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**United States Immigration Law as a Social Determinant of  
Health: A Mixed-Methods Systematic Review**

**Natalia Castellanos González**

**A thesis submitted in partial fulfillment of the requirements for the degree  
of Master of Public Health**

Yale School of Public Health

Department of Social and Behavioral Sciences

May 2022

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## **Abstract**

**Background:** Rapidly changing immigration policies and anti-immigrant rhetoric have impacted the services available and the health outcomes of undocumented immigrants.<sup>1</sup> Research focusing on the health of noncitizens usually employs a cultural frameworks approach, focusing on individual behaviors or outcomes rather than structural barriers and limitations. This analysis is not adequate for explaining the origins of community-level and structural inequities, and there are existing gaps in research documenting the ways in which policies and changes impact immigrants' health-seeking behaviors and overall health.

**Methods:** This thesis employed a mixed methods-mixed research synthesis approach to carry out a systematic review. Article selection followed the PRISMA statement and study-analysis was guided by the Public Health Law Research definition and logic model. Only studies mentioning undocumented immigrants and analyzing the impacts of U.S. immigration policy on the health outcomes and healthcare access were taken into consideration. Studies were quantitatively and qualitatively assessed and common themes, pathways, and takeaways were extracted.

**Results:** Using a social determinants of health approach, three different pathways through which immigration law impacts undocumented immigrants' health were identified: 1) fear, misinformation, and misconceptions of coverage and immigration policies led to increased acculturative stress and a decrease in utilization of health services, 2) systematic exclusion through laws that explicitly excluded undocumented immigrants from qualifying for public services and health insurance, and 3) by influencing social understandings of who deserves healthcare and the collateral role of citizenship.

**Conclusion:** By studying the social and political context of immigration law and its health impact in the United States, an analysis of structural factors is needed in order to help identify opportunities for interventions and improve the health of undocumented immigrants.

## Acknowledgements

First and foremost, I would like to thank my esteemed advisers – Professors Trace Kershaw and Alice Miller – for their invaluable advice, continuous support, and patience during the various panicked emails and meetings not only for this project, but throughout my time at the Yale School of Public Health. Their immense knowledge and feedback equally reassured and challenged me throughout the year. Their flexibility saved me from a couple breakdowns, and I am forever indebted to them for having shown the patience and dedication to teaching that they did. I'd also like to extend a warm welcome to Professor Shelley Geballe for making me fall in love with health policy and public health law.

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Finally, to my *actual* family. Mamá – gracias por asegurarte de que que estuviera viva de vez en cuando. Yo sé que me perdí y hubo demasiado silencio durante este proceso, pero tu paciencia, apoyo y palabras de aliento me ayudaron en momentos donde más lo necesitaba. Gracias por recordarme que nada es tan serio como parece, y que hay que vivir y divertirse de vez en cuando. Papá – tu dedicación y constante esfuerzo en tu vida laboral han sido de mis más grandes ejemplos toda la vida. Estoy eternamente agradecida por tu apoyo y por siempre ponernos primero a mí, a mis hermanos y a mama. Y a mis cuatro gemelitos – los te cu eme. Gracias por hacerme sentir capaz de hacer lo que sea, y por siempre sacarme una sonrisa.

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## Background

Dr. James Morone, a professor of political science at Brown University, argues that historically, apparent government efforts to improve public health have often turned into ways of dividing American society – or as Morone puts it, “of sorting out the moral us from the threatening them.”<sup>ii</sup> In recent immigration history, citizenship has been used as the social marker for those who were “deserving” of proper medical care, and ultimately of who could earn “membership” into a national community with certain “guaranteed” rights. State and federal anti-immigration policies with anti-immigrant rhetoric are increasingly present in American society, and analyzing their impacts on health outcomes and healthcare access underscores the power of law to influence public health.

The 1990s were witness to many state and federal laws that changed the access of immigrants – legal and undocumented – to health care, public education, food stamps, and other public services. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and the Illegal Immigration Reform and Immigration Responsibility Act (IIRIRA) came as a direct result of public discourses that depicted immigrants, primarily Latin American, as “dangerous” and as a “threat” to national security.<sup>iii</sup> PRWORA, often referred to as the Welfare Reform Act, imposed broad new restrictions on legal immigrants’ access to public benefits, set new time limits on refugees’ eligibility for many federal benefits, and introduced new bars on the access of “unqualified immigrants” to services, legally stripping undocumented immigrants of any right to healthcare.<sup>iv</sup> When signing into law the IIRIRA, President Bill Clinton proclaimed that the legislation strengthened “the rule of law by cracking down on illegal immigration at the border, in the workplace, and in the criminal justice system – without punishing those living in the United States legally.”<sup>v</sup> IIRIRA also created new immigration-

related crimes, specifically the 287(g) program that “enlists state and local law enforcement agencies in immigration enforcement and drives a wedge between police and immigrant communities.”<sup>vi</sup> Although many of these issues seem like fragments of history, they are very much engrained in present times. PRWORA still inhibits undocumented immigrants from accessing many public services, IIRIRA has eroded the rule of law and due process from most deportation cases, and the anti-immigrant and xenophobic sentiments that fueled those legislation changes are still echoed by prominent politicians today.

Immigration concerns continued to plague mainstream American politics in the 21<sup>st</sup> century, and the effects continued to be deleterious for immigrants. In May of 2001, the United States Court of Appeals for the Second Circuit, in Manhattan, ruled that undocumented immigrant women were not entitled to federally financed prenatal care. The ruling resulted in the denial of prenatal care to 13,000 undocumented immigrants in New York State that year.<sup>vii</sup> In February of 2005, Republican Congressman Nathan Deal and eighty-seven cosponsors proposed H.R. 689, the “Citizenship Reform Act,” an ultimately failed attempt to deny citizenship rights to children born in the United States to undocumented immigrants, commonly known as an attempt to repeal the 14<sup>th</sup> Amendment.<sup>viii</sup> More recently, the Patient Protection and Affordable Care Act of 2010 (ACA) deemed undocumented immigrants ineligible for premium tax credits and other savings on Marketplace plans as well as not being able to buy Marketplace health coverage.<sup>ix</sup>

Contrastingly, the Deferred Action for Childhood Arrivals (DACA) initiative passed in 2012 provided temporary relief from deportation and work authorization to eligible “unauthorized immigrants” who entered the United States at a young age. A study conducted by Tom K. Wong, the National Immigration Law Center, the Center for American Progress, and United We Dream during September of 2016 showed that DACA has had a positive impact, not

just for its recipients, but also for the American economy more generally.<sup>x</sup> According to the data, DACA has promoted education and employment outcomes, which have been shown to also influence health positively. Furthermore, several states have recently proposed or taken action to expand state-funded coverage to low-income people regardless of immigration status. As of January 2022, 18 states have taken it a step further and are providing prenatal care to people by extending the Children’s Health Insurance Program (CHIP) coverage to the “unborn child”.<sup>xi</sup> The “unborn child” option allows states to consider the fetus a “targeted low-income child” for purposes of CHIP coverage, which allows pregnant women to receive prenatal care and labor and delivery services, regardless of their immigration status.<sup>xii</sup>

The federal government abuses its power by intervening in fertility and reproductive matters; by denying health care to immigrants, the government extends its control over immigrant women’s reproduction and fertility. The lack of access to prenatal care means that immigrants’ newborns have less of a chance of survival as well as impacting their health and viability.<sup>xiii</sup> It also influences infant and child development, in addition to negatively impacting the health of their mothers.<sup>xiv</sup> Lastly, once an undocumented woman has a child in the U.S., her “deservingness” is deemed less than that of their citizen child because their child now qualifies for health insurance and services, while the mother does not.

In 1974, the term “Welfare Queen” was coined in either the *Chicago Tribune* or *Jet* magazine as a derogatory term used in the United States to refer to women who “allegedly misuse or collect excessive welfare payments through fraud, child endangerment, or manipulation.”<sup>xv</sup> Two years later, President Ronald Reagan used this term to illustrate his criticisms of social programs in the U.S. The image of the lazy “welfare queen” was used to fuel cutbacks in public assistance and gain support for reform of federal welfare.<sup>xvi</sup> Government and



pressure group estimates of “illegal” and sometimes legal immigrants’ welfare use and cost to taxpayers constantly highlights the use of health insurance programs and means-tested cash “welfare”, as well as bringing attention to the high proportion of immigrants without health insurance.<sup>xvii</sup> However, studies have shown that denying people prenatal care can be counterproductive and have adverse effects.

