had private health insurance, either through their employment or, for students, through their educational institution. Only one was on Medicaid, and six others relied on the Ingham Health Plan (IHP), a plan offered through the local county health department that provides limited coverage for basic medical care and some discount prescriptions.

While our sampling method and sample size is not intended to produce a representative sample, it is interesting to note how our group compares to the U.S. Census figures for the Latino population of Greater Lansing. In 2006 Latinos in Greater Lansing had an average family income of $40,000, 38% had at least some college education, and 32% were without health insurance (Kayitsinga, 2007; Kayitsinga & Martinez, 2008). Our study appears to include people of somewhat higher socio-economic status and with better access to health resources than the census average.

Obstacles to Quality Health Care

Many of those we interviewed, while living well above the poverty level, still faced serious difficulties navigating their way through the health care system. The experiences of the Hernandez family[2] provide a typical illustration of the struggles encountered by many in this study.

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Sara Hernandez (63 years old) is a retired social worker and her husband recently retired from General Motors, through which they continue to have health insurance. However, they currently face diminishing levels of health coverage due to industry downturns. Her husband had recently suffered a stroke and was being seen by several specialists. With the frequent changes in their health coverage, Sara spends a good deal of time struggling to understand what is and what is not covered, and faces mounting medical bills.

Such problems were multiplied for those who were living on very low incomes, were unfamiliar with the U.S. health care system, or who had limited English language skills.

When asked to name the most important health concerns facing the Latino community, our study participants consistently mentioned issues related to access to health care, especially the very high cost of health insurance and health care, the lack of clear information about available services, and about what those services would cost them. While the specifics of individual concerns varied (depending on their health insurance standing, immigration status, English language competency, etc.), subjects consistently focused their discussion on problems in gaining access to quality, affordable health care.

Michigan is perhaps ahead of the curve in being impacted by the economic recession looming over the U.S. Many in our study were coping with unemployment, decreasing health care benefits, and constantly changing policies and individual costs. The experience of Marcos Mendoza illustrates how frustrating and expensive this process can be.

Marcos Mendoza, 25 years old, works a part-time job in a restaurant while he attends college. He is no longer qualified to be insured under his parent's health insurance plan and now is covered by the Ingham Health Plan (IHP). He had an emergency appendectomy only to learn when he received a substantial bill from the hospital that his plan did not cover the procedure. He said: "I think the hospital should have informed me… I did give them my health insurance card at the beginning and I didn't receive any real information about the billing 'til after the procedure was over... I was really kind of lost as to what to do. I don't really have any options [nervous laugh]."

Language Issues

Increasing costs and inadequate health coverage are problems adversely affecting a great many working people across the nation, not just Latinos. But these problems are amplified for those who do not communicate well in English. Several people with limited or no English skills described how difficult it was for them to simply determine what the qualifications are for various health plans, and what is and is not covered.

For example, one Mexican-born, 30-year-old mother of two described being unable to fill out the application for IHP because no interpreter was available. She said she had to return to the health department office a second time with her own interpreter to complete the process. She noted that what she was able to find out about the plan was limited to what her volunteer interpreter could understand.

The lack of Spanish language information and services in the Lansing area was a major concern voiced by many of the respondents. Several noted that key documents are rarely available in Spanish and that trained interpreter services are generally not provided. Many facilities simply refer patients to other clinics where Spanish speaking staff are thought to be available, or rely on telephone translation services, which are notoriously inadequate in such high-stress environments. Spanish speaking patients are most often left to their own resources, muddling through with limited English or bringing in family or friends to help them through their clinical encounters. These strategies have limited success. It should be noted that federal regulations currently require clinics receiving federal funds to provide interpreter services, but enforcement of these regulations seems to be virtually non-existent. (For further consideration of these issues see Hunt & de Voogd, 2007).

Multiple Plans within Families

Further complicating this already confusing terrain is the fact that, in many cases, each member of a family is covered under a different health care plan. In fact, nearly three-fourths (70%) reported having more than one active health plan covering various family members. Many subjects had one kind of coverage

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for their young children (through Medicaid's State Children's Health Insurance Program - SCHIP) and a different type for themselves. Some married couples found that one spouse was accepted into a public assistance program, like IHP, while the other was not.

Qualifying criteria and what is and is not covered by these various insurances and health plans was the topic of much discussion and conjecture. Still, facts about coverage and concrete information about out-of-pocket costs remained frustratingly mysterious to many of those with whom we spoke. Plans and policies were moving targets subject to frequent change, presenting further challenges to those trying to navigate their way through the system. Mastering this collage of coverage is particularly challenging for people who are new to this country and may not understand the health care system, or may have limited English skills.

Study participants emphasized their need for comprehensive information about their health care coverage. They were almost unanimous in describing confusion regarding what services and medications are covered, and which doctors' offices are willing to accept their plans. This confusion was amplified by the ever-changing terms of their plans, with many plans continually shrinking the extent of their coverage. Furthermore, as individuals and family members moved in and out of jobs, they would move in and out of various health care plans, leaving the family to juggle a multiple and changing array of rules and regulations. Thus, the health plan information they needed to understand was an extremely complicated moving target.

Community Health Resources

An important resource for the Latino community of Greater Lansing is the Cristo Rey Family Health Clinic, a church-based community clinic. This clinic is widely known throughout Lansing as *THE* place for Spanish language health care. They offer a variety of bilingual clinical services at low cost, and have a long and well-earned reputation as an important contributor to the well-being of the Lansing Latino community.

Study participants often mentioned the Cristo Rey Clinic as a valuable resource to community members, not only because of the Spanish spoken there, but because they also understand people's financial limitations. For example, rather than prescribe the very latest medications, they provided drug samples, or offered to prescribe generic or older types of medications that are more affordable. Several noted that the Cristo Rey Clinic fills the needs of many who have no other health care options. As one person put it, "Now when I'm sick I'm going to Cristo Rey because I trust them and I know that I don't have to pay too much."

