Statement on Immigrant Health and Immigration Policy

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Immigrant Health and Immigration Policy

First Revision

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INTRODUCTION

The Student National Medical Association (SNMA) was founded in 1964. The founding chapters were at Meharry Medical College and Howard University College of Medicine. SNMA was part of the National Medical Association (NMA) when founded but became an independent corporation in 1971. SNMA is devoted to supporting medical students from underserved populations and increasing the number of students of color becoming physicians. In addition, SNMA’s programs and interventions target health necessities of minority communities. The chapters based at medical schools and colleges carry out the organization’s mission and interventions at a local level. SNMA is aware that the public health of minorities and underserved populations is not only dependent on health services but is also the result of multiple environmental variables affecting the wellbeing of individuals. One of these variables is the political environment. SNMA opposes any immigration laws, policies, and practices that harm the physical or mental health of immigrant or non-immigrant minority populations.

BACKGROUND

Social determinants of health are conditions in which people are born, live, and grow that impact their health outcomes.\(^1\) Public health interventions targeting social determinants are the best way to reach the highest-level possible of health equity.\(^2\) The policy environment of a society is part of the environment in which people live. Political tensions, social norms and attitudes impact functioning and quality of life of populations.\(^3\) People of Hispanic/Latinx origin are the largest ethnic minority in the United States (US). They constitute 17.6 percent of the total US population.\(^4\) Furthermore, thousands of refugees apply for resettlement in the United States every year. Both refugees and immigrants experience similar social determinants of health that affect their health, and there are distinct foreign and domestic policies that affect these populations.\(^5\) A study using a representative sample of the national Hispanic/Latinx population (including both immigrant and non-immigrant sub-populations) shows the negative relationship between a perceived punitive nature of immigrant policy with health outcomes. In addition, the majority of the participants believe there is an unfavorable policy environment towards immigrants in this country.\(^6\) Another study looking at a national representative sample of Hispanics/Latinxs in America (which obtained data from the National Latino Health Care Survey) reported that almost 70% of Hispanics/Latinxs have experienced discrimination based on their ethnicity.\(^6\)
There are immigration and refugee resettlement policies that both directly and indirectly attempt against the rights of the immigrant and refugee communities. Georgia’s S. B. 529 and Alabama’s H. B. 56 laws illustrate the negative impact of punitive legislation and an anti-immigration climate on the health of immigrants and non-immigrant Hispanics/Latinxs. The controversial Muslim Ban and anti-refugee sentiment elicited by the Trump administration has also affected the health and wellbeing of refugee populations. Georgia’s S. B. 529 requires all public agencies, their contractors and subcontractors to enroll in a database to check for the migratory status of employees. However, this law also restricts access to public health services by undocumented individuals. The argument for supporting this aspect of the law was that it would reduce the burden that undocumented individuals represent to the public health system because they have diseases like tuberculosis, leprosy, and dysentery. Moreover, this law mandates that employers retain 6 percent of undocumented individuals’ salaries even though some of these same individuals possess an IRS-issued taxpayer identification number. Besides these harmful aspects of the law going against most basic public health principles, health care delivery has also been violated. For example, patient treatments have been stopped halfway in emergency rooms and newborns have been taken away from their mothers with illegal migratory status. These events in healthcare settings occurred after hospital workers reported their patient’s migratory status to the US Immigration and Customs Enforcement (ICE).

Alabama’s H. B. 56 is another illustration of how certain laws harm the wellbeing of Hispanics/Latinxs. Alabama’s H. B. 56 includes provisions like checking of migratory status of students and their families even at the post-secondary school level. Consequently, immigrant families have been discouraged from enrolling their children in school due to fear of being reported to ICE. The purpose of this part of the law in Alabama is to decrease the burden of immigrants on the education system. This is similar to the reasoning that tries to justify not allowing undocumented immigrants access to public health services under Georgia’s S. B. 529. Another incautious part of this law allows police officers to request immigration documents from individuals when there is “reasonable suspicion” that the person is an undocumented immigrant. This law is not specific with regard to what “reasonable suspicion” exactly entails, leading to racial profiling issues. As a result, this law affects not only undocumented immigrants, but also documented immigrants and non-immigrant Americans of Hispanics/Latinx descent.
The global War on Terror and eruption of civil conflicts after the Cold War have exponentiated the global refugee population, significantly increasing the demand for resettlement to the United States. Meanwhile, the demand has been met by a significant opposition to accepting refugees. In 2016, former President Donald J. Trump signed Executive Order #13769 suspending refugee admission for 120 days so his administration could review the application process and ensure refugee admissions did not pose a security threat. Between 2016 and 2017, the Trump administration’s anti-refugee policy led to a 65.6% drop in refugee admissions, making admissions the lowest they had been since 1977. Consequently, a study using difference-in-differences analyses based on the Uniform Crime Reports (UCR) database and Worldwide Refugee Admissions Processing System (WRAPS) found policy restricting refugee resettlement to be an ineffective tool for reducing crime in the United States.

