



Written by [R. Cort Kirkwood](#) on January 5, 2012

## Illegal-Alien Patients Check In But They Don't Check Out

An underreported but serious problem with illegal aliens and health care costs surfaced in the New York Times again this week. The paper reprised a report on patients who will not or cannot leave the hospital after treatment. Many of them, the Times says, are illegals.

The story is hardly a revelation, but it reconfirms data which show illegals and their families are a crushing financial burden on taxpayers from coast to coast.

Added to the costs states pick up for illegals are those for the federal government, [which spends](#) nearly \$6 billion on illegal-alien health care.



### In New York

[According to](#) the *Times*:

Hundreds of patients have been languishing for months or even years in New York City hospitals, despite being well enough to be sent home or to nursing centers for less-expensive care, because they are illegal immigrants or lack sufficient insurance or appropriate housing.

As a result, hospitals are absorbing the bill for millions of dollars in unreimbursed expenses annually while the patients, trapped in bureaucratic limbo, are sometimes deprived of services that could be provided elsewhere at a small fraction of the cost.

A particularly egregious case included in the *Times'* piece is that of Yu Kang Fu, 58, an illegal who lived in Flushing. The restaurant worker, suffering a headache, landed in New York Downtown Hospital in May 2007 after his boss dropped him there, whereupon doctors diagnosed him with a stroke.

But when it came time to leave, he couldn't. "Within days, he was well enough for hospital personnel to begin planning for his release," the [newspaper reported](#), "but as an illegal immigrant (he had overstayed a work visa a decade ago), he was ineligible for health benefits. And no nursing home or rehabilitation center would take him. Neither would his son in China nor the Chinese government, although the hospital volunteered to fly him there at its expense."

So he's been there ever since, as the [Times reported](#) in 2008, because there was nowhere for him to go.

So he stayed, and stayed. And he was not the only one. Jeffrey Menkes, the hospital's president, said Downtown housed a few uninsured immigrants like Mr. Yu at any given moment, which costs the hospital \$1.5 million to \$2 million annually. It also costs patients like Mr. Yu the chance to receive the intensive rehabilitation that they need.

Mr. Yu, according to a hospital document, can "perform some independent activities of daily living, including turning in bed and feeding himself." But he is "dependent on staff for other daily necessities" and suffers from "limited cognition and limited independent judgment."



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[Said Mr. Yu](#): “Here, I am very happy. This is very nice — No. 1.”

In one case, the [Times reported](#) in 2008, a hospital discharged an illegal-alien patient who then returned to a different American hospital for more free treatment.

## The Health Costs of Illegals

But “patients” such as Yu are only the tip of the iceberg. The doctoring and hospitalizing of illegals costs American taxpayers billions of dollars.

[According to](#) the Federation for American Immigration Reform, the federal government spends more than \$5.9 billion annually on illegal-alien medical care. Emergency medical care costs \$250 million, FAIR estimated, while Medicaid fraud costs more than \$1.2 billion. The cost of illegal-alien child birth is \$1.24 billion. Medicaid for children alone is \$1.62 billion, with another \$1.6 billion for the [State Children’s Health Insurance Program](#) and “other Medicaid outlays.”

Part of the problem, [FAIR reported](#), is the [Emergency Medical Treatment and Active Labor Act](#). As FAIR noted, “The provision of medical care for illegal aliens is mandated by federal law — the Emergency Medical Treatment and Active Labor Act (EMTALA) enacted in 1986 — for all persons having emergency medical conditions until the patient’s condition is stabilized. This provision of law is often relied on by illegal aliens who do not have medical insurance for medical treatment. Medical facilities that provide emergency medical care and receive federal funds are required to apply this open admission standard without regard to legal status or ability to pay for the medical attention.”

Given that, it’s hardly surprising the state taxpayers shoulder a crushing burden to pay the price.

## Patient Dumping

Uncompensated medical care for illegals, much of which arises from EMTALA, is \$7.5 billion. [FAIR cited](#) a report in the *Miami Herald* in 2009 that illustrates the gravity of the problem:

Last year, undocumented immigrants visited Jackson [Hospital] 77,415 times, costing the system \$38 million in unpaid care.

So far this year, 54,858 visits have cost \$33 million. That is less than 10 percent of the \$500 million the system spends on charity care each year, but more than half of the \$56 million that Jackson expects to lose this fiscal year. ... To get some of that money, Jackson submitted 2,908 claims in 2008 for \$23.4 million. It was reimbursed \$543,621.31.

Broward Health, the public system in North Broward, estimates it spent about \$16 million last year treating about 12,000 foreign patients who were probably undocumented. ... Last year, 13 percent of them were over 65. Since they do not qualify for Medicare, the hospital did not get reimbursed for \$4.6 million of their care cost.

On a quiet street in northwestern Miami, a Jackson nursing home serves 60 undocumented immigrants — some paralyzed, quite a few on ventilators — costing Miami-Dade taxpayers about \$318 a day per patient.

The problem, of course, is that illegals often lack health insurance, [FAIR reported](#): “In California, over half of the illegal alien population has no insurance, with the Urban Institute finding that in Los Angeles County illegal alien adults were almost four times more likely than native-born adults to be uninsured.”

And New York isn’t the only city that suffers from what is called “patient dumping.”



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In 2010, [The Philadelphia Inquirer reported](#) on another Asian who is draining the system: “Mrs. Kim is 4-foot-8, speaks no English, and has been in America, illegally, for a decade.”

She has arthritic knees and can no longer stand. She needs a nursing home. But none will take her. Because of her illegal status, she is ineligible for Medicaid, which pays the bill for two out of every three nursing-home residents.

Without Medicaid, and with no means of her own, she became Abington’s [hospital] problem. ...On March 12, after 80 days, the charges — the sticker price that few pay — were \$444,208.63. The true cost of her care, said Louis Incognito, Abington’s reimbursement director, was \$1,200 a day — \$96,000, and rising.

But the states suffer other costs as well. The Medicaid cost for the states is \$1.8 billion, while SCHIP (State Children’s Health Insurance Program) costs \$456.6 million.

## **Totals**

The cost per state, [FAIR reported](#), ranges from highs in or near the billions in California (\$2.9 billion), Texas (\$1.4 billion), and New York (\$957 million) to lows of less than \$4 million in Maine (\$2.9 million), Montana (\$2.7 million), and South Dakota (\$3.5 million).

The total for the states is \$10.8 billion.

The sum of federal and state outlays for illegal-alien health care is nearly \$17 billion.



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