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Immigrant Health

Inequity and Fear

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Very little so fully distorts the ways in which people who reside in the United States see one another—or so completely undermines the quest for racial justice—than the use of this phrase: illegal immigrant.

In a conversation focused on immigrant health, inequity, and fear, Alana LeBrón, assistant professor at the University of California, Irvine, set down a single ground rule at the *Sharing Knowledge* session she was moderating: No one should speak those words. She invited everyone to recognize that being undocumented or having an “unauthorized” presence are “social constructs that attempt to define who belongs in a given society and represent a critical form of structural racism.” She implored everyone to never “dehumanize people when using language.”

“As we explore the immigrant and migrant experience, and the connection between immigration laws and policies and implications for health, I want to acknowledge that no human being is illegal,” said LeBrón. And then, for emphasis, she said it again.

As immigrant rights advocates have long asserted, no human being is illegal.
—Alana LeBrón

In this chapter, contributors review the impact of structural inequity and fear on immigrant health. LeBrón is joined by Mark Hall of Wake Forest University, the University of Texas Rio Grande Valley’s Milena Melo, RWJF’s Julie Morita, and Mariana Osoria from Family Focus to discuss how the health of immigrants and the health of their communities are impacted by racism, inequities, and fear of participating in civic life—especially when people risk being deported and separated from their families.

Along with research and data, the contributors offer poignant, personal stories of what it means to live with increased surveillance in Texas along the Mexican border, how immigration policies keep people from essential health programs in Illinois, and what the fear of being observed in even ordinary activities does to health in North Carolina. The contributors also consider the disproportionate impact of COVID-19 on immigrant communities and review opportunities to change what Morita called “the false and damaging narratives of racial hierarchy in America.”

We need to concentrate on policies that shift power and give voice and agency to people who face the most pernicious barriers to well-being.
—Julie Morita

Contemporary Anti-Immigration Policies

Since 1965, when U.S. immigration laws replaced a national quota system, the number of immigrants living in this country has more than quadrupled to nearly 13.7% of the population (still below the record 14.8% immigrant population share recorded in 1890).¹ Over the last several decades—and across Democratic and Republican administrations—the nation has struggled with competing views about immigration and immigrants, failed to consider the full context of the issues involved, and witnessed an unprecedented rise in anti-immigration policies.²

The country’s 10.5 million undocumented immigrants, who are in this country without a recognized legal status, have been particularly affected. In

2018, they represented 23% of the 44.8 million U.S. residents born outside the country.³ While the number of undocumented Mexican immigrants has fallen by 2 million since its peak of 6.7 million in 2007—and they now represent less than half of the country’s undocumented immigrant population—undocumented immigrants from other parts of the world increased from 2007 to 2017, especially regions in Asia and Central America.⁴

A primary feature of immigrant communities is mixed-status families whose members may include a mix of undocumented people, U.S. citizens, permanent residents, and those with temporary statuses, including the Deferred Action for Childhood Arrivals (DACA), which has sheltered hundreds of thousands of undocumented youths from deportation. There are approximately 2.3 million mixed-status families in the United States, according to a study by former DACA recipient Milena Melo,⁵ a situation, she says, that “is largely the result of the decline in opportunities to regularize legal status over the last two decades as well as increased border militarization that has made it more difficult for people to circulate between the U.S. and their home country.”⁶

It’s hard to not know someone who is undocumented or who has DACA. So when you’re talking about policies affecting undocumented immigrants, it’s affecting entire families, entire communities, and even a lot of people who are U.S. citizens. Entire families are vulnerable.

—Milena Melo

Racism and Inequity: Bad for the Nation’s Soul and Health Status

The rising threat to immigrant households in recent decades has raised significant concerns about the health consequences of immigration policy, the threat of deportation, and the structural racism that is often the unspoken foundation of stringent immigration enforcement. According to Melo, “They’re so intertwined that you can’t really talk about immigration without talking about racism, right?”

