In recent years, the large inequalities in the US healthcare system, including in terms of access and outcomes, have become the source of one of the most polarizing debates in American twenty-first century politics. With major changes in the US healthcare system, such as the implementation of the Affordable Care Act, many formerly uninsured Americans have been granted increased access to healthcare. Despite the fact that the United States is one of the wealthiest nations in the world, many immigrants are left on the sidelines, particularly in regards to health care provision. Globally, immigrants have become increasingly, and devastatingly, excluded from international healthcare systems.

Throughout the developed world, many countries have granted undocumented immigrants access to the welfare “safety net.” Historically, the Netherlands has taken great strides toward increasing healthcare accessibility to underrepresented populations, specifically immigrants, even when compared to other countries of Western Europe with extensive social welfare systems such as Denmark and Sweden. According to a 2012 study by Bisweas and colleagues, undocumented migrants in Denmark and Sweden receive emergency care only, whereas undocumented migrants in the Netherlands have access to primary, secondary, and tertiary care. Nevertheless, the recent rise of nationalist and anti-immigrant sentiment in the Netherlands is challenging the provision of a safety net for immigrants. Obtaining a first hand view of this healthcare system during a time of heightened migration will provide me the ability to examine a different perspective surrounding the challenges with the provision of healthcare. Through this new perspective, I hope to learn how to more effectively address weaknesses in healthcare infrastructure and policies within developed countries, such as the United States.

If granted the Fulbright Scholarship, I plan to pursue a Masters in Science in Economics with a specialization in Economics and Social Policy at the Vrije Universiteit in Amsterdam. This program is of particular interest to me as it allows students to examine economic and social policy issues, such as the economic determinants of health, in the context of a strong welfare state. Furthermore, I am extremely interested in the program’s emphasis on the role of institutions, such as health care systems, on employability, poverty, and health. By enhancing my understanding of the economics of health policy and outcomes, this course of studies will allow me to address areas in which US health policy might be improved.

As part of completing the MSc program at VU University, I will research the intricate relationship between the welfare state, immigrant status, and both healthcare accessibility and outcomes from an economic perspective. Thus far, research has been conducted that attempts to analyze accessibility and outcomes of health for migrant populations within the United States and the Netherlands. As part of my thesis, I will engage in a thorough review of published studies and analyze in which ways the methodology of these studies can be enhanced. Furthermore, I plan to develop a cross-country analysis of immigrant healthcare accessibility within the Netherlands and the United States, which would, to my knowledge, be the first of such analysis, and is essential in understanding ways in which the Netherlands and US can learn from one another in order to reduce disparities and enhance equity. With recent immigration trends, the developed world must prepare to face the increasing lack of healthcare infrastructure to

support immigrant populations, the rising disparities in healthcare provision throughout the wealthiest countries in the world, and the implications of increased hostility towards immigrants that has been visible in recent news.

My research regarding the economics of both healthcare policy and outcomes will be guided by Dr. M. Lindeboom, a health economist who has published extensively on economic determinants of health, particularly in regards to the welfare state. The focus of my studies will be the analysis of healthcare accessibility of Middle Eastern immigrants within the United States and the Netherlands. The number of annual primary and specialist care visits per immigrant born in the Middle East, a group that has significant presence in both the United States and the Netherlands, will determine healthcare accessibility for this population. A focus on Middle Eastern immigrants helps address problems of different cultural mixes in more aggregated populations, which might confound comparisons across the two countries. Examining previously published data will allow for a comparative analysis between the Netherlands and the US. Special attention will be given to a comparison of healthcare accessibility for this population in the United States, where many citizens are excluded from the healthcare system, and the Netherlands, where citizens are universally insured. Although this is solely one immigrant population within two relatively diverse countries, this analysis will prompt both important questions about how changes in policy within the United States and the Netherlands can enhance equitable health outcomes and will also enhance interaction between the United States and Netherlands in the development of healthcare policy to achieve equitably healthcare.

Moreover, I plan to take my studies beyond the confines of the classroom to engage directly with the local community in order to maximize the benefits of the Fulbright experience. One of the benefits of studying at VU is that the university provides students with the opportunity to work with local community organizations. As far as my studies permit, I plan to immerse myself in the Dutch healthcare system by interning with local healthcare providers, such as VUmc, or interest groups similar to Statistics Netherlands in order to fully utilize my economics skills in the pursuit of understanding the economic and social hurdles that immigrants face while attempting to integrate into a community and access basic health services. Being able to directly engage with the local community for an extended period will provide me the capability not only to witness a system where healthcare accessibility is universal and costs are significantly reduced, but will also allow me to further understand other economic and cultural hurdles undocumented immigrants face beyond healthcare costliness, such as increased nationalism and xenophobia. Furthermore, as a cultural ambassador of the USA, being able to engage with members of the local community will allow for further cross-cultural interaction and debate surrounding issues that impact each of our countries, such as healthcare policy reformation. My intensive engagement with a vastly different healthcare system will thus strengthen my ability to help contribute to informed policy change in the US. In particular, the Fulbright experience will allow me to address the lack of healthcare infrastructure for immigrants, and to serve as a voice in a broader discussion about migration, healthcare systems, and economics.

