

Commentary

Illegal immigrants are bankrupting our hospitals

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2008-07-29 16:18:50.0

Hard-working Americans, many of whom are our uninsured working poor, are paying billions in taxes for illegal immigrants' medical care. Thanks to the federal government's lax border enforcement, more than 12 million illegal aliens residing in the [United States](#) are bankrupting our hospitals.

Can we really afford to be the world's hospital? America is facing an acute medical care crisis of epic proportions because of an abysmal failure of leadership in [Washington](#). As a recent front-page [New York Times](#) article reported, "the growing population of illegal immigrants have flooded the ranks of the uninsured."

That story recounted the closing of a general acute care hospital in [Los Angeles](#), the 15th in that city alone since 2000. [Los Angeles County Supervisor Michael Antonovich](#) stated in another article, "We're running an HMO for illegal immigrants and if we keep it up, we're going to bankrupt the county."

Hospitals are closing — or bleeding red ink — not only in our border states, but also in cities such as [Philadelphia](#), [Cleveland](#) and [Washington, D.C.](#) According to estimates, [Texas](#) taxpayers had to cough up more than \$1.3 billion to cover un-reimbursed medical expenses for illegal aliens in 2006.

In [Maricopa County, Ariz.](#), five health care providers lost more than \$300 million in one year for uncompensated care, much of it due to uninsured illegals. Incredibly, Mexican ambulance drivers are often ordered to take uninsured illegals across the border to our already overcrowded emergency rooms.

And more than 300,000 babies born to illegal aliens annually, so-called "anchor babies," automatically become U.S. citizens entitled to free full medical care. Consider the plight of just one hospital.

An illegal immigrant from [Guatemala](#) was seriously injured in a car accident in 2000 and taken to Martin [Memorial Medical Center](#) in [Stuart, Fla.](#) He was treated but needed long-term care and rehabilitation, which the hospital was not equipped to handle.

Because he had no relatives in the United States and because [Medicaid](#) would only pay for the initial emergency treatment, the hospital incurred more than \$1.5 million for his round-the-clock care from 2001 to 2003.

With no help from federal immigration officials to deport the illegal, the hospital contacted Guatemalan authorities and the immigrant's family, who said they could care for him.

The hospital obtained court approval to send him home via air ambulance at a cost of \$30,000. Letting no good deed go unpunished, opportunistic plaintiffs' lawyers later sued the hospital for "false imprisonment" because after the illegal was sent home, the authorizing court order was overturned on appeal on technical grounds.

This Kafkaesque case has been pending for the last four years, costing the hospital yet another \$250,000 in legal defense fees, with no end in sight. Martin Memorial spent another \$1.5 million for two years of medical care for an illegal alien from [Mexico](#).

The hospital repeatedly called Mexican consulate authorities and the [Department of Homeland Security](#), neither of whom were interested in deporting him, even though the hospital offered to pay another \$30,000 to send him home by air ambulance.

Martin Memorial also has a half dozen illegals taking expensive dialysis treatments three times a week, not to mention

incurring costs for delivering hundreds of anchor babies every year. And this is just one hospital!

The [Florida Hospital Association](#) estimated that [Florida](#) hospitals have spent more than \$100 million on illegal aliens' medical care. Across the country, many illegals regularly use emergency rooms to receive treatment for non-emergency care, knowing they can't be turned away.

Is this any way to run our nation's medical care system? All of these billions of dollars that taxpayers and hospitals are forced to spend for illegal immigrants are draining funds that could help our own citizens.

Reduced funds can lead federal health officials to be especially stingy when deciding which drugs to cover under [Medicare](#). For instance, the [Centers for Medicare and Medicaid Services](#) within the [Department of Health and Human Services](#) have denied full coverage for a medication approved for use in African-American heart failure patients, despite the drug's commendable success rate and lack of a [Food and Drug Administration](#)-approved substitute.

How can it be that our federal government must pay the medical expenses for illegal aliens, but can't cover a drug for its own citizens that helps save lives?

So the next time you hear politicians complain about increased medical costs, lack of health care, and the rising ranks of the uninsured, ask them why they let it get that way — and what they intend to do about it.

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Note: This column originally appeared in [The Washington Examiner](#) on July 10, 2008.

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