

Socioeconomic Disparities Affecting the Immigrant's Health in U.S.A: A Case Study of Bangladeshi Immigrants

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Abstract *Socio economics status (SES) generally depends on three major components: Education, Income and Occupation. Lower socioeconomic status increases high risk of diseases while decreasing education, income, health status and life expectancy as well. This paper examines the factors that affect directly and indirectly immigrant's vulnerability and socioeconomic status in health. There is a positive relationship between socioeconomic status and socio economic components (SEC) as when SES increases, SEC also increases and when SES decreases, SEC also decreases. In USA overall, immigrants have lower socio economic status compared to their counterpart white American citizen. Bangladeshi immigrants have lower socio economic status than any other ethnic group. Even among the southwest countries its position is all the way at the bottom. Bangladeshi immigrants have lower income, education, health status, occupation, and housing as well as lower living standard. Reducing immigrant's socio economic disparities in health will require strong policy initiative as well as effective policy implementation. Some effective policy options, which can reduce immigrant's socio economic disparities in health in USA, are indicated in this paper.*

Keywords : *Health, Socioeconomic factor, Immigrant's health, Health care system, and Health insurance.*

Introduction

Socioeconomic status plays an important role in individual health and it has great impact on health care. It does not only affect the individual's health care, it also

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affects individual' living standard Research has demonstrated a strong relation between socioeconomic status and immigrant health disparities. The people who have higher socioeconomic status have better health care access. Higher socioeconomic status allows individuals to visit doctors outside of their insurance coverage. Lower socioeconomic status has been linked to chronic diseases such as stress, heart disease, ulcers and type2 diabetes. Socioeconomic status has also been linked with psychological behaviors. Immigrant's socioeconomic disparity issue is not only important but also it is a big concern for the country's policy makers. Therefore because of a low level of socioeconomic status and poor health the government has a lot of expenditures for the immigrants that affect the whole economy. Every year new legal and illegal immigrants are adding to the existing amount of problems and they are becoming acute. It is time to think about an immigrant's socioeconomic status, understand how closely it is related to his living standard, and try to solve this nationwide problem.

In my paper I will try to show how socioeconomic disparity affects the immigrant's health in America especially, Bangladeshi immigrant's health. I will also try to show the causes of the low socioeconomic status which are affecting immigrant's health access. I conducted a survey in a Bangladeshi community in New York and found a high correlation between socioeconomic status and health care- since 1971 when Bangladeshi people started to come to the America. After starting diversity visa program a huge number of Bangladeshi people are coming America. Under this program all ages are coming. Some of them have skills and an education while other people do not have any education and skills. Health disparities can be reduced from Bangladeshi community by addressing the main determinants of socioeconomic status. Here I have suggested some important ideas and I have established that these ideas have strong relation between socioeconomic status and health care.

Objective

the main objective of this paper is to examine how socio economic status are affecting immigrant's health in USA, especially Bangladeshi immigrant's health and finding out why immigrants have lower socio economic status compare to their counterpart white American citizen. The final goal of this paper is to address the nature of the factors that are responsible for immigrant's lower socio economic status in health and suggest some policy options.

Finding

In the United States about 50 million immigrants (Documented and Undocumented) are living. They are around 15 percent of total population. The immigrants are facing lot of challenges in their social life. They have less

education, income and occupational status than white U.S. born people. They have also high mortality rate and morbidity rate. The immigrants have high risk of cancer, diabetes, asthma, heart disease and stroke rate compared to white U.S. born people. Disparities exist among the immigrants too. Asian immigrants are in a better position than African American, Hispanic and Latino immigrants. Black and Latino immigrants have very low position than any other immigrants. In this paper I find socioeconomic status components have correlation to the individual health status. When individual education, income, occupation status, physical and social environment improves health status also improve and mortality rate, morbidity rate and the risk of diseases decline.

Since 1972 income inequality and wealth discrimination has been growing rapidly in the United States. These inequalities lead to socioeconomic disparities in the society which affect health status directly or indirectly. In recent years health care activities in public and private sectors have increased, but it is not sufficient to meet these needs of the rapidly growing immigrants, as recent researches seem to indicate. The past few years have witnessed an increase in the problem of racial, ethnic and socioeconomic disparities in health in the United States. Many journals, newspapers, books, publications, government and non-profit organization reports have been published that describe the socioeconomic disparities existing in the United States society. Disparities have been defined in terms of differences in health status, risk factors for disease and injury, access to health care and quality of care. Socioeconomic disparities in the United States are linked to inequality of income, wealth, education, labor- market policies and welfare benefits.

