

“This is like a horror movie, a complete nightmare ... not how I imagined getting old”

## Immigrant senior stripped of Medicare under Trump bill exposes bipartisan assault on social programs

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The case of Rosa María Carranza, a 67-year-old immigrant from El Salvador, lays bare the devastating human consequences of the assault on social rights unfolding in the United States. Her experience is a concentrated expression of a broader policy targeting hundreds of thousands of immigrants, including those who have lived and worked in the country for decades, paid taxes and complied with every legal requirement imposed upon them.

Carranza has spent more than 30 years in the United States. She built her life through socially essential labor, working as a caregiver and educator before co-founding a Spanish-immersion outdoor preschool in Oakland. Like millions of workers, she paid into Social Security and Medicare throughout her working life. Over 24 years, she contributed tens of thousands of dollars into these programs with the expectation that she would receive benefits in retirement.

That expectation has now been shattered.

Under the so-called One Big Beautiful Bill Act engineered by Trump and supported by the Democrats, Carranza and an estimated 100,000 other lawfully present immigrants will be stripped of access to Medicare, even if they have contributed to the system for decades. The law excludes broad categories of immigrants, including Temporary Protected Status holders, refugees, asylum seekers and certain visa holders. Those already enrolled face disenrollment, with coverage set to terminate in early 2026.

For Carranza, the consequences are immediate and severe. She is entering a stage of life where access to

consistent medical care is essential. She suffers from high blood pressure and arthritis, conditions that require ongoing treatment. Medicare previously enabled her to access care at relatively low cost. Without it, she confronts the prospect of unaffordable medical bills or forgoing care altogether.

Medical professionals have repeatedly warned that forced exclusion from health coverage leads to predictable outcomes. When seniors delay treatment, minor conditions escalate into serious illnesses and reliance on emergency services increases. The policy does not even eliminate costs. It redistributes them in a more destructive and socially detrimental form: war and repression.

The psychological toll is equally devastating. Carranza has described her situation as “a complete nightmare.” The loss of health coverage intersects with broader insecurities surrounding immigration status, housing and retirement. A prior bureaucratic error that temporarily cut off her Social Security benefits left her unable to pay rent, forcing her to work in exchange for housing. What was once a temporary disruption now threatens to become a permanent condition.

Her experience exposes a fundamental contradiction. Workers are compelled to contribute to social programs throughout their lives, yet access to those programs is not guaranteed. For immigrants, decades of labor and tax contributions provide no protection against sudden exclusion. In fact, this is a form of mass expropriation, the seizure of funds paid by workers for their own future survival.

The scale of the attack is vast. Approximately 1.4

million lawfully present immigrants are projected to lose health insurance coverage under the bill's provisions, including cuts to Medicare, Medicaid and Affordable Care Act subsidies, along with reductions in housing and food assistance.

These measures represent the opening phase of a broader assault on the entire working class. For the first time, Congress has removed Medicare eligibility from a defined group of legally present individuals who have already paid into the system. This sets a far-reaching precedent. If one section of the working class can be stripped of earned benefits, the same mechanism can be applied to all. What begins with immigrants will not end with them.

In fact, up to 16 million low-income Americans are expected to lose federally funded health coverage within the next two years, driven largely by new Medicaid work requirements and restrictions targeting immigrants.

The official justification is fiscal restraint. The Congressional Budget Office estimates that restricting Medicare access will save \$5.1 billion by 2034, roughly what the US spends on the military in a single day. It expresses class priorities and masks a transfer of wealth from workers to the ruling elite.

Immigrants, including undocumented workers, contribute billions annually to the very programs from which they are excluded. In 2022 alone, undocumented immigrants paid \$6.4 billion into Medicare and \$25.7 billion into Social Security. Yet they have historically been ineligible for these benefits. The new measures extend this framework to growing sections of legally present immigrants, deepening what amounts to legalized theft.

This exposes the fraudulent claim that immigrants are a burden on public resources. They are a net source of funding. The real aim is the redistribution of resources upward, away from the working class. The stripping of benefits already paid for is not a cost-saving measure but a transfer of wealth.

At the state level, conditions offer no relief. In California, the Democratic Party-dominated government has frozen enrollment in certain health programs for immigrants, citing budget constraints. The state estimates that replacing lost federal coverage would cost approximately \$1.1 billion annually, a sum it refuses to allocate.

Governor Gavin Newsom's 2025–26 budget includes roughly \$5 billion in cuts to vital social programs, including Medi-Cal. These cuts disproportionately affect

undocumented adults, seniors, people with disabilities and youth in foster care. Federal and state policies reinforce one another, leaving vulnerable populations without alternatives while normalizing the rollback of social rights.

The claim that such measures are unavoidable collapses under scrutiny. The same legislation that strips healthcare from immigrant seniors allocates massive resources to the military and domestic repression. The "One Big Beautiful Bill" is a multitrillion-dollar package that ensures continued funding for the Pentagon and immigration enforcement agencies.

The role of the Democratic Party is decisive. Far from opposing these measures, key Democratic leaders negotiated and supported the bill, ensuring its passage. Their actions reflect the interests of a ruling class determined to preserve its global dominance and suppress social opposition at home.

Carranza's case illustrates the human cost. After decades of socially necessary labor, she now faces old age without access to basic healthcare. More broadly, the legislation signals a shift toward dismantling the social safety net. It undermines the principle that labor entitles workers to social rights. Instead, access to essential services is increasingly conditioned on political calculations that favor the wealthy.

The implications extend far beyond immigrant communities. The attack underway establishes the mechanisms for a generalized rollback of social benefits. Programs funded through workers' wages can be withdrawn at will.

Carranza's experience encapsulates these dynamics. The broader significance is clear. A system that denies basic healthcare to elderly workers who have paid into it for decades is organized around the systematic transfer of wealth from workers to the ruling elite. The attack on immigrant seniors is a warning of what is to come.



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