Illegal Aliens and American Medicine

Madeleine Pelner Cosman, Ph.D., Esq.

The Seen and the Unseen

The influx of illegal aliens has serious hidden medical consequences. We judge reality primarily by what we see. But what we do not see can be more dangerous, more expensive, and more deadly than what is seen.¹

Illegal aliens’ stealthy assaults on medicine now must rouse Americans to alert and alarm.² Even President Bush describes illegal aliens only as they are seen: strong physical laborers who work hard in undesirable jobs with low wages, who care for their families, and who pursue the American dream.

What is unseen is their 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.³ “Anchor babies” born to illegal aliens instantly qualify as citizens for welfare benefits and have caused enormous rises in Medicaid costs and stipends under Supplemental Security Income and Disability Income.⁴,⁵

What is seen is the illegal alien who with strong back may cough, sweat, and bleed, but is assumed healthy even though he and his illegal alien wife and children were never examined for contagious diseases.

By default, we grant health passes to illegal aliens. Yet many illegal aliens harbor fatal diseases that American medicine fought and vanquished long ago, such as drug-resistant tuberculosis, malaria, leprosy, plague, polio, dengue, and Chagas disease.⁶,⁷

What is seen is the political statistic that 43 million lives are at risk in America because of lack of medical insurance.⁸ What is unseen is that medical insurance does not equal medical care. Uninsured people receive medical care in hospital emergency departments (EDs) under the coercive Emergency Medical Treatment and Active Labor Act of 1985 (EMTALA), which obligates hospitals to treat the uninsured but does not pay for that care. Also unseen is the percentage of the uninsured who are illegal aliens. No one knows how many illegal aliens reside in America. If there are 10 million, they constitute nearly 25 percent of the uninsured. The percentage could be even higher.

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) requires every ED to treat anyone who enters with an “emergency,” including cough, headache, hangnail, cardiac arrest, herniated lumbar disc, drug addiction, alcohol overdose, gunshot wound, automobile trauma, human immunodeficiency virus (HIV)-positive infection, mental problem, or personality disorder.

The definition of emergency is flexible and vague enough to include almost any condition. Any patient coming to a hospital ED requesting “emergency” care must be screened and treated until ready for discharge, or stabilized for transfer—whether or not insured, “documented,” or able to pay. A woman in labor must remain to deliver her child.

The hospital must have specialists on call at all times for all departments that provide medical services and specialties within the hospital’s capabilities. EMTALA is an unfunded federal mandate. Government imposes viciously stiff fines and penalties on any physician and any hospital refusing to treat any patient that a zealous prosecutor deems an emergency patient, even though the hospital or physician screened and declared the patient’s illness or injury non-emergency.⁹,¹⁰ But government pays neither hospital nor physician for treatments. In addition to the fiscal attack on medical facilities and personnel, EMTALA is a handy truncheon with which to pummel politically unpopular physicians by falsely accusing them of violating EMTALA.

High-technology EDs have degenerated into free medical offices. Between 1993 and 2003, 60 California hospitals closed because half their services became unpaid. Another 24 California hospitals verge on closure. Even ambulances from Mexico come to American EDs with indigents because the drivers know that EMTALA requires accepting patients who come within 250 yards of a hospital. That geographic limit has figured in many lawsuits.¹¹

Los Angeles County Trauma Care Network, built in 1983, was one of America’s finest emergency medical response organizations. Consisting of 22 hospitals, state-of-the-art equipment, superior emergency physicians, surgeons, specialists, nurses, technicians, it offered 365-day, round-the-clock emergency care for people suffering life-threatening car crashes, industrial accidents, urban crime, natural disasters such as earthquake and wildfire, or terrorism. Now most trauma hospitals have left the network, and so have many emergency physicians and surgeons.¹² EMTALA contributed to the Trauma Care Network’s loss of focus and loss of money.¹³

Illegal aliens perpetrate much violent crime, the results of which arrive at EDs.¹⁴,¹⁵ “Dump and run” patients, often requiring tracheotomy or thoracotomy for stab or gunshot wounds, are dropped on the hospital sidewalk or at the ED as the car speeds away. Usually such incidents are connected to drugs and gangs. Even if the hospital is not exclusively dedicated to trauma care, EMTALA still governs treatment.¹²

