



| Top Story

## New Push by Mexico to Provide Health Care in U.S.



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GUANAJUATO, Mexico—What to do about the millions of Mexican immigrants in the United States who do not have access to the U.S. health care system?

That was the major topic earlier this month at an international conference here attended by government representatives, academics, health care professionals, and Mexican First Lady Margarita Zavala, who told the audience that good health is a fundamental right.

As much as 45 percent of the Mexican population abroad do not have access to health care, said Mexican Health Secretary Jose Angel Cordova Villalobos. The health care reforms recently passed by the U.S. Congress will still leave many of those immigrants without health care covered, experts said.

Meanwhile, Cordova said, Mexican migrants in the U.S. suffer from a variety of illnesses in far higher percentages than their counterparts back home. For example, 14 percent of the Mexicans residing in the U.S. suffer from diabetes, versus 7 percent in their native country.

Mexicans living in the U.S. are also far more likely to suffer from AIDS, mental illness and drug addiction than Mexicans in their own country, he said.

Cordova outlined different cross-border initiatives underway, including a plan to provide some emergency and primary care to 3,000 temporary agricultural workers in the state of Washington. The pilot program seeks to cover the workers with individual insurance plans costing \$32 per month, Cordova said.

Mexico's top-ranking health official also gave details about the opening of health information desks in dozens of Mexican consulates.

"The health desks are not medical offices," Cordova said. "They are places where universities, city governments, hospitals and non-governmental organizations give information about the most common illnesses and explain to people where they can get attention." By 2012, the Mexican government plans to open at least 10 new health desks in the U.S. and Canada, he added.

The health insurance reform passed by Congress this past spring will exclude 60 percent of Mexican immigrants, said Roberta Ryder of the U.S.-based National Center for Farmworker Health. Ryder predicted that health clinics in American communities will face increasing difficulties in providing basic services as well as in offering adequate dental services to a needy population.

When it comes to dental care for the poor, "we do preventive actions for children, but no possibility exists for doing restorative work in adults," Ryder said. "We only take out teeth."

Complicating the overall picture, she added, was the fact that only 2 percent of U.S. medical school graduates elect to work in community health centers and clinics.

Xochitl Castaneda, director of the University of California's Health Initiative of the Americas program, said feelings of isolation and exposure to a new environment with a junk food culture contribute to health problems and substance abuse among immigrants in the U.S.

Occupational health hazards are another key problem disproportionately impacting the U.S. immigrant sector, Castaneda said. "Work-related accidents are one of the biggest problems immigrants have," she said, "because [immigrants] do risky work nobody else wants to do and don't have insurance coverage because employers do not offer it."

Cautioning that events like the October 5th meeting in Guanajuato—which kicked off Binational Health Week in Mexico—are a "little bandage on a hemorrhage," Castaneda said that migrant health needs should be resolved in a "structural manner."

While health care is recognized as a human right in Mexico, it is not considered as such in the United States, she lamented.

Meanwhile, in a parallel initiative, the Zacatecas State Health Department announced that it will create a joint fund with UC-Berkeley to establish health clinics in the Golden State where low-income migrants can get medical attention.

As part of the agreement, UC-Berkeley will send staff to Zacatecas for language and cultural instruction, while Zacatecas will send state government health personnel to California for training. Zacatecans make up one of the biggest groups of Mexican immigrants in the U.S., with large numbers of migrants from the central Mexican state residing in southern California, Texas and Illinois.

First initiated in 2001, Binational Health Week is dedicated to taking health care information and services to communities across North America.

For 2010, events were planned in 40 U.S. states and three Canadian provinces. According to Mexico's Secretary of Health, public outreach was planned via schools, community centers, health fairs, consulates and mobile units. This year's activities were organized around five issues, including campaigns against substance abuse, gang involvement, diabetes, obesity and autism, among others.

Peru and Bolivia sent representatives to the Guanajuato kick-off.

## Comments

Anonymous

Posted Oct 23

I'm a bit confused by this article. Immigrants have sponsors who are responsible for the immigrants they have sponsored. Aren't they responsible for their health-care too? Is this article speaking about both legal and illegal immigrants or just legal residents?

Here's what I got from the US-Visa website:

When you sign the Affidavit of Support, you accept legal responsibility for financially supporting the sponsored immigrant(s) until they become U.S. citizens or can be credited with 40 quarters of work. Any joint sponsors or household members whose income is used to meet the minimum income requirements are also legally responsible for financially supporting the sponsored immigrant. If the immigrant receives any "means-tested public benefits," you are responsible for repaying the cost of those benefits to the agency that provided them. If you do not repay the debt, the agency can sue you in court to get the money owed. When in doubt, ask the benefit provider whether the benefit is a "means-tested public benefit."

Thoughts anyone?

Dave in Chicago

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New America Media, 275 9<sup>th</sup> Street, San Francisco, CA 94103  
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