In a cost/benefit analysis conducted by Michael C. Lu et al., the elimination of public funding of prenatal care for undocumented immigrants in California showed that the state of California would save money in the long run if they provided prenatal care for immigrant mothers who were not of legal status.<sup>xviii</sup> This is because long-term disabilities associated with some birth defects, such as that of a low-weight baby, are a higher risk when women do not receive prenatal care. An authoritative congressional study concluded that for every dollar spent on prenatal care, an additional ten dollars are saved over the life of the child.<sup>xix</sup> Prenatal care is also highly cost effective compared with emergency services, which hospitals are required to deliver when the mother’s life is in danger or the baby is born prematurely.<sup>xx</sup>

Yet, former President Donald J. Trump’s 2016 and 2020 presidential campaigns were based on the same bigotry and xenophobia from the late-20<sup>th</sup> century, implying that he would “Make America Great Again” by reducing the number of immigrants in the United States and restricting the rights of undocumented immigrants already in the country.<sup>xxi</sup> His attempt to rescind and dismantle DACA in 2017 and 2020, respectively, would have terminated the temporary deportation relief and education opportunities for almost 800,000 people who had grown up in the United States.<sup>xxii</sup> Trump’s political agenda focused on cracking down on immigration includes, but is not limited to, inhumane treatment of individuals at immigration detention centers, “Public Charge” rules, and excluding undocumented and many lawfully-

residing immigrants from social welfare programs aimed at improving the health of the overall population.<sup>xxiii</sup> Trump was not the first, and will most likely not be the last, to demonize and criminalize immigrants. Ultimately, the way Americans historically and currently talk and think about immigration is part of a system of racial domination that indirectly and directly affects social policy, which in turn affects the overall health of immigrants.<sup>xxiv</sup>

## **Introduction**

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They are often grouped into five categories: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.<sup>xxv</sup> More recently, racism has become a widely recognized social determinant that operates through various pathways to perpetuate negative effects on health.<sup>xxvi</sup>

Immigration is both a consequence of social determinants of health (i.e. socioeconomic status, access to education, safe living conditions) and a social determinant itself. Recent studies on immigration and immigrant health use the behavioral and structural frameworks to explore the relationship between the two phenomena.<sup>xxvii</sup> Although the structural framework has been applied and is at times briefly mentioned in some studies looking at immigrant health, it is rare and only used as a disclaimer.<sup>xxviii</sup> In the behavioral context, studies and articles analyze immigrants' health practices, including health service utilization, cancer risk behaviors and screening, chronic disease, and mental health.<sup>xxix</sup> They do not take into account the social or economic contexts of these practices, using the individual as the primary unit of analysis and intervention.

Heide Castañeda, an anthropologist from the University of South Florida, writes about the centrality of personal responsibility within immigrant health literature, specifically highlighted in work on nutrition within maternal and child health. She writes, “Most studies in these areas emphasize parental responsibility for child well-being, calling for programs aimed at improving parenting skills or modifying parenting practices or attitudes as a primary intervention strategy.”<sup>xxx</sup> The “individualization of responsibility and risk,” as Castañeda calls it, assumes individual choices are largely unconstrained by social structures, policy environments, and economics. For immigration, however, the accountability is placed on individuals and not on structural factors like labor policies, immigration enforcement, and healthcare access restrictions that create systems of prejudice and fear that impinge on health behavior. This further limits the scope of interventions to actions individuals should take (but are not taking) and not on the systems hindering action.

Similarly, Viruell-Fuentes et al. outlines how the over reliance on cultural explanations for immigrant health outcomes has obscured the impact of structural factors on immigrant health disparities. Criminalizing individuals for seeking to improve their livelihoods – for accessing healthcare services, seeking employment, and using public services – relies on creating an image of undocumented immigrants as “dangerous” to the larger society.<sup>xxxi</sup> Criminality keeps people exploitable, and we police those that we want to control the most. This leaves an already vulnerable population even more vulnerable, and public health ultimately seeks to find a shared solution to common troubles. In other words, law has served as a public health tool that has made important contributions to public health achievements, but the relationship between law and public health has not been symbiotic. A public health analysis can provide research and

direction when revising past and future public policies to prevent the impacts of legislation from falling disproportionately on vulnerable populations and negatively impacting their health.

There have been reviews analyzing the impacts of immigration law on the health of immigrants and their access to services<sup>xxxii</sup>; in 2020, Wendy E. Parmet also proposed a social determinants approach when talking about immigration law and immigrant health. However, there is as yet still very limited research that outlines the impacts of immigration law on health access and outcomes through a delineated set of pathways using a social determinants and public health approach. The public health implications of immigration law have been discussed as consequences of systematic exclusion and criminalization; usually, they are framed as individual and cultural failed responsibilities. Because of this, this thesis aims to do two things: 1) to add to the limited literature shifting away from individual culture-based frameworks and advocates for the use of systematic frameworks elucidating the pathways by which law and policy function as determinants of health, and 2) to highlight the importance of public health analysis in reshaping national discourse with the goal of influencing the reconfiguration of immigration policies.<sup>xxxiii</sup>

## **Methods**

### ***Research Design and Method of Analysis***

This thesis is structured as a mixed methods-mixed research synthesis, a “form of systematic review in which the findings of qualitative and quantitative studies are integrated via qualitative and/or quantitative methods.”<sup>xxxiv</sup> According to Dr. Angela Harden, a social scientist at the University of East London, mixed methods-mixed research synthesis studies (hereafter referred to as mixed-methods systematic reviews) are “mixed” in three ways: 1) the types of studies included in the review are mixed, 2) the synthesis methods used in the review are

mixed—statistical meta-analysis and qualitative, and 3) the review uses two modes of analysis— theory building and theory testing.<sup>xxxv</sup>

Additionally, Public Health Law Research (PHLR) is defined as “the scientific study of the relation of law and legal practices to population health.”<sup>xxxvi</sup> PHLR also properly encompasses both laws that were intended to affect population health and laws that have unintended health effects<sup>xxxvii</sup> Burris et al. further outline the typology of the principal forms of PHLR studies, with the purpose of mechanism studies being “to examine the specific mechanisms through which the law affects environments, behaviors, or health outcomes.”<sup>xxxviii</sup> This review will consist of analyzing the content of qualitative and quantitative studies outlining the relationship between immigration law and the health of undocumented immigrants.

Guided by pathways C and E of the logic model described in Burris et al., (Figure 1), I will identify and summarize common themes and pathways that facilitate immigration law to act as a social determinant and affect undocumented immigrants’ healthcare access and health outcomes. Using quantitative and qualitative data, this thesis seeks to highlight gaps and unintended consequences of immigration law that affect the greater public’s health. Because social determinants of health often operate through indirect processes and structures, this thesis is structured to identify the pathways through which law and policies affect undocumented immigrants’ health. Moreover, its purpose is to guide researchers to move away from using a behavioral framework and toward applying a structural framework when studying the relationship between immigration and immigrant health, and encourage policymakers to include public health experts in their drafting of legislation.

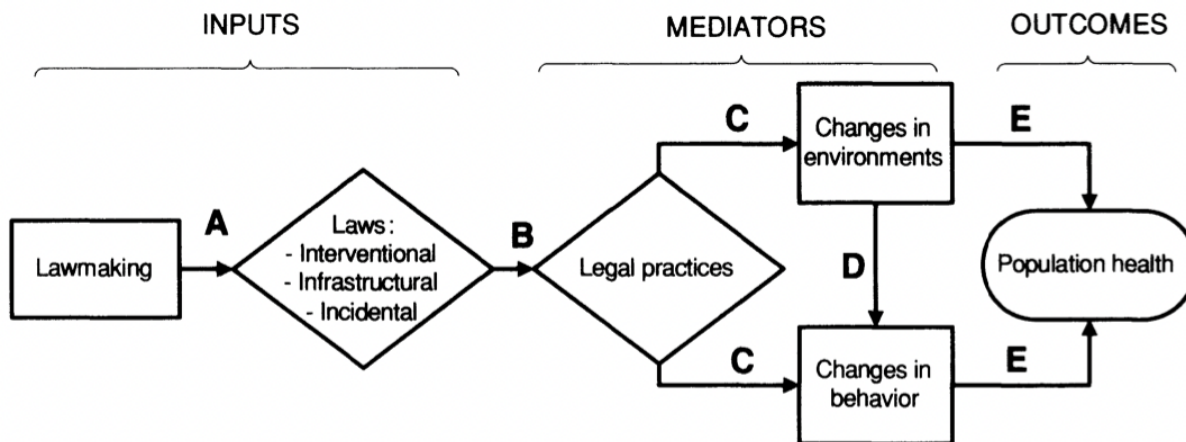


Figure 1. Logic Model of Public Health Law Research, taken from Burris et al. (2010)

### ***Search Strategy and Criteria for Inclusion and Exclusion***

For the purpose of this review, I am defining undocumented immigrants as people who: 1) legally entered the United States but remain in the country after their visa/permit expired; 2) receive a negative decision on their refugee/asylee application but remained in the U.S.; or 3) unlawfully entered the U.S. either through smuggling or with the use of false documentation. A total of three databases (PubMed, Science Direct, and MEDLINE) and three other data sources (websites, organizations, and citation searching) were used to search relevant studies. The database search was timebound from 2008 to 2022 as I wanted to ensure the results were as relevant as possible to the current political climate and immigration trends.