However, the capacity of the Cristo Rey Clinic to meet the needs of the growing Latino Community is limited. Lansing Spanish speaking patients are often sent to Cristo Rey Clinic from other facilities, without consideration of whether or not they qualify for the services available. Some individuals noted that they were not accepted as patients at the Cristo Rey Clinic because they had private health insurance or they exceeded the income limit. Respondents also noted that it was sometimes difficult to get an appointment at Cristo Rey because the clinic is very busy and they have to be pre-qualified to receive care. Several people found using private emergency care services, like Ready Care, to be simpler, more accessible, and less expensive than trying to use the Cristo Rey Clinic or any of the other health care options in the area.

People were especially cynical about the two large hospital systems in town: Ingham Regional Medical Center and Sparrow Hospital Systems. While there were few concerns about the quality of care provided by these hospitals, several voiced concern that they would receive huge bills for any services received at these facilities and that they could never be sure what would be covered by their health plans and what would not.

On a positive note, some participants pointed out that the hospitals sometimes offer beneficial informational lectures on conditions well-known to affect U.S. Latinos, such as diabetes, stroke, and obesity. A desire was expressed for more information about disease prevention and management of these conditions, especially if they were held in locations more accessible to community members, such as community centers or churches rather than at the hospitals.

Some of those we interviewed seek health care outside the U.S. rather than try to make-do with the limited options available to them in Lansing. Several foreign-born individuals said that they avoid seeking health care in the U.S. due to the expense and to language issues.

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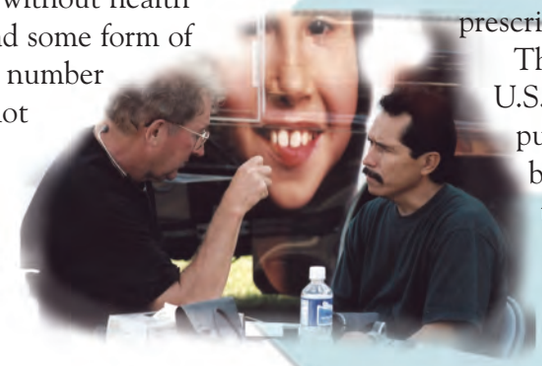
Instead, they wait and get treatment when they are in their home countries. They prefer these services for several reasons: the health systems they use outside of the U.S. are uniformly better supported by public resources, and therefore much less expensive to use; the medications are more readily accessible and much less expensive; and the clinicians are viewed as more caring and respectful, and may have more experience with their specific health issues.

Limited Health Care Coverage

While lack of health coverage is clearly a major problem for the Latino Community, in our convenience sample we found few who had no coverage at all. Census data show about 32% of Michigan Latinos are uninsured (Kayitsinga & Martinez, 2008), but only about 16% of those in our study were without health insurance. More commonly, people had some form of coverage, but found that there were a number of important health needs that were not being met by their current plans.



Specialists

A common concern among respondents was access to medical specialists. Coverage for specialist appointments is not a problem for those with private insurance. However, those relying on more basic types of health care plans report that seeing a specialist can be a major problem. They noted that many conditions lie outside the capacity and expertise of primary care offered through programs like the IHP and the Cristo Rey Clinic. When given a referral to a specialist, many relying on such plans simply do not follow-up due to the high costs they anticipate. Those relying on Medicaid reported that, although specialist services were meant to be covered, they often could not find doctors willing to accept Medicaid. For example, one woman explained that her son had been seeing a pulmonary specialist for his asthma, but that doctor no longer accepts Medicaid. She was told that this is because Medicaid payments are very low, and it was costing him money to see such patients.

Medications

The expense of medications was another frequent topic of discussion. Limited or no coverage for medications was a concern of those without insurance and those relying on public plans like IHP. Even people with private insurance or Medicaid find their coverage is increasingly limited, and that the cost of co-pays is rising steadily. In order to control out-of-pocket expenses for medications some said they reduce their dosage, cut pills in half, or take their medicine every-other-day rather than daily. Practices such as these may undermine the effectiveness of the medications.

Many health plans only cover certain medications and exclude others. Several people said they only take the medications that are included under their plan and they don't take those that are not covered because they can't afford them. Some mentioned that they try to negotiate with their doctors to prescribe medications that are covered by their health plan, even if these are not as effective as the ones the doctor would prefer to prescribe.

Those with family members outside the U.S. may ask them to send medications purchased abroad, or may themselves bring medicines back with them when they visit. They pointed out that in this way they can get the same medications at a drastically lower cost than they would pay in the U.S.

Dental Care and Eye Care

A topic of great concern to almost everyone we talked to was the lack of support for dental and eye care. Those relying on public programs like Medicaid or IHP had no coverage whatsoever for these services. People with private insurance commonly noted that their plans had changed and that coverage for dental and eye care had decreased. Many said they had to pay out-of-pocket for more and more of these services and that they are very expensive. Several noted that although they view regular dental care as important, they delayed going to the dentist because they simply can't afford it. This was particularly frustrating for people whose main health problems were dental or ocular.

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Health Care Needs

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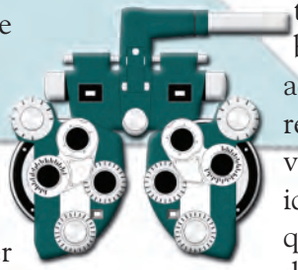
Limited access to eye care left several we talked to with major unmet health needs. They told of struggling to find out what eye-related problems were covered under their insurance, and where they could go to get affordable eye care. Sometimes these hurdles proved prohibitive to receiving necessary care.

One young man from Costa Rica described a strategy for eye care that involved giving up on the U.S. system altogether. He had a serious eye infection for which he could not get treatment under his student health insurance. He investigated the cost of the needed surgery in Lansing, and, in the end, found that it was cheaper to fly home to Costa Rica for the treatment. He found that the total cost of air fare, hotel, surgery, and after-care in Costa Rica was significantly less expensive than having the surgery in Michigan.

