ARTICLE

The Latino Disparity in Health Coverage

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NEARLY ONE THIRD OF THE 41.2 MILLION UNINSURED IN THE United States are Latino despite the fact that Latinos compose only 13% of the population.[1,2] Of all US Latinos, 33% are uninsured—three times the rate of the non-Hispanic white population.[1] This disparity results from a combination of factors ranging from lack of employment benefits to citizenship issues and language barriers, many of which disproportionately affect the Latino community.

Despite equal rates of participation in the workforce, only 43% of Latinos are covered by employment-based health insurance compared with 73% coverage of non-Hispanic whites.[3] Latinos often work in occupations that do not provide health coverage.[4] They are five times more likely than non-Hispanic whites to work in agriculture and are also half as likely to be in administrative or managerial positions.[5] An additional 25% of Latino workers said they were ineligible for offered plans because they did not work enough hours or they were still in a waiting period to receive benefits.[6] Of all surveyed workers, 81% of both non-Hispanic whites and blacks reported being eligible to receive an offered health plan compared with 61% of Latinos.[6]

Working-class Latino families may have difficulty finding other forms of health insurance. Of the 57% of Latinos without job-based coverage, 4% purchase private coverage, 27% obtain Medicaid, 4% receive other public coverage, and 66% remain uninsured.[3] Latinos are twice as likely as the general population to belong to families of which the primary wage-earner makes less than $7 per hour.[4] Since such a high proportion of Latinos earn low incomes, they are less able to afford the $6000 average yearly premium of a family health plan.[4] Furthermore, like other low-income workers, working Latinos often make too much money to qualify for publicly funded insurance. In 35 states, even a part-time minimum-wage job with earnings equal to the poverty line ($14 630 per year) could disqualify a single mother from Medicaid.[7]

For noncitizen Latinos, the problem of being uninsured is even more complex—coverage varies widely depending on whether a Latino noncitizen is documented or undocumented. Approximately 3.5 million Latinos in the United States are undocumented.[4] Since public insurance programs such as Medicaid and the Children's Health Insurance Program (CHIP) require proof of legal residency, noncitizens without documentation are not eligible for coverage. For example, among Mexican residents lacking documentation, approximately 75% are completely uninsured while the rest have job-based coverage.[3] Undocumented workers are easily exploited and often work "off the books" in occupations such as domestic service, agriculture, and manufacturing—jobs that frequently do not provide health benefits.[5]

Even Latino immigrants who are legal residents face barriers and have a high rate of uninsurance (45%).[3,1] While enrollment in public insurance plans does not affect citizenship applications, many Latino noncitizens remain skeptical, even to the extent of avoiding enrollment of their US-born children in Medicaid for fear of calling attention to themselves.[3,4] Exacerbating this problem, welfare and immigration reforms enacted in 1996 require that legal residents who immigrated after 1996 be excluded from Medicaid or CHIP for five years.[5]

Although Medicaid and CHIP provide an important safety net for many Latino children, 25% remain uninsured compared with 7% of non-Hispanic white children and 14% of black children.[1] A report by the US General Accounting Office suggested that Medicaid-eligible Latino children may not be enrolled by their parents because of lack of eligibility awareness, language barriers, changing eligibility rules, stigma, and difficulty obtaining required documentation for enrollment.[8] Latino children are also three times more likely than non-Hispanic white children to have no usual source of care.[3]

Lack of coverage leads to diminished access to health care as well as possible serious illness and financial ruin.[4,5] Nearly one third of Latinos in the United States had not seen a physician in the past year compared with 12% of blacks and 16% non-Hispanic whites.[4] With the Latino population expected to double by 2025, this problem, if not addressed, will result in a dramatic increase in the number of uninsured Americans.[4] Better understanding of the factors that cause such a high rate of uninsurance in this community is crucial to creating more appropriate and effective reform strategies.

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(FICTION)

First Day

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AT 8 AM ON THE FIRST DAY OF MY CLERKSHIP, THE HEAD PSYchiatrist herded me into the elevator with two grim-looking residents.

"So?" Dr Stone strained to read my ID. "Rubens, you want to learn psychiatry?"