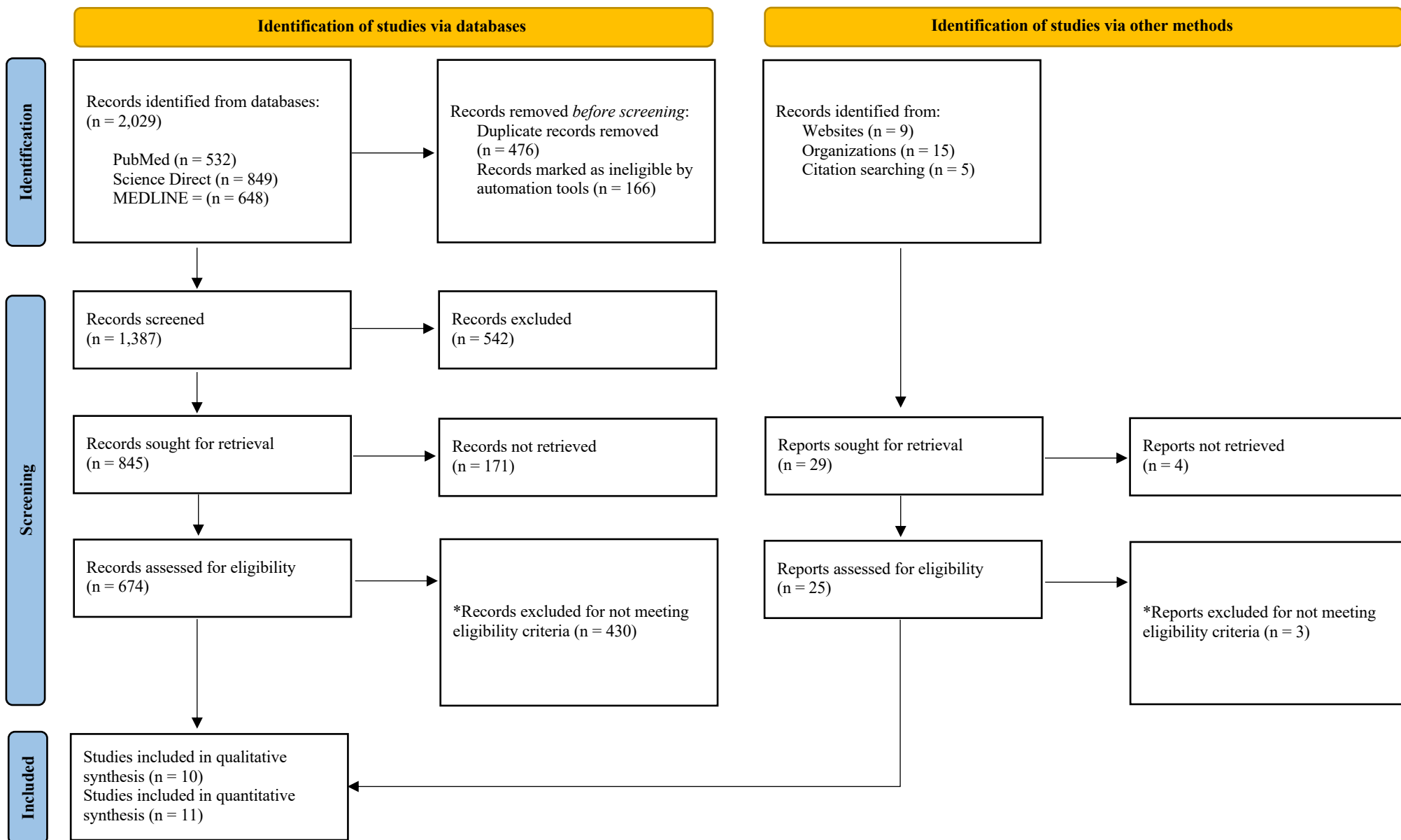
Using a title, abstract, or author-specified keywords search, the following search terms were used: 1) “undocumented immigrants” or “unauthorized immigrants” and “health”, 2) “immigration law” and “health” or “impacts”, 3) “immigrant health” and “United States” or “U.S.”, 4) “immigrants” and “health disparities” or “health inequities”, and 5) “undocumented immigrants” or “undocumented immigrants” and “health access” or “health outcomes”.

In order to ensure transparent reporting, I followed the PRISMA statement guidelines for systematic reviews; I used a 27-item checklist and a four-phase flow diagram (Figure 2) to track

article selection.<sup>xxxix</sup> In the initial scan of results, articles without an abstract or title were not taken into consideration. After duplicates and records marked as ineligible by automation tools (e.g., EndNote) were removed and titles and abstracts were analyzed for relevancy, there were a total of 674 articles to be assessed for eligibility. I excluded articles that 1) were not a quantitative or qualitative study, 3) did not evaluate immigration law, 4) did not use a patient/participant cohort, 5) where immigration law was not relevant to or in the U.S., 6) the qualitative/quantitative assessment evaluated potential or hypothetical impacts, 7) were not in English or Spanish, 8) were not related to immigrant health outcomes and access to healthcare services, and 9) did not include undocumented immigrants in their analysis.

After applying the criteria, 10 qualitative and 11 quantitative studies were selected with the intention of providing the most context and range of evidence relating to this review's driving research questions: 1) What pathways does immigration law work through to influence undocumented immigrants' and population health? and 2) How do U.S. immigration laws and policies impact undocumented immigrants' healthcare access and outcomes?

**Figure 2. PRISMA flow diagram for systematic reviews**



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71.

\* Reasons for exclusion: 1) Abstract, poster, fact sheet, narrative review, systematic review, or conference presentation, 2) Article was not a quantitative or qualitative study, 3) Study did not evaluate immigration law, 4) Study did not use patient/participant cohort, 5) Immigration law was not relevant to or in the U.S., 6) Qualitative/quantitative assessment evaluated potential or hypothetical impacts, 7) Study was not in English or Spanish, 8) Was not related to immigrant health outcomes and access to healthcare services, 9) Did not mention undocumented immigrants.



### ***Data Extraction and Analysis Strategy***

All studies, reports, and articles were qualitatively assessed for major themes and pathways relating to immigrant health statuses. More specifically, direct and indirect examples of access to healthcare services, health outcomes, and other unintended consequences were summarized, organized, and analyzed in a public health context. Additionally, significant immigration laws were identified and organized into categories based on their perceived health impacts. Laws and policies were also analyzed using a social determinants lens.

### **Discussion**

In order to understand how immigration law influences undocumented immigrants' access to health services and their health outcomes, it is important to delineate the pathways through which these laws and policies directly and indirectly affect their individual health, that of their families, and the broader community. Using a mixed-methods approach to include both qualitative and quantitative analyses of the studies included in this review, three major pathways emerged: 1) fear, misinformation, and misconceptions of coverage and immigration policies, 2) systematic exclusion (e.g. documents, requirements, language, etc.), and 3) impacting social understandings of health “deservingness.”

#### ***Pathway 1: Fear, Misinformation, and Misconceptions of Coverage and Immigration Policies***

As federal immigration enforcement policies are increasingly delegated to state and local jurisdictions, trends of increased enforcement activities by local police have been documented. In turn, fear of deportation, interactions with law enforcement personnel, and racial profiling have been increasingly associated with reduced or delayed utilization of health services.<sup>x1</sup> An analysis of the literature revealed that fear and misinformation regarding immigration policies led to increased health burdens among undocumented immigrants. Everchanging policies confused

immigrants, and many reported not having a clear understanding of their rights or of the implications of the policies. In addition, immigration law contributes to public health hazards, as immigrants delayed preventative care or treatment.

Participants feeling threatened by anti-immigration policies led to a significant decrease of visits to county health departments for communicable diseases, STIs, and family planning among undocumented Latino adults; this change was not apparent among non-Latino adults.<sup>xli</sup> Moreover, misconceptions about coverage and immigration policies coupled with fear (e.g., thinking that medical services are a branch of or an extension of law enforcement) have led to fatal outcomes for children of parents that waited too long to seek care.<sup>xlii</sup> Often times, parents did not try to obtain prescription drugs for sick children or obtain the necessary diagnoses, care, and treatment for their child as they feared being identified as undocumented and consequently be deported.<sup>xliii</sup>

An individual-level analysis of pre- and post-implementation of policies promoting the increased use of local law enforcement agencies as enforcers of federal immigration law showed that Hispanic/Latina mothers were more likely to have both late and inadequate care compared to all non-Hispanic/Latina mothers.<sup>xliv</sup> Additionally, undocumented Latinas are less likely to seek formal help after experiencing interpersonal victimization, potentially missing opportunities for criminal justice, medical, and legal interventions.<sup>xlv</sup>

Researchers have coined the term *acculturative stress* to refer to the “level of psychosocial strain experienced by immigrants and their descendants in response to the immigration-related challenges (stressors) that they encounter as they adapt to life in a new country.”<sup>xlvi</sup> The majority of the studies reviewed established a strong association between

immigration policies and mental health outcomes such as increased acculturative stress levels, depression, anxiety, and post-traumatic stress disorder (PTSD).

Fear of deportation was consistently the strongest predictor of acculturative stress and correlated to worse health outcomes for undocumented immigrants.<sup>xlvii</sup> One study found that states with a more exclusionary immigration policy climate had higher rates of poor mental health days than participants in states with less exclusionary climate. This association was significantly higher among Latinos versus non-Latinos, with the former having 1.14 times the rate of poor mental health days than other Latinos in states with a less exclusionary policy climate.<sup>xlviii</sup> Similarly, there was a strong relationship between state-level public opinion toward immigration and psychological distress among Latinos, but not non-Latinos or white non-Latinos.

Immigration law also impacts other facets of immigrants' lives that, when compromised, can indirectly impact their health. Section 287(g) of IIRIRA granted state and local law enforcement jurisdictions the option to participate in enforcing federal immigration laws. The fear instilled by the presence of local authorities with the power to deport affects long-term health outcomes, as immigrants alter their physical activity, food purchasing behaviors, and food consumptions because of concerns about being perceived in public.<sup>xlix</sup> The same study revealed that after 287(g) was more strictly enforced, there was a 10 percent point increase in food insecurity risk for Mexican non-citizen households with children.

The high legal vulnerability of parents and the stress and fear that accompanies it also has detrimental effects on the mental health outcomes of children of undocumented immigrants. Parents with higher levels of legal vulnerability report greater impacts of deportation on their family environment, including their relationship with their child and the child's emotional well-

being.<sup>l</sup> Undocumented children also experience elevated levels of distress compared to other children, especially if the child has experienced a parent's deportation.<sup>li</sup> In addition, parents report seeing their children display a range of behavioral changes – fear and hypervigilance, constant sadness and crying, and depression – following the passage of anti-immigration legislation.<sup>lii</sup>

Still, one of the most important and devastating indirect effects of constant changes in immigration law is the fear and confusion it instills on many immigrants. The unintended effect of welfare changes like those outlined in PRWORA have been referred to as the “chilling effect”.<sup>liii</sup> The “chilling effect” refers to the way PRWORA may have engendered fear among immigrants and dampened their enrollment in safety net programs. Surveys by the National Health Law Program and the National Immigration Law Center indicate that fear of deportation from the U.S. discouraged immigrants from obtaining publicly subsidized health care, even when they were entitled and qualified for it.<sup>liv</sup> Approximately 5.1 million children in the United States reside with at least one undocumented foreign-born parent.<sup>lv</sup> These children make up over 7% of all school-age children in the United States. However, many of these children do not get the medical care they qualify for because their parent and/or guardian is afraid of interacting with insurance companies and federal programs that could put them at risk for deportation.

