

‘Race-ing’ Immigration and Citizenship: Life along the Racialized Documentation Status Continuum



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Outline for Talk

- Focus for Today's Talk
- Theoretical Background: Citizenship, Documentation Status, Public Policy
- Data and Methods
- Findings
- Conclusion
- Implications of 2016 Election
- Research Trajectory

Today's Talk

How public policy facilitates a racialized citizen-noncitizen divide in U.S. society?

- Discourse: undeserving undocumented vs deserving documented immigrants
- Role of prior public policy: immigration, welfare
- Relationship to recent health policy: MA and ACA health reforms, Trump admin immigration policy
- Argument: Public policy has created classes of individuals on the basis of documentation status who are situated along a **racialized documentation status continuum**

Background: Citizenship and the State

Legal/State/Political Citizenship (Flores-Gonzalez 2017; Gottlieb 2015; Smith 2015)

- Person is legally recognized as a citizen
- Tied to state sovereignty, determines who is officially part of a nation-state
- Members legally entitled to certain benefits while nonmembers may be excluded

Social Citizenship (Flores-Gonzalez 2017; Mettler 1998; Fix and Laglaron 2002)

- Person feels fully politically and socially included as a citizen

Stratified/Differentiated Citizenship (Epp et al. 2014; Flores-Gonzalez 2017; Mettler 1998; Smith 2015)

- All legal citizens may not be social citizens
- Stratifiers: Race/ethnicity, gender, sexual orientation, social class
- Policy has been used to stratify the U.S. citizenry

Background: Documentation Status and Marginality

Estimated 41 million immigrants in U.S. (MMPI 2015)

Impact on country: racially, politically, socially, economically

Increasing racial and anti-immigrant sentiment towards immigrants

- Fear of racial and foreign “others”: national security
- Immigration racialized as Latino issue

Discrimination, Social Exclusion → Marginalization

Background: Documentation Status & Marginality, cont'd

Construction of “Legality”

- Children & adolescents: Abrego (2011); Enriquez (2015); Gonzales (2015)
- Adults: De Genova (2002); Dreby (2015); Menjivar (2006); Massey and Sanchez (2010); Yukich (2014);

“Liminal Legality”: Menjivar (2006; 2015)

- Having Temporary Protected Status (TPS) creates precarious lives for immigrants

Deportability of Immigrants

- All non-citizens are vulnerable, even Legal Permanent Residents (LPRs) (Brotherton and Barrios 2011; Golash-Boza 2012, 2015)

Background: Public Policy, Legality, and Race

U.S. Immigration Policy

- Race/ethnicity as basis for citizenship until 1965 Immigration and Nationality Act
- Illegal Category created through restrictive policies and border enforcement starting in 1800s through present (Ngai 2004; Massey et al. 2002)
- 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA): employment verification, border security, fraudulent documents
- No comprehensive reform since 1996, (no) DACA, state-level policies
- Disproportionately affects people of color

Background: Public Policy, Legality, and Race, cont'd

Welfare Policy

- New Deal Reforms: race and gender as basis for exclusion despite citizenship eligibility (Fox 2012; Mettler 1998)
- Racial Stereotypes of “welfare” queens and undeserving recipients
- 1996 Personal Responsibility and Work Opportunity Act (PRWORA): 5 yr residency bar for LPRs to receive benefits

Health Policy

- Documentation Status: basis for (in)eligibility for Medicaid, etc. (Castaneda 2017; Joseph 2016, 2017; Marrow and Joseph 2015; Sanchez et al. 2017)
- Ethno-racial disparities in access to coverage and care despite eligibility (Artiga et al. 2016; Sanchez et al. 2017; Vargas and Flores 2017)

Background: Public Policy, Legality, and Race, cont'd

Law Enforcement/Criminal Justice/Penal Policy

(Alexander 2010; Armenta 2015; Epp et al. 2015; Golash-Boza 2015)

- Police Stops and Racial/Immigrant Profiling
- Different Prison sentences for similar offenses
- Prison/Detention Industrial Complex

All of these policies have yielded and exacerbated various ethno-racial disparities

- Disproportionately affect noncitizens and citizens of color
- Gender and class impacts (i.e. poor men of color)
- Illustrate the intersection of de jure and de facto discrimination, importance of relationality

Data and Methods

Policy Analysis of MA and ACA Reforms

- Role of documentation status, race, ethnicity
- Intersection with immigration and welfare policy

153 Semi-structured Interviews: 3 groups in Boston

- Immigrants
- Healthcare Providers
- Immigrant/Health Organization Employees
- Role of documentation status, race/ethnicity in healthcare system experiences, everyday life

Data and Methods, cont'd

Semi-Structured Interviews (N=153)

Stakeholder Group	Pre-ACA: 2012-2013	Post-ACA:2015-2016
Immigrants (N=70)	N=31	N=39
Brazilians	21	15
Dominicans	10	14
Salvadorans	N/A	10
Health Care Providers at BHC (N=38)	N=19	N=19
Physicians	5	6
Medical Interpreters	4	4
Other Medical Staff	10	9
Immigrant/Health Organizations (N=45)	N=20	N=25
Brazilian	6	4
Dominican	2	4
Salvadoran	N/A	2
General Immigrant Organizations	3	5
Health Organizations	9	7
City/State Officials	0	3
Total	70	83

BHC = Boston Health Coalition

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Data and Methods, cont'd

Latin American Immigrants (N=70)

