



## HEALTH AFFAIRS BLOG | HEALTH EQUITY

## RELATED TOPICS:

ACCESS TO CARE | IMMIGRANTS | EDUCATION | PUBLIC HEALTH | LEGISLATION | HEALTH DISPARITIES  
| HEALTH INSURANCE EXCHANGES | AFFORDABLE CARE ACT | HEALTH SERVICES | COMMUNICATIONS

# The Health Of Dreamers

[Vanessa Lopez](#), [Tim K. Mackey](#)

**FEBRUARY 13, 2018** DOI: 10.1377/hblog20180209.367466



Dreamers, or the young adults who were brought to this country illegally by their parents and who have received protection from deportation under the Deferred Action for Childhood Arrivals (DACA) program, have been at the center of a contentious fight over the federal budget, immigration reform, and border security. Yet lost in this politically-charged conflict is an assessment of how a decision on DACA could impact the health of vulnerable young

undocumented immigrants and their families—or how well the health of Dreamers was protected in the first place.

## Current Access Barriers

In 2012, the Obama administration enacted [DACA](#) through executive action. The program provided temporary protection from deportation and allowed work authorization for certain undocumented immigrants who arrived in the United States as children, but provided no pathway for permanent residence or citizenship. As of September 2017, there were over [689,800 DACA recipients, with the majority claiming Mexico as their country of origin](#).

The [Trump administration ordered DACA to be rescinded](#) and its protections phased out by March 5, forcing Congress to pursue a permanent legislative solution, as has been previously attempted in bipartisan legislation introduced and reintroduced via iterations of the Development, Relief, and Education for Alien Minors (DREAM) Act, or simply end the program.

Due to their unique status, Dreamers already suffer from a lack of health care coverage and experience health inequities.

### The Full-Time HKU MBA

Ad Hong Kong's premier Business School  
in Asia with Global Influence

HKU Business School

[Learn More](#)

Despite protections afforded by DACA and other state laws, many Dreamers remain ineligible for Medicaid, CHIP, and [for Marketplace plans under the Affordable Care Act \(ACA\)](#). Currently, Dreamers who are employed may be eligible for employee-sponsored insurance, and those who are attending a college or university that offers student health plans may be able to enroll in one of those. A survey conducted by University of California, San Diego professor Tom Wong and colleagues for the Center for American Progress found that [57% of DACA recipient respondents reported that they gained access to health care insurance or other benefits through an employer](#).

Lack of access to federal programs means that the primary option for Dreamers outside of college and employer-based insurance is to purchase a private health care plan, though eliminating DACA could bring an [end to this form of coverage](#), which typically comes at

[higher cost](#) to the individual as there are no tax subsidies. In a few cases, California and other states such as New York and Illinois, provide some [insurance coverage for undocumented immigrants](#). In 2016, [California passed Senate Bill 10](#), which paved the way for a [Section 1332 waiver](#) that would have allowed undocumented immigrants to buy a Marketplace plan. That waiver was [later withdrawn](#).

## Unique Health Risks for Deportees

Being forced to migrate back to their country of origin would likely only exacerbate these access issues among Dreamers. Should a legislative fix to DACA fail to be negotiated, the public health consequences have implications for both United States and Mexico immigration and health policies from the point of deportation to repatriation—and necessitate exploration of alternative policy solutions.

Migration inherently poses risks to the health of the immigrant. Research in migration health has found that when immigrants are forced to migrate back to their country of origin, it can have a [negative impact on their health](#), not to mention the [stressors on mental health that are attributed to the fear associated with deportation](#).

Hence, sustained access to medical care throughout the entire deportation and repatriation process is needed to ensure risk factors related to forced migration are not exacerbated. Yet access and continuity of care during this ordeal can be fragmented or simply absent, as evidenced by the poor health services currently experienced in migration detention facilities that have led to controversy and reported [deaths of detainees](#).

The U.S. Immigration and Customs Enforcement (ICE) agency states that undocumented immigrants must be provided “[safe, secure, and humane confinement](#)” [when detention is necessary](#). However, many detention facilities are privately-run centers that are [not held to the same standards that the state and federal detention facilities are required to meet](#). ICE stipulates national standards for detention facilities ([last updated in 2016](#)), though no dedicated regulatory oversight body is in place to make sure these standards are met.

Specifically, organizations such as Human Rights Watch have identified a number of cases of inadequate and substandard care in detention facilities, including care that has been unreasonably delayed and lack of adequate mental health services, which has led to detainees dying in custody. This systematic pattern of negligence has led to immigration facilities repeatedly being investigated for [poor living conditions and having limited or no access to health care](#). Concomitantly, reports of [detainee deaths and hunger strikes](#) due to negligence and poor medical care at private facilities remain a significant concern, likely only to worsen should deportation rates increase.

Once deportees arrive to Mexico, their transition to public health coverage can be difficult due to the need to revalidate their legal status. Seguro Popular, Mexico's public health care insurance scheme for those who are not employed (which offers coverage to [266 services](#) and [covered diagnoses](#)), has a stringent list of requirements needed to qualify for enrollment. For example, enrollees must provide [proof of residency, official photo identification, and a birth certificate](#), failure of which may lead to denial of coverage.

Student-deportees face similar challenges. Mexican students enrolled in a college or university are eligible for Mexico's social security insurance, [Instituto Mexicano del Seguro Social \(IMSS\)](#), which offers [more comprehensive health care coverage](#) than Seguro Popular. However, deportees have faced significant challenges [fully validating the education](#) they receive in the United States (due to bureaucratic and curricular equivalency requirements), which directly impacts their ability to reenroll in Mexico's schools and universities. In early 2017, Mexico passed [education reform legislation](#) intended to make it easier to validate education received abroad; however, the law only automatically validates education received from approximately [60 United States universities](#).

