



Written by [Daniel Sayani](#) on February 24, 2011

## Illegal Immigrants Overrun Arizona's Emergency Rooms

One of the most significant issues to arise in the immigration debate is the question of illegal immigrants utilizing taxpayer-funded social and human services that they are not legally entitled to, and that they do not contribute to, as illegal immigrants do not pay taxes that are used to finance such programs.



The state of Arizona, known for taking a tough stance for the rule of law and the U.S. Constitution in its legislation that seeks to defend its borders from the constant onslaught of illegal immigrants who violate its laws by illicitly entering the state, is once again taking effective, common-sense measures toward remedying the enormous legal and fiscal challenges wrought by unrestrained illegal immigration.

As part of a slew of legislative measures introduced this week in the Arizona State Legislature — including SB 1611, that protects Arizona's public education system by keeping out illegal alien students — Arizona is also protecting the solvency and integrity of its healthcare system. Like education, health care is a government service that has been hit hard by illegal immigration; states such as Arizona and California can no longer afford to educate and provide unlimited medical treatment for illegal immigrants, who do not financially contribute to these government services. Both Arizona and California have incurred enormous budget deficits as a result of unabashed illegal immigration, and the associated drain on governmental agencies, schools, and hospitals.

In response to these economic challenges and the continued violation of immigration laws, Arizona's state legislators have introduced legislation that would curb illegal immigrants' unlawful and unsustainable use of hospitals and emergency rooms as sources of free health care and medical treatment — a national epidemic that has caused the closure of numerous hospitals and the near-bankruptcy of several state-run health insurance programs. These activities have resulted in a lack of healthcare for legal, taxpaying citizens in need of medical treatment, as well as longer delays, subpar quality of medical services and treatments, and reduced access to critical programs and services. The [Federation of American Immigration Reform](#) (FAIR) issued a research report exploring the full scope of this crisis plaguing the American healthcare delivery system:

Immigrants are often uninsured and underinsured. Forty-three percent of noncitizens under 65 have no health insurance. That means there are 9.4 million uninsured immigrants, a majority of whom [are] in the country illegally, constituting 15 percent of the total uninsured in the nation in the mid-1990s. The cost of the medical care of these uninsured immigrants is passed onto the taxpayer, and strains the financial stability of the health care community.

Another problem is immigrants' use of hospital and emergency services rather than preventative



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medical care. For example, utilization rate of hospitals and clinics by illegal aliens (29 percent) is more than twice the rate of the overall U.S. population (11 percent).

As a result, the costs of medical care for immigrants are staggering. The estimated cost of unreimbursed medical care in 2004 in California was about \$1.4 billion per year. In Texas, the estimated cost was about \$8.5 billion, and in Arizona the comparable estimate was \$4 billion per year.

The problem is succinctly described by the following authorities on the subject:

"What is unseen is their [illegal aliens'] free medical care that has degraded and closed some of America's finest emergency medical facilities, and caused hospital bankruptcies: 84 California hospitals are closing their doors," Madeleine Peiner Cosman, Ph.D., Esq., "Illegal Aliens and American Medicine," *Journal of American Physicians and Surgeons*, Spring 2005.

"We're running an H.M.O. for illegal immigrants and if we keep it up, we're going to bankrupt the county," Los Angeles County supervisor Michael D. Antonovich, *New York Times*, May 21, 2003.

The first of its kind in the country, the proposal would require hospital personnel to report illegal immigrants to federal officials. Emergency patients would be allowed to receive care before their immigration status is checked, but critics say the measure is cruel to immigrants who might avoid hospitals for fear of being deported.

"It's in the federal law that we are required to take emergencies and stabilize them. Nobody is going to turn these folks down, we agree with that," says Mesa Republican and Senate President Russell Pearce (picture, above), who was also the primary sponsor of the controversial immigration law now tied up in federal court. "But I get calls from doctors and nurses every day that work in the emergency room, talking about the abuse, the millions of dollars spent for folks who come in for pregnancy tests, sniffles — they use emergency room services as their primary care," he says. "When do we stand up for the taxpayers?"

Maricopa County Sheriff Joe Arpaio explains that the controversial measure is just one piece of a larger effort to curb illegal immigration. "These admission medical facilities are being flooded with people, and the public here is outraged that they have to wait in the back of the line, insurance rates go up — they want something done about it, and that's just one piece of the puzzle," Arpaio said on the Fox News program [America's HQ](#) on Sunday. "What's wrong with asking for someone's identification?" he asked. "I don't see any problem to see if someone's here legally or illegally."