Demographics	2012-2013 Immigrant Sample (N=31)		2015-2016 Immigrant Sample (N=39)		
	<i>Brazilians (N=21)</i>	<i>Dominicans (N=10)</i>	<i>Brazilians (N=15)</i>	<i>Dominicans (N=14)</i>	<i>Salvadorans (N=10)</i>
Gender (# women)	12	5	8	10	6
Median Age (years)	40	55	43	56	40
Average Time in US (years)	12	14	10	21	19
Documentation Status					
- Current Undocumented (N)	6	3	6	0	5
- Current Visa/Green Card Holders (N)	14	4	8	11	4
- Current Naturalized Citizens (N)	1	3	1	3	1
Health Insurance Coverage					
- Uninsured (N)	1	0	2	2	3
- Health Safety Net (N)	7	2	4	1	4
- Mass Health (N)	4	6	6	9	2
- Commonwealth Care (N)	1	0	0	0	1
- Private (N)	8	2	3	2	0

Data and Methods, cont'd

Boston Health Coalition Demographics (N=38)

Demographics	2012-2013 Sample(N=19)	2015-2016 Sample (N=19)
Gender (# women)	14	14
Average Age (years)	47	47
Number of Years at BHC	13	13
Number of BHC Sites	5	8
Occupation Categories	Physician, Psychiatrist, Interpreter, Social Worker, Outreach	Physician, Psychiatrist, Interpreter, Multicultural Affairs
Ethnoracial Classification		
- White (N)	9	10
- Black (N)	2	1
- Latino/Hispanic (N)	7	4
- Asian American (N)	0	1
- Other (N)	1	3

Data and Methods, cont'd

Immigrant/Health Organizations Demographics (N=45)

2012-2013 (N=19)			2015-2016 (N=26)	
Organization Type	Staff Position	# Interviewed	Staff Position	# Interviewed
Brazilian Immigrants	Exec Director, Board Member, Health Education	6	Exec Director, Board Member, Health Educator	4
Salvadoran Immigrants	N/A	0	Exec Director, Pastor	2
Dominican Immigrants	Exec Director, ESL	2	Exec Director	1
Immigrant Advocacy	Coordinator	2	Coordinator	3
Health Advocacy	Health Policy, Helpline Staff, Communications	9	Health Policy, Helpline Staff, Attorney	11
Miscellaneous Advocacy	N/A	0	Policy Coordinator, Attorney	2
Local/State Government	N/A	N/A	Director	3

Data and Methods, cont'd

Ethnographic observations at immigration, healthcare events

Analysis

- Access to health coverage and care
- Daily and overall life
- Intersection of race, ethnicity, and documentation status

