



**A survey of the research available shows that uninsured illegal immigrants are an imponderable burden on our nation's hospitals, in particular emergency rooms.**

*by R. Cort Kirkwood*

**J**onathan Narvaez-Pena admitted to drinking 10-15 shots of tequila before getting into his Buick Park Avenue and speeding through the streets of Nashville on the night of October 21, 2006. Narvaez-Pena, an uninsured illegal alien with a prior arrest for driving without a license, ran numerous red lights be-

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fore crashing into the Bumvu family's car. Antoine Bumvu, 43, and his two-year-old son, Eddy, were killed in the accident. Bumvu's wife, Josephine, and his six-month-old son, Tony, were seriously injured and taken to the hospital. Four other vehicles were involved in the crash and a total of 11 victims were taken to area hospitals, including Narvaez-Pena's two-year-old daughter, Hillary, who received massive facial trauma.

No amount of money can compensate the Bumvu family for the permanent loss

of their loved ones. Nevertheless, taxpayers along with auto and medical insurance policy holders will end up being stuck with a hefty price tag for Narvaez-Pena's 11 victims. It is an all-too-common occurrence. According to Rep. Steve King (R-Iowa), each day 13 Americans are killed by illegal aliens driving drunk. Many more are seriously, permanently injured.

Consider the plight of Tricia Ann Taylor, who lost both legs after being struck by speeding drunk driver Jose Carcamo in August 2002. Miss Taylor, then 17,

and a friend, Noah Menard, then 20, were walking from a restaurant to Noah's car in Pontiac, Michigan, when Carcamo, an uninsured illegal alien with a police record of 17 previous violations and arrests, ran into them at a speed of 50 to 70 miles per hour. Taylor underwent several operations, including amputation of both of her legs. Mr. Menard sustained, among other injuries, a fractured skull and collarbone and a mangled elbow requiring surgery and the insertion of eight pins. The victims, the taxpayers, and the insurance rate payers — not Mr. Carcamo — picked up the expensive medical tab.

Javier Escarcega, a 21-year-old illegal who worked in an Omaha pizza parlor, was seriously injured as a passenger in a car driven by his illegal alien buddy. Six months of hospitalization and rehabilitation for the uninsured Escarcega came to about half a million dollars. Saul Diaz, an unemployed, uninsured 24-year-old illegal, racked up over \$1 million in medical expenses at Atlanta's Gwinnett Medical Center after his automobile accident.

The medical expenses for Omar Santos-Cruz, a 17-year-old construction worker injured while working on a development in suburban Birmingham, Alabama, may end up costing millions. Jefferson County, Alabama, Circuit Judge G. William Noble has ruled that Santos-Cruz, an uninsured illegal alien from Mexico, must receive workman's comp benefits and medical care *for the rest of his life*.

### Some Numbers

If you think you see a pattern here, you do. As national and local news reports about the aforementioned illegal aliens show, when it comes to their medical bills, the rest of us are left holding the bag. Indeed, a survey of the research available from a variety of organizations, from healthcare to immigration-policy groups, shows that uninsured illegal immigrants are an imponderable burden on the nation's hospitals, in particular emergency rooms. As they are with respect to other statistics regarding illegal immigration, the numbers on healthcare are startling. Calling them frightening would not overstate the matter. But the figures that study after study disclose are also appalling for what they show about the political elite's steadfast refusal to stop illegal immigration.

In June, an article in the *Washington Post* concluded that emergency-room care "is on the verge of collapse." From 1993 to 2003, the newspaper reported, the American population grew 12 percent, but emergency room visits grew 27 percent. "In that same period, however, 425 emergency depart-

Hospitals must treat illegal immigrants gratis because of the Emergency Medical Treatment and Active Labor Act of 1985. However, hospitals also routinely provide billions of dollars annually in non-emergency treatment to illegal aliens.



**Swamped:** An emergency-room physician attends to a patient in a crowded hall of Atlanta's Grady Hospital. Nationally, ambulances are turned away from ERs about a half a million times a year — about one a minute — and sent to other hospitals farther away.

Much of our skyrocketing healthcare dilemma can be traced to the nonsensical court interpretations of the 14th Amendment granting instant citizenship to children of illegal aliens born in this country. These “anchor babies” secure their families a foothold in the United States.

ments closed, along with about 700 hospitals and nearly 200,000 beds.” As well, in 2003, ambulances were diverted from emergency rooms 501,000 times because the emergency rooms were full.

