Medicaid Coverage For Undocumented Children In Connecticut: A Political History

Chinye Ijeli

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Medicaid Coverage for Undocumented Children in Connecticut:

A Political History

A Thesis Submitted to the Yale University School of Medicine in Partial Fulfillment

of the Requirements for the Degree of Doctor of Medicine

By

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I. Acknowledgements

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II. Abstract

In the US, undocumented immigrants are barred from receiving coverage from the federal government for healthcare other than emergency services.¹ States can offer government-funded health insurance to undocumented immigrants, but as of 2021, only six had.² Forces standing in the way of other states implementing such coverage include nativism, racism, and fears about immigrants taking scarce jobs during economic downturns.³

In 2021, Connecticut passed S.B. 956, a bill extending Medicaid coverage to all low-income children up to the age of eight—regardless of immigration status—starting in 2023.⁴ This policy was the culmination of a twelve-year-old grassroots movement started by Connecticut Students for a Dream, a youth advocacy organization that fights for the rights of undocumented immigrants.⁵ Due to the recency of these events, little has been

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written about the movement that made S.B. 956 possible and the sociopolitical forces they were up against.

The objective of this thesis to uncover the political history of S.B. 956 and highlight lessons that can be used by advocates across the country to promote health justice for this marginalized population.

This thesis is a mixed-methods work involving analysis of government documents, secondary literature, and interviews with major actors. Primary sources include Connecticut General Assembly records, such as transcripts and videos of public hearings, as well as submitted written testimony. Interviewees include local activists and cosponsors of S.B. 956.

Undocumented immigrants experience physical suffering, financial stress, and anxiety about the future due to lack of healthcare, especially regarding chronic illnesses and COVID-19. Despite obstacles including anti-immigrant sentiments and state budget constraints, a broad coalition of activists and legislators passed Medicaid coverage for undocumented children by using personal relationships to organize.
III. **Statement of Purpose**

The objectives of this thesis are the following:

- To identify key actors—namely, activists and legislators—that advocated for and against enacting health coverage for undocumented immigrants in Connecticut
- To describe strategies used by key actors to advocate for and enact S.B. 956
- To identify sociopolitical forces that led to limiting coverage to children under 13
- To identify external factors (e.g. the COVID-19 pandemic) that shaped the S.B. 956 debate

IV. **Methods**

For this thesis, I used conventional methods of historical inquiry, pulling from primary and secondary sources. I analyzed government records, conducted semi-structured interviews, and reviewed peer-reviewed literature from the fields of history and political science.

First, using the qualitative data analysis software NVivo, I conducted thematic analysis of documents from the Connecticut General Assembly. These documents included transcripts, video, and written testimony from the March 2021 hearing on S.B. 956. Through this analysis, I identified key actors in the fight for the passage of S.B. 956.

Next, I reached out to the key actors I identified—all of whom were legislators or members of advocacy groups—and conducted semi-structured interviews. These interviews took place via Zoom, over the phone, and in-person. With the interviewees’ permission, I recorded each interview and created a transcript using an online application called Trint. I then conducted thematic analysis of the interview transcripts using NVivo.

Finally, I reviewed secondary literature on applicable law, history, and political science to fill gaps in my understanding of events.
V. **Challenges & Limitations**

Securing interviews with legislators and activists was a major challenge in the production of this thesis. My approach to this challenge involved asking people I had already interviewed to suggest potential interviewees and introduce me to them. I offered interviewees many timeslots and multiple mediums for interviewing (telephone, Zoom conference call, or an in-person meeting).

Despite my best efforts, I was unable to interview lead organizers from Connecticut Students for a Dream, the foundational organization in the HUSKY for Immigrants Coalition. I tried my best to gather information from materials made by the organization and from media stories, but I realize that firsthand interviews would have provided valuable information.

Due to time constraints and the limitations of my personal network, I failed to interview an activist that did not speak English, or a non-college educated activist. This means that my interviewees were not representative of the movement as a whole.

VI. **Dissemination**

I plan to collaborate with lead organizers in Connecticut Students for a Dream and the Semilla Collective to find ways to share my work with their constituents.
VII. The Invention of “Illegal Immigrants”

Undocumented immigrants are foreign-born people who live in the United States without government authorization. Some of these immigrants entered the country without visas, and others stayed after their visas expired.6 Undocumented immigrants are often referred to derogatorily as “illegal immigrants,” a term that contributes to the criminalization and stigmatization of these individuals. For this reason, immigrant advocates prefer the term “undocumented.”7

Before the late 19th century, there was no such thing as illegal immigration to the United States. Immigration policies varied regionally—first from colony to colony, and later from state to state. The earliest local immigration policies aimed to exclude the sick, the poor, the disabled, individuals with criminal records, and people of certain religions, but not people of certain nationalities, ethnicities, or races.8

In 1849, the Supreme Court ruled that the federal government should be the sole regulator of immigration from other countries. The first federal immigration laws passed were similar in subject matter to the state laws that came before. The Page Act of 1875 banned prostitutes and other criminals from entering, and an 1882 law banned “mental defectives” and other individuals that the government feared would become public charges.9

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As immigration from Europe and Asia exploded during 19th century, so did anti-immigrant animus. When the Chinese Exclusion Act was passed in 1882, it became the first federal immigration law to discriminate by race.\textsuperscript{10} Not only were Chinese people from China prevented from coming to the US; Chinese individuals living in other countries were also banned. Additionally, at this time, East and South Asians living in the US became ineligible for US citizenship.\textsuperscript{11}

In 1924, the National Origins Act instituted quotas for how many immigrants could come to the US from each country in the Eastern Hemisphere, and it made a visa a requirement for entry. The quotas were designed in a way that severely limited the number of non-white, non-European immigrants that could enter legally. The exclusion of non-white immigrants was explicitly motivated by a desire to maintain racial purity and cultural white supremacy in the United States. Higher immigration quotas were set for immigrants from countries that had the longest histories of immigration to the US, meaning that there were more visas available for Northern Europeans than for other groups. When Irish, German, and Scandinavian Americans protested the quotas, proponents of the quotas accused them of “playing politics with the nation’s bloodstream.”\textsuperscript{12}

The 1920s were also marked by increased criminalization of undocumented immigration. The statute of limitation on deportation was lifted in 1924, and the Border


Patrol was created in 1925. In 1929, undocumented immigration to the US became a felony.\textsuperscript{13} The immigration-incarceration complex as we know it was born.

VIII. Reducing Racial Discrimination in Immigration Law

After World War II, discrimination against Asian immigrants began to loosen in federal law, but it did not disappear. The Chinese Exclusion Act was repealed in 1943, but the quota for Chinese immigrants was set at 105 a year—a paltry amount compared to the quotas for Northern Europeans. In 1952, race-based exclusion of Asians from naturalization to the US was eliminated from federal law, but Asian immigration from around the world was limited to 2,000 individuals per year. Wars in Japan and Korea had chilled the hearts of white Americans with regards to Asian immigration.\textsuperscript{14}

The Immigration and Nationality Act of 1965 allowed non-white immigrants to legally enter the country in unprecedented numbers, marking a sharp departure from the US’s previous immigration goal of maintaining the country’s white identity. The same social forces that had motivated the passage of the Civil Rights Act of 1964 and the Voting Rights of 1965 had motivated legislators to eliminate racial discrimination from immigration law.\textsuperscript{15} After 1965, immigration to the US from Asia, Africa, and Latin America soared. As a result, the racial makeup of the country changed. In 1965, non-Hispanic whites made up 85% of the country; in 2021, they made up only 59%.\textsuperscript{16}

\footnotesize
\textsuperscript{13} Ibid., 25.
\textsuperscript{14} Chin and Cuisen Villazor, “The Immigration and Nationality Act Amendments of 1965.”
\textsuperscript{15} Ibid.
IX. The War on Poverty, Medicare, & Medicaid

In the years directly after World War II, social scientists, liberal politicians, and the American public were reexamining poverty. They came to understand poverty as a phenomenon that affected certain groups—particularly Black Americans, woman-led households, and the elderly—more than others.

When John F. Kennedy entered the White House in 1961, he was focused on creating large tax cuts to increase economic growth. Poverty in the United States was not a significant part of his platform. The public pushed him to address the issue, criticizing his tax strategy.\(^\text{17}\)

In response, Kennedy directed the Council of Economic Advisors (CEA) to study poverty and make recommendations. The CEA suggested investing in human capital, particularly youths, to increase productivity and help people “earn” their way out of poverty. In the eyes of the federal government, direct income transfers were a politically unpopular and logically unsound solution to poverty. They believed that payments to individuals would not address the “culture of poverty”—bad social habits and defeatist attitudes that kept the poor poor.\(^\text{18}\)

After Kennedy was assassinated in 1963, his vice president Lyndon B. Johnson inherited the presidency. It was Johnson that officially declared a “War on Poverty” in 1964, undoubtedly to harness Kennedy’s popularity and win over liberals who were


\(^{18}\) Ibid., 106-108.
suspicious of his Texas Democrat background. Improving healthcare access for the poor and the elderly was an essential part of his antipoverty plan.