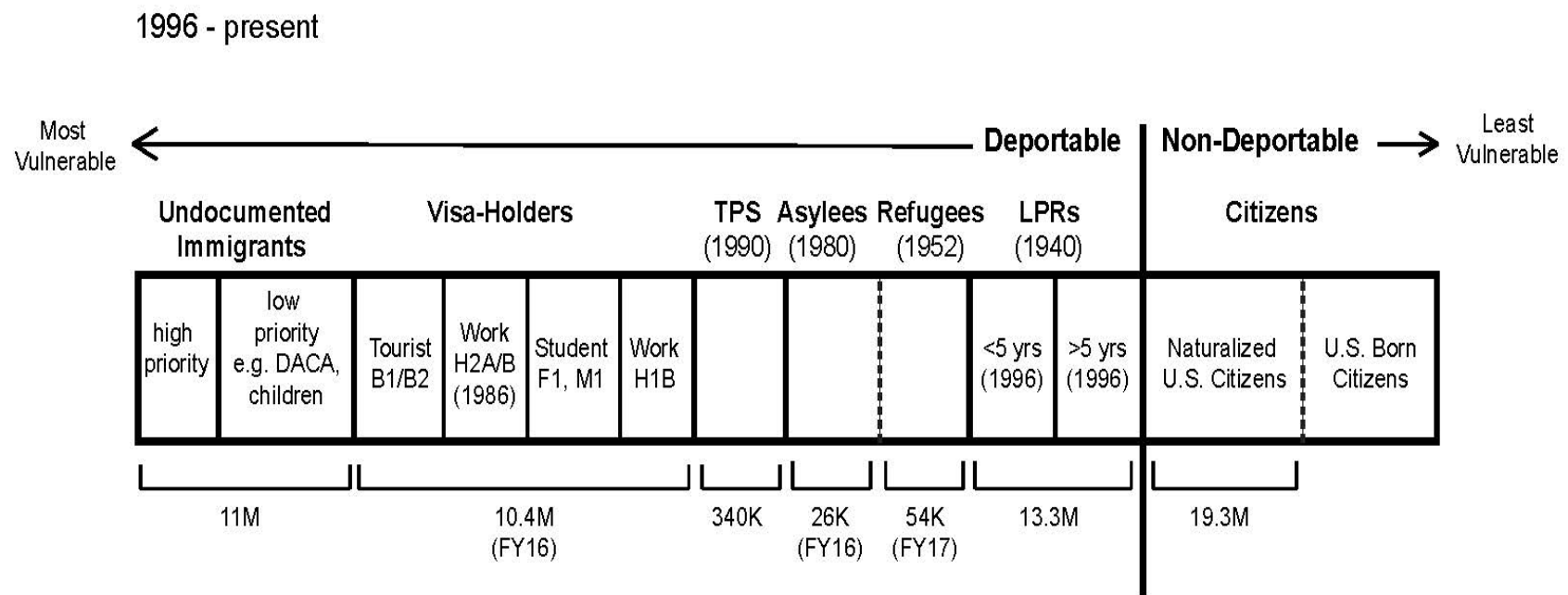
Findings: Theoretical

Documentation Status Continuum

- Various documentation statuses ascribed by law
 - Has socioeconomic/political consequences (voting, benefits)
 - Legal basis for discrimination
- Continuum rather than a binary
 - Undocumented at one end, citizens at other
 - All noncitizens are deportable, naturalized citizens: revocable
 - U.S. Born are most privileged: entitled to all benefits
 - Movement to the right in continuum improves situation, but is difficult with current immigration policy

Findings: Theoretical, cont'd

Documentation Status Continuum (DSC)



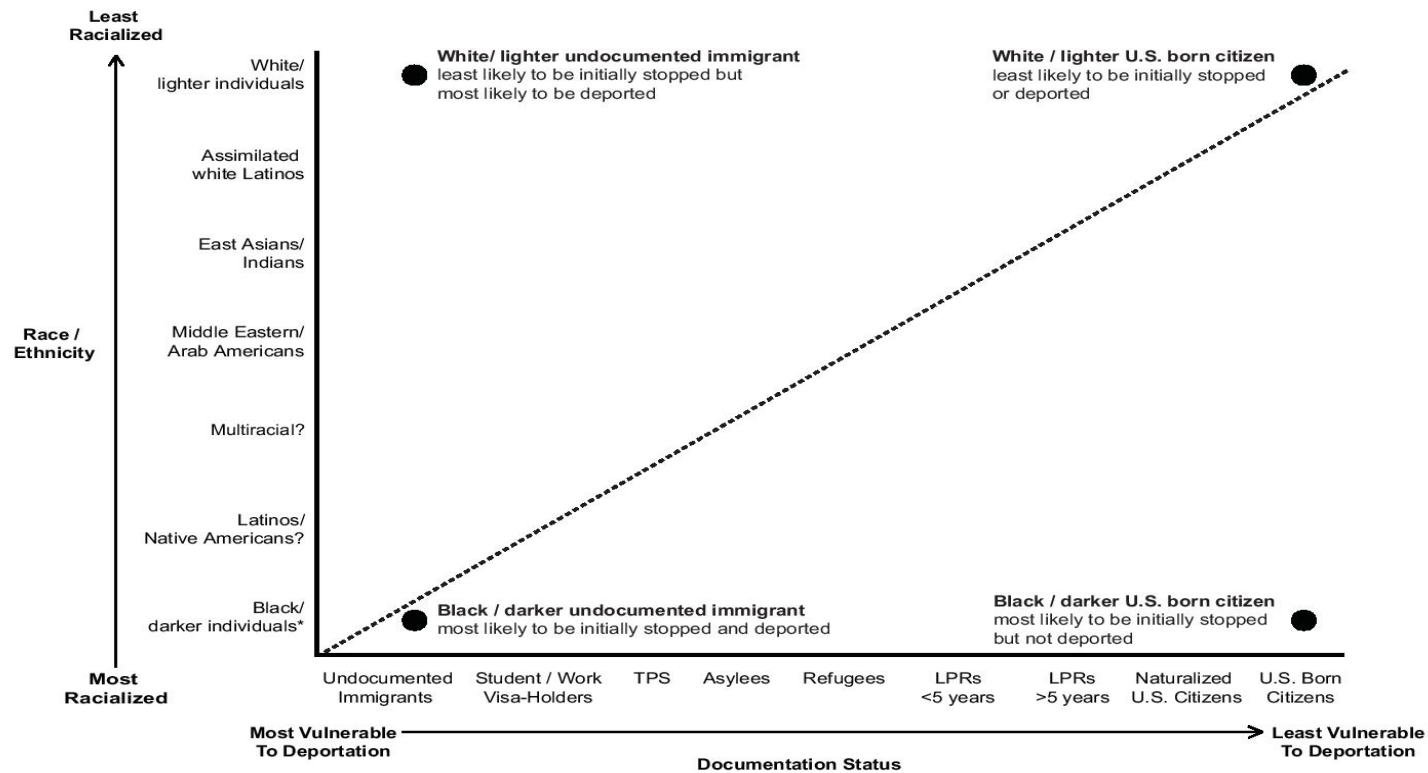
Findings: Theoretical, cont'd

Racialized Documentation Status Continuum (RDSC)

- Importance of race/ethnicity throughout U.S. history
 - Immigration issue currently framed as Latino/minority
 - Racial disparities continue into present
 - Role of white privilege/phenotype
- Intersection of race/ethnicity and documentation status
 - Most current immigrants are of color: double vulnerability
 - Citizens of color subject to de facto discrimination
 - Immigration/law enforcement affects these groups disproportionately

Findings: Theoretical, cont'd

Racialized Documentation Status Continuum (RDSC)