But the article doesn’t mention that much of this care is for routine, non-emergency illnesses. Nor does it mention a main cause in the crisis: uninsured illegal immigrants. Such an omission is surprising, given the news just one month earlier, reported in the *New York Times* and other papers: the Bush administration announced in May that it would send \$1 billion to hospitals to pay

for the care of illegal immigrants. “The largest allocations this fiscal year,” the *Times* reported, “are going to California, which will receive \$70.8 million; Texas, \$46 million; Arizona, \$45 million; New York, \$12.3 million; Illinois, \$10.3 million; Florida, \$8.7 million; and New Mexico, \$5.1 million.” And the \$70.8 million for California, the newspa-

per reported, won’t come close to covering the cost of the state’s \$500 million bill for illegal immigrants.

According to the *Washington Times*, citing the American Hospital Association (AHA), “hospitals in 24 Southwest border counties in Arizona, California, Texas and New Mexico reported uncompensated care totaling nearly \$832 million in 2000. A subsequent report prepared for the U.S.-Mexico Border Counties Coalition determined that about 25 percent of those nonreimbursed costs resulted from emergency medical treatment provided

to undocumented immigrants.” Reported ABC News, “researchers at the RAND Corporation, a nonpartisan think tank, analyzed data received from about 2,400 people in Los Angeles County in 2000 and 2001, and applied that information to the nation’s undocumented population at large. The number of uninsured adults in the United States grew by about 8.7 million between 1980 and 2000. If the trend for Los Angeles County held true for the rest of the country, about a third of that growth can be attributable to illegal immigrants.”

About 35 percent of immigrants are uninsured, data show, and 65 percent of illegal immigrants are uninsured. Citing data from Center for Immigration Studies, immigration writer Ed Rubenstein concluded, “Immigrants accounted for more than half — 59 percent — of the growth in the uninsured population during the 1992-2001 period. When you include the 3.5-million immigrants enrolled in Medicaid, almost half of all immigrants either are uninsured or have it provided to them at taxpayers’ expense.”

All these data point to a culprit in the crisis that shut down 700 hospitals and 425 emergency rooms in 10 years: illegal immigrants.

Hospitals must treat illegal immigrants gratis because of the Emergency Medical Treatment and Active Labor Act (EMTALA) of 1985, which requires hospitals to treat all emergency cases, regardless of ability to pay. However, thanks to lawsuits by the ACLU, the militant lobbying of the “immigrant rights” agitators, and Medicaid profligacy, hospitals also routinely provide billions of dollars annually in non-emergency treatment to illegal aliens.

### Anchor Babies

Much of our skyrocketing healthcare dilemma can be traced to the nonsensical court interpretations of the 14th



**The Echeveria family**, (from left) Pablo, Irma, Miguel, and Pablo, Jr. (red hat) sign up for government-assisted healthcare in San Mateo, California. Miguel, an “anchor baby,” was born in the United States, thus giving the other Mexican-born family members a foothold here.



**Bordering on insolvency:** Ross Peterson, R.N., looks over a brain CAT scan at the Brownsville (Texas) Medical Center emergency room. Ambulances from Mexico regularly bring Mexicans across the border for costly treatment at U.S. taxpayer expense.

Amendment to our Constitution granting instant citizenship to children of illegal aliens born in this country. These “anchor babies,” who secure their families a foothold in the United States, are worth more than their weight in gold. The story of one illegal immigrant and his family provides a picture of the problem when multiplied by 13 million illegals. Writing in the *Journal of American Physicians and Surgeons* in 2005, the late medical lawyer, Madeline Cosman, reported the story of a family of illegals in Stockton, California:

Cristobal [last name deleted] came illegally from Oxtotilan, Mexico, in 1997 and brought his wife Felipa, plus three children aged 19, 12, and 8. Felipa, mother of the bride Lourdes (age 19), gave birth to a new daughter, her anchor baby, named Flor. Flor was premature, spent three months in the neonatal incubator, and cost San Joaquin Hospital more than \$300,000. Meanwhile, Lourdes plus her illegal alien husband produced their own anchor baby, Esmeralda.