The story of immigration in this country carries a harsh reality: These stories are not created equal. As reported by the Center for Health Progress, “White immigrants have historically been provided certain rights and privileges, like citizenship status or the ability to own land. Immigrants of color, on the other hand, have faced blatant persecution . . . While immigrants of all statuses, ethnicities, and backgrounds are seemingly under attack these days, it’s also clear that some immigrants are being attacked more than others.”⁷ Some recent examples, the Center reported, include Latino parents being separated from their children;

immigrants from predominately Muslim countries being banned from the United States; the escalating rates of deportation of immigrants from African countries and immigrants of African descent, such as Haitian people; and a previous administration that “repeatedly lashed out against immigrants of color, calling Mexican immigrants ‘animals.’” Another report noted that the 1.7 million undocumented Asian Americans and Pacific Islanders in the United States are five times more likely to be deported for criminal convictions than other immigrant groups and, more specifically, that Southeast Asians and Pacific Islanders are deported at a rate of three times more than that of immigrants as a whole.⁸

Understanding how structural racism is embedded in immigration policies and influences the lives of undocumented immigrants and their families and communities provides the evidence that can drive change. Ongoing research into these areas, said Julie Morita, provides irrefutable proof that deep-rooted barriers to health and discrimination have profound impacts on the health of immigrant communities.

*Racism has its own virulence that is bad for the nation’s soul and, as research has shown, is actually bad for the nation’s health.*⁹

—Julie Morita

Immigration and Health

Citing study after study, the *Sharing Knowledge* contributors point to evidence that unstable immigration status leads to poorer physical and mental health outcomes for adults and children alike. The contributors were particularly focused on the implications for Latino communities.

Less Likely to Seek Health Treatment

When people feel threatened, fearful or distrustful, they are less likely to seek health treatment or engage with the medical, law enforcement, and social services systems. In his study of Latino immigrants, researcher Mark Hall “found that various anti-immigrant laws and policies have a chilling effect on the use of needed health and other services, as well as access to basic utilities, healthy foods, and public spaces for recreation and physical activity.” Hall is an expert in healthcare law and public policy at Wake Forest University and an RWJF *Investigator Awards in Health Policy* recipient.

He noted that these detrimental impacts are particularly acute for children and young people, as “immigrant parents face difficult decisions about whether to access services for their children and potentially risk exposure to

immigration enforcement.” He highlighted two policies with particularly severe consequences.

One was the fear and confusion caused by changes to the federal “public charge” rule, which required applicants for permanent residency status to prove they will not primarily rely on government benefits, such as financial assistance, food programs, or Medicaid. Hall said a harsher version of the public charge rule adopted in 2019 “had a demonstrably negative impact by deterring immigrant families from seeking a range of legitimate public health and social support services, especially for children.” (That rule was vacated by the courts in November 2020 and is no longer in effect.¹⁰)

The other chilling policy, known as the 287(g) program, allows state and local authorities to essentially be deputized as immigration enforcers, raising the risk that even local traffic stops will lead to legal action.¹¹ After 287(g) was implemented in North Carolina, Hall and his colleagues documented a long list of troubling health effects stemming from distrust of systems, lack of access to providers, risky self-care, and transportation barriers exacerbated by the fear of traffic stops. The results were inadequate prenatal care, delays in receiving preventive services or medical treatment, profoundly compromised child health, and increased mental health challenges.¹²

Mental and Physical Health Harms from Heightened Surveillance

Heightened rates and threats of deportation, immigration surveillance, restrictive immigrant policies, and racialized policing harm the mental and physical health of Latino populations. According to a study by LeBrón and colleagues called “Policing Us Sick,”¹³ restrictive immigration policies and deportations under the Secure Communities program—a coordinated effort by federal and local law enforcement to identify, detain, and deport immigrants without authorized U.S. status—increase the mental health needs of Latino populations. Both the threat of deportation and knowing someone who has been deported correlate with poorer mental health. Likewise, according to the study, “Latinos who reported that ‘people like me’ are more likely to be stopped by police, arrested, or sent to prison were more likely than their counterparts to report poor physical health.”