In decades past, interest groups like the American Medical Association had successfully thwarted attempts at healthcare system reform by stoking fears of socialism. However, the political climate in the 1960s was very different. Democrats controlled Congress and the presidency. The UK had been successfully operating a government-run national health system for years, and Canada was in the process of setting up its own. Health reform was inevitable. Congress passed the Social Security Act in 1965, thereby creating two government-funded health insurance systems: Medicare and Medicaid.

Of the two programs, Medicare commanded more attention from legislators and activists. Carrying the same name as Canada’s newly-established healthcare system, Medicare was a federally-funded health insurance program for the elderly, inspired in part by Social Security programs established during the New Deal. Medicare garnered support from a broad coalition that included unions, advocates for the elderly, and the Black physician organization known as the National Medical Association (NMA).

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19 Ibid., 114-115.
21 Ibid., 47.
By contrast, Medicaid was a state-based health insurance system that was only partially funded by the federal government. While Medicare was for the elderly, Medicaid was for the poor and disabled. Members of Johnson’s administration expressed hopes that Medicaid would stifle any desire for more universal health reform, which they associated with socialism.\textsuperscript{24}

The Social Security Act of 1965 explicitly excluded undocumented immigrants from participating in Medicare. According to records from the public hearing for this law, no one protested this exclusion. Theoretically, the inclusion of undocumented immigrants in Medicaid was left up to the states; however, every state Medicaid program excluded undocumented immigrants as soon as it was established.\textsuperscript{25} The relative silence on the issue of health insurance for undocumented immigrants reflects the marginalization of this population.

X. Health Activism, 1960s-1970s

Johnson’s War on Poverty included funding from the Office of Economic Opportunity for community action programs aimed at addressing challenges in health, employment, and housing in poor communities across the country.\textsuperscript{26} These programs would later be both criticized and emulated by radical activist groups like the Black Panthers.\textsuperscript{27}

The Black Panther Party began as a students’ movement in Oakland in the mid-1960s. The Party arose as a response to the fact that legal protections won by the Civil

\textsuperscript{24} Engel, “War on Poverty and the Genesis of Medicaid,” 47.
\textsuperscript{25} KFF, “Health Coverage of Immigrants.”
\textsuperscript{26} Brauer, “Kennedy, Johnson, and the War on Poverty,” 109.
\textsuperscript{27} Alondra Nelson, \textit{Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination} (Minneapolis: University of Minnesota Press, 2011), 60.
Rights Movement had not translated to improvements in the daily lives of Black people. It quickly grew into a national organization with burgeoning membership.

The Party ventured into health activism and provision of healthcare for many reasons. First, due to a long history of experimentation and forced sterilization, Black communities were distrustful of the academic hospitals Johnson’s administration had put in charge of the War on Poverty’s community health centers. Second, the Party wanted to emphasize the community development aspect of their politics after multiple shootouts with police and assassinations of Party leaders by the US government. Third, the Party’s community service programs were part of a political strategy to radicalize community members. They were took direct inspiration from physician-revolutionaries Che Guevara, Frantz Fanon, and Mao Zedong. The Panthers opened free clinics and provided education, and they added free healthcare for all to their ten-point platform in 1972.  

Like the Black Panthers, the Young Lords became a national political force in the 1960s. The Young Lords began as a neighborhood gang in Chicago in the early 1960s. By 1968, they had become politicized, focusing on fighting evictions and gentrification in their neighborhoods. Like the Black Panthers, their politics and activism were inspired by Che Guevara, Frantz Fanon, and Mao Zedong. Chapters of the Young Lords sprang up in other cities around the country. In Chicago, the Young Lords joined forces with the Black Panthers and the Young Patriots (an organization of poor whites) to form the Rainbow Coalition, a working-class movement.

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28 Ibid., 60-65, 73.
In his book *We Took To the Streets*, Miguel “Mickey” Melendez describes the health and social service programs implemented by the Young Lords in New York City. Among these programs were the “garbage offensive,” which entailed cleaning up garbage on the street neglected by the city, and the “lead offensive,” which involved screening children for lead poisoning. These programs co-occurred with political demonstrations that ended in altercations with the city police. In 1970, the New York Young Lords occupied Lincoln Hospital in the Bronx to protest abysmal facilities and healthcare. They started a drug rehabilitation center there that was so effective that it eventually received city funding and was recognized by the United Nations.30

The Women’s Health Movement, an offshoot of a burgeoning feminist movement, engaged in lobbying, education, and the direct provision of healthcare throughout the 1970s. It started in Boston with courses on women’s health taught in churches, schools, and homes. The famed health manual *Our Bodies, Ourselves* written by feminist activists in Boston was published by a mainstream publisher in 1973. The movement focused on patient autonomy, safety of drugs and devices used for contraception and menopause, and abortion access. The movement was slow to recognize issues that disproportionately affected low-income women and women of color, such as forced sterilization.31

During the 1960s and 1970s, activism from health professionals buttressed the Civil Rights Movement and the actions of the New Left. The Medical Committee for Human Rights, a multiracial coalition of healthcare providers, convinced Mississippi

physicians to treat activists during Freedom Summer in 1964 when they were prohibited from doing so themselves. They treated marchers affected by tear gas during the march on the Edmund Pettus Bridge in Selma in 1965. Days later, they marched from Selma to Montgomery and treated injured marchers along the way. A few years later, they spoke out against the Vietnam War and the draft, and they promoted their own plan for a national healthcare program that would end profitmaking in medicine.\textsuperscript{32} Healthcare trainees in the Student Health Organization (SHO) worked in free clinics and welfare centers during the Summer Health Projects of 1965-1968, and they eventually turned their attention to reforming health professional schools and organizations like the AMA.\textsuperscript{33}

The Black Panther Party, the Young Lords, the Women’s Health Movement, the MCHR, and the SHO helped establish the idea that healthcare is a human right in the consciousness of America, spotlighting populations that had historically been neglected. However, none of these organizations highlighted or specifically targeted undocumented immigrants as an underserved class.

XI. Immigrant Policy and Health in the 1980s-1990s

Multiple federal and state policies passed in the 1980s and 1990s affected immigrants’ access to healthcare. One such policy was the Immigration Reform and Control Act (IRCA), passed by Congress in 1986. The act was inspired by sentiments that fuel immigrant stigma today: frustration with stagnating wages and fear that immigrants


\textsuperscript{33} Naomi Rogers, “‘Caution: The AMA May Be Dangerous to Your Health’: The Student Health Organizations (SHO) and American Medicine, 1965-1970,” \textit{Radical History Review} 80, no. 1 (2001): 7-8.
are taking all the jobs. While the law created a path to citizenship for thousands of undocumented immigrants living in the US, it also aimed to disincentivize future undocumented immigration. It did so by making it illegal for employers to hire undocumented workers.\textsuperscript{34} By cutting off these immigrants’ access to most jobs, IRCA cut off their access to employment-based health insurance, the most common type of private health insurance in the United States.\textsuperscript{35}

While the IRCA dissolved one way for undocumented immigrants to access care, the Emergency Medical Treatment and Active Labor Act (EMTALA) fortified another. EMTALA, which was also passed in 1986, aimed to stop “patient dumping,” or routing patients away from nearby private hospitals towards under-resourced and overburdened safety net hospitals. EMTALA guaranteed emergency services for everyone, including undocumented immigrants, regardless of their insurance status or their ability to pay.\textsuperscript{36}

Proposition 187, a California ballot measure proposed in 1994, marked a turning point in US immigration policy. If passed, the policy would have excluded undocumented immigrants in California from virtually all state benefits. The proposition sparked a huge legal debate and was eventually struck down in court; however, this debate ushered in a wave of state government participation in the immigration policy arena, which had been left to the federal government up until that point. States fought with the federal

\textsuperscript{34} Frank D Bean and Thoa V Khuu, \textit{The Causes and Consequences of the 1986 Immigration Reform and Control Act (IRCA)} (UCI Center for Population, Inequality, and Policy, October 1, 2020), 5-7.


government over changing and enforcing existing policies. The Republican-controlled federal government responded by passing laws that further criminalized undocumented immigration and lowered the threshold for deportation.

XII. Dreams and DREAMers: The Rise of Undocumented Immigrant Activism

One of the anti-immigrant bills passed by a conservative Congress in the 1990s was the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA). One provision of IIRIRA was that states would have to enact a law if they wanted to continue to allow public universities to offer discounted, in-state tuition prices to undocumented students. By the year 2009, ten states—California, Illinois, Nebraska, New Mexico, New York, Oklahoma, Texas, Utah, Washington, and Wyoming—had enacted such laws. As states solidified access to higher education for undocumented youth, another problem became apparent: these students would not legally have access to a path to citizenship after they graduated. They could go to law school or medical school, but they could not gain licensure to practice law or medicine.