Grandma Felipa created a second anchor baby, Cristian. Anchor babies are valuable. A disabled anchor baby is more valuable than a healthy one. The two ... anchor babies generate \$1,000 per month in public welfare funding. Flor gets \$600 per month for asthma. Healthy Cristian gets \$400. Cristobal and Felipa last year earned \$18,000 picking fruit. Flor and Cristian were paid \$12,000 for being anchor babies. This illegal alien family’s annual income tops \$30,000.

Cristobal ... when drunk one Saturday night, crashed his van. Though he had no auto insurance or driver’s license, and owed thousands of dollars, he easily bought another van. Stockton Police say that 44 percent of all hit and runs are by illegal aliens. If Cristobal had been seriously injured, the EMTALA-associated entitlement would provide, as it did for the four-year rehabilitation of a quadriplegic neighbor illegal alien. Rehabilitation costs customarily do not fall under the title emergency care. But parti-

sans clamor to keep paraplegics in America rather than deport them to more primitive facilities south of the border.

“Anchor babies,” such as those Dr. Cosman describes, are a key factor in rising, unpaid medical costs. Because illegal aliens cannot be turned away from hospitals, and because all children born in the United States receive citizenship, “anchor babies” are a double fiscal threat. The hospital must provide free medical care to mother and child. The parents are seldom deported since they must stay with the new American “citizen.” Thus, an entire new family joins the “anchor baby” on the dole, as the case Cosman documented so well proves.

The Center for Immigration Studies provides alarming statistics regarding births to immigrants, legal and illegal, not least of which is that illegal immigrants account for 10 percent of all births in the United States:

- “In 2002, 23 percent of all births in the United States were to immigrant mothers (legal or illegal), compared to 15 percent in 1990, 9 percent in 1980, and 6 percent in 1970.”

- “Even at the peak of the last great wave of immigration in 1910, births to immigrant mothers accounted for a slightly smaller share than today. After 1910 immigration was reduced, but current immigration continues at record levels, thus births to immigrants will continue to increase.”

- “Our best estimate is that 383,000 or 42 percent of births to immigrants are to illegal alien mothers. Births to illegals now account for nearly one out of every 10 births in the United States.”

- “The large number of births to illegals shows that the longer illegal immigration is allowed to persist, the harder the problem is to solve. Because as U.S. citizens these children can stay permanently, their citizenship can prevent a parent’s deportation, and once adults they can sponsor their parents for permanent residence.”

And the cost of illegal immigrant births? About \$2 billion annually. Mexicans know the score when it comes to “anchor babies.” Anchor babies provide benefits. Mexican ambulances cross the border to drop patients at American hospitals, knowing the patients will receive



**Victor Guevara** waits three hours for a blood test at one of Los Angeles County's health centers that serve 2.5 million uninsured residents, many of whom are illegal aliens.

free care. Those patients include mothers in labor. About 3 million anchor babies, Rubenstein reports, have been born in the United States.

Frighteningly, in some states, immigrant births nearly exceed births to real Americans, and in too many counties to name, immigrant births exceed births to real Americans. In California, for instance, immigrants accounted for nearly 50 percent of all births. In Los Angeles County, about 56 percent of births are to immigrants, a pattern repeated across the country in county after county and city after city.

Even worse, however, a significant share of these immigrant births are births to illegals. In Arizona in 2002, CIS reported, illegals accounted for 56.4 percent of the births among immigrants and 17.2 percent of all births. In New Mexico, the figures were 55.1 and 9.7 percent; in Texas, 54.8 and 16.6 percent; in California, 47.7 and 22.1 percent. Breaking the statistics down to the county level, the picture gets worse. In Monterey, California, for instance, illegals accounted for 61.9 percent of immigrant births and 34.8 percent of all births. In Hidalgo, Texas, the figures were 64.4 and 33.4 percent, and in Lake County, Illinois, hardly a border state, the figures were 49.4 and 16.2 percent.

Given that 65 percent of illegal immigrants, according to CIS, do not carry health insurance, the ponderous burden of paying for their medical care, an average of \$8,000 per birth for nearly 250,000 illegal immigrant mothers in 2002 alone, is self-evident — except to the political elites looking for votes and supposedly cheap labor.