While the literature mainly highlights the way immigration-related stressors impact mental health outcomes, stressors have also been shown to impact physiological outcomes. In 2008, U.S. Immigration and Customs Enforcement (ICE) conducted a federal immigration raid in Postville, Iowa; at the time, it was the largest single-site federal immigration raid in U.S. history.<sup>lvi</sup> A study compared birth-certificate data for risk of term and preterm low birthweight (LBW) by ethnicity and nativity in the 37 weeks following the raid to the same 37-week period

the previous year. Results showed that children born to Latina mothers had a 24 percent greater risk of LBW after the raid when compared to the same period a year earlier, yet no change was observed among children born to non-Latina White mothers.<sup>lvii</sup> Similar correlations have been found with other health markers like blood pressure and systemic inflammation. Undocumented immigrants tend to have higher blood pressure and are more likely to experience systemic inflammation compared to their legal compatriots.<sup>lviii</sup>

### ***Pathway 2: Systematic Exclusion***

Unfortunately, most immigration policies in the United States are exclusionary and restrictive—the Patient Protection and Affordable Care Act (ACA) explicitly excludes undocumented immigrants from health insurance exchanges, cost-sharing reductions, health insurance mandate, tax credits, and the expansion of Medicaid’s traditional provisions<sup>lix</sup>; PRWORA strips undocumented immigrants of any right to health care as well as reducing or eliminating federal eligibility for legal immigrants during their first five years of U.S. residence<sup>lx</sup>; and the Illegal Immigration and Immigrant Responsibility Act (IIRIRA) strengthened U.S. immigration laws, adding penalties for undocumented immigrants who commit crimes while in the U.S. or who stay in the U.S. for “statutorily defined periods of time.”<sup>lxi</sup>

Studies have shown that since 1996, the number of immigrants participating in Medicaid has declined markedly and that there has also been a reduction in participation by citizen children in immigrant families.<sup>lxii</sup> A study done among Latinos in California who were eligible to enroll in insurance coverage through the Affordable Care Act but did not, showed that nearly 25 percent of this demographic reported being “very worried” that signing up for health insurance would draw attention to a family member’s status.<sup>lxiii</sup>

Similarly, state-level studies in Alabama, Arizona, California, Florida, North Carolina, and Texas have found that state laws restricting undocumented immigrants' rights and criminalizing their use of public services had negative effects on utilization of preventative healthcare services.<sup>lxiv</sup> It is important to note that these states lodge some of the highest number of undocumented immigrants in the United States.<sup>lxv</sup> Furthermore, they identified cost, documentation requirements, lack of familiarity with the healthcare system, and linguistic and cultural dissonance as the main factors that serve as structural barriers to healthcare utilization. These factors were also identified in a survey of Latino immigrants in Kansas and Missouri, where almost 44 percent said that they do not always receive needed healthcare services.<sup>lxvi</sup> Once again, financial constraints and lack of health insurance were found to be the most common barriers to accessing services, though the study also found that lack of familiarity with available resources and lack of English proficiency deterred them from seeking out services.

Local anti-immigrant laws like Prince William County, Virginia's "Rule of Law" ordinance—which mandates that police check immigration status for anyone believed to be in the country without authorization and cooperate with ICE—"encourage out-migration by closing access to resources such as jobs and housing and/or by escalating the threat of arrests and deportation."<sup>lxvii</sup> A similar ordinance was passed in Arizona, where SB1070 allows police officers to check an individual's documentation status if "reasonable suspicion was present that an individual may be undocumented."<sup>lxviii</sup> Participants voiced concerns of economic insecurity due to increased difficulty in obtaining work; this increased social and economic disparities and placed children within immigrant families at risk for poor outcomes.

Ordinances like those in Virginia and Arizona legitimate discrimination, racial profiling, and institutionalize racism; they also foster fear and mistrust of others. Many of the Latinos

interviewed perceived that they were treated with insensitivity or outright hostility as a result of neighborhood deterioration due to overcrowding and increased crime. They felt that healthcare workers were following popular sentiments to deter them from accessing medical services and render municipalities so inhospitable to curb residency by undocumented immigrants. Furthermore, long-term poverty, the stress of incorporation into the dominant Anglo society, as well as racial discrimination have been argued to be contributing factors for adverse health outcomes.<sup>lxxix</sup>

Contrastingly, some policies are inclusive and potentially protective. Two recent studies examine the Deferred Action for Childhood Arrivals (DACA) program’s impact on “Dreamers” health outcomes.<sup>lxxx</sup> Both studies found that DACA potentially improves health outcomes of undocumented immigrants, including lowering their risk of mental health problems and promoting the psychological well-being of their children. Moreover, the transition from undocumented to lawful presence corresponds with reports of improved well-being for immigrant young adults.<sup>lxxxi</sup> DACA was shown to work through four potential social determinants—economic stability, educational opportunities, social and community contexts, and access to healthcare—further depicting immigration law as a both a consequence of social determinants and a social determinant in and of itself.<sup>lxxxii</sup> Ultimately, these studies show that social policies that address social determinants of health have critical potential to address health inequities and improve health outcomes.

### ***Pathway 3: Social Understandings of Health “Deservingness”***

Thus far, this thesis has used a theory testing approach to assess whether immigration law works through structural frameworks to impact the well-being of undocumented immigrants. The third and final pathway through which immigration law acts as a social determinant of health is

not explicitly demonstrated in the reviewed literature; hence, this section will shift away from theory testing and apply a theory building approach alongside the policy analysis.

Critical Race Theory recognizes that racism is codified in law, embedded in structures, and woven into public policy; it recognizes that the systemic nature of racism bears primary responsibility for reproducing racial inequality.<sup>lxxiii</sup> Using a systemic racism lens to analyze the relevant studies reveals that the consequences of falling ill and needing healthcare are much harsher for noncitizens than citizens. For the past few decades, we have witnessed increased tensions around social citizenship, which refers to the “responsibilities that the state has to its citizens, including ‘the right to a modicum of economic welfare and security’”.<sup>lxxiv</sup> Notably, we have seen harsher judgements or boundaries over who “deserves” public assistance.

By excluding noncitizens from public benefits, the PRWORA shifted the boundaries of social citizenship from territorial residence to a narrower determination of legal status.<sup>lxxv</sup> In this view, the American community is a constricted polity, and those rights others might call “human” are understood to be the exclusive privilege of the members of that polity.<sup>lxxvi</sup> Fourteen years later, the ACA reinforced this notion by excluding noncitizens from the health insurance market. In addition, IIRIRA established “the concept of ‘criminal alienhood,’” which has “slowly but purposefully” conflated criminality and lack of immigration status and consigned many families to marginal and insecure lives in the U.S.<sup>lxxvii</sup><sup>lxxviii</sup>

Individualism and American exceptionalism have created a powerful message that each person is responsible for their own success and/or failure, and with it the message that individuals are responsible for their own health problems and adversities. Yet, much of the inequality surrounding immigration status in the U.S. is shaped and created by laws like the PRWORA and the ACA. Most undocumented immigrants interviewed by Ayon et al. cited



documentation status (i.e., documentation requirements, fear of being deported, etc.) and cost as their main barriers to healthcare.<sup>lxxxix</sup> Citizenship was and is still used as a marker for “deservingness”, and undocumented immigrants are considered an “undeserving population”. Structural barriers discourage and often prevent health-seeking behavior, but immigrants are then individually blamed for their health.

Political theorist Hannah Arendt described the possession of nationality as a baseline for “the right to have rights.”<sup>lxxx</sup> The conception of citizenship (here seen as non-citizenship) works from a myriad of angles to fundamentally influence the health and, more broadly, the life experiences of millions of immigrants. For example, many adult undocumented immigrants mentioned that one of their biggest stressors was thinking about their ability to provide financially for themselves and for their families.<sup>lxxxii</sup> Because employers cannot lawfully hire the undocumented, most are relegated to an “underground economy”,<sup>lxxxiii</sup> often in jobs that are far riskier and dangerous than those of average Americans. In spite the higher risk nature, the crucial role these jobs play in creating a functioning society, and their tax contributions into the system, if undocumented immigrants lose their jobs or fall ill, they are ineligible for essentially all public benefits. Once again, this creates a reality where noncitizens are easily exploitable for capitalist and labor-related scenarios, but still undeserving of basic healthcare.

Inversely, there is a way where law can serve as a vehicle for protecting health and promoting health justice. As stated in sections above, there are positive emotional consequences to transitioning out of undocumented status for young immigrant adults.<sup>lxxxiiii</sup> DACA targets the improvement of many social determinants (finances, education, social and community contexts, and healthcare access), thus improving the mental health and overall sense of well-being of young noncitizens. Understanding the impact of perceived discrimination upon the use of

government services such as healthcare and social services is important to guide policymakers in developing effective interventions and legislation.<sup>lxxxiv</sup>

## **Conclusions**

### ***Summary of Findings***

This systematic review provided a mixed-methods analysis of U.S. immigration law's impact on undocumented immigrants' health outcomes and access. More specifically, it identified the pathways through which law operates as a barrier to health and exacerbates health inequities among an already vulnerable population. After assessing the relevant studies, three pathways were identified: First, fear of deportation from the U.S. discouraged immigrants from obtaining healthcare, including immunizations, treatment for communicable diseases, and preventative and mental health services. Noncitizens also expressed confusion about what rights they had when seeking care, misconceptions about the resources available to them, and trouble understanding the U.S. healthcare system. Second, studies explicitly and implicitly revealed that undocumented immigrants were being systematically excluded from healthcare. Laws like the PRWORA, the ACT, and IIRIA also engendered fear and confusion; more importantly, they legally prohibited undocumented immigrants from receiving health insurance, accessing health services, and being eligible for other financial, food, and care services.