“We have seen that immigrants and immigrant communities are often under unrelenting pressure to carefully assess their circumstances, reduce risk, and avert the gaze of governmental institutions,” said LeBrón. “The consequences of these coping responses are reflected in mistrust of public health institutions, healthcare systems, and police, documented declines in cardiovascular health and mental health, and an increased risk of adverse birth outcomes, to name a few.”

Zeroing in on women of Mexican origin living in Detroit, LeBrón reported similar health consequences. As she noted in a report called “They Are Clipping Our Wings,”¹⁴ restrictive immigrant policies directed at someone because of a legal status that is known or assumed, or based on appearance or language spoken, acutely affect social conditions, increase economic vulnerability, and limit access to health-related resources. Such policies are often accompanied by anti-immigrant sentiments and have an impact that reverberates across generations, social networks, and legal status.

“A few women described these systems of racism as ‘clipping their wings’ or making them ‘feel like a caged bird,’” LeBrón wrote. For example, the lack of a driver’s license or an official state identification can make shopping, doctor’s visits, or other routine errands more difficult, forcing people to become hypervigilant in order to avoid encounters with police and immigration officials.

The health impacts are injurious and enduring, as LeBrón’s report indicates. “Somatic symptoms of stress responses that women described included sleeplessness, headaches, anxiety, elevated blood pressure, and disordered eating. These stress response symptoms are linked with indicators of depressive symptoms and cardiovascular risk.” Just as troubling, few women in this study had access to the healthcare that could mitigate these effects.

There is always the fear. The kids say, “Mama, police! Mama, police! Mama, police!” They are so anxious. It’s distressing . . . that is where illness comes from. No one is healthy anymore, not the kids, not the adults.

—Alana LeBrón, quoting from a participant in a research study

Mixed-Status Families, Mental, Emotional Well-Being

Within mixed-status families, mental and emotional well-being are intimately entangled with immigration status, personal relationships, and the broader political environment.¹⁵ Citing several of her most recent studies from the Lower Rio Grande Valley of Texas, Melo reported that while undocumented children and parents are ineligible for all publicly funded health services (except for perinatal and emergency room care), the health of U.S. citizen children is also profoundly impacted in a mixed-status family:

Fear of deportation and avoidance of institutions leads some mixed-status families to limit or delay services for children or withdraw from programs altogether . . . some parents opt to not enroll eligible children in [healthcare] programs with an eye toward the greater good of the family because they do

*not want to be viewed as a public charge. Some 4.5 million U.S. citizen children with undocumented parents live in mixed-status families.*¹⁶

Though some research suggests divisions in families with stratified access to medical resources, Melo reviewed other studies that document supportive attitudes and adaptations. For instance, mixed-status families become accustomed to sharing “leftover” medication and “counting down” medicines to see who needs it—not only within the family but in the wider community. Despite obvious problems caused by saving doses for future uses, it is a widely known practice:¹⁷

“Aquí está la medicina que me sobró—here’s the medicine that was left over.” Our middle daughter always notices. When her older sister gets sick, she’s the first one to say, “Mom, give her the medicine you gave me.”

—Milena Melo, report on medicine use in mixed-status families

Being part of a mixed-status family affects the mental health and well-being of all its members. “While possessing U.S. citizenship may remove certain stressors for some, they may still be affected by worry about their loved one’s undocumented or precarious status,” according to a study by Melo and her colleagues.¹⁸ Again, a host of physical symptoms often reflected their fear and anxiety.

Melo acknowledged that some immigration communities buy into the rhetoric of the “good” versus “bad” immigrant, and whether someone “came the right way” or “came the legal way.” “We see this constantly trickle into the health system, where we have lots of foreign doctors who come in and judge the undocumented immigrants,” said Melo. The message they are sending, she acknowledged sadly, is, “Go back to Mexico! That’s your only solution. We can’t treat you here.”

Detention, Separation, Health Harms to Children

The detention of immigrant children and separation from family members pose long-term negative health and development threats to children.

