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Immigrants patch together medical care with charity clinics, health fairs and medicine rationing

'I'll do whatever I can to make it better for them,' says Agape clinical operations chief.

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By Dianne Solis

The line of patients starts well before sunrise, as early as 4 a.m. at [Agape Clinic](#) in Old East Dallas. Their troubles are many.

No one will be shut out for lack of money.

One patient, a teenage boy, arrived at the clinic dangerously close to shock, telling doctors that a border official seized his insulin as he returned from Mexico. Another, a young boy, had an arm fracture so serious, he needed to see an orthopedic surgeon. Others waiting in the line suffered from anxiety and depression triggered by fears that deportation could split the family.



*A blood test is given at a free health fair coordinated by the Mexican Consulate at Mountain View College in Dallas in October.
(Brian Elledge / Staff Photographer)*

They make their way here and to other low-cost and no-cost clinics or medical fairs. This is what the informal medical system looks like, especially for working-class immigrants.

Lately it has become increasingly clear to the care providers that a growing number of children are using these services, and it is stressing the system.

These days, more immigrants fear that sharing personal information while using government-backed medical care could end up threatening their chances at getting permanent residency in the U.S. The number of children in clinics like Agape is rising even as the number of children getting federal medical assistance declines.

The Trump administration's push to reduce immigrants' dependency on federally funded services is, experts say, leading to a decline in the number of insured children. The administration wants to implement what it calls the "public charge rule," which would make immigrants ineligible for visas and green cards that give them legal permanent residency if it is found that they are overly dependent on federally funded social services.

The federal government says that declines in Medicaid and The Children's Health Insurance Program enrollment are due to a strong economy. The new public charge rule is stalled in federal courts, but it has been widely reported that the proposal has already created fear and confusion among immigrants. It has many people turning to alternative care.

At [Los Barrios Unidos Community Clinic](#), Cesar Varon-Ortiz, the eligibility manager, said confusion about the use of federal programs is common there. Los Barrios started decades ago in a trailer on an unpaved road in West Dallas. It expects 90,000 patient visits this year, up from about 83,000 two years ago. Most patients are Spanish speaking.

Even attorneys seem confused, and they are telling clients not to apply for benefits, Varon-Ortiz said. “It’s a lot of miscommunication,” he said.

Vanna Slaughter, senior program manager for the [City of Dallas’ Welcoming Communities and Immigrant Affairs](#), said immigrant parents are disenrolling their U.S. citizen children from federal programs like Medicaid and the Children’s Health Insurance Program even though the children are eligible for the programs.

“Everyone is still so confused about it,” Slaughter said. “People don’t know what they are eligible for. So they just get off everything.”

That has increased the demand for help through the informal medical system. “I am just deluged,” Slaughter said.

At Agape, the clinic expects 18,000 patient visits this year. Two years ago, less than a fourth of Agape’s patients were children. Now nearly a third are, said Gary Foster, [Agape’s](#) chief of clinical operations and a nurse practitioner.

Foster said it’s frustrating to see immigrant patients struggle to patch together health care, especially with so many policy proposals that place more restrictions on immigrants.

“I’ll do whatever I can to make it better for them,” Foster said.

More uninsured

The Children’s Health Insurance Program was created in the mid-1990s as a bridge for families that make too much to qualify for Medicaid but can’t afford private insurance.

In Texas, nearly 230,000 fewer children are using federally supported children’s Medicaid and CHIP. As of August, the Medicaid enrollment decline is about 168,000 children from its high point in December 2017. The number of Texas children enrolled in CHIP fell by about 60,000 in that same period.



Nurse practitioner Chandra Smith (left) listens to the chest of Matias Bonilla, 3, as he takes a deep breath during a doctor’s visit for a cough at Agape Clinic in Dallas.(Ben Torres / Special Contributor)



12-year-old Roberto Rosales (left) and 6-year-old Victor Rosales get their teeth checked by Marcus Ruis and Alina Garciamendez during a free health fair coordinated by the Mexican Consulate at Mountain View College in Dallas.(Brian Elledge / Staff Photographer)

Nationally, Dallas County was No. 2 in the number of uninsured children in 2018, right behind Harris County, according to a Georgetown University study released last month.

In Dallas, half of all children live in a household with at least one parent who is an immigrant, with or without legal status, according to [Kids Count](#), an initiative of the Annie Casey Foundation.

When families move away from federal programs, they cobble together care through low-cost to no-cost clinics, free health fairs, rationed medicines and cheaper medications sent by relatives in Latin America.

Agape CEO Stephanie Bohan said clinics like hers are bustling in part because they take no government funding and are free to serve all in need. It's all about trust, she said.

"There are a million barriers to getting care, and it's even worse with immigration issues," Bohan said. "Because we have been in the community for 36 years, they trust us."

A spokesman for the Department of Health and Human Services in Washington said the agency "expects downturns in Medicaid enrollment during times of booming economic performance, like we are experiencing today under President Trump's leadership."