* Includes Blacks, African/Caribbean immigrants, dark Latinos

Findings: Theoretical, cont'd

Health Coverage along DSC

Coverage Based on Documentation Status	MA: Ch. 58 (Pre-PPACA)	MA: Post-PPACA Implementation	PPACA in Other States
Undocumented	Yes: HSN* if income eligible No: Exchange	Yes: HSN if income eligible No: Exchange	No coverage
Undocumented Deferred Action Recipients (Dreamers)	Yes: HSN if income eligible No: Exchange	Yes: HSN if income eligible No: Exchange	No coverage
Temporary Protected/ Special Status: Refugees, Asylees	Yes: HSN, Exchange, Mass Health, CommCare** if income eligible	Yes: HSN, Exchange, Mass Health Standard/ CarePlus if income eligible	Eligible for all
Visas: Work, Student	Yes: HSN if income eligible, Private via Exchange No: Mass Health, CommCare	Yes: HSN if income eligible, Private via Exchange No: Mass Health Standard/ Care Plus	Yes: Private via Exchange No: Medicaid
Legal Permanent Residents (< 5 years in US)	Yes: HSN, CommCare if income eligible, Private via Exchange/ Carriers if > 400 % FPL No: Mass Health	Yes: HSN, ConnectorCare if income eligible, Private via Exchange/ Carrier if > 400% FPL No: MassHealth	Yes: Private via Exchange with income < 400% FPL No: Medicaid
Legal Permanent Residents (> 5 years in US)	Eligible for all	Eligible for all	Eligible for all
Naturalized and US-born Citizens	Eligible for all	Eligible for all	Eligible for all

Findings: Interview Data

Being a Noncitizen of Color Strains Healthcare Access even with Coverage

We face issues with Latino patients who are facing deportation because they were coming to the clinic and they were pulled over. There was a period of time when the new reform came about and the new law was put in place that the police were going and stopping people and doing raids and stuff. So a lot of our patients got caught. We had a patient who was coming to the clinic one day, and they called to say, "I'm not going to make it to the visit because on my way to the clinic I saw a police car, so I'm turning around." So all that plays in with the patients. And patients sometimes get afraid to drive without a license and they don't have the money to get a cab or transportation.

-Social Worker, Boston Health Coalition 2012-2013

Findings: Interview Data, cont'd

Mistreatment tied to intersection of race, ethnicity, documentation status

If you're more like, dark skinned, sometimes that plays in your favor because they [ICE] might say "he's African American." But, our people [Salvadorans], that are like "Indian" type of color, we have a huge disadvantage. So, that would be the only difference (between Latinos). Because if you're illegal, but you're from Ireland, and you're illegal but your from El Salvador, who has a better chance when ICE comes to a T Station, they [ICE] have a profile. And they won't stop any white people, thinking that they are illegal. And there are some of our people that are very very white-looking that they don't get in trouble so much.

-Salvadoran Pastor and Advocate, 2015-2016

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Findings: Interview Data, cont'd

Relativity of documentation status and race/ethnicity

My family is here, they came legally with residency (LPR) status. So, they arrived fine, different from me because I was illegal... Since they arrived, they could get work, apply and get apartments. They arrived good. And here I have suffered so much because there is this enclosure [being closed in], the snow, all this depression, and so much stress..." Here, as an immigrant, you're less. They are racist towards you. If you're Hispanic, don't know English, and don't have papers, they [Americans] believe you're a pickpocket, that you're a thief, that you're a nobody. And it shouldn't be that way because we are all human beings even if you don't have papers.

-Male D

Findings: Interview Data, cont'd

Legal Limbo of Temporary Protected Status

At this time, Nicaragua, Honduras, and El Salvador are the countries that have been in TPS for maybe 15 years and they are eager to earn the legal permanent residence because they feel that they earn[ed] it, doing good things over here. We are tired of being in this process of renewing, paying \$465, waiting for the work permit. Sometimes, we lose our jobs because the companies, they said you need to bring your work permit or authorization. I believe that that piece of regulation by the U.S. definitely needs to be done as soon as possible. I guess people who don't have any piece of document, it's worse, it is, they feel that now with the election time, talking about deporting, specifically from the Republicans, saying we're going to deport every single (laughs) undocumented here, that doesn't bring you piece of mind, it stresses you every day, it makes you sick because you're thinking "am I going to be deported?"

-Salvadoran Immigrant Organization Employee, 2015-2016

Findings: Interview Data, cont'd

Movement along Continuum can improve Coverage Eligibility

It was [difficult to get care] for a while, but I understand the reasons for it. I overstayed [visa]. I knew I wouldn't have access to medical [insurance]. Every time I would go [to doctor] I thought I would get like a \$2000 bill and if I did not pay, the police would go to my house and deport me. When you are illegal, you are afraid. And then finally this year after the green card came, then me and my husband got Commonwealth Care [insurance]. And I cried when I saw the letter. It was so, I have got to tell you, I love this system here, everything.