Separating parents and children, said LeBrón, “reminds us of the critical role that a baby’s connection and stable relationship with a primary caregiver has on child socioemotional development, and teaches us about the enduring pain that detention and family separation due to deportation or hardened national boundaries can have on children. Family separation policies and practices have consequences for the current generation and for generations to come.”

Key medical associations have acknowledged this impact. The American Psychological Association noted that the deportation policies carried out under past administrations could cause “serious mental health deterioration and trauma in children,” and reported that separation policies harmed children.¹⁹ And the American Academy of Pediatrics detailed the adverse effects of the detention of immigrant children and family separation on both short- and long-term health of family members.²⁰

The Chilling Effect of Surveillance and ID Requirements

One question from LeBrón—“How are immigration policies affecting the health of the communities where you work?”—prompted an outpouring of emotional stories from contributors about their home communities.

Increased Border Surveillance: “You’re Being Watched”

Like the majority of border residents in the Rio Grande Valley, Melo noted that she has had family on both sides of the Mexico–U.S. border for decades, if not centuries. Melo has lived in this country since she was 4 years old. Growing up undocumented, she always understood the power of surveillance to undermine health along the Texas border, where a third of the population is foreign born, a large percentage are undocumented, and over 80% speak Spanish (see Chapter 9 for more about this region). But the anecdote she shared still had the power to shock: In the 1990s, she recalled, a prominent hospital in her area “decided to outfit their security guards in green uniforms. So they would look like Border Patrol agents. To deter people from coming to the hospital.”

While this practice has long stopped—and Melo is now a lawful permanent resident who plans to apply to become a U.S. citizen—her story reflects what it is like to live in a region “where you can be deported within a matter of hours. It’s fear, it’s anxiety, it’s always there. People in other parts of the county would be detained and go into a detention center, and maybe there’s time for some type of legal interview. Here? There isn’t that time. Because 10 minutes and you are in Mexico.”

Continuing her description, she called the border patrol “an everyday presence that makes you feel like you can’t even go to the doctor. Our immigrant rights’ organizations get calls, ‘My daughter’s really sick. Is it safe for me to go out?’” Residents have established informal communications networks, including Facebook posts and texts, to warn one another about the presence of

border patrol and immigration authorities. “One of the things about being on the border is that over time, we have seen much more policing. It’s hard for people like my husband—who is White and from Wyoming—to understand why I get nervous when a police officer pulls up behind me, but that’s what everybody in our communities goes through on a daily basis.”

Ironically, the infamous border wall is not as threatening as most would imagine, said Melo:

For those of us who live here on the border, we treat the wall as kind of a joke, right? “That’s what you are spending \$7 billion a mile on?” We know it’s not going to solve anything, but it did cause issues. We have this wonderful region that we call home, and it’s constantly portrayed as a dangerous place, a place that needs to be highly surveilled, a place that needs to always be under a watchful eye because we have all of these, quote, ‘illegals,’ so it must be the most dangerous place.

We’ve had the Border Patrol, traffic checkpoints, the Wall, and now we have these big blimps in the sky. And they are a visual representation of what we feel all the time: “You’re being watched.”

—Milena Melo

Away from the Border, But Still Terrified

In Cicero, Illinois, a suburb of Chicago where 45% of residents identify as immigrants, the fear associated with deportation and surveillance was so great that Mariana Osoria of Cicero Community Collaborative and the outreach organization Family Focus began to see a trend she had never seen in such high numbers: Families were unenrolling from programs that had nothing to do with immigration and everything to do with their family’s health.

“I’m worried. I’m afraid. I don’t want to be part of the program anymore:” Osoria hears that from individuals who are so terrified of being deported that they drop out of essential programs like home health visits that monitor immunizations, provide well-baby visits, connect families to primary care doctors, and provide family support services. “So what we’ve seen in our community is increased levels of depression, of stress, anxiety, concern—immigrant families continuing to be afraid to participate in programs even if they are not impacted by the rules or proposed changes.”