States with the most significant enrollment declines also have strong economic growth, the spokesman said.

But while the Texas economy is indeed red-hot — the jobless rate is at a historic low of 3.4 percent — the rising number of uninsured people indicates that some of those new jobs might not include health insurance — or might signal that parents are choosing not to pay the premiums.

A long history

In Texas, government programs are out of reach for those without legal status, with a few exceptions such as emergency care. Alternative paths to medical care have existed for many years.

Many unauthorized immigrants use clinics and health fairs because they fear going to hospitals because their information could be placed in a database that might eventually link to federal immigration agencies. "They don't want to jeopardize staying here legally," Foster said.

Some get nervous at the sight of hospital security agents. "They look like cops and patients get scared to death because they don't have papers," Foster said.

Other people who use them have legal status but jobs that don't provide health insurance.



Second-year medical student Hector Filizola (left) and dermatologist Paras Vakharia, both from UT Southwestern Medical Center, check moles on the skin of Norma Taboada's arm during a free health fair coordinated by the Mexican Consulate at Mountain View College in Dallas. Brian Elledge / Staff Photographer

Agape started in the basement of an aging Methodist church in Old East Dallas almost four decades ago. It moved into a new, larger building in 2015. Agape now sees patients every day, including Sundays, when they have a special weekly clinic for Dallas' large population of refugees from Myanmar. They ask for a donation of \$30 but don't require it.

"We desperately need additional funding and additional volunteers," Bohan said.

Sandra Duarte, a Colombian immigrant, came to the clinic worried that her two small boys had the flu. The boys, 3-year-old Matias and 5-year-old Samuel, squirmed in their chairs as they were checked by Agape staff.

"Everyone here is very kind and caring," Duarte said.

Health fairs

Faith groups also are stepping up with health fairs to respond to the growing need. Medical students frequently pitch in with free services.

This summer, organizers for **Dallas Area Interfaith** held a trio of free health fairs at Catholic churches, a trusted safe space for families, and the fairs drew hundreds, said Socorro Perales, an organizer for Dallas Area Interfaith.

A mid-October health fair at Mountain View College drew nearly 6,000 people. The event has been organized by the Mexican consulate for nearly 20 years, but this year had the highest attendance ever, with an approximately 20% boost, organizers said.

"I basically designed a hospital with specialties," said Edgar Carmona, who specializes in health initiatives at the consulate.

College classrooms were converted into monitoring stations with a range of services from flu vaccines to hearing tests, oral cancer screenings to dental exams, mammograms to kidney exams. Midway through the event, about 100 people were still lined up outside to get in.

Maria Reyes came early with her husband because they lacked health insurance. "We've saved hundreds of dollars," Reyes said. She received a mammogram, cholesterol checkup, flu vaccine and kidney exam.

Some of the longest lines were at a dental clinic in a classroom.

There, Dr. Alina Garciamendez, a pediatric dental resident, asked 6-year-old Victor Rosales, "Do you speak Spanglish?"

He nodded yes.



Nursing student Stephanie Beaton (left) checks the temperature of Matias Bonilla, 3, while his father, Jhonatan Bonilla, looks on at Agape Clinic in Dallas. With them is Sandra Duarte, the children's mother. (Ben Torres / Special Contributor)

She assured the little boy that the exam wouldn't hurt. "Did you eat something red, Cheetos, tomatoes?" she asked.

The boy giggled.

No cavities, she said.

"Because I don't eat that much candy," Victor said.

Garciamendez said children and their parents are always deeply grateful for the care they get. But she was surprised by the size of the crowd that day. If health fair visitors needed more advanced care, she referred them to Agape Clinic, where her dental school provides residents, she said.

The dangers ahead

At Georgetown University's Center for Children and Family in Washington, D.C., Kelly Whitener, an associate professor of practice, said the health care system for working class immigrant families is overstretched, and that can lead to other problems.

"Over time, you will see more reliance on emergency rooms, more avoiding of treatment, and then that can really exacerbate costs," Whitener said.

Many immigrant families also rely on visits to botanicas — stores and stands within flea markets that sell soaps, teas for digestion problems or dubious creams like Chupa Panza, a cream that promises to suck away belly fat. They also sell antibiotics like ampicillin for as little as 12 capsules for \$10.

Others head for the carnival-like pulgas — flea markets where antibiotics from Mexico and El Salvador can be bought cheaply and without a prescription.

At Agape Clinic, physician assistant Eduardo Alvarez warns patients away from these products. "There is no way to know what it is," Alvarez said. "There is no way to validate its efficacy. A lot of it has more of a placebo effect."

Some immigrants put off their care. Delayed care can be deadly, whether it's a child with influenza or an adult with cancer.

"When people don't have health insurance, they will ration their medicine," Bohan said. "They will not do follow-up testing. They don't keep an eye on their lab work. So all their problems become worse and worse."



Melina Ruiz checks on a patient during a free health fair coordinated by the Mexican Consulate at Mountain View College in Dallas.(Brian Elledge / Staff Photographer)