Lastly, these laws influenced the social understandings of the right to healthcare, facilitating anti-immigrant rhetoric and neglecting the need for cultural competency within the healthcare system. Many noncitizens are embedded in communities targeted by immigration enforcement and may experience discriminating, "othering" or chronic identity-related vigilance in response to racialized exclusion that is reinforced by the lawful exclusion of undocumented immigrants in other facets of life.<sup>lxxxv</sup> The structural impacts of immigration policy need to be

researched further in order to move the blame away from individual persons and toward the systems that increase health burdens.

### ***Study Limitations***

There were several limitations to this review. First, the selection of studies is by no means encompassing of all the literature that has been written about the topic. Only three databases were used to identify publications, and not all relevant studies and immigration policies were identified. Additionally, I selected a very small percent of studies to draw the conclusions outlined in this essay. Many of the studies used did cover a variety of U.S. states, but no systematic approach was used to select study locations as research for this area of study is very limited and more popular in states with a higher number of noncitizens. This means that, while important findings and trends were identified, the pathways outlined in the discussion section of this review would need to be supported with further research in other states in order to achieve generalizability. Lastly, I did not use an intersectionality approach in my analyses and conclusions. The intersectionality between social determinants and immigration law, specifically socioeconomic status and race, is crucial in order to achieve a more robust analysis of the impacts of law on health.

### ***Concluding Thoughts and Future Research Recommendations***

Immigrants and children of immigrants currently number approximately 60 million, or a fifth of the U.S. population.<sup>lxxxvi</sup> They include an estimated 12 million unauthorized immigrants, mostly poor and poorly educated laborers. Several factors account for the extreme vulnerability of mobile populations to health crises, including the lack of access to health care and social services in the receiving countries, social instability, poverty, powerlessness, discrimination, and sexual exploitation.<sup>lxxxvii</sup> The traumatic experiences many immigrants experience when coming

into the United States coupled with the paucity of social and legal protections only exacerbates health inequities.

When undocumented immigrants inevitably come into contact with the U.S. health system, their claims are based on their humanity rather than on their resources or entitlements as U.S. citizens. In other words, they seek the definition of health care as a human right. However, most immigration law and policies increase the health burden placed on this demographic by instilling fear and confusion and/or outright denying them health insurance and public services; immigrants experience adverse health outcomes, both physically and mentally.

Ultimately, instead of applying a public health approach to public health problems, immigration law tends to criminalize immigrants—it creates an image of dangerous immigrants as agents of corruption and threats to national security.<sup>lxxxviii</sup> In turn, laws like DACA demonstrate the power legislation holds to improve health and alleviate the burdens of structural discrimination. This systematic review highlights the need for a shift toward an intersectional approach that considers place, racialization processes, gender and age and immigration policies when studying the interaction between law and policy immigrant health and health outcomes, with the ultimate goal of reshaping more equitable policymaking.

## References

- Alleged 'Welfare Queen' Is Accused Of \$154,000 Ripoff.* Jet. Johnson Publishing Company. December 19, 1974.
- Ana, O. S. (2002). *Brown Tide Rising Metaphors of Latinos in Contemporary American Public Discourse*. University of Texas Press. <https://doi.org/10.7560/777668>
- Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., & Wiesner, M. (2010). Acculturative Stress Among Documented and Undocumented Latino Immigrants in the United States. *Hisp J Behav Sci*, 32(3), 362-384. <https://doi.org/10.1177/0739986310373210>
- Ayón, C., Ramos Santiago, J., & López Torres, A. S. (2020). Latinx Undocumented Older Adults, Health Needs and Access to Healthcare. *J Immigr Minor Health*, 22(5), 996-1009. <https://doi.org/10.1007/s10903-019-00966-7>
- Becerra, D., Androff, D., Cimino, A., Alex Wagaman, M., & Blanchard, K. N. (2013). The Impact of Perceived Discrimination and Immigration Policies Upon Perceptions of Quality of Life Among Latinos in the United States. *Race and Social Problems*, 5(1), 65-78. <https://doi.org/10.1007/s12552-012-9084-4>
- Beck, T. L., Le, T.-K., Henry-Okafor, Q., & Shah, M. K. (2019). Medical Care for Undocumented Immigrants: National and International Issues. *Physician assistant clinics*, 4(1), 33-45. <https://doi.org/10.1016/j.cpha.2018.08.002>
- Bloemraad, I., Kymlicka, W., Lamont, M., & Hing, L. S. S. (2019). Membership without Social Citizenship? Deservingness & Redistribution as Grounds for Equality. *Daedalus*, 148(3), 73-104. <https://www.jstor.org/stable/48562998>
- Brabeck, K., & Qingwen, X. (2010). The Impact of Detention and Deportation on Latino Immigrant Children and Families: A Quantitative Exploration. *Hispanic Journal of Behavioral Sciences*, 32(3), 341-361. <https://doi.org/10.1177/0739986310374053>
- Budiman, Abby. "Key Findings about U.S. Immigrants." *Pew Research Center*, Pew Research Center, 22 Sept. 2020, [www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/](http://www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/).
- Burris, S., Wagenaar, A. C., Swanson, J., Ibrahim, J. K., Wood, J., & Mello, M. M. (2010). Making the case for laws that improve health: a framework for public health law research. *The Milbank quarterly*, 88(2), 169-210. <https://doi.org/10.1111/j.1468-0009.2010.00595.x>
- Chavez, L. (2013). *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*.
- Clark, M. (2020). *Medicaid and CHIP Coverage for Pregnant Women: Federal Requirements, State Options*. Washington, DC: Georgetown University Center for Children and Families.
- Cleaveland, C., & Ihara, E. S. (2012). "They Treat us Like Pests:" Undocumented Immigrant Experiences Obtaining Health Care in the Wake of a "Crackdown" Ordinance. *Journal of Human Behavior in the Social Environment*, 22(7), 771-788. <https://doi.org/10.1080/10911359.2012.704781>
- Cornell Law School. (n.d.). *Legal Information Institute*. Retrieved from *Illegal Immigration Reform and Immigration Responsibility Act*: [https://www.law.cornell.edu/wex/illegal\\_immigration\\_reform\\_and\\_immigration\\_responsibility\\_act](https://www.law.cornell.edu/wex/illegal_immigration_reform_and_immigration_responsibility_act)

- Cotter, B. (2005). Hannah Arendt and “the Right to have Rights”. In *Hannah Arendt and international relations* (pp. 95-112). Palgrave Macmillan, New York.
- George, J. (2021). A Lesson on Critical Race Theory. *Human Rights Magazine*, Vol. 46, No. 2.
- Harden, A. (2010). Mixed-Methods Systematic Reviews: Integrating Quantitative and Qualitative Findings. *FOCUS - A Publication of the National Center for the Dissemination of Disability Research*, p. Technical Brief No. 25.
- Hatzenbuehler, M. L., Prins, S. J., Flake, M., Philbin, M., Frazer, M. S., Hagen, D., & Hirsch, J. (2017). Immigration policies and mental health morbidity among Latinos: A state-level analysis. *Soc Sci Med*, 174, 169-178. <https://doi.org/10.1016/j.socscimed.2016.11.040>
- Heide Castañeda, S. M. H., Daniel S. Madrigal, Maria-Elena DeTrinidad Young, Naomi Beyeler, James Quesada. (2015). Immigration as a Social Determinant of Health *Annual Review of Public Health*, 36(375-92).
- Holmes, L. M., & Marcelli, E. A. (2012). Neighborhoods and systemic inflammation: high CRP among legal and unauthorized Brazilian migrants. *Health Place*, 18(3), 683-693. <https://doi.org/10.1016/j.healthplace.2011.11.006>
- Kaiser Family Foundation. (2022, April 6). Health Coverage of Immigrants. Retrieved from Racial Equity and Health Policy: <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>
- Kaushal, N. and Kaestner, R. (2005), Welfare Reform and Health Insurance of Immigrants. *Health Services Research*, 40: 697-722. <https://doi.org/10.1111/j.1475-6773.2005.00381.x>
- Kretsedemas, P., & Aparicio, A. (2004). *Immigrants, welfare reform, and the poverty of policy*. Westport, Connecticut: Praeger.
- Lewis, M. (2008). Families in the Heartland: Exploration of the Social, Economic, and Cultural Realities of Latino Immigrants. *Families in Society*, 89(2), 193-201. <https://doi.org/10.1606/1044-3894.3734>
- Lewis v. Grinker, 965 F.2d at 1214-15 (United States District Court, E.D. New York January 19, 2000).
- Lu MC, Lin YG, Prietto NM, Garite TJ. Elimination of public funding of prenatal care for undocumented immigrants in California: a cost/benefit analysis. *Am J Obstet Gynecol*. 2000 Jan;182(1 Pt 1):233-9. doi: 10.1016/s0002-9378(00)70518-7. PMID: 10649184.
- Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Diequez, A., Pinto, R., Rhodes, S. D., Moya, E., & Chavez-Baray, S. (2015). Evaluating the impact of immigration policies on health status among undocumented immigrants: a systematic review. *Journal of immigrant and minority health*, 17(3), 947-970. <https://doi.org/10.1007/s10903-013-9968-4>
- Massey, D. S., & Pren, K. A. (2012). Unintended consequences of US immigration policy: explaining the post-1965 surge from Latin America. *Population and development review*, 38(1), 1-29. <https://doi.org/10.1111/j.1728-4457.2012.00470.x>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Group, P. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS medicine*, 6(7), e1000097-e1000097. <https://doi.org/10.1371/journal.pmed.1000097>
- Molozanov, D. (2020, June 23). *Supreme Court Upholds DACA Program But Threats to Immigrant Access to Health Care Remain*. Retrieved from NASTAD: <https://nastad.org/blog/supreme-court-upholds-daca-program-threats-immigrant-access-health-care-remain>