In 2001, in order to address this glaring problem, a bipartisan group of legislators introduced a bill in Congress. This bill was called the Development, Relief, and Education for Alien Minors Act, or the DREAM Act for short. If passed, the act would allow undocumented immigrants of “good moral character” who had arrived in the US

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before age sixteen to become permanent residents, but only if they went to college or trade school for at least two years, served in the armed forces, or did at least 910 hours of community service. Only youth who had arrived in the US at least five years before the enactment of the bill would be eligible.\textsuperscript{40} In other words, the DREAM Act was narrowly defined to help undocumented youth that were already living in the US and fit a behavioral mold that made them “worthy” of permanent residency.

The DREAM Act did not pass in 2001, or the year after. Legislators in support of the bill were hesitant to pass it separate from a comprehensive immigration reform package because they feared it would quench the appetite for reform. When comprehensive reform was voted down in 2007, prospects for the DREAM Act began to appear grim. As of 2023, the bill still has not passed.\textsuperscript{41}

Nonetheless, the DREAM Act sparked a movement. Undocumented youth across the country organized and mobilized in an attempt to pass the act and related legislation at the federal and state levels. Dozens of DREAM Act-related organizations formed around the country. These young activists, commonly referred to as “DREAMers,” risk deportation every time they raise their voices.\textsuperscript{42}

In response to these activists, the Obama administration created a stop-gap measure that bypassed Congress. The measure was called Deferred Action for Childhood Arrivals (DACA), and it provided undocumented youths who had arrived as children with renewable two-year work permits. Like the DREAM Act, DACA had behavioral requirements for eligibility. Signing up for DACA comes with the risk of providing the

\textsuperscript{40} Chavez, \textit{The Latino Threat}, 185-187.
\textsuperscript{42} Chavez, \textit{The Latino Threat}, 186-187.
federal government with information about one’s whereabouts, which increases danger of deportation in the event that someone loses eligibility. While DACA faced legal threats during the Trump administration, it is still in place.

XIII. Stigmatization of Undocumented Immigrants

In 2019, about 11 million undocumented immigrants were living in the United States, making up 3% of the country’s population and 24% of the country’s immigrant population. The majority of undocumented immigrants (67%) came from Mexico and Central America, but 15% came from Asia, 8% from South America, 4% from Europe/Canada/Oceania, 3% from Africa, and 3% from the Caribbean.

Undocumented immigrant stigma is deeply intertwined with racial stigma against Latin Americans. Association of Mexican Americans with “illegal” status began in the early 20th century, at the start of the militarization of border control. Mexican undocumented immigrants have always faced more stigma than their European counterparts.

For decades, politicians and pundits have expressed concerns that Mexican immigrants will not assimilate and will eventually take over the United States. In the 1970s, many pointed to Quebec as a cautionary tale—perhaps Spanish-speaking immigrants would claim a portion of the country, likely in the Southwest, and imbed their

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culture in governmental institutions. Latin American US citizens are viewed as “alien-citizens,” or perpetual foreigners. Fears of “invasion” of the US by Mexican immigrants were exacerbated by the 9/11 terrorist attacks in 2001 and the war in Iraq.47

These fears are not supported by data. Undocumented immigrants are often deeply rooted in their local communities. Over 62% of undocumented immigrants had lived in the US for more than 10 years, and 33% of undocumented adults over the age of 15 lived with a US-born child under the age of 18.48 With each subsequent generation living in the United States, Mexican Americans show higher educational attainment, increased economic attainment and integration, greater civic engagement, and a higher likelihood of speaking English in the home.49 Immigrants become integrated into American society with time.

Because of the “Hispanicization” of undocumented identity, non-Hispanic undocumented immigrants are relatively protected from surveillance. However, Black and Asian undocumented immigrants face unique challenges. Black immigrants have the highest unemployment rate of any immigrant group, and they are more likely to be criminally convicted and subsequently deported than any other immigrant group.50 Due to their invisibility, Asian undocumented immigrants tend to feel more isolated and more ashamed of their undocumented status than their Hispanic counterparts.51 By contrast,

47 Ibid., 31-35.
48 “Profile of the Unauthorized Population - US.”
49 Chavez, The Latino Threat, 58-60, 66.
white undocumented immigrants enjoy relative protection from law enforcement and feel
more entitled to social integration and government benefits than non-white
undocumented immigrants.  

**XIV. Healthcare Access for Undocumented Immigrants**

When it comes to accessing affordable healthcare, undocumented immigrants
have very few options. As mentioned before, they are excluded from government-
sponsored healthcare programs and have limited access to employment-based insurance.
Job discrimination limits their earning potential, so it is difficult for most to pay for care
out of pocket.

That leaves hospital emergency rooms and federally qualified health centers
(FQHCs) as the two government-funded options. FQHCs are tasked with providing
primary care to the uninsured regardless of immigration status; they typically bill patients
on a sliding scale according to their income. Neither of these options provide consistent
access to specialty care, which is necessary for the treatment of many common
conditions.  

Outside of the government-funded options, there is charity care. Today, charity
care largely exists in form of financial assistance from hospitals. Non-profit hospitals
receive tax benefits from federal, state, and local governments for providing financial
assistance to low-income patients. Unfortunately, many undocumented immigrants are
unaware that this aid exists, do not know how to apply for it, or are wrongly denied when

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53 Steven P. Wallace et al., “Improving Access to Health Care for Undocumented Immigrants in
they do apply. Also, eligibility criteria for financial assistance varies widely from institution to institution.\(^5^4\)

In a 2012 article, Anahí Viladrich describes multiple common arguments for why undocumented immigrants need and deserve access to healthcare. The simplest and most ideological argument, one that scores of immigrant activists and healthcare providers agree with, is that healthcare is a human right. According to Viladrich, this argument is also the most respectful of undocumented immigrants’ humanity and the least fraught with stereotypes.

Another argument focuses on how hardworking undocumented immigrants are, and how much they contribute to American society. Undocumented immigrants pay taxes but are shut out from accessing government-sponsored health coverage paid for by taxes. Their long hours and poor working conditions predispose them to injuries that increase their need for medical care. While this argument ties immigrants’ worth to their productivity, it also points to a truth: Undocumented immigrants suffer from higher healthcare needs and lower access to healthcare than the rest of the population. Their stigmatization and vulnerability contribute to an increased risk of mental illness.\(^5^5\)

Yet another argument focuses on how providing healthcare to undocumented immigrants has benefits for documented immigrants and US citizens. If undocumented immigrants had access to quality, affordable primary care, they would be less likely to burden healthcare systems by using expensive emergency care that they cannot pay for. Making sure undocumented immigrants have access to treatments for and immunizations


\(^5^5\) Viladrich, “Beyond Welfare Reform.”
against infectious diseases would decrease the entire country’s burden of infectious
disease. Thousands of undocumented pregnant people give birth to U.S. citizens every
year, and adequate prenatal care would have a tremendous positive impact on these
citizens’ lives. Also, once these citizens are born, providing their parents with access to
healthcare increases the likelihood that they themselves will receive healthcare. While all
of these arguments are true, they place more value on the lives of citizens and
documented immigrants than they do on those of undocumented immigrants.⁵⁶

Within the last decade, state governments across the country have passed policies
to increase undocumented immigrants’ access to healthcare. California is at the vanguard
of the issue; there, undocumented youth 25 and under and the undocumented elderly 50
and over are eligible for Medicaid.⁵⁷ In Washington DC and eight states—Illinois, New
Jersey, New York, Oregon, Washington, Maine, and Vermont—all income-eligible
children can get state-funded health coverage, regardless of their immigration status.
Massachusetts makes primary care and preventative health services available to all
children irrespective of immigration status or income.⁵⁸

In 2021, Connecticut passed S.B. 956, a bill extending Medicaid coverage to all
low-income children up to the age of eight—regardless of immigration status—starting in
2023. In the 2022 state budget, the General Assembly elected to expand this coverage to
include children up to age 13. These changes are the direct result of activism by

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⁵⁶ Ibid.
⁵⁷ State of California, “Medi-Cal Expansion Provided 286,000 Undocumented Californians With
Comprehensive Health Care,” California Governor, October 19, 2022,
⁵⁸ Kaiser Family Foundation, “Health Coverage of Immigrants,” KFF (blog), April 6, 2022,
undocumented youth and their allies.\textsuperscript{59} Due to the front-and-center involvement of DREAMer activists in public hearings, Connecticut is an excellent case study of undocumented immigrant activism in the health policy space. In this thesis, I will uncover the political history of S.B. 956 and highlight lessons that can be used by advocates across the country to promote health justice for this marginalized population.

\textbf{XV. Immigrants in Connecticut}

If I had to guess based on my own personal experiences whether Connecticut has a proportionally higher immigrant population than the United States, I would guess yes. As a medical student on rotations in New Haven hospitals and clinics, I used an interpreter hotline to communicate with patients who had recently immigrated from Central America and the Middle East. When I stand on a street corner to catch a bus, I wait with women in hijabs and colorful gowns speaking to their children in Farsi. When I open my apartment windows to let cool air in, I hear cars blasting West African afrobeats and Caribbean reggaeton as they zoom by. Connecticut does have a proportionally larger immigrant population than the US does, but the difference is not large. As of 2021, 15.2\% of Connecticut residents are foreign-born, compared to 13.6\% of the US.\textsuperscript{60}

Notably, the demographics of Connecticut’s immigrant population are significantly different from those of the nation’s. Connecticut has a larger proportion of immigrants from Europe: 22\% compared to the nation’s 11\%.\textsuperscript{61} During the 19\textsuperscript{th} and 20\textsuperscript{th} centuries, waves of European immigrants came to industrialized Connecticut cities in


\textsuperscript{60} Migration Policy Institute, “State Demographics Data - CT,” migrationpolicy.org, 2021, https://www.migrationpolicy.org/data/state-profiles/state/demographics/CT/US.