And these data don't touch upon another unpleasant subject: the loathsome diseases many of these illegals bring with them, which are more frightening than the coming collapse of the medical system groaning under the weight of border-jumping, uninsured illegals (see page 19).

Point is, when politicians suggest programs to ameliorate the plight of an alleged 43 million "uninsured Americans," they are not telling us that millions of the uninsured, for whom the rest of us pay the medical bills, are illegal immigrants. Cosman estimated that at least 25 percent of that 43 million, or nearly 11 million, are illegal immigrants. In other words, *most* of our estimated 10 to 20 million illegal immigrants are uninsured. Again, CIS reports that 65 percent

of illegals are likely uninsured. American medicine is faced with a fiscal Waterloo. Most illegals don't have health insurance. That means real Americans pay the bills.

### The Real Goal

Nothing less than the survival of the American healthcare system, the finest in the world, is at stake. Anyone willing to look at the facts on illegal immigration would conclude that Americans cannot continue to provide Mexico's poor huddled masses with free medical care, even if Americans were disposed to do so. Moreover, they have no obligation to do so.

But Americans must learn that the political and financial elites have a vested interest in ignoring the problem of illegal immigration even as they pretend to try stopping it. Illegal immigrants are a source of potential votes for leftist Democrats who know what the statistics show: immigrants compose an increasingly larger share of people on the welfare dole, which ensures a steady supply of those who will always vote to increase the subsidies they receive from the state.

Open-borders Republicans seek the cheap labor these immigrants provide to the internationalist-minded corporate elites who want to pay their labor force as little as possible, and who are not concerned about the long-term consequences unrestrained immigration will have on our country.

Thus are Americans confronted with entrenched and motivated forces on the question of illegal immigration, which, again, benefits the politicians who claim to be solving the problem.

Illegals are not only draining American healthcare resources, but also providing the demographic impetus for the dissipation of American national sovereignty and absorption of the land of the free into the home of a Brave New World. That is not, one would assume, a world in which most Americans want to live. ■



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by R. Cort Kirkwood

Illegal immigrants not only drain American healthcare resources but also present a new threat: diseases once thought nearly erased from the American medical dictionary, as well as new ones never before seen, are emerging across the country.

As the late Madeline Cosman demonstrated in the *Journal of the American Physicians and Surgeons* in 2005, and other newspapers and health organizations have widely reported, illegal immigrants carry loathsome diseases for which American medicine is ill-prepared.

Time was, she wrote, referring to her immigrant grandfather, immigrants were tested for infectious diseases and then quarantined or shipped back to the old country. Anyone who has seen the second *Godfather* film remembers young Vito Corleone's arrival at Ellis Island. Diagnosed with smallpox, he landed in confinement. Or, like Cosman, many Americans know of the stories of grandparents and great-grandparents fresh off the boat from the old country. The authorities checked them for disease.

"Every legal immigrant before 1924 was examined for infectious diseases upon arrival and tested for tuberculosis," Cosman wrote. "Anyone infected was shipped back to the old country. That was powerful incentive for each newcomer to make heroic efforts to appear healthy. Today, immigrants must demonstrate that they are free of communicable diseases and drug addiction to qualify for lawful permanent residency green cards. Illegal aliens simply cross our borders medically unexamined, hiding in their bodies any number of communicable diseases."

Among the deadly maladies pouring across the border is tuberculosis, mostly wiped out in modern America, Cosman writes, "thanks to excellent hygiene and powerful modern drugs." But now, multi-drug resistant tuberculosis has arrived in America via Mexico and other third-world countries. "MDR-TB," she explained, "takes 24 months [to cure] with many expensive drugs that cost around \$250,000, with toxic side effects. Each illegal with MDR-TB coughs and infects 10 to 30 people, who will not show symptoms immediately. Latent disease explodes later."

# A Resurgence of Deadly Diseases

**Diseases once thought to be nearly eradicated in America, such as tuberculosis and leprosy, are now rising as illegal immigrants bring their health problems to our country.**

**Dread scourge returns:** Juan Torres of Nicaragua displays his leprosy infection. Almost unheard of in the United States until a few years ago, legal and illegal immigrants from Latin America, Africa, and Asia have made the disease a growing public-health concern.