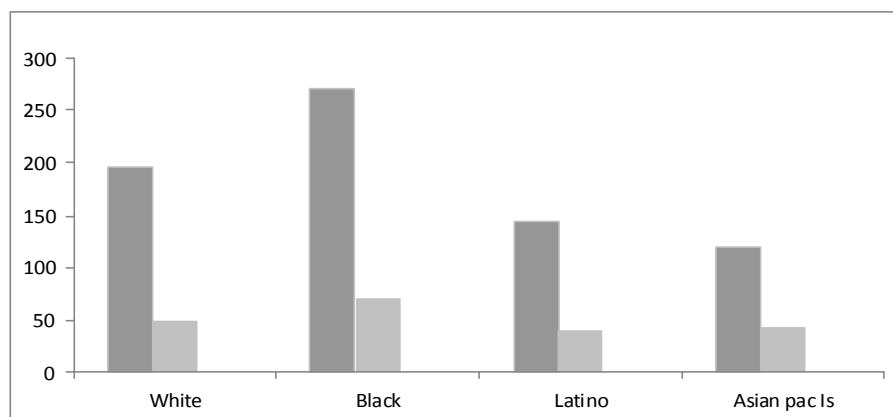
Immigrants overall have lower levels of socioeconomic achievement than natives. Immigrants have lesser education, low family income, low occupation status and home ownership status. At the same time they have high unemployment and poverty rate. Socioeconomic status is generally believed to be directly linked to mortality and morbidity. Most studies regarding socioeconomic disparities between immigrants and Native American people showed that immigrants have overall lower socioeconomic status and a lower health condition. Cousineau and Stevens describe in their paper that African American men and women have mortality rates one and a half to two times more than that of White Americans.

Over the past fifty years socioeconomic status has been affecting infant mortality rates. In 2004 infant death rate was about 8 deaths per 1000 births. In 2011 African American babies died at a rate of over 14 deaths per 1000 births which is nearly twice that of white American babies. National and state data show that Latino and African American people have higher rates of diabetes, asthma, cancer, heart disease and other chronic illnesses than White American and other native people. Many studies show that Latino's and African American's health status is worse

than even Asian immigrants. Figure 1 shows mortality rate by race. The blue line is the symbol of heart disease and red line is cancer.

Figure 1 is shows that in spite of gaining jobs, better health, education and other facilities Latinos and African Americans have higher rate of death compared to

Figure 1: Mortality rate by race

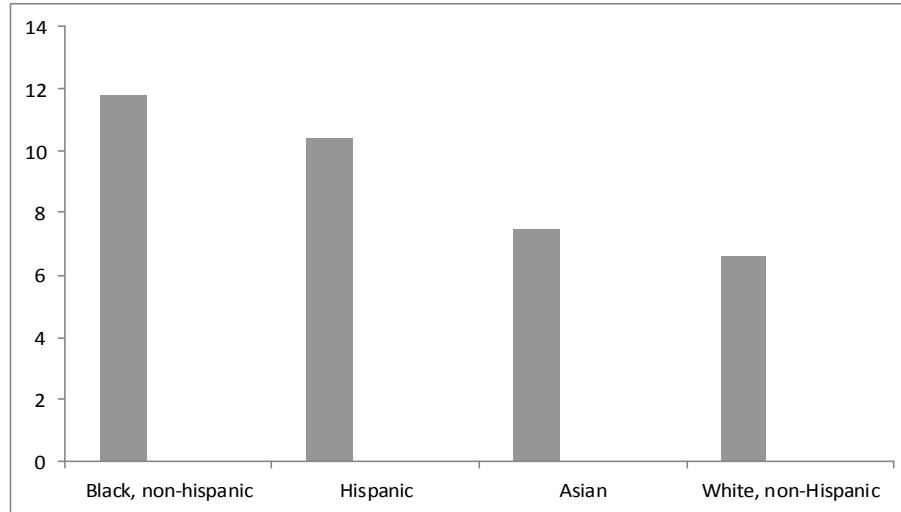


white Americans. Now the question is why the Latinos, African Americans and other immigrants have high rates of death even after getting overall facilities? Studies show that behavioral factors such as smoking, eating fast food, lack of exercise and social, cultural and environmental factors differentially affect disease risk. There is big difference in health status between immigrants and White Americans. The large health disparities are observed between black (immigrants and by birth) and White people. There are also health disparities between immigrants (Asian, Latinos and Hispanic) and White American. A Robert Wood Johnson Foundation study shows adult Hispanic, Asian and Black Americans have higher rates of diabetes than adult White Americans and diabetes increases the risk of heart disease, stroke and premature death. Figure 2 shows health disparities between immigrants and white Americans.