- Morone, J. A. (1997). Enemies of the People: The Moral Dimension to Public Health. *Journal of Health Politics, Policy and Law*, 22(4), 993-1020. <https://doi.org/10.1215/03616878-22-4-993>
- New, W., & Petronicolos, L. (1998). Proposition 187, Public Education And the National Imagination. *Political and Legal Anthropology Review*, Vol. 21, No. 2, pp. 83-95.
- Newman, N. (2008). Birthright Citizenship: The Fourteenth Amendment's Continuing Protection Against an American Caste System. *Boston College Third World Law Journal*, Vol. 28, Issue 2, Article 6.
- Novak, N. L., Geronimus, A. T., & Martinez-Cardoso, A. M. (2017). Change in birth outcomes among infants born to Latina mothers after a major immigration raid. *International journal of epidemiology*, 46(3), 839-849. <https://doi.org/10.1093/ije/dyw346>
- Ortega, A. N., McKenna, R. M., Kemmick Pintor, J., Langellier, B. A., Roby, D. H., Pourat, N., Vargas Bustamante, A., & Wallace, S. P. (2018). Health Care Access and Physical and Behavioral Health Among Undocumented Latinos in California. *Med Care*, 56(11), 919-926. <https://doi.org/10.1097/mlr.0000000000000985>
- Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PloS one*, 10(9), e0138511-e0138511. <https://doi.org/10.1371/journal.pone.0138511>
- Passel, J. S., & Taylor, P. (2010). *Unauthorized Immigrants and Their U.S.-Born Children*. Pew Research Center. Retrieved 29 November from
- Patler, C., & Laster Pirtle, W. (2018). From undocumented to lawfully present: Do changes to legal status impact psychological wellbeing among latino immigrant young adults? *Soc Sci Med*, 199, 39-48. <https://doi.org/10.1016/j.socscimed.2017.03.009>
- Patient Protection and Affordable Care Act, 124 Stat. 119 (111th Congress, 2nd Session 2010). Pew Research Center. (2019, February 5). Retrieved from U.S. unauthorized immigrant population estimates by state, 2016: <https://www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/>
- Rhodes, S. D., Mann, L., Simán, F. M., Song, E., Alonzo, J., Downs, M., Lawlor, E., Martinez, O., Sun, C. J., O'Brien, M. C., Reboussin, B. A., & Hall, M. A. (2015). The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States. *Am J Public Health*, 105(2), 329-337. <https://doi.org/10.2105/ajph.2014.302218>
- Rubio-Hernandez, S. P., & Ayón, C. (2016). Pobrecitos los Niños: The emotional impact of anti-immigration policies on Latino children. *Children and Youth Services Review*, 60, 20-26. <https://doi.org/https://doi.org/10.1016/j.childyouth.2015.11.013>
- Sandelowski, M., Voils, C. I., Leeman, J., & Crandell, J. L. (2011). Mapping the Mixed Methods—Mixed Research Synthesis Terrain. *Journal of Mixed Methods Research*, 6(4), 317-331. <https://doi.org/10.1177/1558689811427913>
- Schlosberg C, Wiley D. “The Impact of INS Public Charge Determinants on Immigrant Access to Health Care.” 1998. Available at <http://www.healthlaw.org/pubs/19980522publiccharge.html>.
- Sengupta, S. (2001, 05/24/2001 May 24). Legislators Seek Way to Restore Prenatal Care For Immigrants: Legislators Try to Save Immigrant Prenatal Care. *New York Times (1923-Current file)*, p. 2. Retrieved from <https://search.proquest.com/historical-newspapers/legislators-seek-way-restore-prenatal-care/docview/92131587/se-2?accountid=15172>

- Solinger, Beggars and Choosers, 156; originally quoted in Johnnie Tillmon, "Welfare Is a Woman's Issue," Liberation News Service, February 26, 1972, reprinted in America's Working Women, ed. Rosalyn Baxandall, Linda Gordon, and Susan Reverby (New York: Random House, 1976), 357.
- Sudhinaraset, M., To, T. M., Ling, I., Melo, J., & Chavarin, J. (2017). The Influence of Deferred Action for Childhood Arrivals on Undocumented Asian and Pacific Islander Young Adults: Through a Social Determinants of Health Lens. *J Adolesc Health, 60*(6), 741-746. <https://doi.org/10.1016/j.jadohealth.2017.01.008>
- (Tom K. Wong, United We Dream, National Immigration Law Center, and Center for American Progress National Survey, 2016)
- Tumulty, Karen. "How Donald Trump Came up with 'Make America Great Again'." *The Washington Post*, WP Company, 18 Jan. 2017, [www.washingtonpost.com/politics/how-donald-trump-came-up-with-make-america-great-again/2017/01/17/fb6acf5e-dbf7-11e6-ad42-f3375f271c9c\\_story.html](http://www.washingtonpost.com/politics/how-donald-trump-came-up-with-make-america-great-again/2017/01/17/fb6acf5e-dbf7-11e6-ad42-f3375f271c9c_story.html).
- Vargas, E. D. (2015). IMMIGRATION ENFORCEMENT AND MIXED-STATUS FAMILIES: THE EFFECTS OF RISK OF DEPORTATION ON MEDICAID USE. *Child Youth Serv Rev, 57*, 83-89. <https://doi.org/10.1016/j.chilyouth.2015.07.009>
- Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine, 75*(12), 2099-2106. <https://doi.org/10.1016/j.socscimed.2011.12.037>
- Waldrop, R. D., & Felter, R. A. (2010). Inaccurate Trauma History Due to Fear of Health Care Personnel Involving Law Enforcement in Children of Noncitizen Immigrants. *Pediatric Emergency Care, 26*(12), 928-929. <https://doi.org/10.1097/PEC.0b013e3181fe91ba>
- White, K., Blackburn, J., Manzella, B., Welty, E., & Menachemi, N. (2014). Changes in use of county public health services following implementation of Alabama's immigration law. *J Health Care Poor Underserved, 25*(4), 1844-1852. <https://doi.org/10.1353/hpu.2014.0194>
- Young, M. T., & Pebley, A. R. (2017). Legal Status, Time in the USA, and the Well-Being of Latinos in Los Angeles. *J Urban Health, 94*(6), 764-775. <https://doi.org/10.1007/s11524-017-0197-3>
- Zadnik, E., Sabina, C., & Cuevas, C. A. (2016). Violence Against Latinas: The Effects of Undocumented Status on Rates of Victimization and Help-Seeking. *J Interpers Violence, 31*(6), 1141-1153. <https://doi.org/10.1177/0886260514564062>
- Zayas, L. H., Aguilar-Gaxiola, S., Yoon, H., & Rey, G. N. (2015). The Distress of Citizen-Children with Detained and Deported Parents. *J Child Fam Stud, 24*(11), 3213-3223. <https://doi.org/10.1007/s10826-015-0124-8>



## Appendix

### *Studies Reviewed:*

Author (Year)	Study Type	State/Regi	Legislation of Interest
C. Arbona, N. Olvera, N. Rodriguez, J. Hagan, A. Linares and M. Wiesner (2010)	Quantitative	Texas	Welfare and Immigration Reform Acts of 1996
C. Ayón, J. Ramos Santiago and A. S. López Torres (2020)	Qualitative	California	PRWORA 1996; ACA 2010; Health4All; Medi-Cal
C. Cleaveland and E. S. Ihara (2012)	Qualitative	Arizona	Prince William County's "Rule of Law" ordinance
M. L. Hatzenbuehler, S. J. Prins, M. Flake, M. Philbin, M. S. Frazer, D. Hagen, et al. (2017)	Qualitative	31 states	14 policies in four domains (immigration, race/ethnicity, language, and agricultural worker protections)
A. N. Ortega, R. M. McKenna, J. Kemmick Pintor, B. A. Langellier, D. H. Roby, N. Pourat, et al. (2018)	Mixed-methods	California	ACA 2010
C. Patler and W. Laster Pirtle (2018)	Qualitative	California	Deferred Action for Childhood Arrivals (DACA)
S. Potochnick, J. H. Chen and K. Perreira	Quantitative	nationally	287(g), the foundational enforcement program

S. D. Rhodes, L. Mann, F. M. Simán, E. Song, J. Alonzo, M. Downs, et al. (2015)	Mixed-methods	North Carolina	section 287(g) of the Immigration and Nationality Act and the Secure Communities program
S. P. Rubio-Hernandez and C. Ayón (2016)	Qualitative	Arizona	SB1070 and other anti-immigration policies around 2013-2014
M. Sudhinaraset, T. M. To, I. Ling, J. Melo and J. Chavarin (2017)	Qualitative	Northern California	Deferred Action for Childhood Arrivals (DACA)
K. White, J. Blackburn, B. Manzella, E. Welty and N. Menachemi (2014)	Quantitative	Jefferson County, Alabama	Alabama Taxpayer and Citizen Protection Act (House Bill 56)
M. T. Young and A. R. Pebley (2017)	Mixed-methods	Los Angeles County	PRWORA 1996 and ACA 2010
M. Yu, A. T. Kelley, A. U. Morgan, A. Duong, A. Mahajan and J. D. Gipson (2020)	Qualitative	Los Angeles County	Public Charge Rule
E. Zadnik, C. Sabina and C. A. Cuevas (2016)	Qualitative	Texas, Florida, and California	Illegal Immigration Reform and Immigration Responsibility Act of 1996

