

OLLAS Policy Brief No. 2

THE HEALTH-CARE DEBATE AND NEBRASKA'S LATINO AND IMMIGRANT POPULATIONS

October 2009



Lourdes Gouveia, Director
with Yuriko Doku, Research Assistant
Office of Latino/Latin American Studies (OLLAS)
University of Nebraska at Omaha



The Health-Care Debate and Nebraska's Latino and Immigrant Populations

**Lourdes Gouveia
Director of OLLAS**

First Version, October 1, 2009

Migrants have inalienable rights that States have an obligation to uphold. The right of everyone to enjoy the highest attainable standard of physical and mental health is an inherent human right as recognized in major human rights instruments, including the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, and the International Convention on the Elimination of all Forms of Racial Discrimination, among others (International Migration and Human Rights, Global Migration Group, 2008).

Latino immigrants in Nebraska, both documented and undocumented, have contributed to Nebraska's economy at times of expansion and during times of crisis. Christopher Decker's groundbreaking [OLLAS special report](#), "Nebraska's Immigrant Population: Economic and Fiscal Impacts," showed that, in 2006 alone, immigrant spending contributed \$1.6 billion to Nebraska's economy. Their expenditures helped create some 12,000 jobs (Decker 2008). Decker and associates conclude that their absence would devastate the state's economy. Latino immigrant workers have also become a structural requirement for the successful management of the state's economic crisis.

Ironically, despite their well-documented contributions to the health of the state's economy, Latino immigrant workers are themselves increasingly excluded from the basic right to protect their own health and that of their largely U.S.-citizen children. In the past, the majority of places where immigrants and Latinos worked failed to provide them with adequate or reasonably-priced health insurance. At present, the increased informalization and precarization of the jobs immigrants are forced to take suggests that the figures shown in the two tables below, will likely experience a dramatic increase in the next few years, if not months.

Those currently locked into a congressional debate over the potential costs of various health care reform proposals, have once again offered up the most politically-disenfranchised as the sacrificial lamb to shield the rest of us from the curse of structural inflation. U.S. policy-makers, concerned not only with costs, but unnecessarily fearful of what Gerrison Keillor calls the "carpet chewers of the Right," are studying how to further exclude even legal immigrants from affordable health insurance plans outlined in these proposals. Besides perpetuating the immorality of continuously availing ourselves of low-wage immigrant workers to "sustain revenues" and lower consumer costs, it makes no sense from a public health perspective. Moreover, as the quote from a United Nations publication notes above, health cannot be reduced to the status of a tradable commodity whereby costs determine who gets it and who does not; it is a universal human right. The failure to pass an immigration reform that would afford these workers the legal and social protection they have earned through sweat equities and tax contributions, is not entirely accidental. By design or by default the absence of such reform, especially during the current economic crisis, helps fuel the perverse cycle of exclusion, persecution, political stripes for the 'tough on immigrants crowd' and cheap labor for all of us.

The tables below are based on 2008 census data. While national data do not allow us to fully capture what is going on in Nebraska, they clearly show that, whatever the true numbers, the right to health is stratified by ethnicity and nationality. For example, Latinos born in the U.S. experience lower rates of health insurance coverage than the entire Nebraska native born population (17% and 10.6% respectively). Among working age native born Latinos (ages 18-64), the lack of insurance rate rises to 22.6%, compared to 13.3% for the Nebraska native born population as a whole.

Foreign-born Latinos, those most likely to be instrumental to our economic recovery, are at the bottom of the stratification ladder. In 2008, almost 47% of this population lacked health insurance. Foreign-born Latino children under 18 years of age fare even worse. A whopping 71.4% of these children lacked health insurance. Non-Latino immigrants also suffer from lower than average rates of health insurance coverage, but Latinos as a whole, and foreign-born Latinos in particular, are the most disadvantaged group when it comes to health care coverage.

OLLAS is committed to producing solid research that helps policy-makers and the public at large to arrive at informed judgment and policy decisions.

TABLE 1. HEALTH INSURANCE COVERAGE STATUS BY NATIVE BORN AND FOREIGN BORN, NEBRASKA, 2008

	Percent of Uninsured
Total Non-Latino Native born	10.2
Total Native Born	10.6
Total Non-Latino Foreign Born	14.3
Total Latino Native Born	17.0
Total Latino Foreign Born	46.6

TABLE 2. HEALTH INSURANCE COVERAGE STATUS BY NATIVE BORN AND FOREIGN BORN AND AGE, NEBRASKA, 2008

Age	Total Non-Latino Native Born		Total Native Born		Total Non-Latino Foreign Born		Total Latino Native Born		Total Latino Foreign Born	
	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
Under 18 years	92.0	8.0	90.9	9.1	85.7	14.3	84.3	15.7	28.6	71.4
18-64 years	86.9	13.1	86.7	13.3	83.3	16.6	77.4	22.6	56.9	43.1
65 and over	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	0.0	0.0

Source: Prepared by Yuriko Doku for the Office of Latino/Latin American Studies (OLLAS) calculations, based on the U.S. Census Bureau, Current Population Survey. Annual Social and Economic Supplement, 2009.