Discussion and Recommendations



Many of the health care issues identified by the Lansing area Latinos included in this study are shared by people across the nation. The frustrations of shrinking health care coverage, the soaring costs of medication and the high-price of specialty care are affecting all sectors of the U.S. population. These challenges are greater for those who are uninsured or underinsured — a problem well-known to particularly burden minority and low-income groups. In this paper we have identified a number of considerations particular to Latinos which exacerbate this already difficult situation.

Before reviewing the broader implications of our findings, we would like to take a moment to consider the heterogeneity of our small sample. Our target population was defined simply as "Latinos living in Greater Lansing," which resulted in a rather eclectic group of participants. They included people from a broad cross-section of personal circumstances: educated and uneducated; U.S. born, long term immigrants and recent immigrants; documented and undocumented; and middle class, working class and very poor. This diversity is reflected in the range of health coverage they could count on. Recent immigrants had only very limited access to health care, retired auto workers grappled with shrinking coverage, while some students with well-to-do families in Latin America paid cash for the health services they needed.

We suspect our convenience sampling method tapped into an underappreciated heterogeneity within the Latino population in Lansing. We have tried to capture this diversity in our analysis, but wish to point out that defining the target population of future studies as "Lansing's Latinos in Need" would more fully capture the range of resource development required to alleviate health inequalities for this population.

Health Disparities

Because our study group, as compared to the general population of Lansing area Latinos, was better-educated, wealthier and better insured, we may assume that they present a biased picture in the direction of the "best case scenario." Still, the difficulties they face in gaining access to quality, affordable health care are striking. Recent studies have shown that similar issues impact other marginalized and minority groups, such as African Americans, who also suffer from unequal burden of poor health (Smedley et al., 2003). However, research and advocacy related to health disparities tends to be fragmented, with each ethnic group being addressed independently. It would be advantageous to develop collaborative relationships between groups advocating for various minority populations, to more effectively identify and address problems of access and quality of health care, which underlie the health disparities affecting all marginalized groups.

Access to Health Care

The health care services available to Lansing area Latinos are limited in a number of ways, particularly for those with limited or no health insurance, and those whose primary language is Spanish. While IHP and the Cristo Rey Clinic provide some assistance with basic primary care services, both programs are hard-pressed to meet all of the demands in the area. There also seems to be a good deal of confusion, both in the Latino community and amongst health care providers, about what services are available under these plans, and who qualifies to use them. Lack of access to medical specialists and to dental and eye care are a serious concern for many in our study. Many reported limited access to

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LATINO/A COMMUNITI

Part of Platinum Celebration

Samora Institute Plans Conferenc

The Samora Institute has announced a conference celebrating its 20th anniversary as a Midwest Latino research institute at Michigan State University. The Platinum Celebration Conference theme is "Latino/a Communities in the Midwest."

An anthology of essays — which pay homage to Julian Samora's work and serves to foster a mix of contemporary studies — is also scheduled to be released as part of the celebration.

The day-and-a-half conference will focus on issues affecting the Midwest's Latino populations. Conference attendees will be able to select from among 18 different presentations during the Friday and Saturday morning events, and will be treated to a Continental Breakfast daily. Participation in the scheduled Plenary Lunch on Friday is optional, but the meal cost meal is included in the conference registration fee. A variety of nationally-known and emerging scholars and researchers will make presentations and participate in panel discussions about some of the following topics:

- Aging • Art
- Community building
- Criminal Justice
- Demographics
- Education
- Empowerment
- Environmental Justice
- Ethnic Identity
- Globalization
- Health
- Immigration
- Leadership
- Politics
- Poverty and Income
- Teen Families
- Social Justice
- Work and Employment
- Youth Development

CONFERENCE FEES & REGISTRATION

The Conference Fee, which includes a Continental Breakfast on Nov. 6 and Nov. 7 and a meal pass to the scheduled Plenary Luncheon on Nov. 6, is $150 per person. A Student Rate of $75 is available (student ID is required to receive discounted rate). Pre-registration is strongly encouraged, but on-site registration will be available if seating permits.

To pre-register and reserve your place at the 20th Anniversary Celebration Conference, complete the form below and submit it with the applicable fee to:

JSRI CONFERENCE REGISTRATION
301 NISBET, MSU
1407 SOUTH HARRISON ROAD
EAST LANSING, MI 48823-5286

Registrations will not be processed without the required conference fee

Dr. Jorge A. Bustamante • Julian Samora Prodigy

KEYNOTE SPEAKER ANNOUNCED

Dr. Bustamante is the former president and founder of *El Colegio de la Frontera Norte*, the prominent Mexican institute for the study of border issues; he is also a professor of sociology at Notre Dame University. He is the author of numerous studies on the sociology of the border region between the United States and Mexico and on Mexican-origin residents of the U.S.

Bustamante was one of more than 50 graduates of Notre Dame's Mexican-American Graduate Studies Program, which was spearheaded by Julian Samora in the 70's and 80's. Most students in that program graduated with advanced degrees in law, political science, psychology, history, government, sociology, or economics. These students represent Samora's continuing legacy of scholarship and pursuit of social justice.

Bustamante, in his own right, has been a leading scholar of international migration and has helped build and sustain diplomatic and scholarly linkages between the U.S. and Mexico. He was the first elected president of the Border Environmental Cooperative Commission created by NAFTA and was awarded the National Award in Science by the President of Mexico. In 1997, Dr. Bustamante was elected the first President of a new 5-member United Nations committee that was established to conduct a worldwide study of the relationship between international migrations and human rights. A year later, he was re-elected.

In 2005, the Permanent Committee (*Comisión Permanente*) of the Legislative Power of México unanimously nominated Dr. Bustamante for the Nobel Peace Prize.

20 YEARS 1989 - 2009

20TH ANNIVERSARY CELEBRATION C

EAST LANSING MARRIOTT AT UNIVERSIT

TIES IN THE MIDWEST

ence Celebrating 20 Years at MSU

CONFERENCE SCHEDULE

Updated information will be posted on the JSRI web site <www.jsri.msu.edu/20thanniversary> as it becomes available. All events, unless noted, are being held at the East Lansing Marriott.

