

99-02

STATEMENT OF POLICY

Immigrant Health

Policy

The National Association of County and City Health Officials (NACCHO) supports the incorporation and adoption of principles of social justice into social policy, public health curricula, workforce development initiatives, and the design of program evaluation measures as strategies to eliminate health inequities. Based on those principles, NACCHO encourages local health departments to act on race, ethnicity, class, gender, and other types of oppression as the significant root causes of health inequity among documented and undocumented immigrants, from whatever their country of origin.

As part of that work, NACCHO supports the following:

- The reform of federal and local immigration policy that unfairly discriminates against immigrants with respect to education, employment, basic human rights, and social welfare, including the Affordable Care Act. These reforms should provide an accessible route to full citizenship status that leads to unified families and the protection of refugees.
- The establishment of sanctuary cities*, advocating for immigrant-friendly policies, appropriate law enforcement involvement as it relates to health (physical and mental; access issues; communities feeling safe from harassment) and other training and education of law enforcement.
- Local laws to allow undocumented immigrants to get driver's licenses and driving privileges, which helps them avoid driving illegally to meet basic needs for themselves or their families.
- The repeal of anti-immigrant local laws that discriminate and exclude on the basis of nationality and immigration status, including laws that deny access to the courts, impose indefinite and mandatory detention, sanction methods of enforcement of immigration laws by local law enforcement that violate human rights, and bar immigrants from schools, housing, and health care.
- Federal, state and local policies and practices that restore, expand, or provide access to public benefits for all immigrants, including access to quality, affordable preventive care.
- Labor standards and work protections that guard against the exploitation of immigrants.
- Development of relationships between NACCHO and Immigration and Naturalization Service, the U.S. Border Patrol, and state and local health jurisdictions in order to develop surveillance of and prevention of loss of life and injury related to environmental exposures at U.S. international borders.
- The continued support and expansion of language access to ensure appropriate services, including healthcare, are available to all.



Public Health
Prevent. Promote. Protect.

NACCHO opposes the following:

- Federal, state policy that would deny free education to immigrants because of their immigration status.
- Federal policies on deportation that separate families.
- Federal policies such as travel bans and efforts to prevent immigrants from voting, as well as general restrictions on allowable numbers of immigrants who enter the country legally.

Justification

Immigrants are woven into the social fabric, political landscape, and economy of the United States. Research shows that documented and undocumented immigrants make significant contributions as diligent taxpayers, home owners, job creators, and workers in the United States, challenging perceptions that immigrants drain the U.S. economy and disproportionately tax the local public health system.¹⁻⁶ More than 40 million foreign-born persons, including 11.1 million undocumented immigrants, reside in the United States.^{8,9} The majority of undocumented immigrants live in mixed-status families, or households where one or more family members are of lawful status.^{9,10}

Undocumented immigrants, who frequently lack access to basic preventive care and immunizations, enter the United States bearing a disproportionate burden of undiagnosed illnesses, including infectious diseases such as tuberculosis and HIV.¹² They are disproportionately represented in the U.S. population that lacks health insurance (17 percent), with undocumented children bearing even higher rates of uninsurance (23 percent).^{11,12} Latinos bear the highest rates of uninsurance; within this ethnic group, 45 percent of immigrant women and 55 percent of non-citizen women live without insurance.^{13,14} In addition, Border Patrol records from 1998 to 2017 showed a total of 7,216 immigrant deaths at the southwest border of the U.S. due to environmental exposures of illegal border crossing.¹⁵

During the COVID-19 pandemic, immigrants were more likely to be in service industry jobs or jobs that were in-person, contributing to higher rates of disease and death.³⁷ Additionally, immigrants were more likely to lose their job during the pandemic, impacting financial health of their family and those abroad relying on remittances, and immigrant children were disproportionately negatively advantaged by the switch to distance/remote learning.³⁸⁻³⁹

Immigrants: Moving towards structural explanations

According to a wealth of research, immigrants are more likely to become obese and develop disproportionate rates of chronic diseases the longer they live in the United States.^{16,17} They typically enter the United States with good health status and few deficits. The dominant explanation for this finding includes “acculturation,” a process through which cultural influences shape social norms and individual behavior; the health of immigrants and their children deteriorates as they assimilate the dominant culture and lose the healthy lifestyles, social bonds and support from their origin country.^{17,18} Relying solely on theories of acculturation in public health planning, education campaigns, and data collection is problematic. These theories overemphasize the role of individual behavior while ignoring the well-documented health effects of inequitable treatment by U.S. institutions (e.g., policies and practices that bar immigrants’ access to basic and preventive health care), poor living conditions, poor work conditions, chronic

exposure to environmental hazards, hardship and exploitation, and the economic, social, and political conditions driving emigration.^{18, 19} Ignoring the root of declining health among immigrants and their children leads to interventions centered on individuals, at the expense of addressing the underlying structures that reproduce social and economic inequities.^{18, 20}