\textsuperscript{61} Ibid.
search of work—first from the United Kingdom and Germany, and later from Italy and Eastern Europe. Connecticut’s non-European immigrant population burgeoned after the Immigration and Nationality Act of 1965 was passed, ballooning from 39% of immigrants to 75% between 1990 and 2021. However, far more of the non-European immigrants went to states in the southern half of the United States during this period.62

In 2008, Connecticut’s capitol city Hartford passed an ordinance to become a “sanctuary city.” This means that local law enforcement is discouraged from reporting the immigration status of individuals to the federal government, except in the case of a serious crime.63 Hartford was an early adopter of this policy; most cities that passed similar legislation did so after 2011, in response to federal immigration policy.64 2011 was the year that the U.S. Department of Homeland Security established Secure Communities, a data system that automatically checks fingerprints collected by local law enforcement agencies against federal immigration information. A fingerprint match prompts U.S. Immigration and Customs Enforcement (ICE) to open an investigation, which can (and often does) lead to the detention and deportation of undocumented immigrants.65

In July 2012, a Mexican immigrant named Josemaría Islas was arrested by Hamden police after being accused of robbery by another resident. Evidence collected by his lawyer called the accusation into question, and charges against him were dropped four months later. Unfortunately, Islas was turned over to ICE before he could be released from jail.\(^{66}\)

Ilas’ plight sparked an uproar among immigrant rights activists in Connecticut. The grassroots organizations Unidad Latina en Acción (Latin Unity in Action) and Junta for Progressive Action staged protests to fight for his release and for policy change.\(^{67}\) Their campaign prevented Islas’ deportation and led to the passage of the TRUST Act of 2013, a Connecticut law that limited local law enforcement’s cooperation with ICE statewide.\(^{68}\)

In 2019, Connecticut’s governor Ned Lamont was motivated by the Trump administration’s draconian anti-immigration policies to close glaring loopholes in the TRUST Act. A law was passed, and Connecticut became a true “sanctuary state.”\(^{69}\) Today, undocumented immigrants in Connecticut can access civil liberties that they are

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\(^{69}\) Vaughan and Griffith, “Map”.
not permitted in many other states, such as getting a driver’s license or receiving financial aid to attend a state university. They also cannot be deported for misdemeanor crimes.\footnote{Marybeth Sullivan, “Undocumented Immigration and State Law” (Office of Legislative Research, Connecticut General Assembly, September 22, 2022), https://www.cga.ct.gov/2022/rpt/pdf/2022-R-0195.pdf.}

Despite its pro-immigrant reputation, Connecticut still has a sizable number of residents with anti-immigrant views. In my interview with him, state senator Mathew Lesser stressed the bipartisan nature of anti-immigrant sentiment by saying, “Even in the Democratic Party, even in Connecticut, there are a lot of folks who really bristle at the idea of using taxpayer funds to support the undocumented population.” According to him, the “bristling” is caused by an oversimplified view of undocumented immigration—that undocumented immigrants broke the law by entering the United States, and that providing them with government benefits “encourages lawbreaking.” Lesser said many of these individuals believe that their relatives came to the US “legally” and ask, “So why can’t immigrants who are here today?”\footnote{Matthew Lesser (Connecticut state senator) in discussion with author, August 5, 2023.} This view ignores the tightening of border security that occurred over the past 100 years, and the fact that undocumented immigrants contribute about $125 million to Connecticut’s tax revenue every year. They pay sales taxes, property taxes, and income taxes.\footnote{Lisa Christensen Gee et al., “Undocumented Immigrants’ State & Local Tax Contributions” (Institute on Taxation & Economic Policy, March 2017), https://itep.sfo2.digitaloceanspaces.com/ITEP-2017-Udodocumented-Immigrants-State-and-Local-Contributions.pdf.}

Lesser himself believes that the wellbeing of all Connecticut residents is tied to that of undocumented residents. He stated, “My two-year-old isn’t safe if the other two-year-old that he plays with can’t go see a doctor when she’s sick.”\footnote{Ibid.}
Physician-activist Dr. Rebeca Vergara Greeno believes that anti-immigrant sentiment is the biggest barrier to the expansion of undocumented immigrants’ access to healthcare. With regards to this issue, she said, “There are people who will just never move on their position because it’s undocumented immigrants that were advocating for it.”

When asked about the source of anti-immigrant sentiment in Connecticut, three people I interviewed—policy expert Rosana Ferraro and activists Juan Fonseca Tapia and Luis Luna—mentioned former US president Donald Trump. As Luna put it, “Trump really exploited anti-immigrant sentiment.” Luna acknowledged that anti-immigrant racism predates Trump, describing immigrant rights activism of the past fifty years as “trying to plant seeds in anti-immigrant soil.”

XVI. Medicaid and CHIP

In 2008, I was a fifth grader—a gangly Black girl with glasses and chemically straightened hair pulled into a ponytail. I attended a public elementary school in my town, an Atlanta suburb. Twice a week, the gifted education teacher pulled me and a few other students out of class and led us to another classroom down the hall, where we participated in elaborate, educational games of pretend for the afternoon. One day, when I returned from gifted education, I asked a friend what I had missed.

“Today in Social Studies, we learned about health insurance from the government,” she said. “In Georgia, it’s called PeachCare.”

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74 Rebeca Vergara Greeno (physician-activist) in discussion with author, June 24, 2023.
75 Rosana Ferraro (Connecticut health policy expert) in discussion with author, July 17, 2023; Juan Fonseca Tapia (activist) in discussion with author, June 8, 2023; Luis Luna (activist) in discussion with author, June 21, 2023.
76 Luis Luna (activist) in discussion with author, June 21, 2023.
I smiled, recognizing the name. “I have PeachCare!” A few months ago, my mother had shown me the laminated insurance card with a heart-shaped peach logo and my name on it. Every time my mother took me and my siblings to the doctor’s office, I watched her fish our insurance cards out of her purse to present them to the receptionist. From what I could tell, we wouldn’t be allowed to see the doctor if we didn’t have the cards.

“Shhh!” my friend said, frowning. “The teacher said that people who have PeachCare don’t want other people to know.” I frowned too, surprised and confused. Even at age eleven, I knew it was silly that anyone should be made to feel ashamed about something like that.

I now know that PeachCare is only one of the programs that the state of Georgia uses to provide health insurance to low-income Americans. PeachCare is Georgia’s version of the Children’s Health Insurance Program (CHIP), a program providing health coverage for children whose families earn too much to qualify for Medicaid but not enough to easily afford private health insurance. As of 2023, children must live in households with incomes 247% of the federal poverty level or lower to be eligible for either Medicaid or CHIP. For a family of six (like my family), that means roughly $99,000 or less in yearly income.

Medicaid is a state-administered health insurance program for low-income and disabled Americans in general—not just children. Eligibility requirements vary wildly from state to state. Georgia has some of the most stringent requirements in the country.

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77 “PeachCare for Kids | Georgia Department of Community Health,” accessed November 19, 2023, [https://dch.georgia.gov/peachcare-kids](https://dch.georgia.gov/peachcare-kids).
Non-pregnant, able-bodied adults who are under the age of 65 are not eligible for Medicaid at all, no matter what their income is. Pregnant people must make less than 220% of the federal poverty level to be eligible. Depending on their age, children must have a household income that is 133-205% of the poverty level. An eleven-year-old in a family of six would have to have a household income of $47,000 or less.\textsuperscript{79}

While Medicaid and CHIP programs are administered by state governments, they are funded by both the state government and the federal government. The federal government matches each state’s contribution at a rate of 50 to 90 percent, depending on the size of the state’s budget and the number of beneficiaries the state has.\textsuperscript{80} As of 2023, the match rate in Georgia is 72\%.\textsuperscript{81}

The Affordable Care Act, a federal law passed in 2010 by the Obama administration, presented state governments with an attractive offer: If they chose to expand their Medicaid programs to all adults in households at 133\% of the federal poverty level or less, the federal government would increase their match rate to 90\%.\textsuperscript{82} Since the Affordable Care Act went into effect in 2014, 40 states and the District of Columbia have chosen to expand Medicaid.\textsuperscript{83} The ten states who have yet to expand


Medicaid—states like Georgia, Alabama, Mississippi, and Texas—have Republican-controlled legislatures that oppose expansion for political and ideological reasons.\textsuperscript{84}

