Social Science & Medicine 74 (2012) 822–829

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Beyond welfare reform: Reframing undocumented immigrants' entitlement to health care in the United States, a critical review

Anahí Viladrich*

Queens College & The Graduate Center, The City University of New York, Flushing, New York City, NY 11367, United States

ARTICLE INFO

Article history:
Available online 25 June 2011

Keywords:
U.S.A.
Immigrants
Undocumented
Welfare reform
Deservingness
Framing
Health care
Health services
Review

ABSTRACT

This article addresses the main scholarly frames that supported the deservingness of unauthorized immigrants to health benefits in the United States (U.S.) following the passage of the Personal Responsibility Work Opportunity Reconciliation Act (PRWORA), known as the Welfare Reform bill, in 1996. Based on a critical literature review, conducted between January 1997 and March 2011, this article begins with an analysis of the public health rhetorics that endorsed immigrants' inclusion into the U.S. health safety net. In this vein, the "cost-saving" and "the effortful immigrant" frames underscore immigrants' contributions to society vis-à-vis their low utilization of health services. These are complemented by a "surveillance" account that claims to protect the American public from communicable diseases. A "maternalistic" frame is also discussed as a tool to safeguard families, and particularly immigrant mothers, in their roles as bearers and caretakers of their American-born children.

The analyses of the "chilling" and the "injustice" frames are then introduced to underscore major anthropological contributions to the formulation of counter-mainstream discourses on immigrants' selective inclusion into the U.S. health care system. First, the "chilling effect," defined as the voluntary withdrawal from health benefits, is examined in light of unauthorized immigrants' internalized feelings of undeservingness. Second, an "injustice" narrative highlights both the contributions and the limitations of a social justice paradigm, which advocated for the restoration of government benefits to elderly immigrants and refugees after the passage of PRWORA. By analyzing the contradictions among all these diverse frames, this paper finally reflects on the conceptual challenges faced by medical anthropology, and the social sciences at large, in advancing health equity and human rights paradigms.

Introduction

The front page photo of a long line of elderly women standing outside the Immigration Office in New York City on a cold winter day, was one of those poignant images from the mid-1990s that told Americans that something was about to change. This snapshot, and many others taken at welfare offices, employment agencies, and community-health care centers, would become emblematic of the transformations that were to come. In August 1996, President Clinton signed into law the Personal Responsibility Work Opportunity Reconciliation Act or PRWORA (Public Law 104–193, 1996), a bill that symbolized the spirit of self-sufficiency and work ethic that should inspire both natives and the foreign-born. With the stroke of a pen, the 60-year-old federal cash assistance program, the Aid to Families with Dependent Children (AFDC) was terminated and replaced by a state-run competitive block-grant program (Cordero-Guzmán & Quiroz-Becerra, 2007; Marchevsky & Theoharis, 2006).

Until this point the U.S., like other industrialized nations, had held a long tradition of providing equal access to public assistance to both legal residents and citizens (Marchevsky & Theoharis, 2006). With PRWORA, the U.S. set a precedent for all other developed nations that guaranteed equal treatment to individuals in either category (Fix & Tumlin, 1997; Viladrich, 2011). Succinctly, the law divided all immigrants into two broad groups, qualified and nonqualified aliens, thus making citizenship a necessary condition for social and health entitlements. The timing of arrival also created a legal divide, allegedly designed to prevent immigrants from coming to the U.S. to take advantage of the country's welfare state system. Legal immigrants who arrived after August 1996 became ineligible for all means-tested federal benefits, including public health insurance and cash assistance, for the first five years of their

* Tel.: +1 347 523 1534.
E-mail address: anahi.viladrich@qc.cuny.edu.

0277-9536/$ – see front matter © 2011 Elsevier Ltd. All rights reserved.
doi:10.1016/j.socscimed.2011.05.050

residence in the U.S. (Okie, 2007). Consequently, many groups of legal immigrants qualified for as few welfare benefits as their undocumented peers with entitlement tied to date of arrival, length of residence, and the status of their progress to naturalization according to a cumbersome qualifying grid (Fix & Tumlin, 1997).

With the exception of emergency Medicaid, the law did not include provisions for undocumented immigrants. States that desired to grant benefits to this population not only would have to secure their own funding, but also pass their own laws to that end (Kaushal & Kaestner, 2005). Although undocumented immigrants had never been beneficiaries of means-tested programs prior to PRWORA, this bill clearly spelled out their ineligibility by making states, and not the federal government, explicitly accountable for the financial and logistic burden of providing services to them (Fix & Tumlin, 1997; Kullgren, 2003). In addition, the law significantly restricted the amount of uncompensated care available to the uninsured, including unauthorized immigrants (Kullgren, 2003). Finally, PRWORA removed a cash assistance program administered by local governments that had formerly served unauthorized immigrants (Angel, 2003).

PRWORA, along with other legal instruments (e.g., Proposition 187) marked a deep shift in the social portrayal of foreigners in the U.S., and raised the tenor of anti-immigrant rhetoric to the pinnacle of conventional wisdom (Newton, 2009). Proposition 187, a ballot initiative passed in California in 1994, denied unauthorized immigrants access to health and public education among other public services. Although this measure was found unconstitutional later on, it contributed to galvanize sentiments against unauthorized immigrants in the U.S.