TB cases in Virginia jumped 17 percent in 2002, but Prince William County, alone, she reported, witnessed a 188-percent increase. And there's more:

In 2001 the Indiana School of Medicine studied an outbreak of MDR-TB, and traced it to Mexican illegal aliens. The Queens, New York, health department attributed 81 percent of

new TB cases in 2001 to immigrants. The Centers for Disease Control and Prevention ascribed 42 percent of all new TB cases to foreign-born people who have up to eight times higher incidence. Apparently, 66 percent of all TB cases coming to America originate in Mexico, the Philippines, and Vietnam. Virulent TB outbreaks afflicted schoolteachers and children

**Quoting the federal Centers for Disease Control, in 2005, the *Washington Times* reported that “people from outside the United States accounted for 53.3 percent of all new tuberculosis cases in this country in 2003. That was up from fewer than 30 percent in 1993.”**

in Michigan, adults and children in Texas, and policemen in Minnesota. Recently TB erupted in Portland, Maine, and Del Rey Beach, Florida.

Quoting the federal Centers for Disease Control, in 2005, the *Washington Times* reported that “people from outside the United States accounted for 53.3 percent of all new tuberculosis cases in this country in 2003. That was up from fewer than 30 percent in 1993. In 2003, nearly 26 percent of foreign-born TB patients in the United States were from Mexico. Another third of the foreign-born cases were among those from the Philippines, Vietnam, India and China.”

If drug-resistant TB won't scare the politicians into doing something, perhaps Chagas disease will.

Chagas is really American trypanosomiasis and also known as kissing-bug disease. It was unknown in America until recently, but common south of the border where the reduviid bug lives. This odious little critter bites the lips and face and transmits a protozoan parasite.

Cosman wrote that Chagas infects 18 million people annually in Latin America and causes 50,000 deaths. The disease can be transmitted through the blood supply. It is incurable, and death from Chagas is agonizing: “After 10 to 20 years [of infection], up to 30 percent will die when their hearts or intestines, enlarged and weakened by Chagas, burst. Three people in 2001 received Chagas-infected organ transplants. Two died.”

In its aforementioned report, the *Washington Times* said, “The American Red Cross estimates that nationally, the risk of a blood donor having antibodies to Chagas or being infected with the disease is

1 in 25,000. The risk is 1 in 5,400 in Los Angeles and 1 in 9,000 in Miami. The Red Cross says it will begin screening donors for Chagas, once a suitable test is found.” These data suggest the American blood supply is endangered. Some 15 million Latin Americans have Chagas, the *Times* reported, quoting one doctor who was “amazed” that only five cases have spoiled the U.S. blood supply since 1986. And “federal data,” the *Times* reported, “suggest that as many as 10 percent of the approximately 1,000 Mexicans who emigrate to the United States daily probably are infected with Chagas.”

Yet another scourge thought eliminated from the American medical scene is leprosy, or Hansen's disease. “Leprosy ... was so rare in America that in 40 years only 900 people were afflicted,” Cosman reported. “Suddenly, in the past three years America has more than 7,000 cases of leprosy. Leprosy now is endemic to northeastern states because illegal aliens and other immigrants brought leprosy from India, Brazil, the Caribbean, and Mexico.”

Reported the Columbia News Service in 2005, “about 130 new cases are diagnosed in the United States annually, “mostly among immigrants from areas such as Mexico, India or the Caribbean.... Over 100 cases were found in immigrants last year, more than double the number in 2000, and, while the number of cases is still comparatively small, some researchers believe the trend could lead to leprosy spreading to the U.S.-born population.”

“It's creeping into the U.S.,” the news service quoted Dr. William Levis, head of the New York Hansen's Disease Clinic. “This is a real phenomenon. It's a public health threat. New York is endemic now, and nobody's noticed.” Levis told the news service he believes the United States is “on the cusp” of an epidemic “because we're starting to see endemic cases that we didn't see 25 years ago.”

The reason: the huge influx of immigrants, many of them illegal.

The other diseases Cosman and health officials worry about are polio, dengue fever, malaria, Kawasaki disease, hepatitis, and typhoid.

Forgetting about the expense of providing healthcare to illegal immigrants, the diseases they bring demand a single, firm decision: secure the borders. ■



**Imported killer TB:** A boy receives a tuberculosis vaccine at a clinic in San Jose, California. Multi-drug-resistant tuberculosis and other imported diseases now seriously threaten the U.S. public.