

The Latino and non-citizen populations of North Carolina continue to increase and are likely to continue growing as they have over the past decade. As we monitor more closely the increasing ranks of the uninsured, the Latino and non-citizen populations will bear closer inspection. Potential policy solutions should be constructed that are cognizant of the large numbers of uninsured who are ineligible for public programs due to

their citizenship status. However, the majority of the North Carolina uninsured are non-Latino *and* citizens, so equating “the uninsured problem” with “the immigrant problem” is inaccurate. Addressing the increasing numbers of uninsured is within the realm of our state-level policy capability, and it does not depend on marginalizing our newest North Carolina residents. **NCMedJ**

REFERENCES

- 1 The source for all statistics in this Commentary, unless noted otherwise, is the Current Population Survey's Annual Social Economic Supplement, conducted by U.S. Census Bureau and Bureau of Labor Statistics. I conduct my analysis on the two most recent years (2003 and 2004), placing more weight on 2004.
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Health Insurance Coverage: A Luxury for Most North Carolina Latinos

Javier, his wife and three children moved to North Carolina in June 2000, after Javier lost his job in San Luis Potosí in central Mexico. When first moving to Siler City, Javier worked as a day laborer, doing odd jobs for anyone willing to hire him for a few hours a day. As a day laborer, Javier met the owner of a small landscaping company, and eventually, started working for him full-time. The landscaping business was small, with only four employees, and did not offer health insurance coverage to its workers. Urgent care clinics expected to be paid in cash the day of the visit, and the family doctor in the area charged more per visit than Javier made per day. Javier and his family had no choice but to rely on the emergency room for care.

After six months of working in the landscaping world, Javier found a job at a local poultry plant working third shift. He looked forward to working at a job indoors, where the weather would not impact his ability to earn a living. At this new job, Javier was offered health insurance for his family: \$110 a week, \$440 a month. However, Javier and his family rely on every penny of his paycheck to buy food and clothing; therefore, not making the purchase of health insurance coverage an option.

Javier's ten year-old son, Gabriel, has asthma, which gets worse in the winter months. In the past few years, the family has learned to manage his asthma. However, a couple of times a year, Gabriel's mother wakes up in the middle of the night to hear Gabriel struggling for air. She offers him chamomile tea and gives him a bath, hoping that the steam will help him breathe better.

Her remedies help—most of the time. But some times, he continues coughing and struggling for air, even after she has exhausted all of her home remedies. Not knowing what else to do, she takes him to the emergency room, where he receives the care he needs; and she is lectured about the importance of Gabriel using his inhaler on a daily basis. She is too embarrassed to explain to the nurse that without health insurance coverage, unless her husband is given the chance at the poultry plant to work overtime hours every week, his family cannot afford the cost of Gabriel's asthma medication, which is more than \$100 a month.

Currently, Javier owes the emergency room over \$6,000 in medical bills. For Javier and his family, depending on the emergency room is their only option for medical care. They have learned that even if emergency room visits are expensive, they can make small monthly payments and do not need to have cash on hand. Not being a United States Citizen or a Legal Permanent Resident, Javier's family does not qualify for Medicaid or North Carolina Health Choice, the publicly funded safety net insurance programs for most low-income North Carolina residents. Their family has no safety net; their only hope is that Gabriel will outgrow his asthma. For Javier and his family, like for most low-income families in our state, purchasing private health insurance is not an option, but a luxury they cannot afford. This case, unfortunately, is not an exception, but one that reflects the reality of many Latinos living throughout our state.

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