While most people coming to EDs throughout the United States are not poor and have medical insurance,¹⁶ cities such as Los Angeles with large illegal alien populations, high crime, and powerful immigrant gangs are losing their hospitals to the ravages of unpaid care under EMTALA. In Los Angeles, 95 percent of outstanding homicide warrants are for illegal aliens, as are 66 percent of fugitive felony warrants. The notorious 18¹⁷ Street Gang has 20,000 members, of whom 60 to 80 percent are illegal aliens, according to the California Department of Justice and the Los Angeles Police Department, respectively. The Lil’ Cycos Gang, notorious for murder, racketeering, and drugs in Los Angele’s MacArthur Park, was thought to be 60 percent illegals in 2002, and the percentage is higher now. Francisco Martinez of the Mexican mafia ran the gang while imprisoned for felonious reentry after deportation.¹⁷
Illegal aliens move freely in crime sanctuary cities. In Los Angeles, San Diego, Stockton, New York, Chicago, Miami, Austin, and Houston, no hospital, physician, city employee, or police officer is permitted to report immigration violators to the Department of Homeland Security’s Bureau of Immigration and Customs Enforcement (the old INS or Immigration and Naturalization Service). Los Angeles Police Department Special Order 40, begun in 1979 by Chief Daryl Gates, prohibits police officers from “initiating police action where the objective is to discover the alien status of a person.”

As many as 10,000 illegals cross the 1,940-mile-long border with Mexico each day. About 33 percent are caught. Many try again, immediately. Authorities estimate about 3,500 illegal aliens daily become permanent U.S. residents—at least 3 million annually. EMTALA rewards them with extensive, expensive medical services, free of charge, if they claim an emergency need for care. Government welcomes illegal aliens by refusal to police our borders, by reluctance to prosecute people who violate basic American law, and by fervor to please those who abuse our generosity and cynically ply our compassion against us.

**Anchor Babies**

American hospitals welcome “anchor babies.” Illegal alien women come to the hospital in labor and drop their little anchors, each of whom pulls its illegal alien mother, father, and siblings into permanent residency simply by being born within our borders. Anchor babies are citizens, and instantly qualify for public welfare aid. Between 300,000 and 350,000 anchor babies annually become citizens because of the Fourteenth Amendment to the U.S. Constitution: “All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and the State wherein they reside.”

In 2003 in Stockton, California, 70 percent of the 2,300 babies born in San Joaquin General Hospital’s maternity ward were anchor babies, and 45 percent of Stockton children under age six are Latino (up from 30 percent in 1993). In 1994, 74,987 anchor babies in California hospital maternity units cost $215 million and constituted 36 percent of all Medi-Cal births. Now they account for substantially more than half.

Consider the story of one illustrative family to show how reality is the sum of the seen and the unseen. The Silverios from Stockton, California, are illegal aliens seen as hard-laboring fruit-pickers with family values. Cristobal Silverio came illegally from Oxtotilan, Mexico, in 1997 and brought his wife Felipa, plus three children aged 19, 12, and 8. Felipa, mother of the bride Lourdes (age 19), gave birth to a new daughter, her anchor baby, named Flor. Flor was premature, spent three months in the neonatal incubator, and cost San Joaquin Hospital more than $300,000. Meanwhile, Lourdes plus her illegal alien husband produced their own anchor baby, Esmeralda. Grandma Felipa created a second anchor baby, Cristian.

Anchor babies are valuable. A disabled anchor baby is more valuable than a healthy one. The two Silverio anchor babies generate $1,000 per month in public welfare funding. Flor gets $600 per month for asthma. Healthy Cristian gets $400. Cristobal and Felipa last year earned $18,000 picking fruit. Flor and Cristian were paid $12,000 for being anchor babies. This illegal alien family’s annual income tops $30,000.

Cristobal Silverio, when drunk one Saturday night, crashed his van. Though he had no auto insurance or driver’s license, and owed thousands of dollars, he easily bought another van. Stockton Police say that 44 percent of all “hit and runs” are by illegal aliens. If Cristobal had been seriously injured, the EMTALA-associated entitlement would provide, as it did for the four-year rehabilitation of a quadriplegic neighbor illegal alien. Rehabilitation costs customarily do not fall under the title “emergency care,” but partisans clamor to keep paraplegics in America rather than deport them to more primitive facilities south of the border.