The legislation, SB 1405, accompanies other legislative efforts aimed at cracking down on illegal immigration in the Copper State, including SB 1070 and SB 1611. The text of the legislation itself says the [following](#):

BEFORE A HOSPITAL ADMITS A PERSON FOR NON-EMERGENCY CARE, A HOSPITAL ADMISSIONS OFFICER MUST CONFIRM THAT THE PERSON IS A CITIZEN OF THE UNITED STATES, A LEGAL RESIDENT OF THE UNITED STATES OR LAWFULLY PRESENT IN THE UNITED STATES. THE ADMISSIONS OFFICER MAY USE ANY METHOD PRESCRIBED TO VERIFY CITIZENSHIP OR LEGAL STATUS. IF THE ADMISSIONS OFFICER DETERMINES THAT THE PERSON DOES NOT MEET THE REQUIREMENTS OF SUBSECTION A OF THIS SECTION, THE ADMISSIONS OFFICER MUST CONTACT THE LOCAL FEDERAL IMMIGRATION OFFICE. IF THE HOSPITAL PROVIDES EMERGENCY MEDICAL CARE PURSUANT TO FEDERAL REQUIREMENTS TO A PERSON WHO DOES NOT MEET THE REQUIREMENTS OF



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SUBSECTION A [i.e. fulfill the requirements of legal citizenship] OF THIS SECTION, ON SUCCESSFUL TREATMENT OF THE PATIENT, THE ADMISSIONS OFFICER MUST CONTACT THE LOCAL FEDERAL IMMIGRATION OFFICE.

The Arizona law serves as a welcome remedy to the current legal policies that mandate that hospital emergency rooms treat illegal immigrants for any and all ailments they report, even if their conditions are routine illnesses or injuries that do not constitute an imminent, life-threatening emergency. It is currently federal law that every emergency room in this country serve whoever walks through the door whether they can pay for the service or not. This includes illegal aliens who often come to the emergency room for something as basic as the common cold or a muscle ache, which results in huge financial losses for both the taxpayer and the hospital. The Tucson Medical Center and University Medical Center located in Tucson, Arizona, bear around \$1 million dollars each in uncompensated costs for treating illegal immigrants annually. Not only do taxpayers suffer from the unfunded mandates, but businesses do as well.

Just as the U.S. Supreme Court case [Plyler v. Doe](#) serves as a seductive enticement for illegal immigrants to flock to and stay within the United States (the Court ruled that a Texas law forbidding school districts from offering free education to undocumented immigrant children was in violation of the 14th Amendment's Equal Protection Clause, despite the fact that illegal immigrants, as non-citizens, are not inherently entitled to or worthy of constitutional rights), so too does the [Emergency Medical Treatment and Active Labor Act](#) (EMTALA) serve as legislation which exacerbates the illegal immigration crisis. Signed into law in 1986 by former President Ronald Reagan, EMTALA requires emergency department treatment of all, regardless of citizenship and severity of condition, a loophole which gives illegal immigrants carte blanche in abusing emergency rooms for all of their healthcare needs. According to the left-leaning Kaiser Commission on Medicaid and the Uninsured, illegal immigrants, however, most frequently rely upon clinics and health centers established by hospitals as urgent care and primary care facilities. These centers nationally incur annual composite costs of over \$8.6 billion in their emergency rooms, revenue that these facilities will never recuperate, although this is far from a universally recognized fact.

Pearce and other advocates of SB 1611 are supported by Dr. Theodore Chan's research, which, in analyzing previous research, conclusively finds that undocumented immigrants in the U.S. seek healthcare primarily through emergency rooms; 44 percent of those illegal immigrants interviewed by Chan at a San Diego emergency room answered that even if other healthcare services were available, only the emergency room was acceptable to them (Survey of illegal immigrants seen in an emergency department, [Western Journal of Medicine](#), March 1996, Vol. 164 No. 3. pp.212-216).

According to the Americans for Legal Immigration PAC, in 2003, the American Southwest saw 77 hospitals enter bankruptcy due to unpaid medical bills incurred by illegal aliens. A staggering 84 hospitals in California alone have been forced to close their doors because of the growing crisis. Hospitals that manage to remain open pass the unpaid costs along to the rest of the populace, which translates into more out-of-pocket expenses and higher insurance premiums for Americans.

In spite of this evidence, SB 1405 still has its detractors, including [Dr. George Pauk](#), a retired doctor with the Arizona Coalition for a State and National Health Program, a member of the 18,000-strong coalition of radical leftist physicians who have long advocated for the socialization of American medicine, including a single-payer option as the preferred system of healthcare delivery. (Under such a plan, the government finances health care from a single insurance pool.) Pauk also supports continued



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unbridled usage of hospitals and emergency rooms by illegal aliens, and as such, he exonerates those such as Rep. Joe Wilson (R-S.C.), who believes that the ethos of ObamaCare includes healthcare for illegal immigrants, demonstrating that the same forces behind ObamaCare are the same forces behind free healthcare for illegal aliens.

Pauk [says](#) that the bill could endanger both illegal immigrants and the public by creating an epidemiological nightmare. "I know that people will not come in," and "They will stay away, and people with communicable diseases that affect us all may even stay away and be out there," he said. What's more, he adds, the bill would "criminalize" health workers who do not perform immigration checks.

"There is no criminalization; he overstated it," counters Pearce. "It's outrageous that he makes those kinds of statements. Nobody is criminalizing it. It's already a criminal act to aid and abet illegals in this country. It's a federal felony." He adds, "Quit inviting people over the border. We give them free stuff, free medical ... enough is enough. We're fully in favor of police action, immigration action, and federal law governing immigration," Pauk says, but "It should not be state law."

SB 1405 is currently being debated within the Senate Judiciary Committee, and is expected to come to the floor of the State Senate for an up-or-down vote next week.



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