Friday, Nov. 6, 2009

Registration and a Continental Breakfast begins at 7:30 a.m. and, after acknowledgements and welcoming remarks, the first three 90-minute panels, events, or presentations begin at 8:30. Three additional events follow — beginning at 10:15 a.m. — and the lunch break is tentatively set for 11:45 a.m. -1:30 p.m.

After lunch, six additional panels are scheduled — three from 1:45-3:15 and three from 3:30-5:00 p.m. An evening reception for conference attendees and participants will be held from 6-8 p.m. at the East Lansing Marriott at University Place.

Saturday, Nov. 7, 2009

A Continental Breakfast from 7:30-8:30 a.m. begins the Saturday portion of the 20th Anniversary Celebration Conference. Six more panels or presentations — three from 8:30-10:00 a.m. and three from 10:15-11:45 a.m. — will round out the conference events.

The conference officially concludes at noon on Saturday.

Saturday Afternoon

Networking meeting to explore research collaboration opportunities focusing on Latinos and immigrant communities in the Midwest. Latino-focused scholars from across the Midwest are invited to attend.

SAMORA JULIAN RESEARCH INSTITUTE

Register Me for

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20 YEARS 1989 - 2009

Latino Communities in the Midwest

Nov. 5-7, 2009

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Personal Information *(please print)* • ***Each person must register separately***

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Telephone: Office ( ) _____ Home ( ) _____

Organization: _____

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Signature: _____

Registration Fee

❑ *Conference Registration ($150)* — *Check, M.O. or Credit Card Information Required*

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❑ A check or money order payable to "Michigan State University"
Please note Conference Name in the memo line

❑ A credit card charge to: *(check one)*

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❑ **I will attend both days** (Nov. 6-7, 2009) ❑ **I will attend Friday Only** (Nov. 6, 2009)

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Health Care Needs

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prescription medications, due to high prices and restrictions of health plans. Between relying on limited health care plans and having few financial resources, many found themselves with little or no access to these important health resources.

Resolving the problems of limited primary care resources available in Lansing, and enhancing access to medications and specialty care for the underinsured and uninsured, will require large-scale revision of our health care system. However, there are some things that can be done on the local level to improve the situation. Information needs for resources that are available and how to access them could be addressed by local advocacy groups. Such groups might also lobby local, state, and national policymakers to commit better funding for these essential goods and services.

Language and other Latino Concerns

One clear set of needs for the Latino population is related to language. The need for bilingual clinical services, quality Spanish interpretation services, and bilingual help with insurance and health plan information was expressed by many with whom we spoke, regardless of income and education.

They were convinced that clinicians and health service providers in the area should do a better job of assuring that key documents are available in Spanish and that providers be better informed not only of the importance of addressing language needs, but of the local resources available for language interpretation.

Study participants also suggested that the Lansing area needs more clinical resources that are open and welcoming to all members of the Latino community. Such services could, in addition to assuring bilingual services are available, also encourage clinicians to be sensitive and respectful to the special circumstances and health care rights of their Latino patients. For example, providers should recognize that asking individuals for documentation they may not have, such as a social security card, passport or green card, may — in effect — systematically prohibit certain groups of people from accessing the health care they and their families require.

Health Related Information

Those we interviewed had another clear concern: accessing health plan and health information. Many were very interested in getting updated information about their health plan coverage, available health resources in the area, and their rights to health care — with or without documentation. Difficulties in obtaining clear and reliable information led many to postpone seeking treatment or to not fully comply with treatment recommendations. Several people also expressed interest in getting information about prevention and care for specific diseases — like diabetes and stroke.

One avenue for addressing these informational needs might be to develop a series of lectures and workshops. To maximize contact with the target population, such presentations would best be conducted in local churches and other community centers. Internet resources could be developed for sharing such information. Spanish language radio, newspapers, and magazines targeting Latinos could also be used as sources for dissemination. Another strategy would be to develop a Lansing Latino Health Directory, with information about bilingual clinicians and those who accept low-income patients, as well as including clear instructions about how to obtain additional health plan information in a timely, accessible fashion.

Conclusion

By all accounts, the U.S. health care system is a system in crisis. The cost of all types of medical services and medications are sharply rising. Employer-based health insurance plans are unraveling as employers are no longer able to offer health benefits to their employees and retirees. In addition, public assistance health programs are dwindling as our country, states, and cities struggle through the current recession. Latinos are especially vulnerable to these problems due to their over-representation amongst the uninsured and underinsured. They also encounter myriad difficulties in accessing health care as a result of language and immigration issues. Experiences shared by those in this study show that many within the Lansing Latino community are finding that access to quality health care is becoming increasingly difficult.

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The focus groups and interviews we conducted uncovered some of the specific problems that a group of Lansing area Latinos encountered in attempting to obtain quality health care services. Primary concerns identified were the diminishing levels of health coverage, access to quality care, and overcoming language barriers. These difficulties are made even more pronounced by the current crisis in health care facing our nation. Health care costs in this country are out of control. The U.S. health system is one of the most expensive and, unfortunately, the least effective among developed nations (The World Health Report, 2000). As costs soar, low-income individuals and those with limited English proficiency face shrinking access to needed services.

In this report we have offered a number of modest recommendations that could help mitigate these obstacles at the local level and might improve the overall health and well-being of Latinos living in the Greater Lansing area. However, to truly end such disparities so that Latinos and other marginalized populations are able to reliably obtain the health care services they need, the health care system would require major reform, which — we hope — is not far off on the horizon.

Acknowledgements

We are indebted to the staff of the churches that cooperated with the focus group project, and many thanks to the community members who shared their thoughts and experiences in the focus groups and individual interviews. The Lansing Latino Health Alliance was integral to the conducting of this project, providing important conceptual guidance and logistical and material support. Thanks to Laura Portko for help with data analysis.