Racism and its impact on immigrants' health

Racism is a system of institutional policies and practices that privilege one population over another based on arbitrary physical characteristics and intersects with class and gender oppression to drive the rapid decline among foreign-born immigrants of color.^{18, 21, 22} The majority of U.S. immigrants are people of color from low-resource and newly industrializing countries, noted here because of a long legacy of being devalued and disenfranchised.²² A legacy of racist and xenophobic immigration policies and practices created and privileged particular classes of immigrants according to skin color.²³ These policies and practices born from systemic racism create a cascade of disadvantage that accumulates over time and shapes the health of immigrants. Further, an analysis of national survey data suggests that the strongest predictors of support for exclusionary immigration policies and controls are racial prejudice, negative attitudes towards multiculturalism, and perceptions of immigrants as social and economic burdens.^{23, 24}

Immigrants' day-to-day experiences with discrimination and social stigmatization as "illegal aliens" are intensified by increasingly harsh deportation policies as well as immigration, employment, housing, welfare reform, and health care reform laws that limit the range of options and opportunities to structure conditions for healthy living.^{25–28} In addition, as the nation's demand for low-wage immigrant labor grows and becomes strident, these laws reduce or eliminate access to already meager public benefits and introduce legalized discrimination based on immigration status and language proficiency.²⁹ Stress, born of systemic exclusion, hardship, and exploitation, taxes the mental and physical health of many immigrants and their families, and is a pathway to rapidly declining health outcomes.^{30, 31, 32}

Meanwhile, many communities are experiencing the public health implications of exclusionary federal, state, and local laws in the form of rising rates of communicable disease and otherwise preventable illnesses. With the implementation of the Patient Protection and Affordable Care Act and its restrictions and exclusions targeting all immigrants, many local jurisdictions and public health partners will directly or indirectly shoulder the costs of providing preventive and emergency health care.³³ Where undocumented immigrants are barred from free or discounted care by restrictive federal, state, or local policies, their children (many of whom are eligible for public benefits, having been born in the United States) also lack access to critical services designed to protect the health of entire communities. Furthermore, budget and policy decisions that eliminate access for undocumented and documented immigrants to key safety net programs put the health of communities at risk.

Immigration policies and Practices at the Local Level

Across the United States, more than 370 local governments have proposed or implemented policies in response to undocumented immigration in their jurisdictions, recognizing that federal mandates have consequences for local experience and policy.³⁴ Local governments are increasingly bearing responsibility for managing immigrant integration and service provision as well as immigration control and policing. In efforts to drive undocumented immigrants away by

causing and worsening hardship, certain local governments have enacted ordinances targeting immigrants based on their legal status. These local policies include mandated fines for business or landlords who employ or rent to immigrants without proof of authorized status and “backdoor” restriction strategies that amend or call for strict enforcement of housing codes aimed at overcrowding by immigrant laborers.³⁴ By contrast, approximately 100 counties and cities have proposed or established immigrant “sanctuary” ordinances and integrative strategies that include preventing local authorities from checking residents’ immigration status or extending local voting rights to noncitizens. Some local jurisdictions have enacted resolutions in support of the rights of undocumented immigrants.^{35, 36, 37}

*In the U.S. the non-legal term sanctuary city refers to “a city that limits its cooperation with the national government effort to enforce immigration law. There are no official definitions, since the term has existed in different forms for thousands of years. Leaders of sanctuary cities want to reduce the fear of deportation and possible family break-up among people who are in the country *illegally* so that such people will be more willing to report crimes, use health and social services, and enroll their children in school.” The movement that established sanctuary cities in the United States began in the early 1980’s. The movement traces its roots to religious philosophy, as well as in histories of resistance movements to state injustices. (see Paik, Naomi (June 2017). "Abolitionist futures and the US sanctuary movement". *Sage*. **59**: 3–25.)

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For more information: For a detailed analysis of actions that local health departments can take to protect immigrant rights see: Public Health Awakened (2017) Guide for Public Health Actions for Immigrant Rights: A Short Guide to Protecting Undocumented Residents and Their Families for the Benefit of Public Health and All Society, accessed at:

<https://publichealthawakened.com/guide-for-public-health-to-protect-immigrant-rights/>

Record of Action

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