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3 Extensive data can be found in sources such as: Jongeneel-Grimen, et al. “Migration does not enlarge inequality in health between rich and poor neighborhoods in the Netherlands”. *Health and Place, Vol. 17*, ed. 4, July, 2011; “2014 National Health Interview Survey (NHIS) Public Use Data Release”. *Center for Disease Control and Prevention, US Department of Health and Human Services*. June 2015. Further exploration of data will be necessary during my time at VU University.
Amsterdam, 2 October 2015

Dear members of the Fulbright Screening Committee:

I am writing to support the application of [REDACTED] for a Fulbright Scholarship to complete an MSc in Economics with a specialization in Economics and Social Policy at VU University.

[REDACTED] has produced a very impressive thesis proposal that intersects very well with my own research in economic determinants of health, such as childhood economic status and morbidity. Our department is seen as one of the leading centers internationally for the study of economics, particularly the development of a more critical approach to social issues that are largely influenced by economic factors. [REDACTED] intends to study the intricate role between health and economics, and so her work will fit very well.

While we have not begun our application process for 2016 at VU University and so I cannot say that she has been offered a place as of yet, she has an impressive academic background; I am hopeful that her application will be successful.

I look forward to providing supervision for her MSc thesis project through interaction in meetings. I anticipate that this project and her studies will be fruitful and would like to offer my mentorship in ensuring its success.

I fully support her application.

Sincerely,

[Signature]

Maarten Lindeboom
Professor of Economics and Chair of the Department of Economics VU University, Amsterdam
PERSONAL STATEMENT

The service organization that has most shaped and defined my undergraduate experience is Lions for Venice Family Clinic, a club that serves as a liaison between Loyola Marymount University students and Venice Family Clinic (VFC), a local clinic that serves the underrepresented and uninsured, such as the undocumented immigrant population. On my first day serving as a Clinic Assistant, the volunteer position that I hold at VFC, I nervously called my first patient from the nursing area. The woman approached me and stated her name and birth date while her daughter clung to her waist. I felt nervous as I began working up my first patient, but the more I spoke to the woman the more comfortable I became. She told me about her struggle as a mother with diabetes, her struggles in seeking legal status, and the challenge of trying to pay for her health expenses and for her daughter’s education. Although I stumbled at times with my Spanish, the woman expressed her immense gratitude that I was taking time to listen to her, to hear her concerns, to care. It was an important moment that the patient and I shared, and I was able to learn about her immense struggles, which are reflective of the challenges that many undocumented immigrants face in the US healthcare system. For this woman, VFC served as a source of comfort because I was willing to express compassion. On my end, VFC constantly serves as a reminder of the importance of compassion and engagement within the medical profession. Being able to form a personal connection with a patient that was previously overlooked by the healthcare system was a satisfying experience. This experience motivated me to work towards further understanding inequalities in healthcare provision in pursuance of overcoming such disconnects.

In order to understand the immense gaps in our healthcare system and the basis for extreme disparities in health due to wealth inequality, I pursued majors in both Economics and Spanish at Loyola Marymount University. My background in Economics has allowed me to evaluate how economic determinants of health largely influence health accessibility and outcomes for vulnerable populations, particularly immigrant populations. In an endeavor to further enhance my understanding of the complex interplay of economics and health, I began to search for further education opportunities in countries with a vastly different healthcare system from the United States that can enhance my medical education. While searching, I was led to VU University; I believe that VU University’s MSc in Economics with an emphasis in Economics and Policy would allow me to both further my journey to serve as an advocate for more inclusive healthcare legislation and to understand the complex interplay of migration, healthcare policy, and economics. Furthermore, as a future physician, I desire to serve to overcome these disconnects that continue to plague the US healthcare system. Understanding the complex role of migration, economics, and health from a cross-cultural and international perspective is essential during the modern era of globalization; the Fulbright experience, thus, will allow me to serve as a more informed and aware physician and advocate for more inclusive healthcare policy.