This research was conducted as a class project by the students of Anthropology 829 (Methods in Cultural Anthropology) in the spring of 2008 at Michigan State University. They not only were an integral part of the data collection, analysis and write-up, but also many of the ideas and recommendations reviewed in this report came from class discussions and their class papers: Amanda Abramson, Emily Altimare, Taz Karim, Ryan Klataske, Cecilia Lewis, Kyle Martin, Isabel Montemayor, and Fredy Rodriguez-Mejia.

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1 ***These were students in a graduate ethnographic methods course, taught by Dr. Hunt. Their names are included in the Acknowledgements section, below.***

2 ***All names and personal details have been changed throughout this report to preserve individual anonymity.***

- **Nearly 46 million Americans (18% of the population under age 65) were without health insurance in 2007.**
- **Most of the uninsured (80%) are native or naturalized citizens.**
- **Almost a third (32.1% or 15 million) of Hispanic people were uninsured in 2006.**
- **About 93% of the unemployed *CANNOT* afford to pay for COBRA health insurance – the continuation of group coverage offered by their former employers.**
- **The number of uninsured children in 2007 was 8.1 million – or 10.7% of all children in the U.S.**
- **Young adults (18-to-24 years old) remained the least likely of any age group to have health insurance in 2007 – 28.1% of this group did not have health insurance.**
- **Hospitals provide about $34 billion in uncompensated care a year, $37 billion is paid through private and public funds, and $26 billion is paid out-of-pocket by those lacking health insurance coverage.**
- **A study found that 29% of people who had health insurance were "underinsured" with coverage so meager they often postponed medical care because of costs.**

SOURCES: National Coalition for Health Care and the U.S. Census Bureau • Information compiled by Danny Layne, JSRI

The Role of Law

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According to a *New York Times* article by Julia Preston, in 2006 alone over 200,000 non-citizens – many with children who are U.S. citizens – were deported and torn away from their families. The legal status of these children is identical in every other respect to children born in the U.S. of documented parents. According to Preston, more than 3.1 million children in this country have at least one undocumented immigrant parent. That number is not expected to decrease in the absence of major new immigration legislation. Clearly, ignoring immigration issues and deferring meaningful solutions is not a viable option. America's current immigration laws force U.S. children to lose either their parents or their country.

Two basic doctrines are used for determining birthright citizenship. As stated in various cases and Black's law dictionary, *Jus Soli* is the rule that a child's citizenship is determined by place of birth. *Jus Sanguinis* is the rule that a child's citizenship is determined by the parent's citizenship. Most nations follow the *Jus Sanguinis* method of citizenship. However, for over a century and a half in the United States, the *Jus Soli* rule has been used to determine birthright citizenship. Currently, every person born in the United States is a U.S. Citizen.

The Citizenship Clause of the 14th Amendment, ratified in 1868, is the constitutional basis for the *Jus Solis* doctrine. This clause was modeled after the 1866 Civil Rights Act, which was intended to establish the rights of former slaves to have full citizenship benefits. The Citizenship Clause provides that all persons born in the United States are citizens of the United States and of the State where they reside. The Citizenship Clause has been heavily relied on and used for conferring citizenship to children born on U.S. soil. Similarly, the Immigration and Naturalization Act describes nationals and citizens of the United States at birth as a person born in the United States, and subject to the jurisdiction thereof.

The principle of *Jus Solis* was solidified and elaborated in 1898 when the Supreme Court addressed the question of birthright citizenship under the 14th Amendment in the landmark case of *United States v. Wong Kim Ark*. In that case, the plaintiff was born in California to Chinese nationals who were living in the United States legally and were permanent residents of the United States. The plaintiff left the country for a temporary visit to China and, upon his attempt to re-enter the country, he was denied entry by customs on the sole ground that he was not a citizen of the United States. The Court addressed the issue of whether plaintiff Ark was a citizen by birth despite the fact that his parents were ineligible for citizenship and still owed their allegiance to the Emperor of China. The Supreme Court applied the *Jus Solis* rule and held that plaintiff Ark had birthright citizenship. Although this has been heavily debated, this case represents the law as it is today.

The U.S. Constitution gives to Congress no explicit power to regulate immigration. However, it is well known, and has long been accepted, that Congress has plenary power over immigration issues. But the fact that Congress has been primarily responsible for establishing immigration policy does not exempt it from judicial review of these policies. Congress' power is not and was never meant to be absolute.

Deportation of alien parents which, in turn, results in constructive deportation of their citizen children is a violation of the Equal Protection Clause of the 14th Amendment because U.S. citizen children have a fundamental right to keep their family together. That is, U.S. citizen children have a fundamental right to live in the country in which they were born with their families. The Supreme Court should review laws enacted by Congress, primarily the pertinent sections affecting U.S. citizen children in the Immigration and Naturalization Act, using the strict scrutiny test.

According to Black's Law Dictionary, "strict scrutiny" is where the court uses the "harshest" form of review. It is the standard that should be applied to any laws that infringe on fundamental rights, such as the right to keep the family together. Using this form of review, the court requires that the state enacting a law establish a compelling interest that justifies and necessitates the law in question. It is the toughest standard for a state to overcome, but it is constitutionally required when a law interferes with a fundamental right.

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Courts have refused to use the strict scrutiny test to review immigration legislation enacted by Congress. The result has been that constructive deportation of citizen children, due to the deportation of their undocumented parents, has been generally acceptable to the courts and, with few exceptions, has become standard practice. Although heavy deference has consistently and traditionally been given to Congress and select government officials, the fact that courts have held as they have is persuasive, but not dispositive.

There are times when legal change is crucial and justified in happening. It is a long and uphill road to the equality and fairness that the founding fathers envisioned. The presumption of constitutionality is rebuttable and it has been done before: at one point separate but equal was held to be constitutional, banning interracial marriage was constitutional, and laws excluding women from certain occupations were constitutional. More recently, all States in this nation had laws that banned gay marriage. Today, courts in Massachusetts and Connecticut have found those laws to be unconstitutional.