L. H. Zayas, S. Aguilar-Gaxiola, H. Yoon and G. N. Rey (2015)	Mixed-methods	California and Texas	Illegal Immigration Reform and Immigration Responsibility Act of 1996
K. Brabeck and X. Qingwen (2010)	Quantitative	northeast region of the U.S.	Illegal Immigration Reform and Immigration Responsibility Act of 1996
L. M. Holmes and E. A. Marcelli (2010)	Quantitative	Boston, Massachusetts	Illegal Immigration Reform and Immigration Responsibility Act of 1996
N. L. Novak, A. T. Geronimus and A. M. Martinez-Cardoso (2017)	Quantitative	Postville, Iowa	Federal Immigration Raid
Vargas, E. D. (2015)	Quantitative	nationally	PRWORA of 1996
M. Lewis (2008)	Qualitative	Missouri and Kansas	Illegal Immigration Reform and Immigration Responsibility Act of 1996
I. Z. Lurie (2008)	Qualitative	nationally	PRWORA of 1996

R. D. Waldrop and R. A. Felter (2010)	Qualitative	nationally	PRWORA of 1996
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<sup>i</sup> Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PloS one*, *10*(9), e0138511-e0138511. <https://doi.org/10.1371/journal.pone.0138511>

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- <sup>ii</sup> Morone, J. A. (1997). Enemies of the People: The Moral Dimension to Public Health. *Journal of Health Politics, Policy and Law*, 22(4), 993-1020. <https://doi.org/10.1215/03616878-22-4-993>
- <sup>iii</sup> Ana, O. S. (2002). *Brown Tide Rising Metaphors of Latinos in Contemporary American Public Discourse*. University of Texas Press. <https://doi.org/10.7560/777668>
- <sup>iv</sup> Kaushal, N. and Kaestner, R. (2005), Welfare Reform and Health Insurance of Immigrants. *Health Services Research*, 40: 697-722. <https://doi.org/10.1111/j.1475-6773.2005.00381.x>
- <sup>v</sup> Clinton cited in Kerwin, D. (2018). From IIRIRA to Trump: Connecting the Dots to the Current US Immigration Policy. *Journal on Migration and Human Security*, 6(3), 191-203.
- <sup>vi</sup> Kerwin, D. (2018)
- <sup>vii</sup> Sengupta, S. (2001).
- <sup>viii</sup> Newman, N. (2008).
- <sup>ix</sup> Affordable Care Act of 2010 (ACA) (encompassed in the Patient Protection and Affordable Care Act (Pub. Law No. 111-148) as amended by the Health Care and Education Act of 2010 (Pub. Law No. 111-152)).
- <sup>x</sup> (Tom K. Wong, United We Dream, National Immigration Law Center, and Center for American Progress National Survey, 2016)
- <sup>xi</sup> Kaiser Family Foundation. (2022, April 6). Health Coverage of Immigrants. Retrieved from Racial Equity and Health Policy: <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>
- <sup>xii</sup> Clark, M. (2020). Medicaid and CHIP Coverage for Pregnant Women: Federal Requirements, State Options. Washington, DC: Georgetown University Center for Children and Families.
- <sup>xiii</sup> Kaushal, N. and Kaestner, R. (2005).
- <sup>xiv</sup> Kaushal, N. and Kaestner, R. (2005).
- <sup>xv</sup> *Alleged 'Welfare Queen' Is Accused Of \$154,000 Ripoff*. *Jet*. Johnson Publishing Company. December 19, 1974.
- <sup>xvi</sup> Found in Solinger, Beggars and Choosers, 156; originally quoted in Johnnie Tillmon, "Welfare Is a Woman's Issue," *Liberation News Service*, February 26, 1972, reprinted in *America's Working Women*, ed. Rosalyn Baxandall, Linda Gordon, and Susan Reverby (New York: Random House, 1976), 357.
- <sup>xvii</sup> Ibid.
- <sup>xviii</sup> Lu MC, Lin YG, Prietto NM, Garite TJ. Elimination of public funding of prenatal care for undocumented immigrants in California: a cost/benefit analysis. *Am J Obstet Gynecol*. 2000 Jan;182(1 Pt 1):233-9. doi: 10.1016/s0002-9378(00)70518-7. PMID: 10649184.
- <sup>xix</sup> *Lewis v. Grinker*, 965 F.2d at 1214-15 (United States District Court, E.D. New York January 19, 2000).
- <sup>xx</sup> Ibid.
- <sup>xxi</sup> Tumulty, K. "How Donald Trump Came up with 'Make America Great Again'." *The Washington Post*.
- <sup>xxii</sup> (Molozanov, 2020)
- <sup>xxiii</sup> Berlinger, Nancy. "Immigrant Health and the Moral Scandal of the 'Public Charge' Rule." The Hastings Center, 3 Sept. 2018, <https://www.thehastingscenter.org/immigrant-health-moral-scandal-public-charge-rule/>.
- <sup>xxiv</sup> Sevastopulo D., Williams A., Edgecliffe-Johnson, A., Donald Trump and his immigration crackdown. *Financial Times*, 2020.
- <sup>xxv</sup> (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, n.d.)
- <sup>xxvi</sup> Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PloS one*, 10(9), e0138511-e0138511. <https://doi.org/10.1371/journal.pone.0138511>
- <sup>xxvii</sup> Heide Castañeda, S. M. H., Daniel S. Madrigal, Maria-Elena DeTrinidad Young, Naomi Beyeler, James Quesada. (2015). Immigration as a Social Determinant of Health *Annual Review of Public Health*, 36(375-92).
- <sup>xxviii</sup> Ibid.
- <sup>xxix</sup> Beck, T. L., Le, T.-K., Henry-Okafor, Q., & Shah, M. K. (2019). Medical Care for Undocumented Immigrants: National and International Issues. *Physician assistant clinics*, 4(1), 33-45. <https://doi.org/10.1016/j.cpha.2018.08.002>
- <sup>xxx</sup> (Heide Castañeda, 2015., p. 379)
- <sup>xxxi</sup> (Chavez, 2013, p. 76)
- <sup>xxxii</sup> Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieiguez, A., Pinto, R., Rhodes, S. D., Moya, E., & Chavez-Baray, S. (2015). Evaluating the impact of immigration policies on health status among undocumented immigrants: a systematic review. *Journal of immigrant and minority health*, 17(3), 947-970. <https://doi.org/10.1007/s10903-013-9968-4>

- 
- xxxiii Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine*, 75(12), 2099-2106. <https://doi.org/https://doi.org/10.1016/j.socscimed.2011.12.037>
- xxxiv Sandelowski, M., Voils, C. I., Leeman, J., & Crandell, J. L. (2011). Mapping the Mixed Methods–Mixed Research Synthesis Terrain. *Journal of Mixed Methods Research*, 6(4), 317-331. <https://doi.org/10.1177/1558689811427913>
- xxxv (Harden, 2010)
- xxxvi Burris, S., Wagenaar, A. C., Swanson, J., Ibrahim, J. K., Wood, J., & Mello, M. M. (2010). Making the case for laws that improve health: a framework for public health law research. *The Milbank quarterly*, 88(2), 169-210. <https://doi.org/10.1111/j.1468-0009.2010.00595.x>
- xxxvii (ibid.)
- xxxviii Ibid.
- xxxix Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & Group, P. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS medicine*, 6(7), e1000097-e1000097. <https://doi.org/10.1371/journal.pmed.1000097>
- xl Rhodes, S. D., Mann, L., Simán, F. M., Song, E., Alonzo, J., Downs, M., Lawlor, E., Martinez, O., Sun, C. J., O'Brien, M. C., Reboussin, B. A., & Hall, M. A. (2015). The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States. *Am J Public Health*, 105(2), 329-337. <https://doi.org/10.2105/ajph.2014.302218>
- xli White, K., Blackburn, J., Manzella, B., Welty, E., & Menachemi, N. (2014). Changes in use of county public health services following implementation of Alabama's immigration law. *J Health Care Poor Underserved*, 25(4), 1844-1852. <https://doi.org/10.1353/hpu.2014.0194>
- xlii Waldrop, R. D., & Felter, R. A. (2010). Inaccurate Trauma History Due to Fear of Health Care Personnel Involving Law Enforcement in Children of Noncitizen Immigrants. *Pediatric Emergency Care*, 26(12), 928-929. <https://doi.org/10.1097/PEC.0b013e3181fe91ba>
- xliii Rhodes, S. D., Mann, L., Simán, F. M., Song, E., Alonzo, J., Downs, M., Lawlor, E., Martinez, O., Sun, C. J., O'Brien, M. C., Reboussin, B. A., & Hall, M. A. (2015). The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States. *Am J Public Health*, 105(2), 329-337. <https://doi.org/10.2105/ajph.2014.302218>
- xliv Ibid.
- xlv Zadnik, E., Sabina, C., & Cuevas, C. A. (2016). Violence Against Latinas: The Effects of Undocumented Status on Rates of Victimization and Help-Seeking. *J Interpers Violence*, 31(6), 1141-1153. <https://doi.org/10.1177/0886260514564062>
- xlvi Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., & Wiesner, M. (2010). Acculturative Stress Among Documented and Undocumented Latino Immigrants in the United States. *Hisp J Behav Sci*, 32(3), 362-384. <https://doi.org/10.1177/0739986310373210>
- xlvii Ibid.
- xlviii Hatzenbuehler, M. L., Prins, S. J., Flake, M., Philbin, M., Frazer, M. S., Hagen, D., & Hirsch, J. (2017). Immigration policies and mental health morbidity among Latinos: A state-level analysis. *Soc Sci Med*, 174, 169-178. <https://doi.org/10.1016/j.socscimed.2016.11.040>
- xlix Rhodes, S. D., Mann, L., Simán, F. M., Song, E., Alonzo, J., Downs, M., Lawlor, E., Martinez, O., Sun, C. J., O'Brien, M. C., Reboussin, B. A., & Hall, M. A. (2015). The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States. *Am J Public Health*, 105(2), 329-337. <https://doi.org/10.2105/ajph.2014.302218>
- l Brabeck, K., & Qingwen, X. (2010). The Impact of Detention and Deportation on Latino Immigrant Children and Families: A Quantitative Exploration. *Hispanic Journal of Behavioral Sciences*, 32(3), 341-361. <https://doi.org/10.1177/0739986310374053>
- li Zayas, L. H., Aguilar-Gaxiola, S., Yoon, H., & Rey, G. N. (2015). The Distress of Citizen-Children with Detained and Deported Parents. *J Child Fam Stud*, 24(11), 3213-3223. <https://doi.org/10.1007/s10826-015-0124-8>
- lii Rubio-Hernandez, S. P., & Ayón, C. (2016). Pobrecitos los Niños: The emotional impact of anti-immigration policies on Latino children. *Children and Youth Services Review*, 60, 20-26. <https://doi.org/https://doi.org/10.1016/j.chilyouth.2015.11.013>
- liii Chavez, L. (2013). *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*.
- liv Cited in Schlosberg C, Wiley D.
- lv Passel, J. S., & Taylor, P. (2010). *Unauthorized Immigrants and Their U.S.-Born Children*. Pew Research Center. Retrieved 29 November from