Refugee populations in the United States and abroad are faced with health challenges that transcend national borders. Improving refugee admissions to the United States will provide access to care and healthcare continuity for prevalent health concerns such as trauma, chronic health conditions, and behavioral health concerns. A study comparing trauma exposure, mental health needs, and service utilization across clinical samples of refugee, immigrant, and U.S.-origin children found greater trauma exposure among refugee youth. In addition, the study found community violence exposure, dissociative symptoms, grief, somatization, and phobic disorder to be more prevalent amongst refugees compared to US-origin youth. Furthermore, a cross-sectional study investigating the perceived discrimination on the mental health of Afghan refugees and the distress moderating effects of pre-migration trauma and post-resettlement adjustment found perceived discrimination to be associated with higher distress. Moreover, the study group with strong intra-ethnic identity and high pre-resettlement traumatic experiences was found to exhibit a stronger relationship between perceived discrimination and higher distress.

**SCOPE OF THE PROBLEM**

Policies such as the Immigration Reform and Control Act of 1986, passed by the 99th United States Congress, which made it illegal to hire undocumented immigrants knowingly and established financial and other penalties for companies that employ undocumented immigrants, negatively impact the health of immigrants and increase racial health disparities among Americans. The American Public Health Association (APHA) has written multiple policy
statements opposing anti-immigration policy. They argue that discriminatory immigration policies are harmful for health equality among American citizens and infringe on social justice, which goes against the vision of Healthy People 2020. Healthy People 2020 states the need for “a society in which all people live long and healthy lives.”

Public policies motivated by an anti-immigrant sentiment affect society and lead to health disparities in the following ways: 1) multilevel discrimination and stress, 2) detention and deportation, and 3) health resource limitation. Stress caused by a sociopolitical environment can lead to higher levels of chronic disease, risky behaviors, and early mortality of the groups affected. Anti-immigrant rhetoric and political environment affect personal experience, as well as key public health determinants of immigrants and US-born minorities. Bullying rates towards children of color in kindergarten to 12th grade have increased. This increase in bullying rates matched the heightened anti-immigration tension following the 2016 presidential election.

After controlling for demographics, people surveyed after an immigration raid in Washtenaw County, Michigan reported lower levels of health compared to people surveyed before the raid. Furthermore, another study found that Latina mothers were 24% more likely to have low birth weight infants after a federal immigration raid in Postville, Iowa compared to before this raid. This increase in likelihood of having a low-birth-weight child was not present among non-Latina White mothers after the raid. The Center for Disease and Control (CDC) states that infants with low birth weight may be at higher risk for many health problems, such as delayed motor, intellectual, and social development. In addition, research suggests that higher anti-immigrant prejudice at the population level is associated with higher mortality rate among US-born minorities (especially Hispanics and Asians). This illustrates the racially skewed harm that anti-immigrant socio-political environments have on minorities.

Another instance in which punitive immigrant policies led to health disparities is through increases in deportations of immigrants with no criminal history. Detention and deportation of immigrants with no criminal history leads to destruction of many families where 80% of children are American citizens. Deportation of one of the parents or sometimes both parents result in children that are American citizens being forced into the US foster care system, subsequent mental health problems, food insecurity, home instability, and homelessness.

A society with an anti-immigrant environment is more likely to have anti-immigrant policies. One of the major consequences of anti-immigrant policies is the exacerbation of health
disparities. This is due to the limitations of health resources for the immigrant community. Health resources do not only include health care services, but also jobs, education, wealth, social capital and social services. All of these are aspects that together support and maintain health in people. Some of these components have been the target of punitive anti-immigrant laws enacted in states like Georgia and Alabama.