-Female Brazilian immigrant, 2012-2013

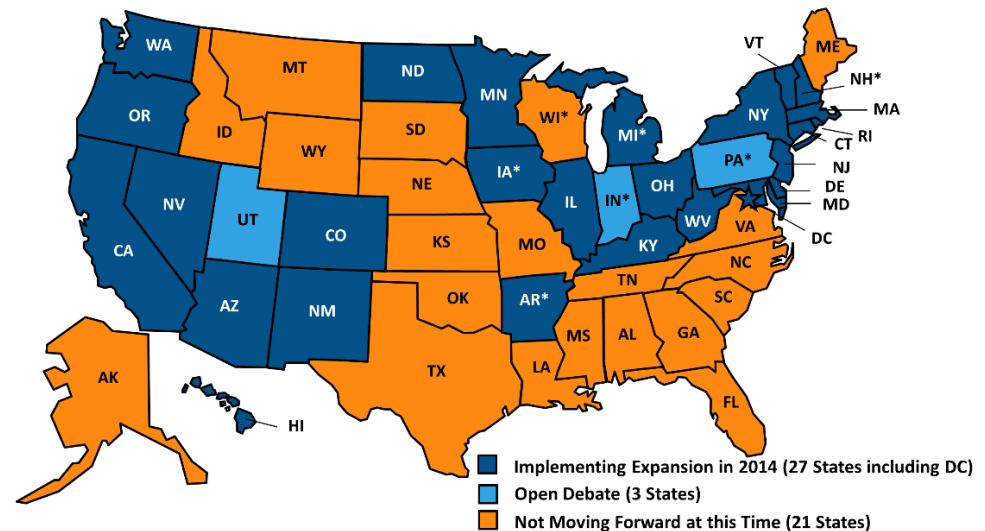
Conclusion

ACA Implementation/ Repeal Attempts

Imperfect ACA implementation, Repeal Attempts, and existing public policy exacerbate these divides

Categorical Inequality in Healthcare → Disparities by race, documentation status, income, and state of residence

Current Status of State Medicaid Expansion Decisions, 2014



NOTES: Data are as of June 10, 2014. *AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and implemented in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

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Conclusion, cont'd

DSC and RDSC can be extended to other benefits

Public Policy is creating different classes of people along the DSC → racialized citizen vs noncitizen divide

- Increases social and symbolic boundaries between immigrants and citizens (Marrow and Joseph 2015, Joseph 2017)
- And between whites and people of color (Flores-Gonzalez 2017)
- May have implications for other social constructions (i.e. gender, social class)
- Stratified citizenry
- De jure/facto discrimination, social inequality

Conclusion, cont'd

Limitations and Broader Implications

- Small sample in progressive Boston
 - How might this play out in other immigrant-friendly/hostile or more/less racially diverse locales?
- Research needs to move beyond binary and use DSC
 - Consider how race, ethnicity, and documentation status intersect
 - Explore in-between noncitizen statuses and impact on life in U.S.

Shifting policy regimes and how this affects immigrants and “citizens” of color in current socio-political climate?

MORE RESEARCH NEEDS TO BE DONE

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Implications: Shifting Policy Regimes

Overtly racialized anti-immigrant policies

- “Law and Order” stance
- Increasing immigration and law enforcement, community (of color) distrust
- Ending DACA, Diversity Lottery Program, TPS for certain nationalities, Shifting Public Charge Policy?

Recent Health Policy Shifts

- Failed ACA Repeal Attempts and removal of Individual Mandate in 2017 Tax Bill?
- Trump EO on ACA: subsidies, essential benefits?
- May reshape MA health policy landscape again
 - Future of Health Safety Net (HSN) Program, coverage for other immigrants?



MAY YIELD MORE STRATIFIED CITIZENRY BY DOCUMENTATION STATUS,
RACE/ETHNICITY, CLASS, AND STATE OF RESIDENCE

Implications of 2016 Election

Chilling Effect in Immigrants' Use of Social Services

Of course, people are afraid, and particularly with Islamophobia, with anti-immigrant sentiment which is way too prevalent these days and with people like I don't even want to say his name, Donald Trump and the flames of hate, and just such misguided ideas about policy, I think people get even more afraid and it really does create a culture of fear in some immigrant communities... And what I hear from my clients and from my partner organizations is that people really are afraid and that this kind of rhetoric that we hear really does drive people away, and people they stay in the shadows, they don't want to apply for coverage, I mean including if they have legal status.

- Health Law Advocate, 2015-2016

Next Steps and Future Research

Conduct additional research with relevant stakeholders (2019-2020)

- Reassess micro-level impact of shifting policies/events in Boston
 - ACA/MA health, GOP governor vs Dem mayor, intersecting policies
- Examine how these are influencing migration to Boston area
 - Transnational flows: Salvadorans (Temporary Protected Status expiration), Brazilians (new influx), Dominicans (Hurricane Maria)
- Explore intersection of de jure/facto discrimination for immigrants and ethnoracial minorities

Acknowledgements

Respondents

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Questions/Feedback?

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Supplemental Slides

Background: MA Health Reform



"May it be said of this day that something good and lasting happened here... an achievement for all the people of our Commonwealth and perhaps for the rest of America, too"

—U.S. Senator Ted Kennedy

- Signed into law 4/12/06
- Individual Mandate
- Health Exchanges
- Cost Containment
- *Includes* immigrants
- Model for ACA

Background: ACA

- Signed into law 2010
- Individual Mandate
- Medicaid Expansion
- Health Exchanges
- **Excludes** many immigrants
- Imperfect Implementation

