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“It Depends on the Person”: Immigrant New Yorkers Experiences of Discrimination and Unwelcoming Medicaid Personnel



Applying for Medicaid can be a daunting and stressful process for immigrants due to language barriers, lack of knowledge about the Medicaid system, the fear of the potential “public charge” impact on their future immigration status, and more. However, often left out of the conversation is how experiences of discrimination can negatively affect or deter immigrants from continuing or completing the application process.

It is no secret that both systemic and individual discrimination are widely embedded through institutions and public services in the United States, including the Medicaid system. Negative attitudes, biases and stereotypes of immigrants based on race, culture, religion, gender, country of origin, or language can lead to discrimination. Clearly, immigrants who experience discriminatory interactions with Medicaid personnel find the Medicaid application process more challenging.

In confidential interviews, immigrant community members across New York State expressed their dissatisfaction about discriminatory experiences with some state Medicaid personnel during the enrollment process.

Among the those interviewed, even those that felt discriminated against describe a system in which they occasionally—not always, but perhaps not rarely—meet with people who act in discriminatory ways.

Edgar, an immigrant from Pakistan, stressed that not all Medicaid personnel are hostile or biased. He said rather, it “depends on the people. Sometimes they are nice sometimes they are bad...Different people. Some people have a different attitude.”

Luis, an immigrant from Mexico, shared the same sentiment. He expressed that his first time interacting with Medicaid personnel he did not have a very pleasant experience. However, when he renewed his health insurance, he worked with another individual who was helpful and friendly:

“I don’t think it has as much to do with the process as much as it does with the person dealing with you, because I had to renew my Medicaid and then I had to change to [a new location] and there was a person who filled all the papers for me and that was a really nice experience.”

Issues around language access can be both individual and systemic. Many of the interviewees felt that the reason why they were treated poorly by Medicaid personnel was because they didn’t speak English well or at all. Alexandra, an immigrant from Mexico, expressed that she is scared to ask for a translator when calling

the Medicaid office because she doesn't want the staff to get angry with her or treat her different: "I speak about 60 percent English so I try to speak with them in English because I'm afraid if I ask for a translator they might get more angry and who knows how they might talk to me."

Alexandra went on to express that her discriminatory experiences are often gender specific. She expressed that the women who work at the Medicaid office are often rude to her:

"The women have a manner of speaking and a manner of answering you, for example when you ask them any questions 'is there another paper I need?' They respond to you in such a way as if you have everything written down in front of you. It's true it is all written but it's hard sometimes to comply with what is written on the paper. Sometimes you can't do it 100 percent...for example if they ask me for ID, I don't have a driver's license so I can't comply with the request but I do have a passport and can do it with that. If I were to ask them what other documents do I need? They'll answer with 'look at the list we sent you'...so you shut up.... I'm a nice person, I have my problems but I don't voice that onto other people. I say, 'good day how are you?' and they just have a way of answering you that just isn't nice."

The unfriendly attitudes and actions of Medicaid personnel can prevent individuals from calling the office for help which can deter them from completing the process.

Alexandra goes on to explain that interacting with individuals who are hostile when asking for help can be intimidating: "When I used to have to renew my daughter's insurance, that was years ago, when I used to have to come out after talking [in person] to the women, I used to be trembling from having to go through it..."

Alexandra avoids asking for a translator to prevent hostile interactions. Edgar has his own way of handling unforthcoming personnel. When he calls the Medicaid office for help and gets an unfriendly staff member, he simply hangs up and calls back hoping someone else answers the phone.

Like Alexandra, Luis noted that Hispanic/Latinx people have the most difficult time interacting with the Medicaid office: "The people who have difficulty with this are the people in the Spanish community, even more so if they don't speak English."

Luis also noted a time when he experienced better treatment because a Medicaid inspector happened to be in the office the day he went:

"I was at the dialysis center and there was a Medicaid inspector.... All the staff was smiley and amiable and that's just because that inspector was there. To get a real experience of what it's like I think the inspector should pose as a family member or a patient to try and help the system."

When asked what he would do to prevent his experiences from occurring to other people like him Luis suggested:

"I would contract people who are more humanitarian and as well the supervisors. So even though they are supervising I would have them pass through the experience of the patient so they can see the reality and the treatment that you get. I think that workers are humans as well and we all have

our lives and sometimes they get a little bothered and they deal with some person and they get bothered. But it's difficult when you go to apply for Medicaid and you get treated like that.”

Luis went on to sum up how unwelcoming Medicaid personnel can affect immigrant community members: “People who could make things better aren’t making it better.” Medicaid personnel, as Luis highlighted, are employed to help the community. Unconscious or conscious biases and stereotypes about immigrants may be affecting the help that they provide to immigrant New Yorkers.

The individual experiences over time can also become systemic. Discriminatory experiences create lasting negative impressions and memories in the minds of individuals that experience it. Unfriendly Medicaid personnel only complicate and make the application process more stressful for immigrant applicants. They may even prevent an applicant from completing the process and getting the health insurance that they need.

It is important to note that more needs to be done to not only address unconscious and conscious biases among staff, but to address the systemic racism engrained throughout the Medicaid and safety net structure. How we treat individuals in society based on their race, native language, ethnicity, and more becomes part of the practices of institutions, such as the Medicaid system, and perpetuates inequality.

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