As mentioned above, the rationale behind targeting basic components of the health of an immigrant population is to lower the economic burden that immigrants represent to the public health system, the education system, and/or the federal government in general. However, undocumented immigrants are actually ineligible for most federal benefits including Social Security. Despite being ineligible for these benefits, undocumented immigrants contribute around $12 billion per year to Social Security through payroll taxes. On the other hand, documented immigrants living in the United States also have restrictions in the use of federal resources that support public health. There is a 5-year period for legal immigrants to qualify for certain federal benefits. However, data suggests that few legal immigrants take advantage of these benefits once eligible due to fear that it might affect their process of becoming citizens in the future. These facts illustrate that both undocumented and documented immigrants have barriers to use federal benefits. In fact, lower percentages of low socioeconomic status immigrants than US citizens of similar socioeconomic background use public benefits. When immigrants do use public benefits, data shows that they cost the government less than US-natives. The amount of money that immigrants contribute to Social Security and the lower rates of usage of federal benefits weaken the proposed rationale for punitive immigration laws such as Georgia’s S. B. 529 and Alabama’s H. B. 56, which deprive the immigrant community of access to educational and public health services, respectively.

Anti-refugee policies like the executive order implemented by the Trump administration don’t only lead to a drop in refugee admissions, but also exacerbate refugees’ exposure to infectious diseases and mental health issues. A prolonged vetting process often means forcibly displaced people have to seek refuge in other parts of their country of origin, or neighboring countries which may have similar or worse living conditions that directly affect their health. Health conditions acquired as result of these living conditions or migration itself, need to be addressed in the respective host countries in order to mitigate spread of communicable diseases among migrants in reception facilities, as well as ensure the overall health of the population. However, despite
recommendations provided in the UN Sustainable Development Goals that propose that governments implement policies to provide access to basic needs and health coverage, most countries including the US miss the mark.\textsuperscript{15}

The transient nature of immigration and refugee policies in the US could largely be attributed to changing political states, but these policies need to consider humanitarian rights and put these at the forefront of policy development and implementation.\textsuperscript{15} In order to protect forcibly displaced people and improve their conditions, political solutions and substantial federal funding are needed. A study conducted to analyze the impact of spending by the United Nations High Commissioner for Refugees (UNHCR) on refugee populations, showed a correlation between increased spending and lower mortality.\textsuperscript{16} It is essential that policies seeking to increase resources and expand rights are implemented in order to see population-level increases in positive health outcomes.\textsuperscript{17}

Cutting public health services should not be an option when there is a need to cut government expenses. There have been instances where a policy’s supporting argument is that treating infectious diseases like tuberculosis in immigrants is a burden on the government’s budget.\textsuperscript{13} On the contrary, if this is the case there is all the more reason to maintain health services for these affected immigrant populations for the sake of eradicating such diseases from our country’s population. Thereby, protecting not only immigrants, but also US-born Americans who both have the right to live in a society free of preventable and infectious disease.

**STATEMENT OF POSITION AND RECOMMENDATIONS**

The United States is composed of a diverse population. Throughout the history of this country, there have been periods of anti-immigrant political sentiment. It is likely that due to the great diversity of this country, there will be many moments when different groups stand for different ideals. SNMA values the diversity of ideals in this country. However, times when punitive anti-immigrant sentiments gain momentum are associated with anti-immigrant laws being passed. These types of laws have negative consequences on the health of not only immigrants (documented and undocumented), but also on US-born minorities. SNMA stands for health equality across the different population groups within the country and against any legislation that can result in an exacerbation of health disparities. Thus, SNMA supports the following:

2. Informing legislators of the negative public health impact that certain anti-immigration laws have on immigrants, US-born minorities, and non-minority citizens.

3. Creating alternative solutions to undocumented immigration that do not result in an increase in health disparities or racial profiling.

4. Using multidisciplinary groups composed of groups like medical students, medical professionals, public health professionals, academics, and community stakeholders to create these alternative solutions.

5. Informing the public of the true facts on how much immigrants use federal resources and how much they contribute to society. There is an incorrect assumption that immigrants over-use federal benefits.\textsuperscript{13} This may be fueling the anger and xenophobic rhetoric driving the passing of anti-immigrant policies.

6. Implementing job training programs and resources that promote employment of immigrants and refugees, leading to economic independence and thus encouraging improved environmental and physical health.

7. Providing information and seeking support from medical student organizations, medical communities and organizations, public health professionals and departments, and stakeholders at the local and national levels to advocate against laws that exacerbate health inequalities and go against public health principles.
REFERENCES