As a general rule, conservative leadership in a state means lower taxes, which means less tax revenue, which means a smaller Medicaid budget. Conservative leadership also means less empathetic welfare policies with stricter eligibility criteria, meaning that these states would have to make bigger leaps than more liberal states did to meet the Affordable Care Act’s expansion criteria. Also, and perhaps most importantly, Republican politicians are often reluctant to accept policies created by a Democratic federal administration. They did not like Obama, so they do not want to accept “Obamacare” (a common nickname for the Affordable Care Act). In a few Republican states—states like Arizona, Arkansas, and Ohio—governors used executive action to overcome obstinate legislatures and expand Medicaid.\textsuperscript{85}

Connecticut’s Medicaid program is different from Georgia’s, to say the least. Connecticut chose to expand its Medicaid program as soon as the Affordable Care Act went into effect—January 1, 2014. In Connecticut, Medicaid and CHIP are called HUSKY. HUSKY Part A refers to the Medicaid insurance for low-income children, their parents, and pregnant people. HUSKY Part B is Connecticut’s CHIP program. HUSKY C is for people with disabilities and people that need long-term care. HUSKY Part D covers low-income, non-pregnant adults under the age of 65 who are not eligible for HUSKY A—in other words, the population that Medicaid was expanded to in 2014. A family of

\begin{footnotesize}

\textsuperscript{85} Ibid.
\end{footnotesize}
six could make $80,000 and still qualify for Medicaid. They could make $130,000 and still qualify for CHIP.\textsuperscript{86}

My fifth-grade teacher had a reason to believe that CHIP beneficiaries might want to keep their participation in the program a secret. Welfare programs—government programs that benefit the poor—are shrouded in shame in American culture. Many Americans make distinctions between the deserving and undeserving poor; they believe that some poor people are poor because of their own moral failings, so they are not worthy of help. Early 19\textsuperscript{th} century industrialists popularized the concept of the undeserving poor because they believed that, if society treated poor people poorly, they would be incentivized to work. Poverty stigma is meant to ensure the supply of cheap labor.\textsuperscript{87}

In the 1960s, during the Civil Rights Movement, the plight of low-income Black people around the country became more visible to white Americans than ever before. Popular media began to conflate poverty with Blackness, so welfare programs were seen as catering to Black people above all, even though most welfare recipients were white. Instead of blaming systemic racism for the disproportionate burden of poverty on Black communities, scholars and popular media blamed Black culture. The undeserving poor became Black, and welfare programs became unpopular.\textsuperscript{88}


After policy changes led to an influx of non-white immigrants to the US in the 1960s, racialized immigrant identities became conflated with poverty and moral deficiency, too. Immigrants became part of the undeserving poor.\(^{89}\) A 1994 *Times Magazine* poll found that 55 percent of Americans favored taking access to public education and government health benefits away from undocumented immigrants and their children.\(^{90}\)

When I moved to Connecticut in 2019 to start medical school, I knew very little about the state. I quickly learned that the state had—and still has—a Democratic governor, Democratic US senators, and Democratic majorities in both chambers of the state legislature. I expected Connecticut to be a progressive’s wonderland—a safe haven for immigrants. It took me a couple of years to realize I was wrong.

**XVII. “The Land of Steady Habits”**

I cut my teeth as a community organizer working on the Cap the Rent Campaign in 2023. The campaign was essentially a Connecticut-wide network of volunteers working to pass a bill to limit rent increases in the state. I was part of the campaign’s legislative committee, which was mostly made up of young lawyers and Yale graduate students volunteering their time. Our job was to lobby state legislators and organize people to testify at public hearings. This work gave me my first close-up look at Connecticut politics.

At 10 PM on February 21, 2023, I was sitting at a table in a large, cafeteria-like room on the first floor of Connecticut’s Legislative Office Building in Hartford. Across

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\(^{89}\) Katz, *The Undeserving Poor*, 9.

the hall, the first hearing on the rent cap bill we had proposed was entering its twelfth hour. Other members of the legislative committee and I had watched over 100 Connecticut residents testify in favor of the bill, and there were 200 more on the docket.

We had started the day with at least twenty volunteers, and now we were down to ten. We took turns calling people to tell them it was their turn to testify soon, either on Zoom or in person. I was moved by the number of people willing to stay up late and testify in favor of the rent cap bill. They were parents, teachers, doctors, and graduate students. People speaking English, Spanish, and Haitian Creole. They outnumbered witnesses against the bill—mostly landlords and realtors—roughly ten to one. That had to be enough to convince legislators to pass rent caps, right?

Wrong. The second hearing held by the state senate’s housing committee, held the following week on February 28, made it clear that legislators were siding with the landlords. The committee had quietly removed all language about rent increase limits from the bill the night before. At the beginning of the hearing, State Senator Marilyn Moore warned witnesses not to mention rent caps in their testimonies. When they inevitably did, Senator Moore cut them off mid-sentence. Witnesses testifying against rent caps were the only exception; they were allowed to speak until they were done.

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the end, rent caps were never put back into the bill. The Cap the Rent Campaign was defeated.

I was appalled. I thought public hearings were all about legislators listening to their constituents’ opinions. How could Senator Moore get away with censoring witnesses? And why would she want to? She was a Black Democratic senator representing Bridgeport, a diverse and densely populated city with lots of working-class renters.93 From then on, I understood that Democratic Connecticut politicians tend to be fiscally conservative. They try to limit government spending, and they often pass legislation that favors high-income residents.

After I decided that I was going to write about policy in Connecticut, the first person that I reached out to for an interview was Juan Fonseca Tapia. He was a young activist from Mexico who has advocated for a number of issues to the Connecticut legislature, including LGBTQ rights and immigrant rights. I knew him because he was a key member of the legislative committee of the Cap the Rent Campaign. His experience as a technician in the Air Force had given him a no-nonsense attitude that was excellent for communicating with legislators. Juan told me that he believes Connecticut is really “a red state.” He described Connecticut Democrats as “Republicans that like art.” He said, “when you actually come look at their stance on basic human needs or issues, you will see that the approach that this state takes is actually a very conservative approach.”94

94 Juan Fonseca Tapia (activist) in discussion with author, June 8, 2023.
Colloquially and in historical literature, Connecticut is known as “The Land of Steady Habits.” Two people that I interviewed—a state legislator and a health policy expert—used the phrase without prompting. The phrase has taken on many meanings since becoming popular in the early 1800s, but I interpret it to mean the following: Many Connecticut residents are wealthy, and they want to stay wealthy.

Connecticut has the third highest per capita income of any state in the US, and it has ranked in the top five for over a century. One might think that a state with many wealthy people would take advantage of the prosperity by instituting higher, more progressive income taxes to fund efforts to help the poorest among them. It turns out that the opposite is true. States with richer residents tend to tax the highest tax brackets less than other states do. Connecticut passed a bill to start collecting state income taxes in 1971, but the public protested in anger, so the law was repealed within weeks. Connecticut passed an income tax law again in 1991, and Connecticut residents reacted in anger again. In his book *Connecticut Politics at a Crossroads*, historian Gary Rose recalls that the protesters were mostly white and middle-class. At this time, a majority of

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95 Rosana Ferraro (Connecticut health policy expert) in discussion with author, July 17, 2023; Matthew Lesser (Connecticut state senator) in discussion with author, August 5, 2023.
Connecticut residents believed that their state government was “wasteful” in its spending.\(^{100}\)

In order to keep income taxes in place, Connecticut’s government made a devil’s bargain. Legislators promised to limit the government’s spending. They held a referendum vote on an amendment to the state constitution that would limit increases in government spending based on inflation and residents’ average income—a spending cap.\(^{101}\) In 1992, just over one million voters weighed in on the referendum. It passed four to one.\(^{102}\) Since 1992, the spending cap has kept growth in government spending at roughly half what it would have been. Due to the income-based limits, government spending decreases significantly after each economic recession.\(^{103}\)

Connecticut’s fight over income taxes and increasing government spending was one of the latest in a nationwide wave. The wave began in the 1970s, when economic inflation bumped Americans into higher tax brackets without increasing their buying power. In California, a perfect storm of inflation, rising home values, and a corresponding rise in property taxes led to the passage of Proposition 13, a 1978 ballot measure that cut property taxes. Much like the campaign for Connecticut’s spending cap, the campaign for Proposition 13 was fueled by voters’ belief that government spending

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\(^{102}\) “Legislative History for Connecticut Resolution Amendment Article XXVIII, Constitution Article III, Section 18: Spending Cap.”