As society develops, it becomes important to recognize the unique difficulties that certain groups of people face. And our conventional understanding of the modern American family must also evolve with a more contemporary appreciation of the rights that are entitled to constitutional protection. Change is crucial in the life-altering situation faced by citizen children when their parents are ordered removed from this country. Deportation of undocumented parents of U.S. citizen children should be viewed as a constitutional issue and immigration laws that impact citizen children should be presumed to be unconstitutional. The Equal Protection Clause safeguards fundamental rights and the right of the U.S. citizen child to keep her family together is a fundamental right.

The right to keep the family together emerged as a fundamental right in the 1977 case of *Moore v. City of East Cleveland*. In *Moore*, a city ordinance prevented a grandmother from living with her two grandsons because of the way that the ordinance defined "related." The U.S. Supreme Court found that the word "liberty" in the Due Process Clause included protection for family rights; hence the right to keep the family together is a constitutionally protected right. Further, the Court found that the Constitution protects the sanctity of the family and that the family is deeply rooted in the history of the United States. The court readily recognized the importance of providing constitutional protections for families. The court further noted that it is through family that people pass down their morals, customs, and values and it is a constitutionally protected right.

In cases where undocumented parents of citizen children are removed from this country, the fundamental right of the child to keep her family together is being infringed upon. This special class of children receives different treatment than that given to their fellow citizen children who have parents that are documented. But the fundamental right to keep the family together still exists and it should apply regardless of which member of the family suffers the harm. This fundamental right requires that the Court review laws that affect citizen children's rights to keep the family together by requiring that the state show that the law is narrowly tailored *and* that there is a compelling governmental interest for the law.

The government has a compelling interest to control immigration and more specifically, to deter illegal immigration. But the current immigration laws that deport undocumented parents of citizen children are not narrowly tailored because there are less restrictive, less intrusive means available to achieve the same goal. Four less constitutionally intrusive ways to deter illegal immigration and alleviate the problem of deporting undocumented parents of citizen children are: 1) defer removal of parent until the child reaches the age of majority (or the threshold of adulthood), which would allow the citizen children their rights to the "sanctity" of a family and the education and healthcare to which they are entitled, 2) change the principle of *Jus Soli* and require at least one parent to be a legal permanent resident or U.S. citizen for the child to be a U.S. citizen by birth, 3) reduce incentives to illegal immigration by strict enforcement of existing laws that punish the illegal hiring of undocumented or under-documented

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workers, and/or 4) define and facilitate the process for temporary worker visa holders to enter a path to citizenship.

It is not just to give a person the right to be a U.S. citizen and then deny that person the same right that other U.S. citizen children have — namely, the right to enjoy the benefits of an intact nuclear family. As it stands now, the law is inconsistent and encourages illegal immigration. The current laws also increasingly burden the strained foster care system. If a child stays behind in foster care after a parent is removed from the U.S., it is then tax-payers who have to pay the bill until the child reaches the age of majority.

Courts should apply the strict scrutiny test when reviewing laws that directly impact the rights of citizen children. However, if the courts find that laws that affect citizen children are sufficiently narrowly tailored — meaning the less restrictive means are not acceptable — then the courts should review laws affecting a citizen child's right by using a heightened form of the rational basis test. "Rational basis" is the principle whereby a court will uphold a law as valid under the Equal Protection Clause or Due Process Clause if it bears a reasonable relationship to the attainment of some legitimate government objective. Rational basis is the court's default standard of review in which a presumption of constitutionality is made in favor of the legislature. The burden is on the challenger to prove that the law is arbitrary and/or unreasonable.

The traditional rational basis test is extremely deferential to the government. Any conceivable legitimate purpose for enacting a law is sufficient. However, in some cases, when the disadvantaged group is a sympathetic one and the individual interest affected is especially strong, the rational basis test is applied differently — it is applied as a "heightened" form of rational basis. A key case for the concept is *Plyler v. Doe*. *Plyler* involved a challenge to a Texas Statute that denied public education to children of illegal aliens. The Court held that the statute violated the Equal Protection Clause of the 14th Amendment. The Court recognized that illegal aliens are not a suspect class, but did not apply the characteristically deferential rational basis test. Instead, the Court found that if the state was to deny a group of innocent children the free education that it offers to other children residing within its borders, that denial had to be justified by a showing that the state law furthered an important interest. Although the Texas government presented evidence to support its reasoning for excluding undocumented children from public schools, the Court repeatedly refused to apply the traditionally "extremely deferential" test they routinely used.

The resistance to apply the traditional rational basis test was due to the fact that the Court felt that the statute imposed a very severe lifetime hardship on children not accountable for their disabling status. Further, the Court found that punishing innocent children was illogically and unjustly penalizing the birth of a child. In addition, the law had no deterrent effect on undocumented parents, but rather, simply targeted innocent children.

Our current immigration laws pose little barrier to removal of an undocumented parent of a citizen child. In *Plyler*, the Court rejected the application of the traditional rational basis test to a state law that affected *undocumented* children. Is it fair to provide undocumented children with *more* protection than citizen children? Citizen children are just as innocent as undocumented children, and deportation of parents surely has profound affects on children. Certain citizen children are unfairly targeted by deportation laws. Congress is able to avoid constitutional issues relating to citizen children of undocumented parents because the laws are said to be "targeted" at the illegal parent. But it is no surprise that it is the children of the individuals being deported who suffer the most harm when they are separated from the country they have grown to love. These children are being harmed by a technicality in the law.

The heightened form of rational basis test should be applied to situations where an undocumented parent of a citizen child is ordered to be removed. Just like in *Plyler*, removing the undocumented parent of a citizen child constitutes an illogical and unjust attempt at controlling illegal immigration, particularly when more effective and reasonable solutions exist. *Plyler* continues to be an important opinion ensuring that no segment of our society is treated as an inferior class.