Socioeconomic disparities cause lower health status: The most fundamental causes of health disparities are socioeconomic disparities. Generally socioeconomic status has some components which determine a community people's living standard. Traditionally socioeconomic components are education, income and occupation. These components directly or indirectly measure socioeconomic status.

Education: Among the socioeconomic status components, education is the most and basic component. Education shapes an individual's future occupational

Figure 2: African Americans, Hispanic and Asian all have higher rates of diabetes than adult whites



opportunity and it provides knowledge about health care. Individual's quality of education is considered as a key to good health status. Many studies showed clearly that in United States immigrants have lower education rate than White Americans (Rector, Robert, 2006, October 25).

Primary education and pre academic skills depend on family environments. With low literacy rate family environments affect child's academic skills negatively and with a high literacy rate family environments help to increase child's academic skills and quality. A family of low level of socioeconomic status cannot pay attention to their child's education. Most of the children from low literacy rate family dropped out without high school graduation. Education is linked with people's health status, life expectancy, premature birth, and low weight birth babies. Women with higher level of education have less risk to get premature babies compared to women with lower level of education. Education affects the individual income and income affects individual home environment. Individuals with good education have good job and it helps the people to live better environment. Due to socioeconomic disparities overall immigrants have less high school degree than White Americans.

Income: Though education, occupation and other socioeconomic components affect the individual health, the level of income directly affect people's health and it is the direct contributor of individual well-being. Because of high source of income an individual with minimum level of education can get better health care

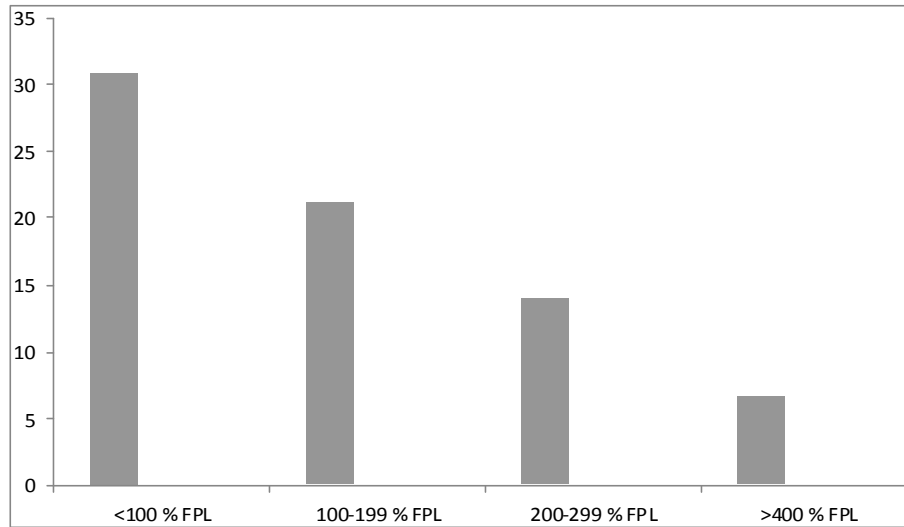
access. Higher income groups of people can provide better nutrition, housing, schooling and recreation. Lower income groups of people cannot always provide these. When individuals get better health care access, their health status obviously becomes better than who is not getting these facilities. Unfortunately the immigrants have lower income levels compared to white Americans even if both groups have the same levels of education.

Occupation: Occupation means an individual's profession. Simply they are employed or unemployed. There is evidence that unemployment and length of unemployment affects the health status. Occupational status is linked to mortality rates. Lower status job exposes workers to both physical and psychological risk and they have higher risk of occupational injury. Lower status job individual has less control over work than grater status job people. Few factors work in the job place. Fair pay, job stability, co-worker behaviors and environments are the main factors that affect individual physical and mental health. The average employed people spend about 8-10 hours in their work place. Unemployment or a negative work environment affect people's health negatively while positive work environments promote physical health and reduce sickness. The quality of job is positively related to individual's mental health. Negative work environments increase worker mental health problems like depression, anxiety, social isolation etc. An individual who has positive work environment feels better mentally. In the United States the immigrants' overall job status is lower than White Americans' and this lower occupational status affects immigrant health status.