\(^{103}\) Geballe, “Coping with the Cap,” 4.
was wasteful. Many states followed California’s example; between 1978 and 1996, 22 state governments passed laws limiting spending, revenue, or both.\(^\text{104}\)

The activists I interviewed about Medicaid policy in Connecticut had disparaging things to say about the spending cap. Dr. Rebeca Vergara Greeno, a Boston physician who worked to expand Medicaid to undocumented immigrants during her time at Yale School of Medicine, said that the spending cap is “completely artificial” and a “false pretense of limited funds.”\(^\text{105}\) Rosana Ferraro, a health policy expert working for a Connecticut-based advocacy organization, said the spending cap is “really damaging to our ability to help people, reduce income inequality, and increase equity across many areas, not just health equity.”\(^\text{106}\)

I am writing to tell the story of how activists pushed legislators to overcome the fiscal conservatism of Connecticut and expand HUSKY to cover undocumented children in 2021. In order to tell that story, I have to tell the story of a group of student immigrants—documented, undocumented, and DACA-eligible—that came together in the early 2000s to advocate for their rights. They are Connecticut Students for a Dream.\(^\text{107}\)

**XVIII. HUSKY for Immigrants**

On March 15, 2011, the Connecticut General Assembly held a public hearing on a bill that would drastically decrease the cost of a college education for undocumented...
students. At the time, with regards to financial aid, undocumented students were treated like international students. No matter how long they had lived in Connecticut, they had to pay tuition at the out-of-state rate, which was as much as three times the in-state rate that their documented peers were paying. If this bill passed, undocumented students would be able to pay at the in-state rate.\textsuperscript{108}

Four hours into the public hearing, a woman in her early twenties took the stand. She was dressed in a black vest over a white long-sleeved blouse, and she wore her long, dark, wavy hair parted down the middle. She sat with her hands folded on the wooden table before her, leaning in towards the tiny microphone. She spoke softly but confidently, looking the legislators across the room squarely in the eye. “My name is Ana Bortolleto,” she said. “I’m a resident of Danbury for over thirteen years. A graduate of Western Connecticut State University. And I am also undocumented.”\textsuperscript{109}

Ana Carolina Bortolleto, known to many in her community as Carolina, went on to tell her story. She came to Connecticut from Brazil with her parents and her twin sister Camila when she was nine years old, entering with a tourist visa that later expired. She grew up believing that she and her sister were no different than the other kids in her classes. She took Advanced Placement courses in high school and made straight A’s. She volunteered in her community. She graduated in the top five percent of her class.\textsuperscript{110}


\textsuperscript{110} “CT-N: Higher Education & Employment Advancement Committee March 15th Meeting and Public Hearing.”
It would be reasonable to expect Bortolleto to attend a prestigious university like Yale, which was just an hour away from her town. However, she decided to attend Western Connecticut State because it was the only school her parents could afford. Her family made this financial decision based on the in-state tuition rate; unfortunately, after she registered for her first semester of classes, Bortolleto learned that she would have to pay the out-of-state rate.111

“My parents have paid taxes to the state all these years,” she reminded the legislators. She described her attempts to prove to the university that she was a Connecticut resident—dredging up nine years’ worth of income tax documents and utility bills to show them. It wasn’t enough. Because she could not provide evidence of a legal immigration status, she would have to pay at the higher rate.112

Bortolleto admitted that she was fortunate her family was able to shoulder the financial burden of sending her and her sister to college. Most undocumented young people are not so fortunate. “Currently,” Bortolleto said, “few if any undocumented students will be able to pay out-of-state tuition.” How cruelly ironic that undocumented immigrants, who tend to have low household incomes because of job market discrimination113, had to pay more to attend college.

Thankfully, the in-state tuition bill—the subject of this hearing—passed in June 2011.114 Then-governor Dannel Malloy signed the bill in the lobby of a New Haven

111 Ibid.
112 Ibid.
public high school. Teenagers and activists from the surrounding counties were present, and they cheered in celebration.\(^{115}\)

Bortolleto’s testimony is an excellent example of how immigrants were using their personal stories to advocate for their rights at this time. She mentions how young she was when she came to the US to show her innocence, pushing back on the idea that undocumented immigrants are inherently criminals. She lists her achievements to demonstrate that she is worthy of attending college. She mentions that her family pays state income taxes, helping to fund the educational system that people like her are shut out from. Immigrant rights activists across the country were using similar tactics at this time. To be effective in their advocacy, they had to appear blameless.\(^{116}\)

Bortolleto and her sister Camila had helped found Connecticut Students for a Dream (C4D), a non-profit organization of undocumented youth and allies that advocates for immigrant rights, in 2010. C4D is part of United We Dream, a national movement promoting the DREAM Act, a Congressional bill that would provide undocumented youth with a path to citizenship.\(^{117}\) As of 2023, the DREAM Act has not yet passed.

C4D counts the passing of the 2011 in-state tuition bill as their first legislative victory.\(^{118}\) Their next successful campaign was for the 2013 TRUST Act, a law that would keep state and local law enforcement from cooperating with U.S. Immigrations and Customs Enforcement agents aiming to detain and deport undocumented


\(^{116}\) Viladrich, “Beyond Welfare Reform.”

\(^{117}\) “Our Story | CT Students for a Dream”; “Director or Co-Director,” ct4adream, 2022, https://www.ct4adream.org/co-director.

\(^{118}\) “Our Story | CT Students for a Dream.”
immigrants. Through diligent organizing, C4D became a formidable force in Connecticut politics.

On December 5, 2014, calamity struck the Bortoletto family. In the middle of the night, Carolina was rushed to the emergency room for severe abdominal pain and nausea. It turned out that she had a rare, sudden-onset condition that caused a severe blockage of her intestines. As a result, she had to have her stomach and large sections of her intestines surgically removed. She was hospitalized for nearly eight months, and even after she left the hospital, she had to be fed food and water through a tube in her abdomen.

Because of her immigration status, Bortolleto did not have health insurance. Due to the 1986 Emergency Medical Treatment and Labor Act (EMTALA), a federal law that ensures that anyone can receive emergency care regardless of their ability to pay, Bortolleto’s hospital stay was covered by Medicaid. However, Medicaid would not cover the costs of her medical supplies, medications, and follow-up appointments after she was discharged. Medical bills piled up quickly. To make matters worse, her mother had quit her job to care for her. Her family was forced to set up a fundraiser for her on the website GoFundMe. Even though Bortolleto is a well-respected activist and leader in her community, the fundraiser barely reached half of its $50,000 goal.

After undergoing a surgery in 2017 that restored her ability to eat and drink, Bortolleto jumped back into advocating for immigrant rights. As early as spring of 2018,

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121 Ibid.
122 Ibid.
she was managing communications for C4D again. In 2019, she and her colleagues began efforts to expand access to healthcare for undocumented immigrants. They endorsed several bills raised during the 2019 state legislative session, including a bill that would expand HUSKY to cover undocumented children and a bill that would prevent private insurers from denying coverage on the basis of immigration status. Neither of the bills passed.

In 2020, the escalating COVID-19 pandemic raised public health in Americans’ consciousness. COVID increased US citizens’ awareness of how immigrants’ health affects their health. Local physician-activist Dr. Eden Almasude said that COVID made people realize “the health of some of us, or of any of us, really, is dependent on the health of all of us.” Other local activists and policy experts have echoed this sentiment.

Following similar logic, the Connecticut Department of Social Services expanded emergency Medicaid to cover COVID-19 testing and treatment, meaning low-income undocumented immigrants would be covered. Whether they intended to or not, they

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124 “Timeline | HUSKY 4 Immigrants.”
127 Rosana Ferraro (policy expert) in discussion with author, July 17, 2023; Eden Almasude (activist) in discussion with author, July 21, 2023; Sreeja Kondeti (policy expert) in discussion with author, August 10, 2023.
were setting a precedent for covering outpatient healthcare for undocumented immigrants.

Recognizing that conditions were ripe for organizing, C4D began to build a coalition of advocacy organizations in the state to fight for further expansion of Medicaid. They named the coalition “HUSKY for Immigrants,” referring to the name of Connecticut’s Medicaid program.129

All of the activists I interviewed have worked with one or more organizations in the HUSKY for Immigrants Coalition. Juan Fonseca Tapia and Luis Luna volunteered with C4D and helped build the coalition. Luna became the manager of the coalition in November 2022. Dr. Rebeca Vergara Greeno and health policy expert Sreeja Kondeti volunteered with HAVEN Free Clinic, a New Haven-based free clinic for undocumented immigrants run by Yale University students. Vergara Greeno served as the executive director of HAVEN when she was a medical student at Yale during the 2020-2021 school year. Dr. Eden Almasude and Luis Luna helped establish the Semilla Collective, a grassroots organization focused on immigration and labor issues.130

During the 2021 legislative session, pressured by the coalition, legislators proposed another bill meant to expand HUSKY to cover undocumented children—Senate Bill 956. Legislators and activists believed that passing coverage for undocumented children would be easier than doing it for adults. Undocumented children were seen as innocent, and thus deserving of assistance. As Lesser put it, “The kids in most cases didn’t make the decision to come here. They were brought here.” He explained that many

129 Luis Luna (activist) in discussion with author, June 21, 2023.
130 Luis Luna (activist) in discussion with author, June 21, 2023; Juan Fonseca Tapia (activist) in discussion with author, June 8, 2023; Rebeca Vergara Greeno (activist) in discussion with author, June 24, 2023; Sreeja Kondeti (policy expert) in discussion with author, August 10, 2023.
Connecticut residents saw undocumented adults as criminals for breaking U.S. immigration law and considered them undeserving of taxpayer support.\textsuperscript{131}

The public hearing for S.B. 956, to be held by the Human Services Committee in the State Senate, was slated for March 11, 2021. The coalition organized hundreds of immigrants and their allies to call legislators, attend rallies, submit written testimonies, and sign up to testify live via a Zoom conference call. They instructed everyone to begin their testimony with the following statement: “I stand in support of S.B. No. 956: ‘An Act Providing Medical Assistance To Certain Individuals Regardless Of Immigration Status,’ with clear language that extends eligibility to all HUSKY programs to all CT residents, regardless of immigration status.”\textsuperscript{132}

Finally, March 11 arrived. The hearing lasted over eleven hours, with over 150 speakers. The speakers were undocumented immigrants, DACA recipients, documented immigrants, and US citizens. They were adults and teenagers. Legislators, government bureaucrats, and laypeople. Health professionals, students, teachers, domestic workers, and clergy. English speakers and Spanish speakers.\textsuperscript{133} The Spanish language interpreters were volunteers from HUSKY for Immigrants. Vergara Greeno was among them.\textsuperscript{134}

Virtually everyone who spoke was a proponent of the bill. The only antagonistic statement came from Deidre Gifford, commissioner of the Connecticut State Department

\textsuperscript{131} Matthew Lesser (Connecticut state senator) in discussion with author, August 5, 2023; Eden Almasude (activist) in discussion with author, July 21, 2023.