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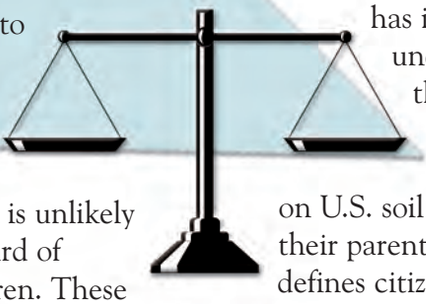
Courts have given an incredible amount of deference to Congress in enacting immigration laws affecting citizen children and have refused to find merit to any constitutional claims brought by citizen children of undocumented parents. The reasoning courts consistently give is that the citizen child can remain in the United States with a foster family, return at the age of majority, or stay with relatives. But that reasoning applies different standards to innocent children based on their parent's status. Courts seem to equate the love and support of a foster family with that available in an intact nuclear family. Children clearly go to foster care as a last resort, not as an equitable choice. And although a child can stay with a relative, the reality is that if the child's parents are undocumented, it is likely that other family members are undocumented as well. In addition, the law does not adequately provide financially for family members who are willing to take in the child of a parent who is being removed. Moreover, although a citizen child forced into deportation with their parent can return to the United States at the age of majority, that child — as an adult — has no relation to the United States other than the fact that she was born in this country. The child is unlikely to speak English or to have the same standard of education as that of her fellow citizen children. These circumstances cause certain groups of U.S. citizens to unnecessarily bear significant burdens.



The Court has recognized in *Plyler* that the proposition of punishing innocent children for the acts of their parents is unreasonable, inappropriate, and leads to the creation of an "underclass." The removal of undocumented parents of citizen children is no different. The Court is *Plyler* explained it best:

> ***"[s]heer incapability or lax enforcement of the laws barring entry into this country, coupled with the failure to establish an effective bar to the employment of undocumented aliens, has resulted in the creation of a substantial 'shadow population' of illegal immigrants-numbering in the millions-within our borders. This situation raises the specter of a permanent caste of undocumented resident aliens, encouraged by some to remain here as a source of cheap labor, but nevertheless denied the benefits that our society makes available to citizens and lawful residents. The existence of such an underclass presents most difficult problems for a Nation that prides itself on adherence to principles of equality under the law" (Plyler, 457 U.S. at 218-19).***

Which is a more compelling and equitable way for the government to discourage illegal immigration: reducing the incentive for undocumented immigrants by cracking down on employers hiring undocumented workers, or denying the civil rights of U.S. citizen children who currently live here and wish to keep their families together?

The court should review laws affecting citizen children of undocumented parents using the strict scrutiny test based on the fundamental right to keep families intact. If the court chooses not to apply the strict scrutiny test, it should apply the heightened rational basis test due to the insurmountable hardships that innocent citizen children face when parents are removed. As in *Plyler*, these children have done nothing wrong and if we, as a great nation, are to recognize them as "citizens," their rights should be enforced as those of other U.S. citizens.

The role of American government legitimately includes defining citizenship, regulating immigration, and promoting national defense. However, by way of the Immigration and Nationality Act (INA), Congress has institutionalized policies with regard to undocumented parents of citizen children that has created significant inconsistency in the law. On one hand, the 1898 Citizenship Clause provides those born on U.S. soil with birthright citizenship regardless of their parents' immigration status. Moreover, it defines citizens as "all persons born in the United States, and subject to the jurisdiction thereof." But once someone is deemed a citizen, the Constitution does not provide for different categories of citizenship or, barring due process, variable individual rights.

U.S. Citizens enjoy numerous constitutional protections. One is a fundamental right to keep the family together. Courts have historically applied the strict scrutiny test when fundamental rights are infringed. When the government enforces the INA, it disregards this basic right and impinges on the family structure. Citizen children of undocumented parents, under this law, clearly do not enjoy those same constitutional protections their fellow citizen children with documented parents do. For citizen children of undocumented parents, courts apply a "less than rational basis" test. The courts continue to be extremely deferential to the INA by relying on the country's attorney generals to exercise their discretionary waivers of deportation. Almost without exception, the Court does not review immigration cases other than to check for abuse of discretion.

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Congress cannot have it both ways constitutionally. Either every child born in the U.S. is a U.S. citizen with all attendant rights and protections; or, since Congress refuses to protect citizen children of undocumented parents the same way it does other citizen children, Congress needs to re-assess its definition of citizenship and re-write the laws to reflect that children are not citizens merely by being born within U.S. borders. Re-defining citizenship in a manner consistent with virtually every other modern nation is within the power of Congress and does not present an ethical or legal dilemma. However, creating a special subcategory of so-called "citizens" who may be denied their full complement of constitutional rights creates both ethical and legal inconsistencies. If citizenship is to keep its current definition, then a review of immigration laws that affect citizen children of undocumented parents is necessitated by using the strict scrutiny test or the heightened rational basis test as used in *Plyler*.

Inconsistencies in the law affect many more than those directly touched by immigration policy. Constitutional inconsistencies diminish all of our rights. When laws are inconsistent — creating arbitrary and illogical situations — the Congress, courts, government officials, and ultimately we, the people, are harmed by having to enforce and defend unprincipled policies. The cynicism and hypocrisy that results has a corrosive effect on the authority and legitimacy of the Constitution. If constitutional rights are selectively applied, they are not really "rights" after all. The inconsistencies in immigration law discussed here represent unprincipled violations of fidelity to the Constitution. For that reason alone, Congress and the courts must resolve the problem without further delay. Congress needs to reassess those provisions in the Immigration and Nationality Act affecting citizenship children of undocumented parents and courts need to use a stricter standard of review.

Courts have consistently found that children need special protections because their youth makes them more vulnerable than other groups of people. The Court, in *San Antonio Independent School Dist. v. Rodriguez,* found that certain groups have historically been in a position of political powerlessness. This commands extraordinary protection from the political process. Should not all children in the United States be afforded the same protections?

