

Xóchitl Castañeda

The Ills of Anti-Immigration Policy for Latino Health in the United States

According to various government sources, 33.5 million (about one in nine) people in the U.S. in 2003 were foreign-born. Overall, there are 40.4 million Latinos in the U.S., 11 million of whom reside in California and 64% of whom are of Mexican origin. Latinos have traditionally been concentrated in border states like Texas, Arizona, and California, where they are projected to constitute a majority by 2040. For now, they are increasingly locating further from the border, oftentimes in communities that may or may not be prepared to receive them. This year, state legislatures introduced 1,404 pieces of legislation related to immigration, much of it designed to prohibit immigrant access to essential social services and benefits, including health.

The growth of international migration, particularly that which is undocumented, has created complex dilemmas and debates on the provision of and access to public services for immigrants. For the most part, Mexican immigrants are not looking for a free-ride of U.S. social services. They are workers, individuals that serve as the basis for the U.S. economy's service sector, and families. Still, the trend in recent decades has been to pass restrictive laws governing health insurance coverage for immigrants based on arguments regarding the possible impact of health insurance costs on public finances and as a means of restraining migratory flows and encouraging immigrants to return to their home countries.

The rapid growth of Mexican immigration over the past 10 years shows that these measures have hardly discouraged migration. They have, however, hampered immigrants' integration into their host communities and served to foreclose on possibilities for improving their living conditions.

It is of particular concern that the health and well-being of Latino immigrants in general and of Mexican migrants in particular are poor. Approximately a quarter of Mexican immigrants live in poverty, compared to 10% of the general non-Latino population. Mexican immigrants use fewer key preventive services than non-Latino whites, and have the lowest rates of flu shots, dental exams, and cancer screenings in the country. The disadvantage is due, in large part, to many having no health insurance coverage and no regular source of care—conditions that are exacerbated by the low-wage industries in which many Latinos are employed, where health coverage usually is not offered.

These disparities have important public health implications, not just for Latino immigrants themselves, but for their communities as well. Because Latino communities, even families themselves, are made up of individuals with varying immigration status and degrees of acculturation into the host country, immigration policy invariably has had negative health consequences for these

communities as a whole. The current state of immigration policy in the U.S. limits social integration for Latino immigrants by fencing them out of basic social benefits and preventing them from demanding and exercising their labor rights. While migration is a function of a transborder labor market that has proved more powerful than the border controls with which the authorities have attempted to contain it, the policy of discouraging migration through discriminatory treatment of immigrants has enormous costs for Latinos in terms of health and wellbeing. The existing tension between market forces and current immigration policies is being paid for by Latino communities. Even with comprehensive immigration reform, policy must go beyond ensuring a cheap labor pool and consider immigrants' social and health needs. The United States has been built upon the work of immigrants. Today, it is important that we all recognize the contributions of Latino immigrants and welcome them as full members of society.

Xóchitl Castañeda has been the Director of Health Initiative of the Americas (HIA, Former the California-Mexico Health Initiative), at the University of California Office of the President, since 2001. A medical anthropologist by training, Xóchitl was educated in Guatemala and Mexico. She did a postdoctoral fellowship in reproductive health at the UC San

Francisco. She also received training in social science and medicine at Harvard University and she is a Doctoral Candidate at Amsterdam University, The Netherlands.

For over seven years, she was a professor and researcher at Mexico's National Institute of Public Health, where she directed the Department of Reproductive Health. In 1999, she received the National Research Award on Social Science and Medicine. Xóchitl has published more than 70 works and has served as a consultant for more than 20 national and international institutions. She also has served on the boards and advisory committee of various organizations, including editorial boards, professional societies and community-based organizations.

Her leadership has been key in the creation of binational programs to improve the quality of life of Latino immigrants in the U.S. During the last seven years, under her direction HIA has coordinated the Binational Health Week events in California and in 231 cities throughout the U.S. with the participation of over 87 consulates of Mexico, Guatemala, El Salvador and Colombia. Through these strategies, hundreds of thousands of Latinos have received medical attention and are referred to public and private agencies to obtain services. She was elected to be an advisor to the Institute for Mexicans Abroad (IME), for which she served as the National Coordinator of the Health Commission for the U.S.