

Uncovered

An undocumented family's long wait for adequate health care

By Donnell Alexander

Up front in the residence section of Estrella Barajas's* trailer, two of her three sons watch television. Through the doorway, the trailer garage is the headquarters for her small business. Estrella has apportioned the tiny space into two sections for separate functions. One is where she sews dresses and aprons for Michoacán transplants in the mostly rural local pockets where they, like her, revere the old ways. The other section is where she stores raw fabric and finished pieces. The setup is a poor cousin to the tiny home movement, but without one shred of its social currency.

What's in the air back here is microcosmic: *pequeño* was also the size of the impoverished Michoacán village that birthed this forty-seven-year-old woman with a sad smile.

On the far side of the doorway, the falling early-summer sun puts both the park and the trucks into shadow; the working vehicles signifiers of Oregonians earning off the land. And in her off-the-books work space Estrella is unfurling fabric, rolls of the material that she's imported from Mexico by the meter for more than a decade. She wraps an intricately pleated piece around the waist of our interpreter. She says her busy season is the months and weeks leading up to the most popular festivals, one in October and another in January. The pieces carry about them an aura of observance as much as festivity.

Estrella has imbued the clothing with an air of ritual. In her work space, shrines to the Virgin Mary and baby Jesus commingle with space heaters, both indispensable to her practice. In comparison to the average maker of clothes, Estrella's operation is small. Preferable to life in the village where she was born, but small regardless. She makes maybe \$300 per week for twenty pieces. Her husband earns another \$400 each week picking fruit, and the trailer mortgage note is a manageable \$450.

Last year a health care crisis rocked the Barajas family, reacquainting Estrella with the dangerous edge of under-the-radar existence. In the eleven years since she and her husband brought the children from Southern California to this trailer park in the Willamette Valley, no one has had health insurance. No access to eye doctors or dentists or any other kind of doctor—access that some Oregonians may take for granted. Small-business people such as Estrella, humans in the United States whose papers are not in order, are not entitled to taxpayer-funded health care. The Affordable Care Act completely ignored them, with exceptions made for emergency medical treatment.

This has been more or less acceptable to them, until early in 2015 when two of Estrella's adult sons were attacked. They were taking the youngest son, who was nine at the time, for ice cream in a nearby town when the older sons were stabbed and beaten with a bat by a jealous boyfriend. A passerby happened upon the scene and reported the crime. Emergency room treatment, at no cost to the Barajas, addressed the harm done to the older sons, but not the little one.

On the attackers' command, Estrella's baby boy had run, but fell hard on the concrete. But that is not why he needs health care coverage. He could stand to see a doctor because he is different now than he was before the attack. These days he hurls objects across the trailer without warning and cries for what looks on the surface to be no reason. The boy wakes up screaming.

"He's tormented by night terrors," Estrella explains as she sits at her sewing machine about to feed into its bed a pleated brown apron with gold trim.

Although this youngest son was born in the United States and could be eligible for coverage under the Oregon Health Plan, Estrella struggles with reading, making an already overwhelming system impossible. Information and applications are available in Spanish and several other languages besides English, but Estrella can't understand them, not in any language.

Her melancholy smile features a broken tooth that's gone unattended. She offers to show me the home remedies and the enormous bottle of Tylenol that function as fixes for most health issues in this trailer. She says she watched a relative die after being slow to have a tumor looked at. The absence of medical care keeps her awake at night.

"If I had insurance, I wouldn't worry. Instead of spending money at a clinic, I could buy things," she says. "I could save money."

Wednesday morning, on the first floor of the Mexican Consulate in downtown Portland, there's a throng in need. Once a month, more than a hundred immigrants without health care coverage pack the building's bottom floor, children of grade-school age helping their baffled parents navigate the morning's course of information booths, clinic options, and one especially vigilant security guard. They seek information through La Ventanilla de Salud—the health access window. They get their blood pressure checked and perhaps commiserate with a representative from Catholic Charities, a nonprofit that offers the kind of counseling that would benefit the youngest Barajas. The interpreter explains to me that the waiting list for mental health therapy is six months long. Adding to the feeling of too much need and not enough resources is the fact that the Mexican government's sponsorship of La Ventanilla de Salud is to address needs of undocumented immigrants not just in Oregon but also in Vancouver and other Washington communities along the border. If this facet of Northwest life isn't usually visible to most Oregonians, it would be hard to miss here.