My mechanic employs an illegal I shall call Umberto, who said when I came for my truck, “Dr. Cosman, my children lost their shadows! Help me!”

What does this mean? Umberto has five disabled children: two are autistic, two have attention deficit hyperactivity disorder, and one has oppositional defiant disorder, with additional obsessive-compulsive disorder. All take California government-supplied medications, including Ritalin. The autistic children had “shadows” or personal attendants, one per child, under the federal Individuals with Disability Education Act of 1975 (IDEA). The program provides a shadow, plus an “individual education program” that cost about $30,000 per year per child. Umberto and his wife dine out alone each week, thanks to California-provided respite-care babysitters.

Illegal aliens have translators, advocates, and middlemen supplied by immigrants’ civil rights groups or by Medicaid. MediCal in 2003 had 760,000 illegal aliens, up from 2002 when there were 470,000. Supplemental Security Income is a non-means-tested federal grant of money and food stamps. People qualify easily. Scams, fraud, and cheats are rampant. In one clinic, 300 people diagnosed as “mildly mentally retarded” all had the same translator, same psychiatrist, same symptoms, and similar stipend. Fraud is an equal-opportunity employer that flouts America’s generosity to the feeble, the crippled, and the poor.

Illegal aliens have powerful legal facilitators who litigate and lobby for “Open Borders” and for welfare benefits for all who cross onto America’s soil. Open Borders proponents imperil America’s sovereignty by obliterating distinctions between legal immigrants and illegal aliens, and between American citizens and all other people of the hungry world.

Among the organizations directing illegal aliens into America’s medical systems are the Ford Foundation-funded Mexican American Legal Defense and Education Fund; the National Immigration Law Center; the American Immigration Lawyers Association; the American Bar Association’s Commission on Immigration Policy, Practice, and Pro Bono; the Immigrant Legal Resource Center; the National Council of La Raza; George Soros’s Open Society Institute; the Migration Policy Institute; the National Network for Immigration and Refugee Rights; and the Southern Poverty Law Center. And there are more.

Cases of “permanent disability” have burgeoned because its definition is vague [a 12-month problem that interferes with work: see Disability Income, 42 U.S.C. 423(d)-(1)(A), and Supplemental Security Income, 42 U.S.C. 1382c(a)(3)(A)]; flexible, thanks to the Sullivan case; and individualistic, thanks to government regulations. Mental, social, behavioral, and personality disorders are included. More than 500,000 “mentally disabled” children on psychotropic drugs for ADHD and ODD have incentives to bad, bizarre behavior. Children’s disability stipends are called “crazy money,” for crazy behavior.

Drug addiction and alcoholism are classified as diseases and disabilities. Disability Code DA&A had in 1983 only 3,000 stipend recipients, but in 1994 exploded to 101,000. In 2003, between 250,000 and 400,000 got lump-sum grants of disability money via SSI. When Linda Torres was arrested in Bakersfield, California, with about $8,500 in small bills in a sack, the police originally
thought it was stolen money. It was her SSI lump sum award for her disability: heroin addiction.

Immigrants on SSI, including legal aliens, refugees, and illegals with fraudulent Social Security cards, numbered a mere 127,900 aliens (3.3 percent of recipients) in 1982. By 1992 the numbers expanded to 601,430 entitled (10.9 percent of recipients). In 2003, this figure was several million (about 25 percent of recipients).

The National Immigration Law Center (NILC) proudly announced that it garnered for immigrants expensive cancer treatments, prenatal care, and critical health services by means of its litigation. Sometimes NILC worked in collaboration with lawyers from the American Civil Liberties Union and the Mexican American Legal Defense and Education Fund. Though the 1996 Welfare Reform Legislation reduced all welfare payments to all recipients nationwide, NILC cleverly managed to restore to its constituency of legal and illegal immigrants: $12 billion in Supplemental Security Income, and more than $800 million in food stamps.

For many illegal aliens, America is land of the victim and home of the entitled.

Contagious Diseases

When my grandfather came to America, he first kissed the ground of New York’s Ellis Island, then he stripped naked and coughed hard. Every legal immigrant before 1924 was examined for infectious diseases upon arrival and tested for tuberculosis. Anyone infected was shipped back to the old country. That was powerful incentive for each newcomer to make heroic efforts to appear healthy. Today, legal immigrants must demonstrate that they are free of communicable diseases and drug addiction to qualify for lawful permanent residency green cards. Illegal aliens simply cross our borders medically unexamined, hiding in their bodies any number of communicable diseases.