How socioeconomic disparities affect immigrant's health status? Figure 3 shows as income levels goes up, health status improves.

It shows that adults who are poor with income below the federal Poverty Level (FPL) are most likely to be poor with poor health status. Even adults with middle income group (200-299 FPL) have also lower health status than those of higher income levels. This stepwise pattern is also seen when we compare education group and non-education group and low status occupation group and high status occupation group. The evidence shows big income difference between immigrants and White Americans. Because of large income difference the immigrants have higher poverty rate than White Americans.

Due to socioeconomic disparities immigrants are considered as a vulnerable population in the United States. Vulnerable population means a group of people who have poor physical, psychological, social health outcomes and inadequate health care. The overall immigrants have lower rate of health insurance, use less health care and receive lower quality of health care than U.S. born population.

Figure 3: Income and Poverty level

Socioeconomic disparities affect individual education, and education affects individual income, occupation and health status. It means there is a negative relationship between socioeconomic disparities and education, income, occupation and health status. As socioeconomic disparities decline, individual health status improves.

Immigrants are vulnerable in USA: In USA rapidly growing immigrants are the big concern for the country's policy makers. There are approximately 40.4 million immigrants which is 13% of the country's total population, in 2011. This huge number of immigrants is facing lots of socioeconomic problem. Among these immigrants the unauthorized ones are more vulnerable. Educational standards, occupation types and the level of income directly and indirectly affect immigrant's health care access. Most of the immigrants are involved in in-service jobs and live under poverty because they don't have school and college degree while almost all US born people are doing better jobs after their graduation. Immigrant status makes the immigrants more vulnerable. Undocumented immigrants are not eligible to get health insurance and get an official job.

Immigrants have Lower Health Care access: In America health insurance policy, procedures are complicated and health insurance coverage cost is high, which leads to almost 25 million immigrants being uninsured. In the USA the high cost of health care and getting insurance coverage are two big long term challenges for all Americans. This problem is more acute for the immigrants who have poor socioeconomic status and live under poverty level. Due to the lack of

Table 1: shows health insurance status of citizens and non-citizens

	Uninsured	Employer-sponsored insurance	Medicaid/SCHIP	Nongroup & other private	Medicare & other public	Total
ALL INCOMES						
US-born citizens	13.3%	59.1%	13.0%	5.5%	9.1%	100.0%
Naturalized citizens	17.2%	54.9%	10.3%	5.4%	12.2%	100.0%
Noncitizen immigrants	44.1%	36.5%	12.6%	4.0%	2.9%	100.0%
LOW-INCOME (below 200 percent of poverty line)						
US-born citizens	22.6%	24.9%	32.5%	6.4%	13.5%	100.0%
Naturalized citizens	26.2%	26.4%	23.2%	5.6%	18.7%	100.0%
Noncitizen immigrants	56.1%	18.1%	19.3%	3.6%	2.9%	100.0%

Source: Author's analyses of March 2005 Current Population Survey

insurance, immigrants are facing serious barriers to get medical care. Statistics shows in many cases a single visit to the doctors or hospital can drive uninsured immigrants into debt and financial insolvency. According to US census data the immigrants are more than three times uninsured (44 percent) as native-born citizen (3 percent) and among the naturalized citizens 17 percent people are uninsured.

The reason for the big insurance gap between immigrants and US citizens are the access to private and public health insurance.

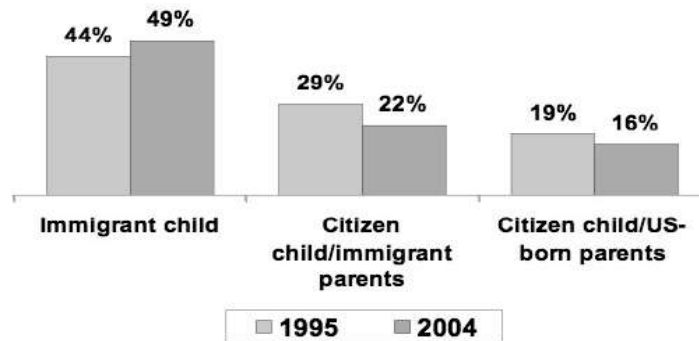
Access to Private Health Insurance: Employers provided health insurance for most Americans but not for all immigrants and illegal people. Analyses show that job-based health insurance is offered about 87 percent for White Americans citizens and only 50 percent insurance is offered for Asian, African, and Latino immigrants. Among these immigrants, African-Americans have lowest offering rate. Immigrants are offered lower rate health insurance because of their jobs conditions. They usually work in agriculture, construction, food processing, restaurant and other services jobs. Often those kinds of job don't offer health insurance. Even in the same company while US citizens are offered health insurance, the immigrants are not considered for the insurance.