The needs of the undocumented are vast: according to a 2014 study by the Oregon Latino Health Coalition and the Oregon Center for Public Policy, 17,600 undocumented children in the state are uninsured. The impact of this neglect on local infrastructure—schools and criminal justice as well as hospitals and doctor's offices—not small.

In 2013, Oregon made prenatal care available to undocumented women living within its boundaries. Four years later, the legislature in Salem passed a bill to allow immigrants who are not citizens to drive: they were undeniably on the roads and creating a legal avenue seemed in everyone's best interests. A year and a half later, Oregonians reversed the decision at the polls, despite officials' talking up the overall public safety improvements that would have resulted from the law.

"That's not just politics," says Daniel López-Cevallos, associate director of research at the Center for Latino/a Studies and Engagement at Oregon State University and coauthor of a 2015 study on discrimination faced by foreign-born Latinos living in rural areas. "It's drawing a line."

A line of the times, on one side a simulacrum of ignorant bliss and on the other, unpopular practicality. Deem this line of divide either political or social, it hardly matters; the times just might be growing less amenable to dialogue on improving rights for those who have migrated from Mexico without papers.

Deportations are also on the rise. In 2002, 165,000 undocumented immigrants were kicked out of the country. Eleven years later, the figure had climbed to 438,000. Back in the 1990s, Estrella's husband was deported while working at a brewery in Southern California. He went back and forth between Mexico and the United States for eleven years before moving the family north to Oregon, where many Michoacán migrants have built a community since the 1970s, becoming established and providing job contacts and housing assistance for friends and family that followed.

The remedy may be in the political process. New York, Massachusetts, and New Jersey have granted limited exemptions allowing some undocumented immigrants to enroll in Medicaid or CHIP (Children's Health Insurance Program). In Oregon, López-Cevallos says, exclusion muddies up the picture of what's happening among these citizens. Mothers like Estrella turn away from potential government assistance because of language or literacy barriers; those injured and infirm turn away from lab tests when ID is requested.

"Immigration comes up almost every election cycle, because it's unresolved," he continues. "In this

climate of heightened tensions, both tangible and imagined, the risk is very real for people.”

At the Barajas’s trailer park, boys ride bikes between the parked trucks while Estrella stands at the stove, demonstrating how she prepares a home remedy. Her granddaughter tosses a stuffed animal in the air. The girl and her father are also living here now, as a divorce plays out. That makes seven current residents in the trailer.

Estrella knows that Michoacán fashion alone won’t feed the family and pay for medical bills. No one is buying in the early spring months so far from festival season. So, during her eleven years in this trailer, this life, Estrella has studied and networked and begun producing pieces for other small-town traditional Mexican festivals. Beaming, she takes out her cell phone and shows me a video of young girls dancing while dressed in her creations.

Still, she worries. According to Alberto Moreno, executive director of the Oregon Latino Health Coalition (and member of the Oregon Humanities board of directors), Salem legislators recently prepared a bill that would have brought coverage to the undocumented children of the state. That bill never advanced beyond committee stage.

The state of tolerance being what it is, Estrella shouldn’t hold her breath: not for the legislature to get behind such a bill, not for any passing version to survive a voter-driven referendum if that bill became law—even though this would improve the lives of her family and thousands of people like them, as well as provide continuity to Oregon’s health care system.

Donnell Alexander is a Portland-based creator of cultural content whose writing and commentary has been featured in *Time*, Al Jazeera’s *Inside Story*, and *Narrative Global Politics* (Routledge, 2016). He authored the 2003 memoir *Ghetto Celebrity* and co-produced the 2009 animated short “*Dock Ellis & the LSD No-No.*”