The current immigration laws significantly harm an innocent group of citizens: children born here of undocumented parents. When a parent is issued a deportation order, the only remedy is to obtain some type of waiver of removal. Given the political nature of granting these waivers, they are exceedingly rare. Thus, the citizen child is left with three painful choices: 1) leave with the parent, and effectively be deported as well, 2) stay behind with relatives, if any, or 3) go into the over-burdened foster care system, and likely be separated from siblings as well.

Distinctions applied between citizen children who have undocumented parents and those with citizen parents have consistently been upheld even though they would not survive constitutional scrutiny in any other context. The result of this inconsistency is clear: citizen children of undocumented parents — innocent bystanders to the immigration laws — are punished by denying them the same rights afforded to other U.S. citizens, thus forcing them to choose among and subjecting them to damaging, life-altering options. Citizen children of undocumented parents have become a very unique category of citizens. Virtually no other group of citizens is faced with the harsh choice of being removed from their country or separation from their family into foster care.

Significant immigration reform is needed in this country to deal with the modern application of immigration laws to families in a fair, consistent, and equitable manner. Beyond the equal treatment issue, current immigration laws are simply ineffective at adequately controlling illegal immigration. The fact that these laws are very broad and not narrowly defined as they relate to citizen children of undocumented parents is incidental to the fact that they do not meaningfully discourage illegal immigration in the first place.

In order to create a society where all U.S. citizen children are treated equally, it must be understood that the tension between immigration law and family runs deep. Immigration laws have conflicting goals and prioritize contradictory policies that compromise the constitutional rights of some children who should enjoy the same rights accorded to all other United States citizens. Reform that can reconcile strong laws to prevent illegal immigration with equal treatment and justice for all citizens under the Constitution is possible, but it requires a concern for justice and equality.

JSRI SPECIALISTS

DEVELOPMENT & OUTREACH

Patricia Gonzales

Patricia (Patty) Gonzales is a Development Associate at the College of Social Science with 25% of her focus on building a foundation for development activity on behalf of JSRI. Previously, she was an Associate Research Analyst at Yale University Office of Development. In her home country, Peru, she worked for eight years as a tax attorney at two international firms. Patty obtained a LLM degree, specializing in environmental law, from the University of British Columbia, and a Law degree from the Universidad de Lima. Patty enjoys traveling, cooking and summer and winter outdoor activities. She lives with her husband in Holt.

Ellen Hayse

Ellen Hayse is a research and outreach specialist at JSRI. She has been a specialist at MSU for 10 years, serving in the capacity as an outreach coordinator, a project manager for statewide and nationwide projects, and a college research administrator. Her current work at JSRI involves grant development and proposal support, including identifying research grant opportunities and coordinating proposal submissions, developing various proposal elements, and working with MSU Contracts and Grants Administration. She also serves as the research coordinator for a statewide project involving MSU's Department of Psychology.

RR-42 AND RR-43

Pubs Highlight Latino Characteristics

Two new Samora Institute Research Reports (one by Russell Eisenman, UT-Pan American, and the other by MSU's Jean Kayitsinga, Rubén O. Martinez, and Francisco Villarruel) highlight the sexual attitudes of Latino college students and childhood obesity of Latino adolescents throughout the United States. The addition of both reports raises JSRI's online collection to 206 publications.

Research Report 42 ("Conflict and Agreement in Sex Attitudes of Hispanic Male and Female College Students") focuses on a study of 330 university underclassmen from UTPA, a Hispanic-serving university in South Texas that has more Mexican-American students than any other U.S. university. Eisenman's research indicates two things: one, Hispanic males generally expressed more sexually permissive attitudes than Hispanic females, and two, non-Hispanics, in general, expressed more sexually permissive attitudes than Hispanics. Hispanics, the author notes, appear to be more conservative and less acceptive when it comes to sexual attitudes and practices.

Research Report 43 looks at the prevalence of overweight in U.S. children and adolescents in recent decades. Childhood overweight is a complex health problem related to several factors, including specific food consumption and dietary eating habits, physical activity, sedentary behavior, and genetic factors.

This study focuses on family and community social environments, the influences of family-based social capital, community social capital and collective officacy, environmental social stressors, residential stability, residency, and individual and family characteristics.

Complete versions of both publications are available online.

Find these and other JSRI Publications on the Web

www.jsri.msu.edu

20TH ANNIVERSARY GIVING OPPORTUNITIES

Your assistance is needed as we rededicate ourselves to the mission of JSRI, renew our efforts to support the ***JSRI Enrichment Fund*** and the ***Julian Samora Endowed Scholarship Fund***, and make preparations for the Institute's 20th Anniversary Celebration.

Your support will make a significant difference in maintaining research and scholarship at MSU that informs critical issues facing Latino communities in the Midwest and across the nation.
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- ❑ I/We support the JSRI Endowed Scholarship Fund (AN172) and make a gift in the amount of: $ _____

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JSRI Padrinos/Madrinas Circle — $2,500 to $4,999 pledge (payable over two years), places your name on our 20th Anniversary Donor Wall.

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JSRI Aficionado/Aficionada - A one-time gift of $100 to $999, highlights your name in the institute's fall 2009 NEXO newsletter.

Corporate Commitments

Platino Circle — $10,000. Marketing recognition in program materials, recognition on 20th Anniversary Donor Wall, VIP reception (four persons), and a commemorative book.

Padrinos Circle — $7,500. Marketing recognition in program materials, recognition on 20th Anniversary Donor Wall, VIP reception (two persons), and a commemorative book.

Amigos Circle — $5,000. Marketing recognition in program materials, recognition on 20th Anniversary Donor Wall, VIP reception (one person), and a commemorative book.

Aficionados Circle — $2,500. Marketing recognition in program materials, recognition on 20th Anniversary Donor Wall, and a commemorative book.

If you need additional information on giving to JSRI , please contact Patricia Gonzales at MSU Development office at (517) 884-0297 or gonza402@msu.edu.

Gracias por su apoyo – Thanks for your support

Proceeds beyond the cost of the event will be used to achieve JSRI's mission and goals.