Many illegals who cross our borders have tuberculosis. That disease had largely disappeared from America, thanks to excellent hygiene and powerful modern drugs such as isoniazid and rifampin. TB’s swift, deadly return now is lethal for about 60 percent of those infected because of new Multi-Drug Resistant Tuberculosis (MDR-TB). Until recently MDR-TB was endemic to Mexico. This Mycobacterium tuberculosis is resistant to at least two major antitubercular drugs. Ordinary TB usually is cured in six months with four drugs that cost about $2,000. MDR-TB takes 24 months with many expensive drugs that cost around $250,000, with toxic side effects. Each illegal with MDR-TB coughs and infects 10 to 30 people, who will not show symptoms immediately. Latent disease explodes later.

TB was virtually absent in Virginia until 2002, when it spiked a 17 percent increase, but Prince William County, just south of Washington, D.C., had a much larger rise of 188 percent. Public health officials blamed illegals. In 2001 the Indiana School of Medicine studied an outbreak of MDR-TB, and traced it to Mexican illegal aliens. The Queens, New York, health department attributed 81 percent of new TB cases in 2001 to immigrants. The Centers for Disease Control and Prevention ascribed 42 percent of all new TB cases to “foreign born” people who have up to eight times higher incidence. Apparently, 66 percent of all TB cases coming to America originate in Mexico, the Philippines, and Vietnam. Virulent TB outbreaks afflicted schoolteachers and children in Michigan, adults and children in Texas, and policemen in Minnesota. Recently TB erupted in Portland, Maine, and Del Rey Beach, Florida.

Chagas disease, also called American trypanosomiasis or “kissing bug disease,” is transmitted by the reduvid bug, which prefers to bite the lips and face. The protozoan parasite that it carries, Trypanosoma cruzi, infects 18 million people annually in Latin America and causes 50,000 deaths. This disease also infiltrates America’s blood supply. Chagas affects blood transfusions and transplanted organs. No cure exists. Hundreds of blood recipients may be silently infected. After 10 to 20 years, up to 30 percent will die when their hearts or intestines, enlarged and weakened by Chagas, burst. Three people in 2001 received Chagas-infected organ transplants. Two died.

Leprosy, a scourge in Biblical days and in medieval Europe, so horribly destroys flesh and faces it was called the “disease of the soul.” Lepers quarantined in leprosaria sounded noisemakers when they ventured out to warn people to stay far away. Leprosy, Hansen’s disease, was so rare in America that in 40 years only 900 people were afflicted. Suddenly, in the past three years America has more than 7,000 cases of leprosy. Leprosy now is endemic to northeastern states because illegal aliens and other immigrants brought leprosy from India, Brazil, the Caribbean, and Mexico.

Dengue fever is exceptionally rare in America, though common in Ecuador, Peru, Vietnam, Thailand, Bangladesh, Malaysia, and Mexico. Recently there was a virulent outbreak of dengue fever in Webb County, Texas, which borders Mexico. Though dengue is usually not a fatal disease, dengue hemorrhagic fever routinely kills.

Polio was eradicated from America, but now reappears in illegal immigrants, as do intestinal parasites, but now is re-emerging in Texas. Malaria was obliterated, but now is re-emerging in Texas. About 4,000 children under age five annually in America develop fever, red eyes, “strawberry tongue,” and acute inflammation of their coronary arteries and other blood vessels because of the infectious malady called Kawasaki disease. Many suffer heart attacks and sudden death.

Hepatitis A, B, and C, are resurging. Asians number 4 percent of Americans, but account for more than half of Hepatitis B cases. Why inoculate all American newborns for Hepatitis B when most infected persons are Asians?

CRAG: A Proposal to Prevent Medical Cataclysm

Tough medicine could end the cataclysm in American medicine. I suggest the acronym CRAG for four critical actions to reclaim America’s EDs; to restore medicine’s proud scientific excellence and profitability; and to protect Americans against bacterial, viral, parasitic, and fungal infectious diseases that illegal aliens carry across our borders.