\textsuperscript{133} “Human Services Committee Public Hearing,” 1-331.

\textsuperscript{134} Rebeca Vergara Greeno (activist) in discussion with author, June 24, 2023.
of Social Services, who said that her department would not support the bill unless it was budget-neutral.\(^{135}\)

Many speakers listed reasons why undocumented immigrants of all ages deserved to be able to access Medicaid. They said that undocumented adults are hard workers. That they pay taxes that contribute to the Medicaid budget. That they are disproportionately likely to do jobs that increase their exposure to COVID-19. That discrimination based on immigration status creates unique health risks for them.\(^{136}\)

Other speakers—many of them health professionals or policy experts—tried to preempt concerns about the cost of expanding HUSKY. They cited evidence that increasing access to primary care would save money by preventing illnesses or catching them early before they get expensive. They claimed that the projected cost of insuring undocumented immigrants of all ages was small compared to the state’s Medicaid budget.\(^{137}\)

Still others highlighted how the bill would help US citizens and documented immigrants. They stressed the importance of healthcare access for immigrants in the fight against COVID-19. They pointed out that, under current federal law, documented immigrants were not eligible for Medicaid for their first five years in the United States.\(^{138}\)

By far, the most cited reason to pass the bill was the idea that healthcare is a human right. This concept was brought up over 70 times throughout the hearing. Fana Hickinson, a teacher at a public high school in New Haven, confidently told legislators, “I am here to join the chorus of united voices that demands that all of our residents,

\(^{135}\) “Human Services Committee Public Hearing,” 3.
\(^{136}\) Ibid.
\(^{137}\) Ibid.
\(^{138}\) Ibid.
regardless of immigration status, be afforded their basic human rights. And—this is a fact—access to healthcare is a human right."\textsuperscript{139} While other arguments risk dividing undocumented immigrants into groups of the worthy and the unworthy,\textsuperscript{140} the “health as a human right” framework focuses on the humanity, dignity, and intrinsic value of every one of them. Immigrants deserve access to healthcare because they are human.

Many speakers described the discrimination they faced in emergency rooms and hospitals because they were uninsured due to their immigration status. New Haven resident Liliana Lopez described a time that she went to the emergency room due to severe illness during the 24\textsuperscript{th} week of her pregnancy. She said, “The first thing they asked me was if I had health insurance. And they made me wait until I was the last one in the waiting room.” When she was finally seen by providers, they sent her home without doing a physical exam. Lopez left and returned later that same day because she was still feeling awful. Only then was she told that she was having a miscarriage.\textsuperscript{141} Orlena Piedra told a similar story about going to the emergency room for severe leg pain, being asked about her insurance status, and having to wait until all of the insured patients were gone to be seen. She said, “The doctor wouldn’t even touch the site of my pain.”\textsuperscript{142}

Researchers have documented many examples of healthcare provider discrimination against Latine patients, non-English speaking patients, and uninsured patients.\textsuperscript{143}

Undocumented immigrants experience all three forms and their intersections.

\textsuperscript{139} Ibid., 263.
\textsuperscript{140} Viladrich, “Beyond Welfare Reform.”
\textsuperscript{141} “Human Services Committee Public Hearing,” 32-34.
\textsuperscript{142} Ibid., 77-78.
\textsuperscript{143} Mimi V. Chapman et al., “Making a Difference in Medical Trainees’ Attitudes toward Latino Patients: A Pilot Study of an Intervention to Modify Implicit and Explicit Attitudes,” Social Science & Medicine 199 (February 1, 2018): 202–8. https://doi.org/10.1016/j.socscimed.2017.05.013; Xinxin Han et al., “Reports of Insurance-Based
Other speakers described the stress of putting off necessary healthcare because they could not afford it. 20-year-old Stamford resident Stephany Melgar Montoya, an undocumented immigrant from Peru, spoke about how she needed surgery to treat her irregular heart rhythm caused by a congenital birth defect. She applied for and received financial aid for the surgery from a hospital in Stamford, but the surgeons who could do the surgery were based in New Haven and New York City. For this reason, almost a year later, she still had not had the surgery.\textsuperscript{144} Even for the immigrants who were relatively healthy, the prospect of a catastrophic health issue that they could not afford loomed over their heads like a dark cloud.\textsuperscript{145}

In the days following the hearing, legislators fiercely debated specific terms of the HUSKY expansion bill. By the time the bill had passed through the State House, the State Senate, and the joint Appropriations committee, it only covered undocumented children up to age eight. On October 1, 2021, this version of the bill became law. Starting in January 2023, undocumented children eight and under would be eligible for HUSKY health coverage.\textsuperscript{146}

Despite a great deal of effort, I struggled to get an explanation of the age limit from legislators. Lesser claimed that leaders of the State House said the bill would not pass the House if the limit was higher than eight years old. Representative Jillian Gilchrest, member of the State House, was only able to offer her best guess for why the

\begin{footnotesize}
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\item[144] “Human Services Committee Public Hearing,” 325-327.
\item[145] Ibid., 1-331.
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limit ended up being eight. Her first guess was “budget restraints”—that legislators negotiating the budget based the age on how much money they were able to appropriate. “Otherwise,” she said, “it’s so arbitrary, I have no idea why they would have chosen it.” Dr. Almasude offered a rationale for lowering the age limit to save money: “If you are going to expand to any population, kids are cheaper, in a way.” Studies show that, after the first year of life, children generally incur lower healthcare costs than adults do.

After I pressed Gilchrest, she offered a second guess: “I think there is, for lack of a better word, demonizing of undocumented adults.” Like Lesser, she believes other legislators may see children as more deserving of aid because their parents made the decision to immigrate to the US, not them.

In 2022, through budget negotiations behind closed doors, legislators increased the age limit to 12 years old. At this point, Lesser and Gilchrest were the newly appointed co-chairs of the Human Service Committee. They advocated fiercely to expand coverage to all adults, but negotiations in committee brought the age limit down to 18. According to Gilchrest, subsequent “back-room budget negotiations” in the Appropriations Committee brought the age limit down to 12.

Even though it was less than they had asked for, expanding HUSKY coverage to undocumented children was undeniably a victory for the HUSKY for Immigrants.

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147 Matthew Lesser (Connecticut state senator) in discussion with author, August 5, 2023; Jillian Gilchrest (Connecticut state representative) in discussion with author, August 18, 2023.
150 Jillian Gilchrest (Connecticut state representative) in discussion with author, August 18, 2023.
151 Ibid.
Coalition. Lesser, Gilchrest, and multiple activists that I interviewed attributed the success of the legislation to grassroots organizing. The coalition is still fighting to expand coverage further.\textsuperscript{152}

\textbf{XIX. How to Build a Movement}

In the US, organizing undocumented immigrants to advocate for their rights is a unique challenge. Many undocumented immigrants work long hours and have little time left to engage in political activity.\textsuperscript{153} Many don’t speak English,\textsuperscript{154} the language that lawmakers expect them to communicate in. By law, they cannot vote,\textsuperscript{155} so they cannot grab politicians’ attention by threatening to vote them out of office. You cannot use voter rolls to find their contact information for canvassing.

How did the HUSKY for Immigrants Coalition overcome these challenges to build a movement and successfully pass legislation? According to coalition manager Luis Luna, it all started with a single phone call.

“When the pandemic hit in March, I got a call from someone who was doing food rescue,” he told me. “They’re called Haven’s Harvest.” Haven’s Harvest is a non-profit that rescues produce and prepared food from grocery stores and restaurants. They had received an influx of food from the dining halls in Yale’s residential colleges, which were

\textsuperscript{152} Matthew Lesser (Connecticut state senator) in discussion with author, August 5, 2023; Jillian Gilchrest (Connecticut state representative) in discussion with author, August 18, 2023; Juan Fonseca Tapia (activist) in discussion with author, June 8, 2023; Luis Luna (activist) in discussion with author, June 21, 2023; Eden Almasude (activist) in discussion with author, July 21, 2023.