Access to Public Health Insurance: For the low income people in the United States, Medicaid is the mainstay of health insurance coverage, but unfortunately

all immigrants are not eligible to get Medicaid opportunity. In 1996 the USA passed a Welfare Reform law which prohibited most lawful permanent residents to receive federal Medicaid or SCHIP. Unauthorized immigrants and temporary visa holders are not eligible for Medicaid. Even elderly immigrants are often ineligible for Medicaid because they did not work in the USA for a sufficient number of years. Amongst the adult immigrant population, the insurance coverage gap between immigrant children and citizen children are widening over the past decade (Figure 4). After the 1996 immigrant prohibitions, more immigrant children became uninsured (Ku, Leighton, 2006, September).

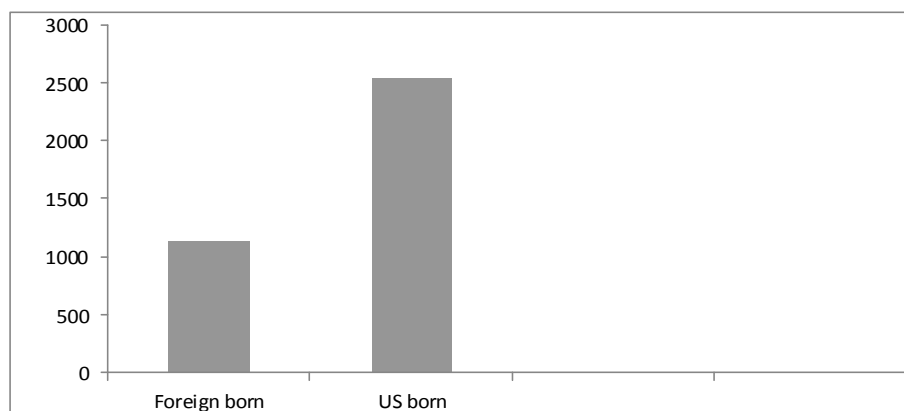
Access to Health Care: Uninsured immigrants are often ineligible to pay for the

Figure 4: Changes in Percentage of Low-Income Children (Below 200 Percent of Poverty) Who Are Uninsured, 1995 to 2004



Sources: Author's analysis of March 1996 and 2005 Current Population Surveys

medical care they need. The immigrants are much less likely to use primary medical care, hospital services, emergency services and dental care than citizens. The lack of public health care services force some immigrants to turn to black market medical care, such as unlicensed health care provider who provides health care services and may purchase prescription drugs that have been smuggled into the United States. Some worry that the cost of medical care, especially emergency care, for immigrants is creating excessive financial burden on the nation's health care system. Dr. Sarita Mohanty conducted a study based on data from the late 1990s, and found that per capita medical expenditures for immigrants are about 55 percent lower than US born citizens (Figure 5). Expenditures for uninsured and publicly insured immigrants are also approximately half those of their US-born counterparts.

Figure 5: Average per Capita Annual Medical Expenditures, 1998

Note: Estimates are adjusted for differences in race, insurance, income, etc
Sources: Mohanty, et al., 2005, based on Medical Expenditure Panel survey

Bangladeshi immigrants

Immigration in the United States from Bangladesh grew slowly from the 1970s-1980s. During the early 1990s and the peak of 1991, the number of Bangladeshi immigrants increased and during that period the Bangladeshi population was the fastest growing immigrant among the Asian countries. Under the Diversity Visa program more than five thousand Bangladeshi immigrants are being added to total population each year. Recently the American government has closed this program for the Bangladeshi people. According to the census of 2000, in America total Bangladeshi immigrants were 28,269 and now the number is more than half a million.