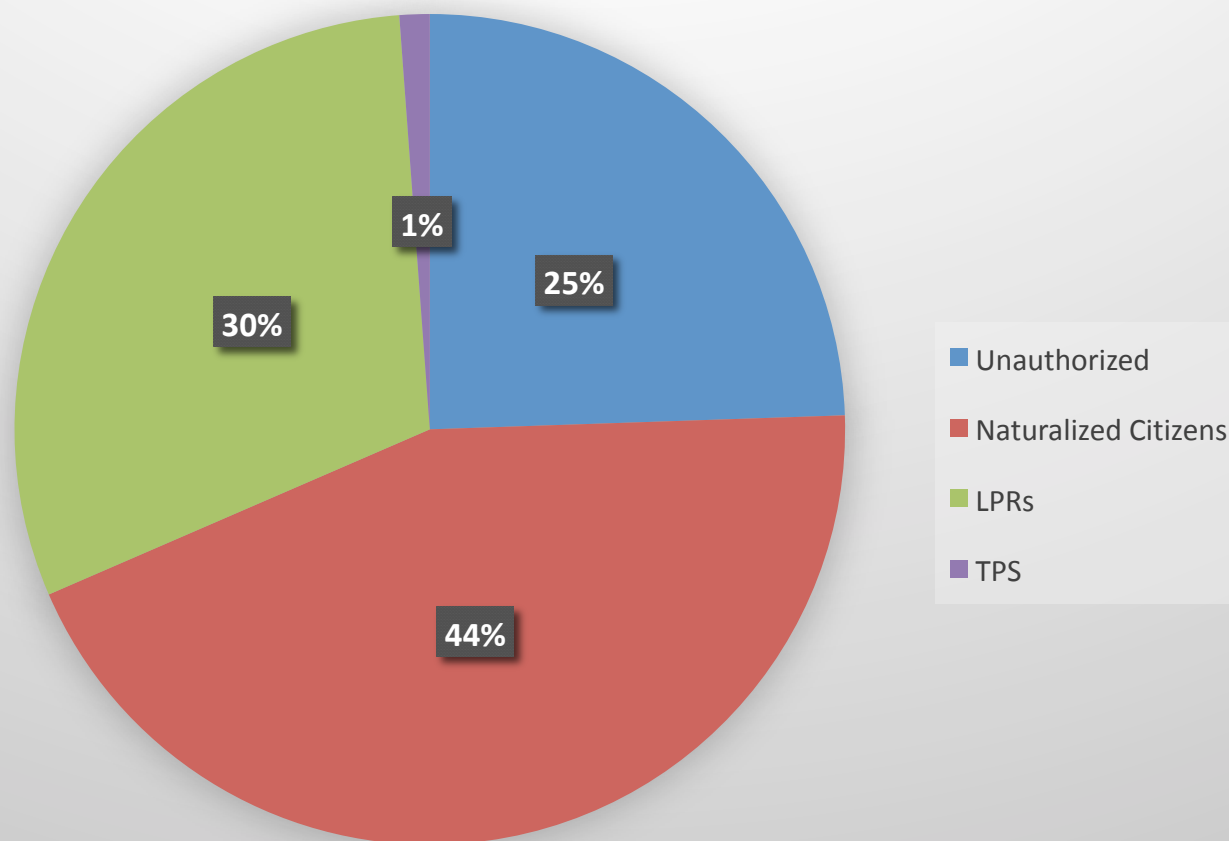
May be repealed and replaced?



President Obama signing ACA

Background: Documentation Status & Marginality, cont'd

Immigrants by Documentation Status



Estimated Total = 41.3 million

Source: Migration Policy Institute 2014, 2015

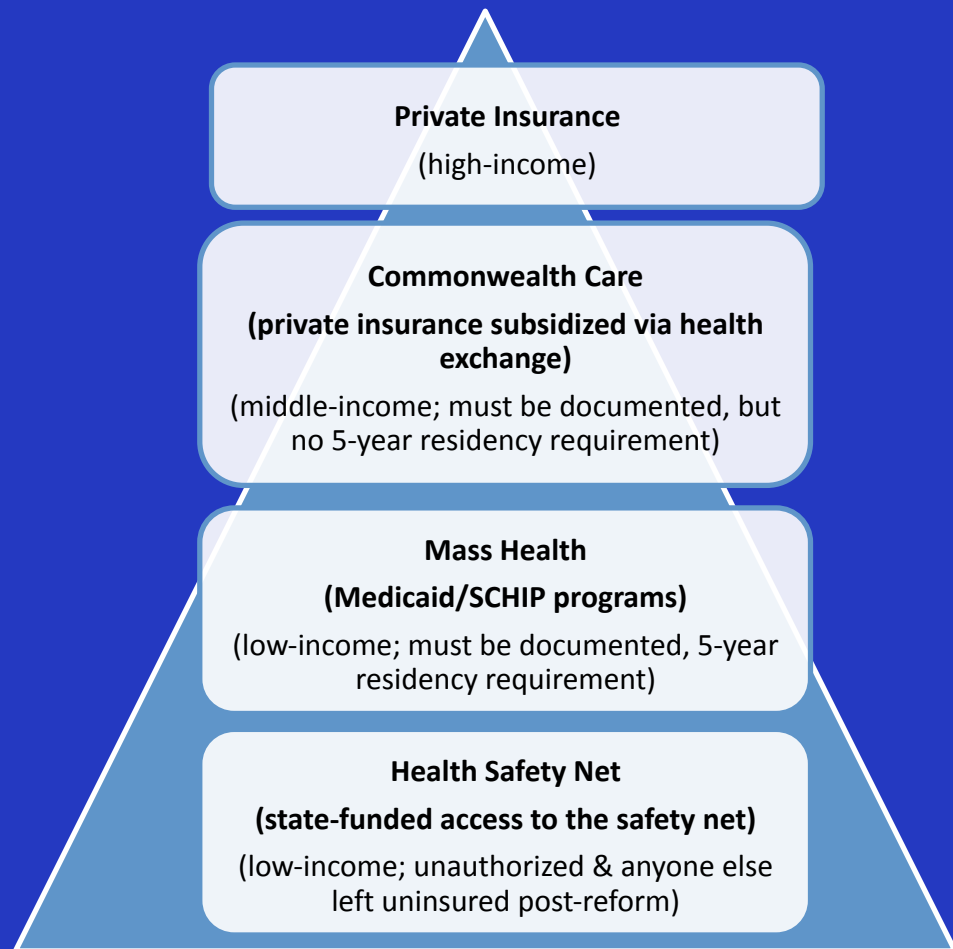
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Policy Data-MA