- 
- <sup>lvi</sup> (Novak, 2017)
- <sup>lvii</sup> Ibid.
- <sup>lviii</sup> Holmes, L. M., & Marcelli, E. A. (2012). Neighborhoods and systemic inflammation: high CRP among legal and unauthorized Brazilian migrants. *Health Place, 18*(3), 683-693. <https://doi.org/10.1016/j.healthplace.2011.11.006>
- Young, M. T., & Pebley, A. R. (2017). Legal Status, Time in the USA, and the Well-Being of Latinos in Los Angeles. *J Urban Health, 94*(6), 764-775. <https://doi.org/10.1007/s11524-017-0197-3>
- <sup>lix</sup> (Patient Protection and Affordable Care Act, 2010)
- Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, 124 Stat. 119 (2010). <https://www.congress.gov/111/plaws/publ148/PLAW-111publ148.pdf>
- <sup>lx</sup> (Kretsedemas & Aparicio, 2004)
- <sup>lxi</sup> (Cornell Law School, n.d.)
- <sup>lxii</sup> Vargas, E. D. (2015). IMMIGRATION ENFORCEMENT AND MIXED-STATUS FAMILIES: THE EFFECTS OF RISK OF DEPORTATION ON MEDICAID USE. *Child Youth Serv Rev, 57*, 83-89. <https://doi.org/10.1016/j.chilyouth.2015.07.009>
- <sup>lxiii</sup> Ibid.
- <sup>lxiv</sup> Cleaveland, C., & Ihara, E. S. (2012). "They Treat us Like Pests:" Undocumented Immigrant Experiences Obtaining Health Care in the Wake of a "Crackdown" Ordinance. *Journal of Human Behavior in the Social Environment, 22*(7), 771-788. <https://doi.org/10.1080/10911359.2012.704781>
- Ortega, A. N., McKenna, R. M., Kemmick Pintor, J., Langellier, B. A., Roby, D. H., Pourat, N., Vargas Bustamante, A., & Wallace, S. P. (2018). Health Care Access and Physical and Behavioral Health Among Undocumented Latinos in California. *Med Care, 56*(11), 919-926. <https://doi.org/10.1097/mlr.0000000000000985>
- Rhodes, S. D., Mann, L., Simán, F. M., Song, E., Alonzo, J., Downs, M., Lawlor, E., Martinez, O., Sun, C. J., O'Brien, M. C., Reboussin, B. A., & Hall, M. A. (2015). The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States. *Am J Public Health, 105*(2), 329-337. <https://doi.org/10.2105/ajph.2014.302218>
- White, K., Blackburn, J., Manzella, B., Welty, E., & Menachemi, N. (2014). Changes in use of county public health services following implementation of Alabama's immigration law. *J Health Care Poor Underserved, 25*(4), 1844-1852. <https://doi.org/10.1353/hpu.2014.0194>
- Zadnik, E., Sabina, C., & Cuevas, C. A. (2016). Violence Against Latinas: The Effects of Undocumented Status on Rates of Victimization and Help-Seeking. *J Interpers Violence, 31*(6), 1141-1153. <https://doi.org/10.1177/0886260514564062>
- <sup>lxv</sup> (Pew Research Center, 2019)
- <sup>lxvi</sup> Lewis, M. (2008). Familias in the Heartland: Exploration of the Social, Economic, and Cultural Realities of Latino Immigrants. *Families in Society, 89*(2), 193-201. <https://doi.org/10.1606/1044-3894.3734>
- <sup>lxvii</sup> Cleaveland, C., & Ihara, E. S. (2012). "They Treat us Like Pests:" Undocumented Immigrant Experiences Obtaining Health Care in the Wake of a "Crackdown" Ordinance. *Journal of Human Behavior in the Social Environment, 22*(7), 771-788. <https://doi.org/10.1080/10911359.2012.704781>
- <sup>lxviii</sup> Rubio-Hernandez, S. P., & Ayón, C. (2016). Pobrecitos los Niños: The emotional impact of anti-immigration policies on Latino children. *Children and Youth Services Review, 60*, 20-26. <https://doi.org/https://doi.org/10.1016/j.chilyouth.2015.11.013>
- <sup>lxix</sup> (Nwadiuko, 2021 )
- <sup>lxx</sup> Patler, C., & Laster Pirtle, W. (2018). From undocumented to lawfully present: Do changes to legal status impact psychological wellbeing among latino immigrant young adults? *Soc Sci Med, 199*, 39-48. <https://doi.org/10.1016/j.socscimed.2017.03.009>
- Sudhinaraset, M., To, T. M., Ling, I., Melo, J., & Chavarin, J. (2017). The Influence of Deferred Action for Childhood Arrivals on Undocumented Asian and Pacific Islander Young Adults: Through a Social Determinants of Health Lens. *J Adolesc Health, 60*(6), 741-746. <https://doi.org/10.1016/j.jadohealth.2017.01.008>
- <sup>lxxi</sup> Patler, C., & Laster Pirtle, W. (2018). From undocumented to lawfully present: Do changes to legal status impact psychological wellbeing among latino immigrant young adults? *Soc Sci Med, 199*, 39-48. <https://doi.org/10.1016/j.socscimed.2017.03.009>
- <sup>lxxii</sup> Sudhinaraset, M., To, T. M., Ling, I., Melo, J., & Chavarin, J. (2017). The Influence of Deferred Action for Childhood Arrivals on Undocumented Asian and Pacific Islander Young Adults: Through a Social Determinants of Health Lens. *J Adolesc Health, 60*(6), 741-746. <https://doi.org/10.1016/j.jadohealth.2017.01.008>
- <sup>lxxiii</sup> (George, 2021)
- <sup>lxxiv</sup> Bloemraad, I., Kymlicka, W., Lamont, M., & Hing, L. S. S. (2019). Membership without Social Citizenship? Deservingness & Redistribution as Grounds for Equality. *Daedalus, 148*(3), 73-104. <https://www.jstor.org/stable/48562998>
- <sup>lxxv</sup> (Bloemraad, 2019)

- 
- <sup>lxxvi</sup> New, W., & Petronicolos, L. (1998). Proposition 187, Public Education And the National Imagination . *Political and Legal Anthropology Review* , Vol. 21, No. 2, pp. 83-95.
- <sup>lxxvii</sup> Abrego et al. (2017), p. 695 cited in Kerwin, D. (2018)
- <sup>lxxviii</sup> Kerwin, D. (2018)
- <sup>lxxix</sup> Ayón, C., Ramos Santiago, J., & López Torres, A. S. (2020). Latinx Undocumented Older Adults, Health Needs and Access to Healthcare. *J Immigr Minor Health*, 22(5), 996-1009. <https://doi.org/10.1007/s10903-019-00966-7>
- <sup>lxxx</sup> Arendt cited in Cotter, B. (2005). p. 96
- <sup>lxxxi</sup> Brabeck, K., & Qingwen, X. (2010). The Impact of Detention and Deportation on Latino Immigrant Children and Families: A Quantitative Exploration. *Hispanic Journal of Behavioral Sciences*, 32(3), 341-361. <https://doi.org/10.1177/0739986310374053>
- <sup>lxxxii</sup> Ibid.
- <sup>lxxxiii</sup> Patler, C., & Laster Pirtle, W. (2018). From undocumented to lawfully present: Do changes to legal status impact psychological wellbeing among latino immigrant young adults? *Soc Sci Med*, 199, 39-48. <https://doi.org/10.1016/j.socscimed.2017.03.009>
- <sup>lxxxiv</sup> Becerra, D., Androff, D., Cimino, A., Alex Wagaman, M., & Blanchard, K. N. (2013). The Impact of Perceived Discrimination and Immigration Policies Upon Perceptions of Quality of Life Among Latinos in the United States. *Race and Social Problems*, 5(1), 65-78. <https://doi.org/10.1007/s12552-012-9084-4>
- <sup>lxxxv</sup> (Novak, 2017)
- <sup>lxxxvi</sup> (Budiman, 2020)
- <sup>lxxxvii</sup> Institute of Medicine (US) Forum on Microbial Threats; Knobler S, Mahmoud A, Lemon S, et al., editors. (2006).
- <sup>lxxxviii</sup> Chavez, L. R. (2013). *The Latino Threat: Constructing Immigrants, Citizens, and the Nation*. Print.