The New York City Metropolitan area, including New York City, Patterson and New Jersey is home to the largest Bangladeshi community in America. Chicago, Florida, Texas and Boston City have many Bangladeshi Immigrants. But two-third Bangladeshi immigrants live in the New York City. According to the data, New York City's Bangladeshi population increased by 471 percent from 1990 to 2000

About 85 percent of Bangladeshi New Yorkers are Bangladeshi born and more than three-quarters have come during 1900 to 2000. Almost 31 percent of all Bangladeshi immigrants in New York City live under poverty and 38 percent are children, and 35 percent senior citizens are experiencing poverty- compared with 30 percent of all children and 18 percent of all senior citizens in the New York City. The Bangladeshi immigrant's average household size is 4.2 and they have

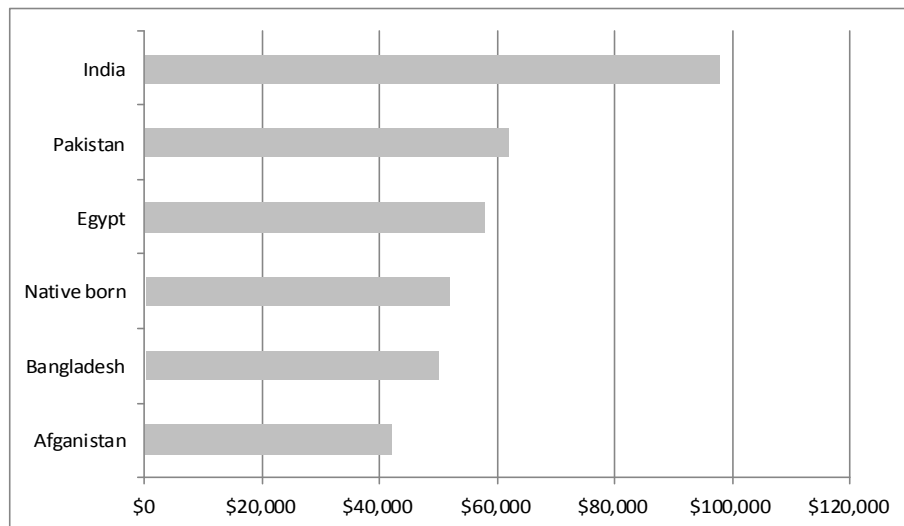
very limited English proficiency compared to other immigrants (Patel, Viraj, V., Rajpathak, Swapnil&Karasz, Alison, 2012, October).

Socioeconomic status of Bangladeshi Immigrants

Bangladeshi immigrant's income, occupation and education conditions and how these socioeconomic factors are affecting their health care system are discussed here.

Income: Probably Bangladeshi Immigrants have lower per-capita income among all other immigrants in America. Even among the south Asian countries Bangladeshis have lower per-capita income. The data shows that Indian immigrant's per-capita income is \$26,415, Srilankan's per-capita income is \$26,330, Pakistanis' per-capita income is \$17,685 and Bangladeshis' per-capita income is \$13,532 only.

Figure 6: Median house hold income (2010\$)



Source: American Community Survey, 2010

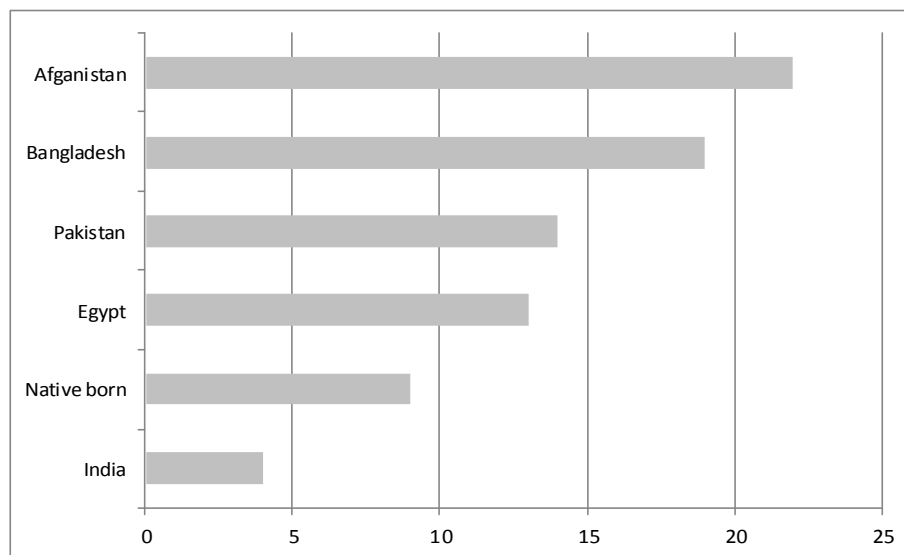
Occupation: According to the census, the most common occupations for Bangladeshi immigrants are cashiers, retail workers, taxi driver, food delivery people, floor boy and vehicle operators, all of which are classified as low-wage or working class job or odd job. Very few Bangladeshi immigrants have good job. The main reasons for low-class jobs are Poor, English language proficiency and insufficient skills based education. Most of the Bangladeshis come here without knowing English language. So when they come to America they face severe

problem. Among the south Asian countries Bangladeshis have 52 percent English proficiency while Indian's have 23 percent, Srilankan's have 18 percent and Pakistanis have 32 percent only.