Coverage Determinants

- Income eligibility
- Documentation: aligns with DSC; proof of residency, income
- “Categorically Unequal” (Light 2012)

Coverage Options



Policy Data-MA, cont'd

Changes to Health Safety Net Program, June 1, 2016

HSN 2006-2016

- State budget: \$30M/year
- Retroactive eligibility: 6 mo.
- Income eligibility: <400% FPL
- Deductibles: >=200% FPL

HSN 2016 -

- State budget: eliminated for FY 2017
- Retroactive eligibility: 10 days
- Income eligibility: <300% FPL
- Deductibles: >= 150% FPL

Bottom line: Reduced coverage for federally ineligible immigrants and low-income residents, increased costs for them and healthcare facilitates that serve them

Source: <http://www.masshealthmtf.org/news/announcement-about-health-safety-net-changes>

MA Health Coverage Options (Pre-ACA implementation)

Apply to Mass Health

Health Safety Net

Un(der) insured
Citizenship ≠ matter
Income ≤ 400% FPL
HSN Trust Fund



No card issued
Safety Net hospitals
Various Services

Mass Health

Children
Adults 19-64
Low income



Card issued
Can be used at
accepted hospitals
Various Services
Dental (some)

Commonwealth Care

Mass Health Ineligible
Ages 19-64
Citizens, Documented
Low/Middle Income
The Connector



Card issued
Accepted more
Various Services
Vision Care
Dental (some)

MA Health Coverage Options (Post-ACA implementation)

Apply to Commonwealth Connector

Health Safety Net

Income \leq 400% FPL

State-Funded
Citizenship \neq matter



No card issued
Various Services
Accepted at 101
facilities
No private care

Mass Health Standard/Care Plus

Income $<$ 133% FPL

Federally-Funded
Documented,
LPRs $>$ 5 years



Card issued
Various Services
Accepted where
Medicaid is

Connector Care

Mass Health Ineligible
Income 133- $<$ 400%FPL

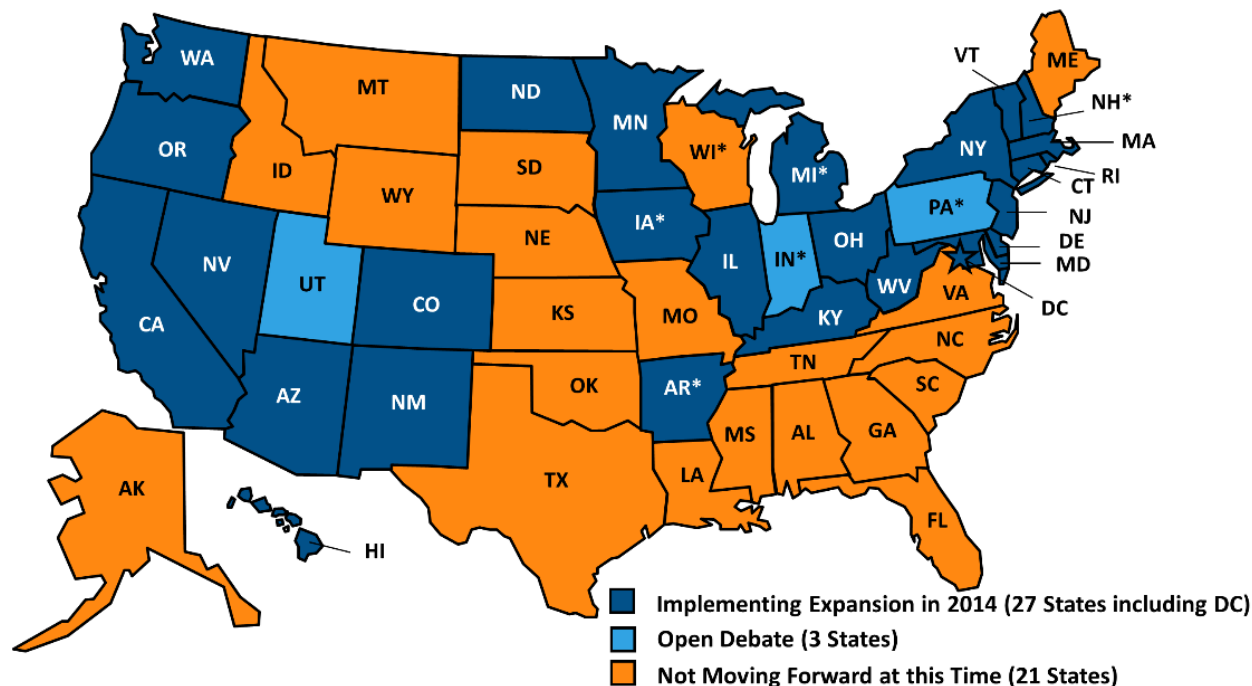
State-Funded
Documented, *LPRs $<$ /
 $>$ 5 years*
Low/Middle Income
The Connector