Close America’s borders. Prevent illegal entry with fences, high-tech security devices, and troops re-deployed from Germany and South Korea. Deport illegal aliens. Homeland Security’s Immigration and Customs Enforcement has a division of Detention and Removal dedicated to deportation. It is hobbled by the powerful Executive Office for Immigration Review (EOIR), the Department of Justice court system that consists of the U.S. Immigration Court (USIC) plus an appellate court, the Board of Immigration Appeals (BIA). The equation EOIR = USIC + BIA usually provides amnesty for the illegal alien, plus another level of appeal against deportation in federal circuit court.

Interment and deportation are politically incorrect. But America’s inadequate federal border enforcement permits massive daily border penetrations that violate the integrity of our medicine and our national security.
Rescind the citizenship of anchor babies. We must overturn the misinterpretation of the Fourteenth Amendment to the U.S. Constitution. The Constitution grants citizenship to all persons born or naturalized in the United States and “subject to the jurisdiction thereof.” An illegal alien mother is subject to the jurisdiction of her home country. The baby of an illegal alien mother also is subject to that home country’s jurisdiction.

When the Fourteenth Amendment was ratified, its purpose was to assure rights of freedom and citizenship to newly emancipated Negro citizens. American Indians, however, were excluded from American citizenship because of their tribal jurisdiction. Also not subject to American jurisdiction were foreign visitors, ambassadors, consuls, and their babies born here. For citizenship, the person was required to submit to complete, exclusive American jurisdiction, owing allegiance to no other nation.*

Long ago the Supreme Court correctly confirmed this restricted interpretation of citizenship in the so-called “Slaughter-House cases” [83 US 36 (1873)] and in Elk v. Wilkins [112 US 94 (1884)]. In Slaughter-House, the phrase “subject to its jurisdiction” excluded from its operation “children of ministers, consuls, and citizens of foreign states born within the United States.” In Elk, the American Indian claimant was born in America, but considered not an American citizen because the law required him to be “not merely subject in some respect or degree to the jurisdiction of the United States, but completely subject to their political jurisdiction and owing them direct and immediate allegiance.” To obtain citizenship, an American Indian had to separate from his tribe and be accepted by the United States as a citizen. A special act of Congress was needed to grant full citizenship to American Indians. The Citizens Act of 1924, codified in 8 USCS §1401, provides that:

The following shall be nationals and citizens of the United States at birth:

(a) a person born in the United States and subject to the jurisdiction thereof;
(b) a person born in the United States to a member of an Indian, Eskimo, Aleutian, or other aboriginal tribe....

Congress by legislation has the right to create uniform rules on naturalization, and to create dual citizenship and similar variations upon “jurisdiction.” We must be vigilant against congressmen voting to extend the list of those born here to include illegal aliens or other lawbreakers, conferring American citizenship and its generous social and medical benefits on babies born to criminals. It is irrelevant that some lawbreakers are hard-working women willing to do hard jobs for low pay, or that they are wives, daughters, cousins, lovers, or concubines of men willing to do America’s hard work. Gravid wombs should not guarantee free medical care and instant infant citizenship in America. We must reestablish the original limits on citizenship, and remove incentives for indigent Mexicans and others to break America’s immigration law. Proud legal immigrants applaud order, reason, and law.

Aiding and abetting illegal aliens is a crime. Punish it. This will anger devotees of illegal aliens who believe that the Constitution guarantees them civil rights that trump American administrative, civil, and criminal laws.**

Grant no new amnesties.*** We must choose either to surrender medicine to illegal aliens, or to fight illegal aliens.*** Surrender to illegal aliens is surrender to collectivist America: land of moral ambiguity and home of pacifist appeasement. Fighting against illegal aliens is fighting for individualistic America: land of moral strength, and home of responsible liberty.

As we fight to reclaim medicine, so we defend our nation.

Madeleine Pelner Cosman, Ph.D., Esq., is a medical lawyer, who formerly taught medical students at the City University of New York. Contact: MEDLAWMC@aol.com.

REFERENCES
3 Chong, J.R. Hawthorne Hospital to shut doors. R.F. Kennedy Medical Center cites financial problems for closure...sixth ER in LA County this year. Los Angeles Times, Sept 24, 2004.
11 Arrington v. Wong, 237 F3rd 1066 (9th Cir. January 22, 2001).
Woodridge F. Immigration’s Unarmed Invasion, Deadly Consequences. Bloomington, Ind.: Author House; 2004.