Education: Education is the main socioeconomic determinant of living standard and it is related to an individual's income and occupation. Bangladeshi immigrants have a lot of barriers to get education in America. Age and finance are their main problem. Most of the Bangladeshis have no family here. They find themselves without a financial safety net or good career opportunities. They survive by themselves. Once they involve with work, they can't go for education. A very small number of Bangladeshi immigrants can earn academic degree in America and get a good job.

Bangladeshi immigrants are facing poverty because they have a low education, a low per-capita income and lower class occupation status. A study shows that Bangladeshis are poorer than Black, White, Latino and other south Asians. The Asian American Federation found that 53.9 percent of Bangladeshis living in New York are poor and it is the highest rate among the City's eight largest Asian Immigrant groups (Figure 7). According to a statistics from 2006 to 2010 the poverty rate for Bangladeshis was nearly double than the Black, White and Hispanic in New York (Weichselbaum, 2012, May 09).

Figure 7: Poverty rates (2010, %)



Sources: American Community Survey, 2010

Poverty is both directly and indirectly related to individual's income, occupation, education and all other socioeconomic factors such as, health, house ownership and culture. Poverty is a trap and it is a cyclical system (Figure 8). Once someone gets in this cycle, there is very little chance to get out of there.

Figure 8: Poverty cycle



This figure shows that people are in the cycle because they have low income, low education, low level health care and overall low level socioeconomic growth.

In the U.S.A. Bangladeshi immigrants are living inside the poverty cycle. Bangladeshi immigrant's education, income, occupation, health status and home ownership are at low level. An estimate shows that almost half of Bangladeshi immigrants have poor health and about 37 percent suffer from depression.

Reasons for Poor Health: As discussed above, Bangladeshi immigrant's low-level education, income and occupation status affect their health. This paper however, finds that there are also other factors such as language, income restriction, and lack of sleep, and physical activity and weather, which are responsible as well.

Language: English language proficiency is the common problem for most immigrants in the USA. Many Bangladeshi immigrants do not go to the hospital or American or other doctors where they can get better treatment because of their language problem. They find someone who is their community doctor known as "Bangladeshi Doctor". They choose Bangladeshi doctors because here they can explain their medical problems properly. In this situation over the long period these immigrants are deprived of hospital services and other American doctor's services.

Income Restriction: An individual's Income restriction is the main barrier to get health benefit. The US government has set up a law that, if an individual's income is more than \$9000, he or she will not be eligible for health insurance coverage. Bangladeshi immigrants are involved with low class jobs and their average income is \$12,000 to \$15,000. In New York City an individual's minimum yearly expenditure is \$12,000. After spending this amount an individual can't get health

benefit. This author knows many Bangladeshis who are living this City for more than five years but they did not visit even for once doctors, hospitals or any health related service center.

Lack of Sleep: Sleep is an essential function that allows the human body to rejuvenate. According to the Center for Disease Control and Prevention, sleep deprivation can cause health problems like depression, heart disease and cognitive dysfunction. Since Bangladeshi immigrants have low income job, they don't get enough time to sleep. An unauthorized statistics shows that most Bangladeshi immigrants work more than 12 hours per day especially at night time. Besides this, they live in a very poor quality house, like basement and small dark room.

Physical Activity: A normal level of physical exertion and exercise is helpful to digestion and the movement of blood in the human body. Inadequate and improper physical exercise can result in low energy and slower blood flow. This can cause loss of appetite, obesity, shortness of breath and many other diseases. Since Bangladeshi immigrants don't get extra time for physical exercise, they suffer from various diseases in the long run.

Weather: In America weather is also responsible for the poor health of Bangladeshis. New Bangladeshi immigrants face completely different types of weather. Bangladeshis are used to live under not too cold and not too hot weather. But in New York the weather is very cold for them. Due to this cold weather many Bangladeshis suffer from cold during the year.

