This week, by a vote of 67-27, the U.S. Senate passed a controversial deal that is expected to propel immigration reform through the chamber with strong bipartisan support. A vote on final passage in the Senate is expected any day, and then all eyes will turn to the House of Representatives, which will (fingers crossed) produce its own bipartisan bill. Immigration reform has real momentum, and more prospects for success than we've seen in decades.

So why am I not celebrating? Because I'm deeply concerned about the implications of this enormous concession for women's health and safety, and the message it sends about our values as a nation. The Corker-Hoeven Amendment, and the underlying bill (S. 744) that seems to be advancing with lightning speed, create an unacceptable second-class status for legalizing immigrants. Under the Senate bill, woman and families navigating the complex roadmap to citizenship would be working, paying taxes, fees, and fines, learning English, and fulfilling other requirements for 15 years or more before affordable health coverage options would become available to them.

That's 15 years paying into Medicaid and other health programs without any opportunity to benefit from those same programs. Senator Mazie Hirono (D-HI) has compared these unfair restrictions to being forced to pay homeowners insurance premiums for over a decade -- and then being denied coverage if your home catches fire.

As an organizer and advocate, I hear every day from immigrant women and families about the struggles they face living without health care. Sofia's story in particular has weighed on my heart. Sofia was living in Texas with her husband and young children when she began experiencing severe reproductive health problems. She knew she needed to see a doctor, but like most immigrant women, was barred from Medicaid and other affordable health insurance options. Without insurance, no doctor would see her.

Eventually Sofia’s health deteriorated and she made the difficult decision to cross into Mexico to see a gynecologist and receive the medical treatment she needed. Each time she went for a procedure, she had to cross back into the U.S. with the aid of a paid coyote, literally swimming across the Rio Grande, painfully aware of the prevalence of rape and other dangers women face during border crossing. She did this for five years, each time uncertain whether she would make it home to her children, because she had no other choice.
The amended Senate immigration bill would do nothing to relieve the suffering of women like Sofia, and would callously deny her family the opportunity to participate in the same affordable health plans as her friends and neighbors. For a woman with undiagnosed cervical or breast cancer, 15 years without health insurance could be the difference between life and death. At the same time, the bill would dump billions more dollars into heavy-handed immigration enforcement, making border crossing more dangerous and difficult.

Sofia and her family would continue to be locked out of the health care system, while at the same time being "fenced in" to an increasingly militarized border community.

Thankfully, several senators have warned against the human and fiscal costs of denying health care to future citizens, and offered commonsense amendments to improve the legislation. Senator Hirono, who fought for improvements to S. 744 in the Senate Judiciary Committee markup, introduced the "Taxpayer Fairness" amendment to ensure that no woman who has satisfied her tax liability shall be ineligible for federal health and other programs on the sole basis of her immigration status. Senator Barbara Boxer (D-CA) introduced amendments to improve health care access for survivors of intimate partner violence and to reduce the mandatory delay individuals on the roadmap to citizenship would face before becoming eligible for vital health coverage programs. Senator Patty Murray (D-WA), another champion of women's health and rights in immigration reform, filed an amendment to end the abhorrent practice of shackling pregnant women in immigration detention.

It is disappointing to see debate on these critical proposals ended prematurely, especially since they're well in line with mainstream opinion on the issues. Across the nation, most Americans support including immigrant families in our health care programs: 63 percent agree that aspiring citizens should be able to participate in Medicaid, and 59 percent believe people on the path to citizenship should be able to pay into and participate in the gains of health reform. Latinas, our families, and communities have spoken -- and wish to fully integrate our immigrant brothers and sisters into the fabric of American society.

It's time for negotiators in the U.S. Senate to reevaluate their priorities, and for House lawmakers to take heed. Reform should allow aspiring citizens to live with health and dignity, and fully contribute to our families, communities, and economy. Anything less is unwise, unjust, and un-American.

Some are saying that this "border surge," and the deal that's come along with it to pass immigration reform in the Senate, is a pill we have to swallow to get the final bill over the finish line. It's worth asking ourselves whether that's true, and whether this amended bill still lives up to our values as a nation.

Especially if the bitter pill of compromise is the only medicine immigrant women and families can expect to receive for fifteen years or more.

* Name has been changed.