I looked around. I was the only student. I nodded.

"Tell me, Rubens," Stone smiled, "what sort of doctor do you want to be?"

At the eighth floor, an old man with a hearing aid was wheeled into the elevator on a gurney. He was thin, his face was still, but his arms and legs were shaking all over.

"Rubens, I asked you a question," Stone raised his voice. "What kind of doctor?"

"I am having a colonoscopy," the old man said. "Don't ask me questions."

"What kind of doctor?" Stone whispered.

"I have no idea," I said.

"Good." Stone said. "This is your first day. You have an open mind."

Two of my cousins were surgeons and I had scrubbed in first year. Still, I was left-handed and the sight of too much blood worried me. My uncle Morris said the future was in radiology. "Listen, Howie, don't be stupid like your cousins," Morris said. "Surgeons don't sleep." I had another uncle who was a GP. Harry was a tough army doctor who had taken me on house calls when I was a kid. He thought I should join his practice, together with his two sons. My father, an old-time druggist, had advice too: "Stay away from drug stores," he said. "Fighting discount chains is no life." My dad had wanted to be a doctor like the rest of the family.

I felt uneasy around psychiatrists. They stared at you like they were window shopping. I thought they looked inside and read my mind. Dr Stone was six foot four with black frizzy hair. Everyone else in the hospital wore white or green, but Stone dressed in black. Stay out of Stone's way, the residents said.

"Who's seen a Munchausen's?" Stone asked.

By now the elevator was on the sixth floor. It took exactly a half hour to get from the tenth floor to main. Patients gave birth in the elevators, they died in the elevators. You could read two chapters of *The Brothers Karamazov* from top to bottom.

"Dr Rubens, have you heard of Baron Munchausen?" Stone smiled.

"No. I'm sorry."

"Don't be sorry. Look him up in your *Kaplan and Saddock*."

I wrote down the names. I had never heard of Kaplan or the other guy.

"Dr Rubens. What is the difference between a psychosis and neurosis?"

I opened my mouth, like I was going to speak. Nothing came out. I had read somewhere that a neurotic dreams of castles in Spain, while a psychotic lives in them, but I was not sure. To tell you the truth, I was never sure of anything. I was the guy in class who never put up his hand.

Eventually we got out of the elevator and one of the grim-faced residents reviewed the overnight emergency cases. He had been up half the night. The other resident was on call that day. No one in that room was happy except Dr Stone who smiled like Hannibal Lecter and asked questions. I never actually thought he was going to eat my face, but who could be sure? Stone interrupted the resident and asked what his diagnosis was. He asked about drug doses and sites of action.

"Dr Rubens," Stone smiled and turned to me. "What's the standard drug of choice for agitated or manic patients?"

"Haloperidol," I said.

"Not bad." Stone turned to the two residents. "Would you try anything else?"

"Olanzapine," the woman resident said.

"Quetiapine possibly," I said. My dad had told me about the new antipsychotics.

Stone nodded. "Rubens. What is the typical starting dose of haloperidol?"

I had no idea. I said, "40 milligrams."

"Oh." Stone had a big smile on his face. "You say only 40?"

"I mean 400," I said. "Yes. 400 milligrams."

"Are you sure? Wouldn't 4000 milligrams be more appropriate?"

Stone's face had become still. His smile had vanished. I turned to look at the two residents. Their faces were gray.

"400 milligrams," I said again.

"I see. 400 milligrams of haloperidol," Stone said. "You give it all at once?"

"Yes."

"Where?"

"In the buttock," I said. "Intramuscular."

"Intramuscular, Rubens. That's very good," Stone said. "Very good."

The two residents had stopped breathing. They sat like statues, staring at me.

"And which country will you be practicing in?" Stone asked.

"Did I do something wrong?"

"If you were practicing veterinary medicine, 400 milligrams IM is a good dose. Of course it would have to be on something large. A bull elephant, perhaps."

That afternoon I bought *Kaplan and Saddock*. For the next few days and nights I read like a fiend and made notes. Then I made notes of my notes. My cousins, my uncles, and my father looked over my shoulder and held their heads in shame.