Card issued
Various Services
Accepted where
private plan is

ACA Implementation by State

Current Status of State Medicaid Expansion Decisions, 2014



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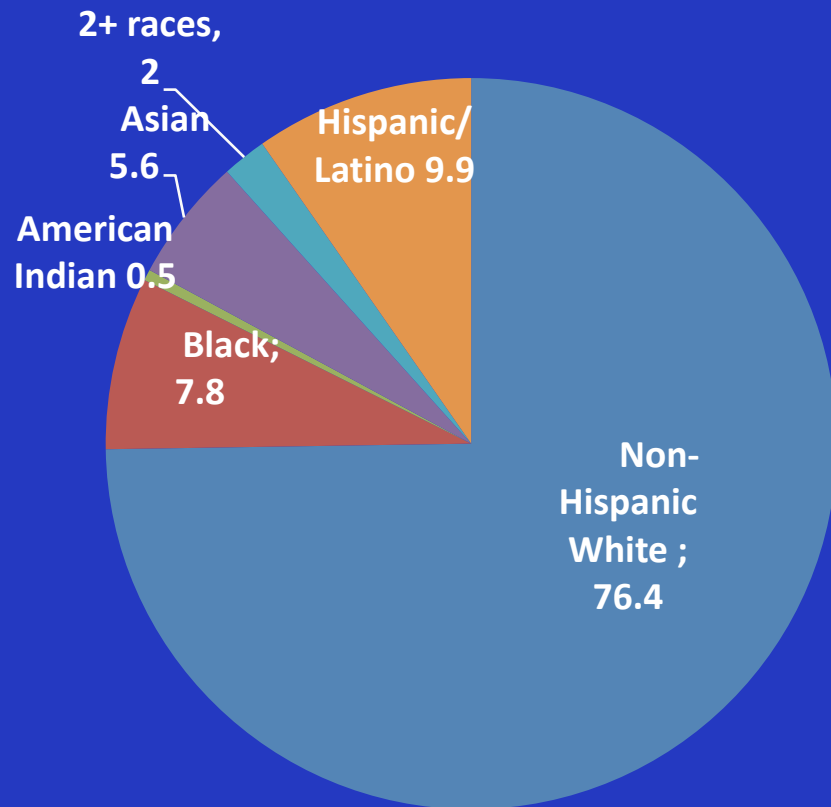
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Background: MA Demographics

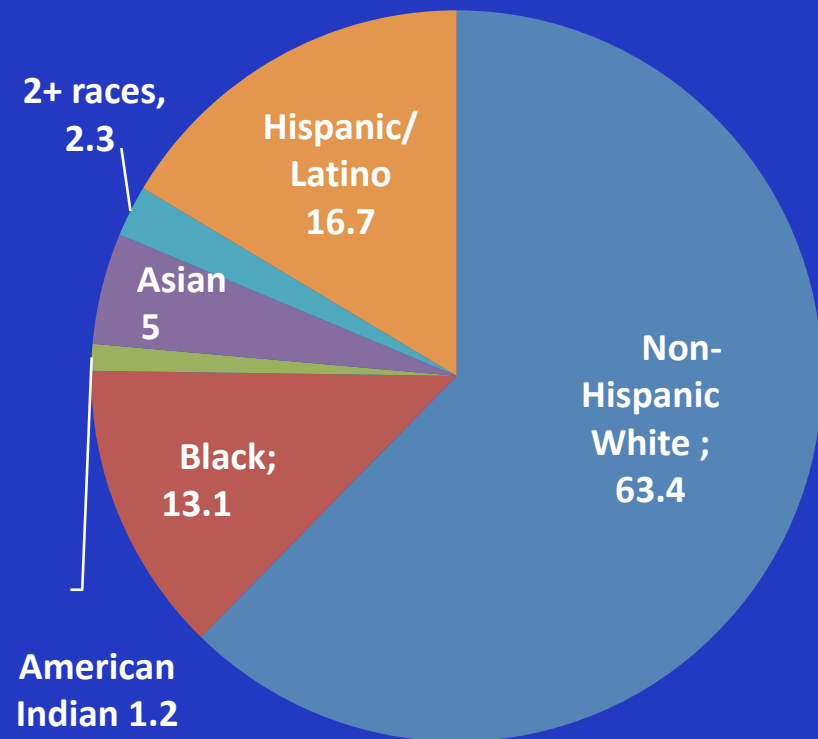
Relevant Demographics from 2010 Census (%)	MA	US
Population, 2012 Estimate (Millions)	6.6	313
Female	51.6	50.8
Non-Hispanic White	76.4	63.4
Hispanic/Latino Origin	9.9	16.7
Black	7.8	13.1
Asian Persons	5.6	5
Foreign Born (Immigrants)	14.7	12.8
Undocumented Immigrants*	2.4	3.8
Other Language Spoken at Home	21.4	20.3
Education: Bachelor's or Higher	38.7	28.2
Median Household Income	\$66K	\$53K
Persons Below Poverty Level	10.7	14.3
* Source: Pew Hispanic Center, 2011		

Background: MA Demographics

MA Race/Ethnic Makeup



U.S. Race/Ethnic Makeup



Background: MA Demographics

Top 10 Foreign-Born Populations in MA (2010 ACS)