\textsuperscript{153} Juan Fonseca Tapia (activist) in discussion with author, June 8, 2023; Eden Almasude (activist) in discussion with author, July 21, 2023.

\textsuperscript{154} Migration Policy Institute, “State Demographics Data - CT.”

closing down due to the pandemic. Haven’s Harvest was asking him to help them find families in need to whom they could distribute the food.  

Luckily, Luna’s partner at the time worked with a number of undocumented childcare providers. She used a group chat in WhatsApp to tell them about the food. Within an hour, all of the food was gone.  

Luna and his partner Ariana Shapiro teamed up with Haven’s Harvest to start a food pantry called The Food Garage. They rented out a large warehouse to hold and distribute food donations from all over New Haven. When demand began to outstrip the pace of donations, Luna and his team of friends began to raise money to buy more food themselves. Soon, they were distributing more than 400 boxes of food a week.  

The Food Garage is just one example of how the HUKSY for Immigrants Coalition used direct service to build networks of undocumented immigrants. By providing aid, they got to know the community they were fighting for, and they earned their trust. When it was time to organize people to speak at the hearing for S.B. 956, Luna started with his friends, his fellow activists, and the aid network they had built. He calls the community members he already had access to the “low-hanging fruit.”  

The aid work carried out by Luna and his friends grew organically into the Semilla Collective, a mutual aid network that doubled as an advocacy organization. The organization also collected cash donations and grants, distributing the money to immigrant families that needed it. Semilla co-founder Dr. Eden Almasude coordinated

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156 Luis Luna (activist) in discussion with author, June 21, 2023.  
157 Ibid.  
158 Ibid.  
160 Luis Luna (activist) in discussion with author, June 21, 2023.
this financial assistance operation. The Semilla Collective became one of the major
turnout engines for the HUSKY for Immigrants Coalition.\footnote{161}

Once individuals signed up to testify, the coalition prepped them. Luna and Dr.
Rebeca Vergara Greeno stressed the importance of testimony prep for increasing
volunteers’ confidence and inoculating them against emotional harm. Said Vergara
Greeno, “We made sure that we explained every single detail in our testimony writing
workshops. We went through the phases of how a bill gets passed and what role they could
play in helping that happen. And how to best tailor their story to appeal to legislators but
also be true to themselves.” Organizers often transcribed volunteers’ personal stories for
them so they would have something to read from when they testified.\footnote{162}

Even though the Connecticut General Assembly’s own rules state that the
legislature should provide interpretation services for public hearings, they typically do
not.\footnote{163} The HUSKY for Immigrants Coalition gathered their own volunteer Spanish
language interpreters for public hearings. Many interpreters, including Ariana Shapiro,
Anthony Barroso, and Jonathan Gonzalez-Cruz, testified at the hearing for S.B. 956
themselves.\footnote{164}

In addition to testifying at hearings, the coalition held press conferences and
peaceful demonstrations with politicians. They lobbied state legislators in Hartford and in
their respective districts. They published op-eds and letters-to-the-editor in local

\footnote{161} Luis Luna (activist) in discussion with author, June 21, 2023; Eden Almasude (activist) in
\footnote{162} Luis Luna (activist) in discussion with author, June 21, 2023; Rebeca Vergara Greeno
(physician-activist) in discussion with author, June 24, 2023.
\footnote{163} Luis Luna (activist) in discussion with author, June 21, 2023; Roy and Grether, “Advocates at
State Capitol Call to Cap Rent Increases at 2.5 Percent.”
\footnote{164} “Human Services Committee Public Hearing,” 151, 175, 282.
newspapers. In an op-ed published by *CT News Junkie*, Yale medical student Matthew Meizlish told a patient’s story to illustrate the need for expanding HUSKY to immigrants.

Luna says planning for the future of the movement is a big part of his job as coalition manager. While he acknowledges HUSKY for Immigrants’ victories, he is wary of the slow pace of progress in Connecticut. Says Luna, “we're setting up a bad precedent if we continue on this path of doing two years every session, because it will take over 30 years to get to the last year of the life expectancy of a person in Connecticut. My dad is 65. I did the calculations. If we go at this rate, my dad will be 91 years of age when it's his turn.” He told me that his goal is to set up the foundation for everyone in Connecticut to have access to healthcare in the next few years.

XX. Conclusion

On a sizzling summer day in 2023, I sat at a tiny foldable desk in my living room with an iPad propped up in front of me. On the screen, I could see Dr. Eden Almasude, just from the shoulders up. Her dark hair was tied up in a bun, and she appeared to be sitting on a red couch in front of a window. A calico cat was perched on the back of the

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165 Matthew Lesser (Connecticut state senator) in discussion with author, August 5, 2023; Jillian Gilchrest (Connecticut state representative) in discussion with author, August 18, 2023; Juan Fonseca Tapia (activist) in discussion with author, June 8, 2023; Luis Luna (activist) in discussion with author, June 21, 2023; Eden Almasude (activist) in discussion with author, July 21, 2023; Rebeca Vergara Greeno (physician-activist) in discussion with author, June 24, 2023; Rosana Ferraro (Connecticut health policy expert) in discussion with author, July 17, 2023.
167 Luis Luna (activist) in discussion with author, June 21, 2023.
couch near her shoulder. We had been talking for half an hour when she said something that gave me pause.

“I got a notice that 4600 kids had already been enrolled,” she said, “and that’s just the under eight category.”

My chest felt tight. I knew that S.B. 956 passed in 2021, and I knew that went into effect in January 2023. Still, somehow, the reality of the victory had not sunk in until that moment. I thought about essential healthcare interventions I had received as a kid, all paid for by CHIP. An inhaler for asthma. Vaccinations for school. My first pair of glasses. All I could say was, “Wow. That’s the first time I’m hearing that stat.”

“I got some pamphlets on healthcare resources in Hartford, since I moved here recently,” she went on. “I opened one of the pamphlets, and it said that HUSKY is now accessible to kids 12 and under, and women who are pregnant. And it just brought tears to my eyes.” I could see her beginning to smile.

“Oh, I’m getting emotional too,” I said, taking a breath.

HUSKY expansion is only a fraction of the impact that immigrant activists have had on the state of Connecticut. They built networks of relationships that are benefiting organizers working on a variety of causes, including the Cap the Rent Campaign. Including me. They developed the playbook for grassroots legislative advocacy in Connecticut. By advocating for their rights, they have pushed all of us forward.

And they are still pushing. Due to their efforts, on June 6, 2023, Connecticut passed a law that expanded HUSKY to all low-income children 15 and younger. This law
will take effect in July 2024.\textsuperscript{168} The HUSKY for Immigrants Coalition is preparing to advocate for another age limit increase during the 2024 legislative session.\textsuperscript{169}

In states that have not expanded Medicaid and CHIP to include undocumented children yet, including my home state of Georgia, immigrant activists face the same barriers that C4D faced. They are up against classism, racism, and anti-immigrant prejudice in the guise of fiscal conservatism and state budget restrictions. They must also find ways to politically organize their marginalized, disenfranchised communities.

Luckily, these activists have the power to create the same conditions that made the HUSKY for Immigrants Coalition successful. They can use the COVID-19 pandemic as an exemplar of how immigrant health affects everyone’s health. They can find state legislators willing to champion their cause, and they can campaign to get more elected if there are not enough. They can build mutual aid networks that address their communities’ needs and build political power. They can lobby legislators and the public. And if they need some hope—some encouragement—they can look to California, or Maine, or Connecticut.

It is important to acknowledge that the HUSKY for Immigrants Coalition continues to fall short of their original goal, which was to expand HUSKY access to undocumented immigrants of all ages. One reason for this is the anti-immigrant prejudices that are deeply entrenched in the hearts of many Americans—prejudices that date back to the late 18\textsuperscript{th} and early 19\textsuperscript{th} centuries and have explicitly white supremacist

\textsuperscript{168} Katy Golvala and Jenna Carlesso, “CT House Passes Expansion of HUSKY for Immigrant Children,” \textit{CT Mirror}, June 6, 2023, \url{http://ctmirror.org/2023/06/06/ct-husky-for-immigrants-medicaid-expansion/}.

roots. The flames of racist nativism were stoked by Trump’s presidential campaign and time in office, and they continue to burn, creating opposition to the coalition’s proposals. The same prejudices stand in the way of humane federal immigration reform, which would eliminate the need for the coalition by creating a path to citizenship.

Undocumented immigrant activists have tried to overcome stigma by emphasizing their merit and their vulnerability. Unfortunately, these tactics have only gotten them so far. They have convinced lawmakers that undocumented youth should get certain services and protections—work permits, financial aid, health insurance, etc.—but they struggle to advocate for adults. The struggle is evident in the fight over HUSKY expansion in Connecticut, the fragility of DACA, and the stalling of immigration reform in Congress.
XXI. Bibliography