## “Somos Mexicanos” And Bilateral Repatriation Policy

In 2016, in anticipation of a large number of return migrants to Mexico due to changing United States immigration policy, “[Somos Mexicanos: Aquí Tienes las Puertas Abiertas](#)” (or “We are Mexicans: Here we have the doors open”), was established to facilitate the reintegration of deportees and other Mexican-born nationals. The program as instituted by law and administered by Mexico's Instituto Nacional de Migración is designed to welcome return migrants and [provide basic food, social, and health services at point of entry](#).

However, the program is not specifically tailored to the unique needs of Dreamers, who often have little personal history or experience with Mexican government services. For instance, Somos Mexicanos program information is only available in Spanish, which some Dreamers may not speak fluently.

In addition to Somos Mexicanos, [United States-Mexico bilateral repatriation agreements](#) stipulate the types of arrangements that must be met to deport immigrants back to Mexico. These agreements establish procedures for safe repatriation and communication requirements, such as allowing Mexican nationals to contact the consulate prior to repatriation. However, the right to these procedures is not always communicated to deportees, an issue of particular importance for Dreamers, who could benefit from additional



safeguards and a structured binational reintegration process because of their unfamiliarity with Mexico's social, cultural, and legal structure.

For example, safeguards included in [sections 11 and 12](#) of one of the repatriation agreements require a "representative" who would arrange acceptance of unaccompanied minors, and stipulates that transfer must occur during daylight hours. Missing from this process, however, is a requirement that arrangements be made with family members prior to repatriation, a component that would specifically benefit Dreamers.

## Strengthening Existing Policy

Hundreds of thousands of Dreamers face an uncertain future under the current administration. Should DACA recipients become subject to deportation, there will likely be a rapid rise of detainees housed in immigrant detention facilities. At a minimum, federally mandated health care requirements should be implemented, maintained, and enforced in detention facilities to ensure safe, secure, and humane passage of Dreamers. This should include adequate access to quality health care coverage and timely access to treatment at the first step of repatriation.

Better bilateral communication, coordination, and arrangements for minors pre- and post-deportation is also needed. For instance, direct contact with consular services could help Dreamers integrate by ensuring that they are enrolled in federal health plans prior to traveling. In addition, arrangements that better facilitate Dreamers' continued education in Mexico would enable access to IMSS health benefits. These might include extensions of or exceptions from education validation requirements under IMSS enrollment, greater flexibility with curricular equivalency requirements, and expansion of the list of universities that are considered valid automatically.

Somos Mexicanos is a positive step, but it must be further refined to specifically address the unique needs of Dreamers, including their language, social, and cultural needs.

As a population, Dreamers are particularly vulnerable to health disparities as a result of their undocumented status in the United States, which has precluded them from accessing avenues of health care coverage afforded to permanent residents. Now, more than ever, they face a tentative future, necessitating policies and processes that will ensure they receive adequate access to health care, particularly if they are forced to return home. These individuals deserve the right to health, regardless of their legal status.

Health Affairs Comment Policy

Comment moderation is in use. Please do not submit your comment twice -- it will appear shortly.  
Please read our Comment Policy before commenting.



0 Comments    Health Affairs    Privacy Policy    1 Login ▾

Favorite 5    Tweet    Share    Sort by Best ▾



Start the discussion...

LOG IN WITH

OR SIGN UP WITH DISQUS ?

Name

Be the first to comment.



Featured Blog topic. Learn more.

Related

CONTENT

Access To Care

TOPICS

Access To Care

Immigrants

Education

Public Health

Legislation

Health Disparities

Health Insurance Exchanges

Affordable Care Act

Health Services

Communications

## Cite As

"The Health Of Dreamers, " Health Affairs Blog, February 13, 2018.

DOI: 10.1377/hblog20180209.367466



*1220 19th Street, NW, Suite 800*

*Washington, DC 20036*

*T 301 656 7401*

*F 301 654 2845*

*customerservice@healthaffairs.org*

### TOPICS

Access & Use

Costs & Spending

COVID-19

Health Equity

Health Reform

Leading To Health

More Topics

### CONTENT

Journal

Blog

Briefs

Events

Podcasts

Collected Works

### INFORMATION FOR

[Authors](#)  
[Request For Abstracts](#)  
[Reviewers](#)  
[Subscribers](#)  
[Advertisers](#)  
[Media News Room](#)  
[Funders](#)  
[Event Attendees](#)

#### **SERVICES & RESOURCES**

[Submit Content](#)  
[Subscribe/Renew](#)  
[Manage My Account](#)  
[Purchase Content](#)  
[Permissions](#)  
[Alerts](#)  
[Newsletter Sign Up](#)  
[Advertising Kit](#)

#### **HEALTH AFFAIRS**

[About](#)  
[Terms & Conditions](#)  
[Privacy Policy](#)  
[Jobs At Health Affairs](#)  
[Contact Us](#)

[Terms and conditions](#)   [Privacy](#)   [Project HOPE](#)

Health Affairs is pleased to offer Free Access for low-income countries. Health Affairs gratefully acknowledges the support of many funders.

Project HOPE is a global health and humanitarian relief organization that places power in the hands of local health care workers to save lives across the globe. Project HOPE has published Health Affairs since 1981.

Copyright 1995 - 2021 by Project HOPE: The People-to-People Health Foundation, Inc., eISSN 1544-5208.