Osoria recalled the story of a Latino father, a legal, permanent U.S. resident who was detained by Immigration and Customs Enforcement (ICE) for several weeks. While he had diabetes, he was not given medication or permitted to see a doctor while he was detained. “This had a profound impact on his family and they will not access services. That illustrates what we’ve been

seeing in terms of how an immigration policy impacts not just the individual but whole families.”

Health Equity in a Water Bottle

Another trend with a disproportionate impact on immigrant populations is the requirement for identity cards issued by the federal, state, or local authorities. These include driver’s licenses, passports, and other official IDs, which most documented individuals take for granted but that are largely unattainable for undocumented people.

LeBrón has studied how restrictive identification policies and the increasing demand for photo IDs impact health equity—documentation can be required to enter a federal building, open a bank account, get medical care, receive food stamps, or even purchase food in a grocery store. The right documents can also be the only way people can protect themselves in interactions with law enforcement agencies.²¹ LeBrón described the outrageous insistence that residents of Flint, Mich., have an ID to access publicly distributed bottled water after the city’s water supply had been poisoned.²² This example, she noted, illustrated the “increasingly critical link between photo identification issued by U.S. governmental entities and access to health-promoting resources.” Calling restrictive ID policies a “public health call to action,” LeBrón argued that “because IDs now serve as gateways to health-promoting resources, ID policy is health policy. This points to the need to address state ID policies to be more inclusive.”²³

Towards that goal, 16 states and the District of Columbia have enacted laws to allow undocumented individuals to obtain driver’s licenses with a foreign birth certificate, foreign passport, or evidence of current residency in the state.²⁴ Despite this progress, the strengthened effort to enforce the REAL ID Act of 2005 is a looming threat to immigrant communities. This federal law, passed by Congress after the events of September 11, 2001, established specific minimum federal standards for identity cards and is scheduled to take effect on May 3, 2023. REAL ID, said LeBrón, “will strengthen a national pattern of state-issued driver’s licenses and state IDs serving as markers of legal status . . . The government-issued ID climate is indeed getting worse. It is imperative that we strengthen our resolve to advocate for policies that will promote social and health equity and identify strategies to disrupt the linkages between restrictive ID policies and health.”

The Impact of COVID-19

When the COVID-19 pandemic struck in the winter of 2020, the disparate impact became apparent almost immediately. Although not every geographical

area reports COVID-19 case data by race and ethnicity, the Centers for Disease Control and Prevention (CDC) found that “racial and ethnic minority groups are disproportionately represented among COVID-19 cases.”²⁵ The CDC also reported a noticeably higher percentage of COVID-19 cases among Hispanic or Latino people, especially adults under 50 and children younger than 18. Data gaps make it difficult to tease out the number of immigrants within each population group, but the harm to their communities has been clear.

In addition to infection levels, deaths from COVID-19 are far higher among racial and ethnic minority groups compared to the percentage of the total U.S. population they represent.²⁶ Specifically, the death rate from COVID-19 in Black, Latino, and tribal communities is at least double that of Whites and even higher among Latino populations ages 35 to 49.²⁷ In California, Native Hawaiians and Pacific Islanders are three times more likely to contract the disease compared to Whites, and nearly twice as likely to die. Sixteen states track their COVID death rates separately from other Asian Americans and in 11 of those states, they are dying at the highest rates of any racial or ethnic group.²⁸

The numbers of excess deaths from all causes (that is, deaths beyond what would be expected in a typical year) also skews against non-White populations, sparking what has been called a “hidden crisis.”²⁹ In the first six months of 2020, the CDC reported that excess deaths increased 14.7% for White people, 44.9% for Latinos, and 28.1% among Black populations. The result was a drop in life expectancy in the United States by a full year, on average, in the general population and by about three years among Latinos.³⁰

We’re definitely living through something unique. I’ve never seen a disease or a virus that so discriminates against those who are the most vulnerable.

—Milena Melo

Beyond its health impact, the COVID-19 pandemic has had a profoundly uneven impact on financial security. By April 2020, nearly six in 10 non-elderly Latino adults were in families where someone had lost a job, work hours, or work-related income, according to an RWJF-funded study by Urban Institute researchers.³¹ The study found that Hispanic adults in families with noncitizens disproportionately work in industries that are more likely to be affected by the pandemic and experience higher levels of unemployment. These families had to cut back on spending for food (more than half worried about having enough to eat in the next month); postpone crucial household purchases; cut into savings or increase credit card debt; and worry about being able to pay electric bills, rent or mortgage, and medical costs.

LeBrón agreed that mixed-status communities and families with noncitizens have been hit particularly hard. “Mixed-status communities have shared concerns

about the impact of getting COVID-19 on the health and the well-being of their families, but also on the security of their fragile jobs, housing, and immigration records,” LeBrón said. Those concerns have also influenced the decision to sign up for vaccines, given fears that it could fall under the public charge rule and undermine their hopes for a path to legalization.

Seen through the lens of this country’s immigration crisis, COVID-19 comes into clear focus for yet another group: tens of thousands of adults and children fighting deportation and held in more than 200 immigration centers. According to a recent article in the *American Journal of Public Health*,³² adults and children are uniquely vulnerable to coronavirus outbreaks in these detention centers, where “infection and death from a novel communicable disease will deepen inequities for a population group that already experiences many structural and systemic threats to health and well-being.” Despite compelling evidence of increased risk, the study found that “state and federal governments have done little to protect the health of detained immigrants.” Though the Biden administration announced in March 2021 that it wanted every adult in the United States eligible for vaccination by May, ICE’s network of jails holding civil immigration detainees had no vaccination program and could not say how many detainees had been vaccinated.³³

In minority communities, we see SO many matters of life and death—immigrant policing, police violence, White supremacy, structural racism, and now COVID-19. We have a long road ahead.

—Alana LeBrón

Pursuing Positive Change

Despite LeBrón’s recognition of the long road ahead, each contributor presented snapshots of success and hope in battling systems that discriminate against immigrants.

Harris County, Tex., opened a dialysis center to serve uninsured people, a category that includes many undocumented individuals. One in three people in the border region where Milena Melo works has diabetes and more than 30% of them don’t know it. Fearful of seeking medical attention, they often go undiagnosed and untreated, which too often leads to kidney failure. Life-saving dialysis can cost thousands of dollars for a single treatment; the three-times-a-week dialysis routine that is the standard of care is unavailable to people who are undocumented and lack access to public insurance. After the first dialysis center to serve the uninsured opened in Harris County, the demand was so great that county officials soon expanded its hours to run dialysis machines around the clock.

Eventually, the county also opened another center, began to conduct diabetes screenings at local food markets, and connected people to a federally qualified health center, all without asking questions about immigration status.

Cities like Albuquerque, N.M., Chelsea and Revere, Mass., and Cicero, Ill., chose to take the health and safety of immigrants into their own hands. In May 2019, the Albuquerque City Council voted to spend \$250,000 to help care for the 2,000 asylum seekers who had been brought to the city by the Department of Homeland Security since March.³⁴ “This should not be a political issue,” noted one city resident who supported the expenditure. “This is a human issue. Please, be human.”

In the spring of 2020, a COVID-19 surge hit Chelsea, a community with a large population of immigrants, more than 60% of them Latino and some of them undocumented. Healthcare leaders in this *RWJF Culture of Health Prize*–winning community and in nearby Revere turned a local hotel into a safe, free isolation facility for infected people who could not socially distance at home and had little access to healthcare. The hotel stayed open until early June, when the city’s surge in infections subsided.³⁵

In Cicero—another *RWJF Culture of Health Prize*–winning community that is a Latino-majority town, where 45% of all residents identify as immigrants—community leaders like Osoria are working to combat crime and gang violence by empowering residents of all ages.³⁶ Through the Cicero Community Collaborative, they have rallied to keep their school-based health clinic open, prevent violence on school routes, provide safe and enriching after-school programming, and increase access to early education (see the Spotlight at the end of this chapter).

Municipalities committed to supporting immigrants are helping to ensure that law enforcement respects their rights. Mark Hall said these steps include a “cite-and-release” approach to minor offenses to avoid an automatic query to ICE; separating law enforcement involvement from social services; discontinuing or avoiding 287(g) agreements; and reducing occasions when officers inquire about immigration status. When municipalities reduced their participation in federal immigration enforcement initiatives, immigrants reported that they “have a chance to breathe,” said Hall. “Immigrants felt safer leaving their homes to meet basic needs because they felt more confident that, if stopped by local law enforcement, they would not face detention or deportation.”

A Final Word

A flurry of executive orders in the early months of 2021 began to lift some of the restrictions that had been imposed on immigrant populations over the previous

four years. Among other steps, the new administration in Washington moved quickly to reopen the country to people seeking green cards, noting that it was “not detrimental to the interests of the United States;” restored DACA; increased the number of refugees who can be settled here; declared a 100-day moratorium on deportations; initiated efforts to reunite children separated from their families; took steps to process claims of asylum seekers at the Mexican border; and proposed an eight-year path to citizenship for most of the 10.5 million undocumented immigrants living in the United States.³⁷

Throughout this period, RWJF made its own efforts to address structural racism related to immigration, as showcased by these examples:

- In late 2020 and 2021, the Foundation supported the work of the American Civil Liberties Union Foundation to reunify and support separated immigrant families and to recalibrate U.S. immigration policy to protect asylum seekers. RWJF also provided support to the National Immigration Law Center’s efforts to advance humane and inclusive immigration policies designed to enhance well-being and safety and end family separations.³⁸
- In a series of policy briefs issued in January 2021, RWJF addressed inequities in housing, food, and health insurance access for immigrant communities and flagged federal policies that have the effect of discriminating based on race. Included were recommendations to “help people through the immediate health and economic crisis to ensure that all people in the United States have a fair and just opportunity to be as healthy as possible.”³⁹
- To help data researchers understand the extent of pandemic-related health disparities among Native Hawaiians and Pacific Islanders, RWJF awarded a grant to the Fielding School of Public Health at the University of California, Los Angeles (UCLA) to support a groundbreaking study on the impact of COVID-19 on that population.⁴⁰ “It’s vital that public health data researchers in the U.S. change how we collect race and ethnicity information in population health surveys,” said Ninez A. Ponce, PhD, director of Fielding’s Center for Health Policy Research. “To understand vast differences between the Asian and NHPI [Native Hawaiian and Pacific Islander] experiences, we cannot keep lumping them together. If we don’t make this change, we’ll never achieve health equity.”⁴¹ (For more on opportunities to reimagine research and evaluation centered on equity, see Chapter 10).

Despite what they each saw as progress, all of the contributors to this chapter remained cautious about the challenges ahead. As the current administration wrestled with how to care for an estimated 35,000 unaccompanied minors who had joined the waves of people crossing the border by April 2021,⁴² both Osoria and Melo stressed that health problems will escalate unless sounder immigration,

health, and mental health policies are adopted. Melo and LeBrón believe that creating a pathway to citizenship for parents and siblings is the most basic step to improving the health and well-being of all immigrant children, citizens and noncitizens alike.⁴³ LeBrón also emphasized the urgency of disinvesting in and abolishing immigrant detention centers and investing in community-based institutions to support immigrant communities.

LeBrón thinks it will take generations to undo the effects of recent immigration policies and practices, along with the narrative of White supremacy that it amplified. “True repair,” she said, “will involve undoing each of these policies and creating policies that are more inclusive of immigrants. In addition to tackling structural racism, it will take time to shift the cultural aspects of racism that have increased in the early 21st century.”

And Hall warned that the physical and mental health problems now apparent in immigrant populations will not soon disappear: “These problems are getting embedded generationally. These are not problems that run their course. Once they dig in roots, they are hard to dig out.”