Under the metaphor of the U.S. as a "welfare magnet," PRWORA aimed at discouraging immigrants from coming to this country for the purpose of taking advantage of America's tax dollars. Although the figure of the unworthy poor has had an infamous history in the U.S. welfare policy formulation, the notion of immigrants' undeservedness was now brought to fame with thousands of legal immigrants losing means-tested benefits (e.g., cash and housing assistance) and health coverage, including Medicaid. Unauthorized foreigners were then constructed as lawbreakers in both moral and judicial terms (see Cole, 2009). Not only were they now seen as entering the U.S. illegally but they were also given "criminal careers" framed on several grounds — their alleged counterfeiting of U.S. documentation (e.g., social security and resident cards), their working off-the-books and not paying taxes, and their use of government-funded programs and services, and thus unjustly benefiting from American taxpayers' contributions. The crystallization of this imagery sustained a neoliberal paradigm aimed at cutting services and at reducing the size of the government by transferring fiscal and administrative functions from the federal to the state level (Cordero-Guzmán & Quiroz-Becerra, 2007).

The study: background and main aims

A large body of anthropological and social science research has reckoned the impact of PRWORA in the overall retrenchment of the welfare state, amid the reign of neoliberalism in the developed world (see Coburn, 2000; Morgen & Maskosky, 2003; O'Connor, 2000). The welfare reform bill was passed at a time when corporate medicine sought to legitimate its hegemonic power via commercial contracts between the U.S. health system and those able to afford it (Rylko-Bauer & Farmer, 2002). The literature has examined pivotal issues concerning immigrants' health care in the post-welfare reform era — from the progressive loss in subsidized and primary care (Siddiqi, Zuberi, & Nguyen, 2009), to the worsened health of immigrant children (Kalil & Crosby, 2010) and immigrant women's increasing rates of depression (Jagannathan, Camasso, & Sambamoorthi, 2010), to rising levels of poverty among immigrant families (see Newman, 2001). Furthermore, an ample tradition in critical medical anthropology has addressed the role of political-economic forces in shaping the distribution, management and experiences of illness among immigrants and other vulnerable groups. This literature has underscored the increased risk for disease rooted in substandard living and exploitative labor conditions, inadequate nourishment and social stressors (Farmer, 1997; Ho, 2004).

This paper is drawn from a growing body of work in medical anthropology that reckons the complex meanings of "illegal" immigration within an interdisciplinary framework (see Castañeda, 2009; Chavez, 2004; Willen, 2007, 2011). Still, as noted by Willen (2012a) the theme of deservingness, although central to the constructions of illegality and rights, has remained an underinvestigated topic in the scholarly literature. Therefore, more research is needed on the scholarly deployment (and impact) of discursive frames that portray immigrants as either worthy or undeserving of health benefits in the U.S. The analysis that follows delves into one of this volume's key questions that inquires on the ways in which welfare state retrenchment, fed by neoliberal paradigms, has influenced scholarly and public discourses on deservingness. To that end, the main goal of this paper is to shed light on the scholarly narratives which, in the aftermath of welfare reform, promoted the inclusion of vulnerable immigrants (uninsured and unauthorized) into the government safety net. Although arguments supporting immigrants' exclusion are the most publicized consequence of this piece of legislation, much less is known about the social production of discursive frames that support, either wholly or selectively, unauthorized immigrants' inclusion into the health safety net, amid their rights for health care, in the U.S.

This article begins with the presentation of the study's methods, followed by a summary of framing theory as a conceptual tool for understanding the scholarly production on immigrants' deservingness reckoned in the aftermath of welfare reform. This is further developed through the examination of main public health frames that endorse unauthorized immigrants' access to health care in the U.S., based on "cost-saving," "effortfulness," "surveillance" and "maternalistic" tropes. The analysis of the "chilling" and the "injustice" frames are then introduced to underscore main anthropological contributions to the formulation of counter-mainstream narratives. Finally, the paper offers a reflection on the potential advantages of framing theory in medical anthropology vis-à-vis the challenges this discipline, and the social sciences at large, faces in advancing social justice and health equity paradigms.

Methods

This study is based on a qualitative analysis of the social science and the public health literature on the effect of the U. S. Welfare Reform (PRWORA) on immigrants' health care after 1996. Literature searches, from January 1997 to March 2011, were conducted via the National Library of Medicine (PubMed and Medline Plus) databases maintained by Hunter College and Queens College, and the broader City University of New York (CUNY) online libraries. The selection criteria focused on articles that either directly dealt with the impact of welfare reform on immigrants' health status and outcomes, or that indirectly addressed its effects (e.g., changes in Medicaid eligibility).

The search was conducted on major medical and social sciences databases including (in alphabetical order): Anthropological Index Online, Anthrosource, CINAHL, CUNY databases, JSTOR, Medline, Social Sciences Citation Index, Social Sciences Full Text, and Sociological Abstracts. The following key terms were utilized: