

1 [LRH] Immigration and Immigrant Policies and Health

2 [RRH] *A.M.W. LeBrón et al.*

3

4 *Perspective*

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6 **Immigration and Immigrant Policies, Health, and Health Equity in the United States**

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15

16 **Policy Points:**

- 17
- 18 • There is growing attention to the role of immigration and immigrant policies in shaping the
19 health and well-being of immigrants of color.
 - 20 • The early 21st century in the United States has seen several important achievements in
21 inclusionary policies, practices, and ideologies toward immigrants, largely at subnational
22 levels (e.g., states, counties, cities/towns). National policies or practices that are inclusionary
23 toward immigrants are often at the discretion of the political parties in power.
 - 24 • Early in the 21st century, the United States has implemented several exclusionary
25 immigration and immigrant policies, contributing to record deportations and detentions and
26 worsening inequities in the social drivers of health.

27 More than 281 million people worldwide live outside their country of birth, and 15% of the
28 United States population (50.6 million people) are immigrants.¹ As migration rises across the globe,
29 attention to the health of migrants and immigrants is a vital aspect of public health in the United

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30 States and worldwide. Immigrants' rights and access to opportunities and health-promoting resources
31 are directly linked with their health and health care access.²⁻⁹ Policies and social mobilization
32 surrounding immigrant health are particularly important to examine, since immigration and health are
33 two politically contentious social issues that frequently converge.^{3,4,10} Further, the well-being of
34 immigrant communities has implications for entire societies, making immigration an increasingly
35 important topic of discussion, debate, policy, practice, and research.^{10,11}

36 In this Perspective, using the United States as a case study, we review existing literature
37 regarding societal ideologies, policy, research, and practice toward immigration and immigrants, with
38 a focus on gains and successes to promote immigrant health, continuing problems that have
39 implications for immigrant health, potential solutions, and implications for public health over the
40 coming decades. We situate research and action on immigration and health in a global context, then
41 describe key concepts central to immigrant health. We then focus on structural factors that shape the
42 health and well-being of immigrant communities in destination countries, namely immigration and
43 immigrant policies. As public health professionals, we ground this review in a human rights
44 perspective that values the health and well-being of all people regardless of nationality, mode of
45 migration, or legal status. We also ground our discussion in structural racism and health equity lenses,
46 as these provide rigorous perspectives for assessing how policies and other structural factors influence
47 immigrant health. We close by suggesting structural interventions that are necessary to address the
48 societal and political factors that contribute to immigrants' poor health in the United States and
49 globally.

50

51 **Contemporary Global Im/migration Patterns**

52 Recent and ongoing migration patterns indicate that a growing segment of the global
53 population is on the move.^{12,13} Between 2000 and 2020, the global immigrant population grew from
54 173 million—2.8% of the total global population—to 281 million—3.6% of the total global
55 population.¹⁴ Numerous factors influence international migration, including colonialism,
56 globalization, war, conflict, violence, human rights violations, economic crises and poverty,
57 technological transformations, climate change, family unification, and, most recently, the COVID-19
58 pandemic. Climate change has contributed to a growth in climate migration, which spurs individuals,
59 families, and communities to leave their homes when a major climate disaster strikes and/or climate
60 stressors such as droughts, flooding, and sea-level rise create conditions in which it is not possible to
61 remain in their community.^{15,16} Climate change has disproportionately affected small island nations
62 and territories, areas with vulnerable geographies (e.g., deforestation, drought), and fragile
63 ecologies.^{15,16} With growing climate extremes, climate change catalyzed migration for 22.5 million to
64 24 million immigrants in 2017 alone.¹⁷ The World Bank estimates that extreme weather events will
65 generate 143 million climate migrants in Latin America, sub-Saharan Africa, and Southeast Asia by
66 2050.¹⁸

67 As of 2020, nearly one-quarter of the global migrant population resided in the United States¹⁴
68 and more than 44% of the US immigrant population emigrated from Asia, including the Middle East,

69 or Latin America.¹⁹ Estimates suggest 45% of immigrants residing in the United States are naturalized
70 citizens, 27% have lawful permanent residence, 5% have temporary lawful residence, and 23% have
71 undocumented legal statuses.¹⁹

72

73 **Key Concepts**

74 To ground the field in the literature regarding immigration and health, we offer definitions
75 that conceptualize immigration and health within the context of the structural forces that shape human
76 migration, immigrant integration, and social, political, and economic reactions to immigrants—all of
77 which are processes that can influence health. We lay a foundation to advance critical scholarship and
78 action that promotes the health and well-being of all people, including immigrant communities.
79 (Related topics central to immigration and migration, such as migration journeys, permanence and
80 porousness of immigration experiences and immigrant identities, and the hardening of national
81 borders, are beyond the scope of this manuscript.)

82

83 *Racism, Racialization, and Immigration*

84 Immigration and immigrant policies have long been racialized and racializing.²⁰⁻²² Ideologies
85 rooted in white supremacy have fomented cultural narratives that, in turn, influence the parameters of
86 proposed and enacted immigration policies. Box 1 expounds on the interconnectedness of racialized
87 cultural narratives and immigration policies. While there is growing attention to the role of structural
88 racism in shaping the health and well-being of racially minoritized immigrant populations,²³⁻²⁶ limited
89 public health scholarship has situated immigrant health in the United States within a structural racism
90 framework.¹¹ Racism is rooted in ideological understandings and assertions of race as fixed and
91 acontextual, rather than socially constructed and varying over time and place.^{20,24,25,27-29} Racism
92 produces and reinforces racial hierarchies that operate to limit the rights and opportunities of
93 populations who have been classified as a minority racial group through a set of interconnected
94 systems and prejudicial treatment at multiple levels.^{24,25,27-31} Structural racism encompasses the
95 interconnected ideological, social, economic, and political systems that stratify how individuals are
96 treated and their access to opportunities and resources based on one's location within socially
97 constructed racial/ethnic hierarchies.^{27,28,32}

98

[INSERT BOX 1 ABOUT HERE]

99 Racism at different levels affects access to opportunities and is rooted in histories of and
100 ongoing colonial practices and legacies.²⁷⁻³¹ As an example of how race and nativity intersect and how
101 immigration policies are racialized, in the United States—where anti-Black racism has a stronghold—
102 Black people are more likely than any other racial group in the United States to have police
103 encounters, a central mechanism for catalyzing interactions with immigration enforcement agencies
104 and deportation.³³⁻³⁵ Though Black immigrants represented 7.2% of the US noncitizen population in

105 2013, they represented 10.6% of immigrants in deportation proceedings during the 2003-2015
106 period.³³

107

108 *Immigration and Immigrant Policies*

109 Immigration policies refer to policies that affect the opportunity and pathways to migrate,
110 which in turn shape who can migrate and legal status in the destination country.³⁶ In the United States,
111 immigration policies are under the purview of the federal government, including through legislative
112 action (which has more enduring policy impacts), and presidential discretion through executive action
113 (which changes according to the priorities of each administration). Immigration policies include, for
114 example, prioritizing acceptance of or restricting migration to the United States based on country of
115 origin, as well as apprehension and deportation of immigrants with an unauthorized or other
116 vulnerable legal status. Table 1 presents examples of exclusionary and inclusionary immigration
117 policies, which illustrate the role of federal policies and action in shaping migration opportunities,
118 legal status, immigrant incorporation, detention, and deportation.

119 [INSERT TABLE 1 ABOUT HERE]

120 Immigrant policies regulate the lives of immigrants and immigrant communities in the
121 country in which they live.³⁶ In the 21st century, immigrant policies are increasingly incorporated into
122 a number of policies, such as health care, law enforcement, education, employment, and social
123 programs. Immigrant policies can operate at federal, state, and local levels. For example, the
124 Affordable Care Act is among the most recent federal exclusionary immigrant policies as it
125 systematically excludes recent immigrants and immigrants with an unauthorized legal status from
126 Medicaid expansions.³⁷ Some states, cities, towns, or counties have implemented inclusionary or
127 exclusionary immigrant policies through, for example, allowing immigrants with an undocumented
128 legal status to access state-issued government identification cards or health insurance coverage.^{2,7,38}
129 The exclusionary and inclusionary policies shown in Table 1 highlight opportunities for and interplay
130 between federal, state, and local policies to shape opportunities and resources for immigrant
131 communities.

132

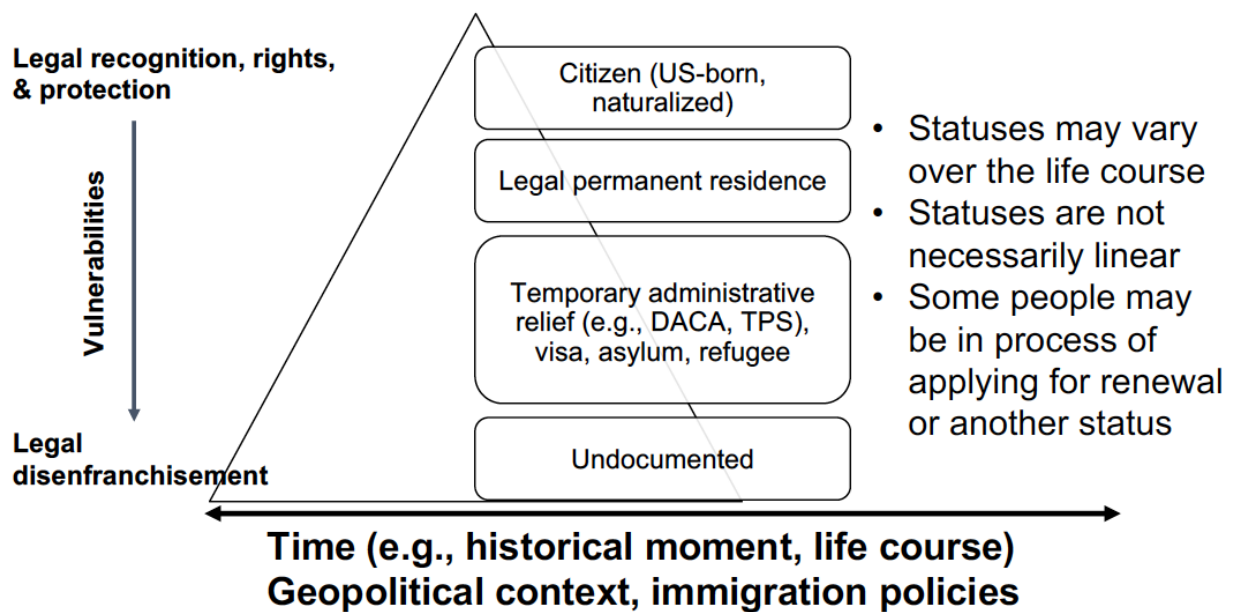
133 *Citizenship and Legal Status*

134 The concept of “illegality” refers to ongoing processes by which social structures such as
135 immigration and immigrant laws and policies, practices, ideologies, and discourse criminalize and
136 create categories of marginalization for immigrants and immigrant communities.^{39,40} Citizenship and
137 legal status refer to the socially, politically, and juridically produced status of individuals within a
138 nation, including the multiple legal statuses of noncitizen immigrants who have varying risk for
139 deportation. Legal status is not necessarily linear and may vary over the life course.⁴¹ Individuals and
140 families may be actively engaged in a process of changing their legal status,⁴² and people may slip
141 from a more protected legal status such as visa holder or a temporary protected status to an

142 undocumented legal status. Further, the benefits conferred by moving along a continuum of legal
 143 statuses may not be continuous across legal statuses.⁴³ Citizenship encompasses multiple dimensions,
 144 including rights, political enfranchisement, and identity.⁴⁴ See, for example, Chavez (2013) for a
 145 review of conceptualizations of citizenship.⁴⁵ In the context of nation-states, citizenship refers to a
 146 legally recognized form of membership in a given nation.⁴⁶ De Genova (2017) points out that while
 147 the concept of “citizenship” within the context of nation-states may seem inclusionary at first glance,
 148 it is intrinsically exclusionary, as the concept of citizenship creates categories of citizens and
 149 noncitizens.⁴⁶

150 **Figure 1. Legal and Social Construction of Legal Statuses, United States, 2022**

151



152

153 Abbreviations: DACA, Deferred Action for Childhood Arrivals; TPS, temporary protected status.

154 As illustrated in Figure 1, there are a range of legal statuses in the United States. Legal
 155 statuses represented at the bottom of the pyramid are generally characterized by greater social,
 156 economic, and political disenfranchisement. For example, undocumented immigrants hold an
 157 unauthorized legal status. Other particularly vulnerable legal statuses include temporary protected
 158 status (e.g., available to individuals from designated countries) and Deferred Action for Childhood
 159 Arrivals (DACA), which is available to young adults who migrated without authorization to the
 160 United States as children. Additional temporary legal statuses include visa holders (e.g., student,
 161 tourist, occupational), persons seeking asylum, persons seeking refugee status, and those who have
 162 experienced a form of violence recognized by the law. Temporary statuses, however, leave
 163 immigrants with uncertainty regarding renewal and access to resources.^{40,42} Lawful permanent
 164 residence (LPR) status grants immigrants the right to live and work in the United States on a

165 presumably permanent basis; however, people with legal permanent residency can face deportation if
166 sentenced for certain criminal offenses. In the United States, even among citizens there are tiers in who
167 is constructed as worthy of citizenship and the full rights of citizenship. For example, the life
168 experiences and societal treatment of US-born citizens and naturalized citizens may differ.^{47,48}
169 Further, birthright citizenship has been questioned for children of undocumented immigrants and
170 Puerto Ricans.^{20,45} These examples highlight the concept of racialized legal status and are an
171 important reminder that in the United States, citizenship has been created to grant and protect the
172 rights of those classified as “white.”^{45,49} (See, for example, the Naturalization Act of 1790.)

173 Illegality and legal statuses are also experienced by families and communities. Mixed-status
174 families comprise members with a range of legal and citizenship statuses, including unauthorized
175 legal statuses, naturalized or US citizenship, and/or temporary statuses.⁵⁰ Mixed-status communities
176 refer to geographic and identity-based communities where members hold a range of legal and/or
177 citizenship statuses.⁶

178

179 **Past Gains, Successes, Failures, and Continuing Problems to Promote Immigrant Inclusion and** 180 **Health**

181 Societal attitudes toward immigrants and the policies that determine immigrants’ rights
182 influence immigrants’ integration into new societies and, ultimately, their health.^{10,51} There is
183 mounting evidence that xenophobic attitudes and restrictive immigration and immigrant policies are
184 associated with worse health outcomes among both immigrants and some US-born populations.^{2,8,52-54}
185 Because the health and health care access of immigrants has direct implications for all members of a
186 society, we discuss the past gains and successes toward social, economic, and political inclusion of
187 immigrants—critical processes to protect their health; we also identify the failures and continuing
188 problems that may have long-term repercussions for immigrant health. We focus on two key societal
189 areas—societal values, beliefs, and practices and immigration and immigrant policies—and then
190 discuss how public health research has evolved to examine and address these.

191

192 *Societal Values, Beliefs, and Practices*

193

194 *Successes in Immigrant Inclusion and Health.* Despite the proliferation of exclusionary
195 and restrictive immigration and immigrant policies, the early 21st century in the United States has
196 brought some gains and successes in immigrant inclusion, such as a growing immigrant rights
197 movement, implementation of inclusionary state and local policies, and executive orders to mitigate
198 the impact of restrictive federal policies.

199 Recent trends point to increasingly favorable public attitudes toward immigrants in the United
200 States.⁵³ The Trump administration’s approach to immigration garnered national attention and
201 revealed common practices such as separating minors from their caregivers and holding children in

202 cagelike cells. Public outrage at the detention of families during the Obama and Trump
203 administrations and the separation of families at the US-Mexico border suggest a coalescing of
204 societal values opposed to the detention of children and recognizing that separation of families is
205 harmful to well-being and constitute human rights issues.⁵⁶ Further, the criteria for national belonging
206 expanded such that birthplace and religion were viewed as less important in 2020 than in 2016.⁵⁵

207 The early 21st century has also been a significant moment for social mobilization around
208 immigration. For example, immigrant activists, many of them undocumented youth, engaged in
209 marches and demonstrations that were critical to securing the DACA program.^{57,58} Immigrant rights
210 organizations have also spearheaded efforts to bring attention to the inhumane immigration
211 enforcement apparatus. Under the Obama administration, as news became public regarding the
212 detention of immigrant families in response to high levels of migration at the southern US border,
213 individuals organized to find ways to support immigrants in detention.⁵⁹⁻⁶¹ These examples of
214 immigrant organizing and power building are important gains in immigrant rights matters in the
215 United States, which may not only advance support for inclusionary policies but also strengthen
216 community networks and social support systems that are associated with better health outcomes.⁶²

217 *Failures and Continuing Problems.* Despite gains in a growing immigrant rights social
218 movement, there are indications that white supremacy is increasingly overt in the treatment of
219 immigrants of color and their families and communities. The early 21st century has seen rising anti-
220 immigrant sentiments and xenophobic discourse in high-income countries worldwide, including in the
221 United States.⁶³⁻⁶⁵ At the heart of anti-immigrant sentiments that uphold exclusionary immigration and
222 immigrant policies is an underlying acceptance of immigrant criminalization, which casts some
223 immigrants as “deserving” and others as “undeserving.”^{66,67} This ideology overlooks the
224 criminalization of people of color overall, justifies exclusionary immigration policies that link local
225 policing with immigration enforcement, and disadvantages Black and Latino immigrants and other
226 immigrants of color.⁶⁸ Additionally, this ideology diverts attention away from immigration as a
227 human rights issue and the need for inclusive policies,⁶⁹⁻⁷¹ instead situating the topic as highly divisive
228 and political. While overall national patterns indicate a general consistency or slight decline in the US
229 population’s concerns about immigration,⁷² there has also been a trend toward increasingly extremist
230 anti-immigrant ideologies and organized anti-immigrant movements.^{73,74} In the United States, there
231 were increased reports of anti-immigrant sentiment following the election of Donald Trump, whose
232 campaign rhetoric employed racist and xenophobic tropes.⁶³ Similarly, the COVID-19 pandemic
233 stoked xenophobic responses targeting Asians and Asian Americans.^{64,65}

234 Reflecting global patterns, the United States has seen political polarization of immigration
235 attitudes, with a vocal and mobilized minority favoring restrictive and punitive immigration
236 policies.^{75,76} Polarized attitudes regarding migration and immigrants have implications for
237 immigration policies. For example, from 2016 to 2019 there was declining support among Democrats
238 for further construction of a wall along the US-Mexico border, a major policy platform and media
239 spectacle under the Trump administration.⁷⁷ Conversely, among Republicans, support for the border
240 wall increased from 63% in 2016 to 82% in 2019.⁷⁷ However, more than being a purported solution to
241 immigration concerns, the border wall instead serves as a symbolic separation to stoke social division.

242 Historically and during the COVID-19 pandemic, infectious disease narratives have been
243 used to amplify anti-immigrant policies and practices.²¹ During fiscal year 2021, the US Border Patrol
244 turned away immigrants at the border approximately 1.6 million times.⁷⁸ Simultaneously, the United
245 States experienced an increase in hate crimes against people of Asian and Pacific Islander origin or
246 descent, with more than 9,000 incidents of anti-Asian and Pacific Islander hate reported from March
247 19, 2020, to June 30, 2021.⁷⁹

248 Organizing strategies and public engagement in immigration advocacy seen in the Obama and
249 Trump administrations have taken different shapes under the Biden administration and appear to
250 largely be carried by long-standing immigration advocates, even though the Biden administration has
251 continued several exclusionary immigration policies and practices.⁸⁰ At question is whether
252 immigration policy advocacy has diminished during the Biden administration, and if so, under what
253 conditions.⁸¹ For example, was there an actual shift in immigration ideology that contributed to large-
254 scale and sustained immigration advocacy under the Trump administration? What is the general
255 public's perception regarding the effectiveness of policy advocacy strategies for shaping inclusionary
256 federal and state-level immigration and immigrant policies?

257

258 *Immigration and Immigrant Policies*

259

260 *Successes in Immigrant Inclusion and Health.* There are modest advancements in terms of
261 expanding rights for immigrants that are linked with improvements in population health, particularly
262 in the area of executive or administrative actions. Change in these policies has been the result of
263 immigrant organizing and power building. The most notable inclusionary immigration action in the
264 United States in the early 21st century is the DACA program,⁸² which grants temporary protection
265 from deportation for young people who migrated to the United States as children. This program was
266 implemented as an executive action by President Obama following sustained advocacy, protest, and
267 civil disobedience by organized immigrant youth. The DACA program, however, is temporary in
268 nature and the Trump administration attempted to rescind it. More recently, the DACA program has
269 been made into a federal rule, providing increased permanency of this program. DACA conferred
270 protected status to 822,000 young people in the United States between August 2012 and July 2019,
271 9% of whom went on to obtain LPR status.⁸³ As of December 2021, there were 611,470 active DACA
272 recipients.⁸⁴ DACA facilitates economic stability, educational opportunities, and access to health
273 care,⁸⁵ which, in turn, confers salubrious benefits including improved mental health among DACA
274 recipients and their children.⁸⁵⁻⁸⁸

275 The 2009 removal of bans on migration for persons who are living with HIV and the
276 reduction in scope of physical exams as an entry requirement under the Public Health Service are
277 important achievements that move away from ableist immigration policies and move closer to
278 respecting the dignity of immigrants.⁸⁹ While these are important achievements in the immigration
279 policy landscape, these recent gains are fragile and largely dependent on the priorities of the president
280 and party in power.

281 In the context of entrenched and restrictive federal immigration policies, numerous states and
282 local jurisdictions (e.g., county, city) have developed and implemented immigrant policies and
283 programs to mitigate the impacts of restrictive federal policies or foster more inclusive environments.
284 While state and local actions cannot undo the fundamental restrictions of federal immigration policies,
285 they can modify the impacts of exclusionary laws and, by extension, their health impacts. Key policy
286 domains that have been addressed at the state level include health care access and quality (e.g.,
287 extending state health coverage to children or pregnant women regardless of legal status, allowing
288 undocumented adults to participate in state insurance exchanges); education access and quality (e.g.,
289 in-state tuition for undocumented students); labor and employment (e.g., prohibiting employers from
290 using the federal E-Verify system); and policing and law enforcement (e.g., offering driver's licenses
291 regardless of legal status; declining requests or agreements for local law enforcement to detain people
292 for transfer to deportation proceedings) (See Table 1).⁹⁰ Inclusive state policies have been linked to
293 reduced inequities in immigrant and Latino health care utilization,⁷² mental health,⁷³ and health
294 insurance coverage.^{74,91} At the local level, some counties and municipalities have also enacted
295 inclusionary policies, including health care access programs that provide preventive and urgent care
296 regardless of legal status, so-called sanctuary policies to limit local law enforcement collaboration
297 with immigration authorities, and local government-issued ID policies.^{66,92-95} Nongovernmental efforts
298 can also take steps to mitigate the impacts of restrictive policies, such as private sanctuary networks,
299 local immigration enforcement response teams, mutual aid and nongovernmental relief efforts,⁹⁶
300 immigration bail funds and legal assistance to detained immigrants,⁹⁷ and nongovernmental photo ID
301 programs.^{92,93,98} There is a need for more research on the health implications of local and
302 nongovernmental efforts at immigrant inclusion. Although state, local, and nongovernmental
303 programs cannot change eligibility for federal benefits or prevent a person from being subject to
304 federal immigration enforcement or deportation, they may partially limit the extent to which
305 structurally racist federal policies affect the health and well-being of immigrants and their families.

306 *Failures and Continuing Problems.* In the United States, the role of structural racism in
307 shaping the experiences and health of immigrant communities is apparent when looking at 21st-
308 century shifts in federal immigration policies. While the fundamental nature of exclusionary
309 immigration policies as a form of structural racism has not changed, the strategies have evolved with
310 each change in presidential administration and political party in power, aligning with the reality that
311 for racism to maintain a stronghold, it must adapt and evolve.^{24,27,29,99}

312 Post-9/11 politics have transformed the US approach to immigration, contributing to a
313 restructuring and substantial augmentation of immigration enforcement agencies and priorities.^{100,101}
314 For example, the Immigration and Naturalization Services was dissolved and the Department of
315 Homeland Security was created, moving away from prioritizing *naturalization* processes to
316 prioritizing the militarization of responses to immigration, which are now treated as a threat to
317 "homeland security."¹⁰² Post-9/11 administrative and policy changes multiplied the impact of a suite
318 of policy changes from the mid-1990s, including the Antiterrorism and Effective Death Penalty Act
319 and the Illegal Immigration Reform and Immigrant Responsibility Act, resulting in a massive
320 expansion of the immigration detention and removal apparatus.^{100,103,104} Additionally, several post-
321 9/11 policies such as the Real ID Act of 2005 and the PATRIOT Act of 2001 are important immigrant

322 policies that increase barriers to accessing health-relevant resources, such as government-issued IDs
323 and financial resources for immigrant communities, respectively.⁹²

324 Despite significant advocacy, the United States still has not achieved a path to citizenship that
325 is not contingent on increased border or interior enforcement and other exclusionary immigrant
326 policies at the federal level. During this same period, there has been a proliferation of the US
327 immigration surveillance system through the expansion of electronic monitoring and technologies that
328 are used as alternatives to detention (e.g., ankle monitors) that are stressful, invasive, painful, and
329 exclusionary.¹⁰⁵

330 Alongside the growth of border enforcement and detention apparatuses, interior immigration
331 enforcement has also increased. One notable example is the revitalization of immigration raids,
332 coordinated and often militarized enforcement actions by which immigration agents make any number
333 of immigration arrests, often in coordination with other law enforcement agencies. The resurgence of
334 worksite raids during the Trump administration built upon a model that was advanced under the
335 George W. Bush administration, and historical and ongoing exploitation of low-wage immigrant
336 workers in agricultural and food and other processing industries.^{5,9}

337 Although there have been some important, yet fragile immigration policy wins in the early
338 21st century, federal immigration policy remains infused with racism. Despite the implementation of
339 the DACA program, President Obama became dubbed “Deporter-in-Chief” for scaling up the interior
340 and border immigration enforcement schema developed by Democratic and Republican predecessors
341 to deport more than 1.9 million immigrants from the United States.¹⁰⁶⁻¹⁰⁸ Obama also led the passage
342 of the Affordable Care Act, which was the most recent large-scale federal immigrant policy as it
343 systematically excluded immigrants from eligibility for health insurance expansions.³⁷ The political
344 campaign that laid the foundation for the Trump administration began by centering “othering”
345 messages about Mexican immigrants and with promises to build a border wall and detain and remove
346 undocumented immigrants.⁷⁰ The Trump administration deported more than 1.5 million immigrants,
347 began a process of building the border wall, notoriously separated minor children from their families,
348 implemented wide-scale immigration raids, and challenged the DACA program. With the change in
349 presidential administrations in 2021, there was hope that immigration policies would improve.¹⁰⁹ Yet,
350 under the Biden administration, we have seen the continuation of mass deportation efforts, with
351 622,832 deportations as of February 2022 and 312,174 new deportation proceedings during the 2021
352 fiscal year.^{108,110}

353 The growth in deportations in the early 21st century at the discretion of each presidential
354 administration are made possible, in part, by federal immigration policies, discussed earlier, that have
355 contributed to the substantial growth of immigrant detentions.¹⁰⁰ The growth of the immigrant
356 detention industry has contributed to the proliferation of corporations and so-called nonprofit
357 organizations that are motivated to maintain the status quo by finding ways to profit off of
358 incarcerating and/or detaining people. Private prisons, which detained approximately half of
359 immigrant detainees in 2015, have proliferated over the past several years due, in part, to the millions
360 they spend on lobbying efforts.^{111,112} Alongside the growth of immigrant detention systems and border
361 and interior immigration enforcement is the growth of the Immigration and Customs Enforcement

362 (ICE) and Customs and Border Protection unions,¹¹³⁻¹¹⁵ which are increasingly sought after for
363 endorsements by political candidates, highlighting the deepening entanglement between elected
364 officials, policymakers, and the immigration enforcement and immigrant detention industry.

365 Private hospitals also contribute to this expansive system through medical deportations.¹¹⁶
366 Hospitals can and have initiated and paid for the costs of deporting un- or underinsured undocumented
367 immigrant patients with critical injuries or illnesses.¹¹⁷ Medical deportations do not require
368 coordination with immigration authorities, constitutes a breach of ethical codes of medical practice,
369 and affirms some immigrant communities' mistrust of health care and public health institutions.¹¹⁷

370

371 *Public Health Research*

372

373 *Successes in Immigrant Inclusion and Health.* Within the context of these changes and
374 ongoing challenges in societal values, beliefs, and practices and immigration and immigrant policies,
375 research on health and well-being of immigrant communities increasingly takes a structural lens,
376 above and beyond cultural and behavioral explanations of health.^{4,6,7,9-11,20,38,109,118-120} An important
377 advancement in public health scholarship is the general consensus that immigration policy is health
378 policy.^{10,121} Structural approaches are becoming increasingly more sophisticated, both conceptually
379 and methodologically. Conceptually, public health scholarship is integrating theoretical perspectives
380 from social sciences and legal scholarship to deepen understanding of the interconnections between
381 racism, xenophobia, immigration, immigration policy, and health. This is evident in the growth of
382 intersectional analyses that elucidate how racism and citizenship stratification shape health.^{7,38,122} US-
383 based scholarship regarding immigration and immigrant health is most developed in the area of Latino
384 immigrant health, particularly the health of Mexican-origin immigrant communities.^{7,8,49,118,123,124}
385 There is growing scholarship focused on enhancing understanding of the experiences of subgroups of
386 immigrants, including African, Asian, Pacific Islander, and Arab immigrant communities.^{52,125-129}

387 There is growing acknowledgment that policing—including immigration enforcement and
388 local law enforcement actions—is inimical for health. Indeed, the American Public Health
389 Association (APHA), the organizing body for the field of public health, has classified law
390 enforcement violence as a public health issue.⁸⁷ Moreover, APHA has called for inclusionary
391 immigrant policies, such as access to housing subsidies and other public safety-net programs
392 regardless of legal status, publicly denounced immigration policies and practices that separated
393 immigrant families at the southern US border, and called for investigation and prevention of sexual
394 and reproductive rights violations in immigrant detention.¹³⁰⁻¹³³

395 A number of important methodological advancements in the study of immigration and
396 immigrant policy and health hold promise for other domains of public health research. A particular
397 area of improvement pertains to the measurement of federal immigration policies and federal, state,
398 and local immigrant policies. Numerous studies have moved the focus of analysis from immigrants'
399 and their individual behavioral choices to document and categorize the range of public policies that

400 may influence immigrants' rights and access to opportunities.^{54,68,73,90} By advancing measurement of
401 policies themselves, this area of research recognizes how immigration and immigrant policy produce
402 structural and interpersonal discrimination. Evidence from these studies show that states and localities
403 with more anti-immigrant policymaking have greater health inequities between immigrants and
404 nonimmigrants, as well as between people of color and whites.^{2,51}

405 *Failures and Continuing Problems.* There are several areas of needed growth for public
406 health research and practice regarding immigration and immigrant policies and health. First, although
407 public health scholarship has increasingly incorporated a structural understanding of factors that shape
408 the well-being of immigrant communities, dominant paradigms of cultural explanations of health
409 (e.g., acculturation) and white supremacy (e.g., what if detention was justified?) remain common
410 among manuscript and grant reviewers.¹³⁴ Additionally, there are significant institutional barriers to
411 advancing scholarship regarding immigration and immigrant policies and health, such as the pursuit
412 of public funding (e.g., National Institutes of Health) to study the health impacts of punitive
413 immigration and immigrant policies that stem from the priorities and behavior of governmental
414 institutions that also determine research priorities and budgets.

415 There is an urgent need to study the experiences of immigrant communities within other
416 countries. Federated regions, such as the European Union, have restrictive border policies similar to
417 those of the United States; nations across Europe, as well as in other North American countries and
418 Australia, have, like the United States, linked policing with immigration enforcement. What are the
419 health implications of these policies? We echo long-standing calls for transnational scholarship
420 regarding immigration policies and health,¹¹ such as those that center the experiences and impacts of
421 deportation and hardening national borders on home and return communities outside of the United
422 States. Further, the rise of climate migration calls for a need to understand the impact of climate
423 change, migration, and dynamics in home and destination countries or regions on health.

424 There remains an important need to translate public health research regarding the health
425 implications of immigration and immigrant policies to inform the development of inclusionary
426 immigration and immigrant policies, and to study the extent to which this growing area of scholarship
427 has informed policy debates and the passage of inclusionary policies. Despite recognition that
428 immigration and immigrant policies are health policies, the field of public health is very cautious
429 about establishing immigration policy platforms or engaging in immigration advocacy. Toward this
430 end, APHA opposes the separation of immigrant and refugee families at the southern US border and
431 the incarceration of immigrant children in detention centers.^{132,135} However, APHA does not have a
432 policy platform regarding deportation in particular.

433

434 **Potential Solutions: Policies, Strategies, and Practices**

435 As we cast forward to potential solutions to promoting the health of immigrant communities
436 through structural interventions, several strategies are needed. Our recommendations include building
437 coalitions of stakeholders who are unified across multiple forms of oppression; designing and
438 implementing inclusionary federal, state, and local policies that attend to both direct and indirect

439 impacts on the structural drivers of health for immigrant communities; advancing public health
440 scholarship focused on overlooked and emerging issues affecting immigrant health; and translating
441 research to inform upcoming national and state policy platforms and electoral politics. In this section,
442 we elaborate briefly on these solution areas.

443 To truly promote the health and well-being of immigrant communities, we need to center
444 immigrant communities in leadership, policy decisions, policymaking processes, practice, and
445 research. To center impacted communities, it is critical to invest in and directly support the work of
446 immigrant-led community-based advocacy efforts, such as community-organizing strategies, coalition
447 building, and mutual aid. Given the power of narratives, it is important to improve representation of
448 immigrant stories in the media and highlight and support the work of artists and writers of color who
449 are advancing projects related to immigration and immigrant issues, with a particular focus on youth-
450 centered storytelling strategies.

451 In the policy domain, the time is now for creating a fair and direct path to citizenship for
452 immigrants in the United States. Given the growth of exclusionary and restrictive immigrant policies
453 that shape the day-to-day opportunities and experiences of immigrant communities, it is important to
454 create more inclusionary immigration policies, particularly at the federal level. Additionally, local-
455 level advocacy is needed to advance the rights of immigrants and immigrant communities. More
456 institutional support and funding are critical for immigration advocates to advance their cause in ways
457 that are sustainable, foster the development and growth of new systems to protect and support
458 immigrant communities, and enable them to care for their own well-being as well.

459 Relatedly, although the United States is becoming a minority-majority society, the field of
460 public health researchers remains predominantly white.^{136,137} The field must prioritize and invest in
461 training, recruiting, and retaining more scholars who are first in their family to attend college, identify
462 as immigrants or from an immigrant community, and/or identify with other historically oppressed
463 groups. Building pathways to diversify public health research necessitates supporting students and
464 early-career professionals from immigrant backgrounds.

465 Finally, there is a need for public health scholars to recognize the centrality of advocacy as
466 part of the public health research process. As a field, we need to build priorities and science around
467 translating new public health knowledge regarding immigration and immigrant policies to inform
468 advocacy and policy change. Current gatekeepers in public health (few of whom represent
469 communities of immigrants or people of color) reflect discomfort with overtly abolitionist,
470 anticapitalist stances on immigration and immigrant issues. Yet, these approaches are necessary to
471 achieve health equity.

472

473 **Conclusions**

474 The field of public health has incorporated a growing understanding of how structural factors
475 shape the well-being of immigrant communities, with particular gains in localized approaches to
476 promoting the inclusion and health of immigrant communities. Yet, we argue that overarching gains in

477 national, state, and local policies, practices, advocacy, and research are precarious and characterized
 478 by setbacks and protracted inaction on inclusionary immigration and immigrant policies. To promote
 479 the health of immigrant communities and generations to come, there is an urgent need to create
 480 pathways to citizenship, invest in community-driven strategies to support immigrant communities,
 481 and strengthen public health research processes to deepen understanding of and address structural
 482 drivers of immigrant health inequities.

483

484 **Table 1.** Examples of Exclusionary and Inclusionary Immigration and Immigrant Policies at Federal,
 485 State, and Local Levels, United States, 2022

486

487

Policy Domains	Exclusionary Policies and Practices		Inclusionary Policies and Practices	
Immigration Policies	Policy Level	Policy Description	Policy Level	Policy Description
Migration and Legal Status	Federal Policy	Historical racially targeted admissions policies, including the Chinese Exclusion Acts and the Johnson Reed Act of 1924 (created national origins quotas)	Federal policy	Temporary statuses for specific groups, including Temporary Protected Status (TPS) and Deferred Action for Childhood Arrivals (DACA)
Immigrant Policing/Surveillance	Federal Policy	Illegal Immigration and Immigrant Responsibility Act of 1996 (added penalties for undocumented immigrants who were charged with committing crimes in the United States)	None	The federal government has taken no recent action to limit immigration enforcement actions such as immigrant policing and surveillance
Detention	Federal Policy	Mandatory detention for immigrants with certain felony charges	None	Detention is a human rights violation.
Deportation	Federal Policy	Expansion of felony categories that deem an immigrant deportable	None	Deportation is a human rights violation.
Immigrant Policies	Policy Level	Policy Description	Policy Level	Policy Description
Economic Stability	Federal Policy	Earned Income Tax Credit (provides tax credits for low-income working families with children) excludes undocumented immigrant workers from eligibility	State Policy	State-level child income tax credits for all families (provides tax credits for low-income working families with children)
	State Policy	State-funded unemployment insurance programs that exclude of undocumented workers	State Policy	State-level COVID-19 pandemic financial relief funds available to undocumented immigrants
	Federal Policy	COVID-19 pandemic relief programs that exclude undocumented immigrants from participating		
Education Access and Quality	State Policy	Charging out-of-state tuition for undocumented students who are in-state residents	State/Local Policy	School district safe haven policies that protect students regardless of legal statuses and implement supportive practices to include and protect immigrant students and their families
			State Policy	In-state public university tuition and financial aid for undocumented students
Policing and Law Enforcement	Federal Policy	Collaboration between local law enforcement agencies (e.g., county sheriff's office, local police) with immigration authorities; Intergovernmental Service Agreements (IGSAs) for local jails to detain immigrants (contracts between Immigration and Customs Enforcement and local jails)	State Policy	State and local-level prohibitions of law enforcement collaboration with immigration authorities
	State Policy		Local Policy	Expanded eligibility for driver's licenses for undocumented immigrants
	Local Policy		State Policy	
Social and Community Context	State Policy	English-only laws	State Policy	State and municipal language access regulations
	Local Policy		State Policy	Dropping the use of the xenophobic term "alien" in state code
	Local Policy		Local Policy	Local laws permitting noncitizens to vote in local elections
Housing	Federal Policy	Section 8 housing programs that exclude non-qualified immigrants	Federal Policy State Policy Local Policy	Fair housing laws protecting immigrants against discrimination due to legal status
Health Care Access and Quality	Federal Policy	Medicaid and Affordable Care Act insurance programs that make undocumented immigrants ineligible for health insurance through federally funded Medicaid or public insurance exchanges	State Policy	Local-level health insurance coverage programs for all residents
	Federal Policy	Medicaid eligibility requirement that immigrants with green cards must wait 5 years to be eligible for federally-funded Medicaid		
Labor and Employment	State Policy	State mandates of employers to use E-Verify (an on-line system that allows employers to verify workers' eligibility to work in the United States)	State Policy	State prohibitions of using E-Verify (an online system that allows employers to verify workers' eligibility to work in the United States)

488

489 **Box 1. Racialized Cultural Narratives and Immigration Policies**

Immigration policies are not proposed and/or enacted in a vacuum. Instead, they reflect cultural narratives prevailing at the time. Ideologies rooted in racism give life and shape to narratives that typically dehumanize and vilify immigrant groups from nonwhite and/or non-European countries.

In response to these narratives, policies are written to uphold racist ideologies by further excluding and criminalizing immigrants. For example, the presence and arrival of Latin American immigrants to the United States has fomented racist cultural narratives about this group of immigrants.¹ In turn, governmental agencies at the federal, state, and local levels have proposed and/or enacted immigration and immigrant policies that have heightened border security along the US-Mexico border; excluded immigrants from accessing services (e.g., charging out-of-state tuition for undocumented immigrant students); and codified racial profiling through laws such as Arizona's S.B. 1070 ("Show me your papers"), which grants law enforcement the ability to inquire about someone's legal status if they are suspected of being undocumented.

Likewise, immigration and immigrant policies can shape narratives and ideologies. For example, policies that exclude immigrants from accessing social and health care services can reinforce ideologies that question immigrants' entitlement to and eligibility for such services and resources, even as new services (such as COVID-19 testing and vaccination) become available. Similarly, immigration enforcement policies, such as those that have contributed to the detention of immigrant children and separation of immigrant children from caregivers detained at the southern US border, have contributed to discourse and policy advocacy to lessen the harshness of immigration enforcement policies, particularly for immigrant children.

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