Pathways to solve the socioeconomic disparities: Income, education and occupation are powerful determinant of health but they don't have direct effect. They serve as proxies for other determinants. Earlier we mentioned that socioeconomic status underlies three determinants, which are responsible for about 80 percent premature mortality. Along with other determinants, behavior and lifestyle, environmental exposure and health care are also factors affecting socioeconomic disparities (Adler, and Newman, 2002, March).

Environmental Exposure: The people with low socioeconomic status hierarchy live and work in worse physical environment. Low socioeconomic status people have low quality of housing. They are usually located near highways, industrial areas and toxic waste sites. As a result, children and adults suffer asthma and lack of long term memory.

Socioeconomic Status and Social Environment: Social environment is more important than physical environment for individual health status. The socially isolated people have high mortality rate ranging from 1.9 to almost 5 times greater than those that have better social connection.

Socioeconomic Status and Health Care: Access to quality of health care varies by socioeconomic status. An individual who has lack of health insurance receives less health care than who has health insurance.

Socioeconomic Status and Behavior/lifestyle: Only behaviors factor account for about half of premature mortality. Low socioeconomic status people usually smoke more tobacco and drink bad quality alcohol. Such behaviors and life style affect health status.

Policies to Solve the Socioeconomic Disparities in Health: One way to reduce socioeconomic disparities in health is that the government should pay attention to all socioeconomic status components and pathways, which influence health status. Along with improvement of all socioeconomic components, the federal and state governments should consider the following things.

- Cost benefit analysis: Analysis in health care is the analysis of health care input's costs relative to possible outputs? This analysis is used to avoid unexpected expenditures and to get maximum outcome.
- Strong health policy analysis: Strong health policy analysis is needed to understand past policy failures and success and to make a better plan for future policy implementation.
- Improvement of private hospitals and community health centers: Many private hospitals provide treatment for limited diseases for limited people. They should open new departments and use new technology to increase their service level.
- Useful health policy reforms: In USA almost one of every six people has no health insurance. This picture is more acute for the immigrants. Undocumented immigrants have no health coverage at all. The government should adopt useful policy reform to provide health care to all.
- Effective initiative to develop English language skill: Language is one of the barriers for the immigrants to get health care properly. Most of the immigrants have problem with English language. When a patient has this problem he would like to find a doctor in his community or stopping him not to go anywhere. If the government develops more language facility center to reduce language barriers, the health care service will improve.
- Income restriction should be minimum \$25,000: According to the US law an individual with annual income of more than \$9,000 will not be eligible for health insurance. Based on the interview experience this author finds that for a single people at least \$15,000 is needed per year to live in USA. So the government should withdraw this \$9,000 income limit to be eligible for health insurance.

- Develop more physical health center: Physical exercise is very important for human body. An individual can reduce his medical cost by regular exercise. The government should develop more health centers so that the poor immigrants can get this facility.
- Decrease medicine cost: Generally medicine costs are very high in USA compared to other countries. A very few number of immigrants have the ability to purchase medicine without health insurance. The government should take policy to reduce medicine costs and to make sure that all the peoples in the country are getting their medicine.
- Decrease hospital or doctors visit cost: There are many examples in USA that only one visit to the doctor or hospital makes a poor immigrant poorer.
- Decrease medical check-up cost: According to a physician's opinion an individual should check -up his body twice a year even if he has no disease. Regular check- up gives information about human body. People with lower income level never go to hospital for regular check-up because it is always very expensive. By providing free medical check-up for the poor immigrants, the government can reduce health disparities between immigrants and white US citizens.
- Increase government intervention in pharmaceuticals market: Pharmaceuticals industry have extremely monopoly power in USA. They regulate the whole health industry. The US government has very poor regulation on them. Since they have no regulation, they increase medicine price. They even determine which medicines will be covered by health insurance and which will not. Only strong government regulation on them can control the medicine market price.

Conclusion

The immigrants have socioeconomic disparities in United States and these disparities affect not only immigrant's health but also their life status. To reduce socioeconomic disparities and save every body's life, the government should reform health policies immediately. The US government has already taken initiative to start Affordable Care Act, which is supposed to provide more health services to the lower income people. Though many people are criticizing the bill and questioning how it will help the self-employed people and illegal immigrants who have no health coverage, but this author hopes that the health care bill will bring some sort of good things for the immigrants and will work for the poor people.

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