

## FACT SHEET

# If You Really Care about Immigration, You Should Care about Reproductive Justice!

October 2013

### What is Reproductive Justice?

The Reproductive Justice (RJ) movement places reproductive health and rights within a social justice and human rights framework.<sup>1</sup> The movement supports the right of individuals to have the children they want, raise the children they have, and plan their families through safe, legal access to abortion and contraception. In order to make these rights a reality, the movement recognizes that RJ will only be achieved when all people have the economic, social, and political power to make healthy decisions about their bodies, sexuality, and reproduction.<sup>2</sup>

### Why is Reproductive Justice an Immigration Issue?

Linguistic, cultural, and policy barriers all impede immigrant women's access to reproductive health care. Unnecessary and discriminatory policies make it more difficult for immigrant women to have healthy pregnancies and raise the children they already have. The same people engaged in anti-immigration rhetoric also tend to support restrictions on women's reproductive health. Progressive immigration policy would recognize the reproductive health needs of all women regardless of their immigration status. Thus, immigration is a reproductive justice issue.

### Barriers to Reproductive Health Care for Immigrant Women

Immigrant women face many barriers to health care, including gaps in health coverage and problems accessing care. Language and culture differences between patient and provider can also create miscommunication, mistrust, misdiagnosis, delay or denial of needed services, and overall lower quality of care.<sup>3</sup> Immigrant women are less likely to receive necessary reproductive health services including Pap tests, contraception, and comprehensive sex education.<sup>4</sup> As a result, they are more likely to experience a range of negative health outcomes including higher rates of unintended and teen pregnancy.<sup>5</sup> For example, Latina immigrants ages 15-19 have the highest birth rate in the US. Latinas also represent a growing proportion of HIV cases. In 2004, they made up 13.9% of HIV cases. Asian Pacific Islander immigrant women similarly have higher rates of cervical cancer.<sup>6</sup>

**Linguistic and Cultural Barriers to Health Care.** Language and cultural differences between patients and providers can impede access to health care. Not only do communication problems lead to misunderstandings and errors in diagnoses and treatment, but they also discourage women from seeking care in the first place.<sup>7</sup> Further, although federal law requires health care providers to provide language assistance for patients with limited English proficiency,<sup>8</sup> many are still unable to get access to translators or providers who speak their language.<sup>9</sup>

Harsh immigration policies also keep women from seeking or receiving care. In 2005, state legislatures introduced 80 bills in 20 states to restrict immigrants' access to health care or other social services.<sup>10</sup> States have also intro-

duced a variety of anti-immigration bills. Arizona’s SB 1070, for example, allows police to determine the immigration status of someone arrested or detained when there is “reasonable suspicion” they are in the US illegally.<sup>11</sup> Five copycat bills were also passed in Alabama, Georgia, Indiana, South Carolina, and Utah.<sup>12</sup> Such bills discourage women from seeking healthcare for themselves and their families out of fear that they will have to present documentation or face the threat of deportation.<sup>13</sup>

**Barriers to Health Insurance Coverage.** Almost 32% of all immigrants are uninsured. In contrast, 12% of native-born individuals are uninsured.<sup>14</sup> Harsh policies such as requiring citizenship documentation to receive care and limiting funding for medical interpretation services make it harder for immigrants to obtain health insurance.<sup>15</sup> In addition, female immigrants often work in low-wage jobs that do not offer health insurance.<sup>16</sup> In most states, all immigrants—regardless of their legal status—are denied Medicaid coverage. Only emergency services like labor and delivery are covered.<sup>17</sup> A few states do provide Medicaid coverage to pregnant undocumented women. However, fear of deportation may keep women from seeking care.<sup>18</sup>

The Affordable Care Act somewhat eases these burdens. Though the five-year Medicaid ban still remains in effect, immigrants who are ineligible for Medicaid due to the five-year ban will be able to purchase private insurance coverage through the insurance marketplaces, and receive subsidies to make this coverage affordable.<sup>19</sup> However the ACA also prohibits undocumented immigrants from purchasing coverage in the marketplaces—even at full cost—and makes them ineligible to receive subsidies.<sup>20</sup> Young immigrants allowed to remain in the United States under the Deferred Action for Childhood Arrivals<sup>21</sup> program are also barred from nearly every form of public and private health care coverage. Those with DACA status are ineligible to purchase private coverage in the health insurance marketplaces, with or without federal subsidies.<sup>22</sup> DACA women pay federal taxes, yet are still barred from participation in the marketplace.<sup>23</sup>

## Anti-Immigration Policy Often Seeks to Control Immigrant Women’s Childbearing

Anti-immigration activists, politicians, and media personalities have made a concerted effort to vilify immigrant women by spreading the image pregnant who come to the US to deliver so-called “anchor babies.” These “anchor babies” are supposed to allow their parents to remain legally in the US<sup>24</sup> The truth is, though, that there is no such thing as an “anchor baby”: a person must be at least 21 years of age to sponsor a parent in obtaining permanent legal residence.<sup>25</sup> This rhetoric has been used by anti-immigrant activists and degrades the immigrant family. Both state and federal legislators have introduced legislation seeking to target immigrant women’s child bearing. For instance, the Birthright Citizenship Act of 2013<sup>26</sup> sought to deny automatic citizenship at birth to children born in the US to parents who are not citizens or permanent resident aliens.<sup>27</sup> Notably, it is the same legislators passing these anti-immigrant bills that are passing anti-choice bills.<sup>28</sup>

## Immigrant Women Deserve Better

Immigrant women need and deserve access to comprehensive reproductive healthcare. Despite being overrepresented in the US workforce, immigrant women have lower rates of insurance coverage. They also have worse reproductive health outcomes than native-born women, including higher rates of unintended pregnancy, cervical cancer and teen pregnancy. When immigrant women are denied access to health insurance, barred from paying out of pocket for their own healthcare, or are afraid to seek care out of fear of retaliation or deportation, these negative health outcomes are only exacerbated. Critical focus needs to be to providing comprehensive reproductive health care to all women, regardless of their immigration status.

## How You can Support Reproductive Justice and Justice for Immigrants

- Advocate in your community for the federal government to expand immigrant women’s rights by removing the five-year ban on Medicaid coverage for both undocumented and documented immigrants.

- Urge public officials to remove barriers to culturally and linguistically competent healthcare and health education through the use of in-person or over the phone translators and interpreters at all clinics, hospitals, and other public health locations.
- Demand that law makers take steps to better provide health insurance coverage to immigrants under the ACA by creating coverage expansions to significantly increase coverage and access to care for low- and moderate-income lawfully present immigrants and by providing one-on-one application assistance and a simplified enrollment processes.

- 1 Sistersong, *What is Reproductive Justice?*, [http://www.sistersong.net/index.php?option=com\\_content&view=article&id=141&Itemid=81](http://www.sistersong.net/index.php?option=com_content&view=article&id=141&Itemid=81) (last visited Sept. 16, 2013).
- 2 Asian Communities for Reproductive Justice, *What is Reproductive Justice?*, <http://strongfamiliesmovement.org/what-is-reproductive-justice> (last visited Sept. 19, 2013).
- 3 *Id.*
- 4 *Id.*
- 5 *Id.*
- 6 *Safeguard and Expand the Rights of Immigrants to Reproductive Health Care*, URB. INITIATIVE FOR REPROD. HEALTH (2009) [hereinafter *Safeguard and Expand the Rights*], <http://www.urbaninitiative.org/SiteContent/Static/Docs/AgendaCh10Immigrants.pdf>.
- 7 LEIGHTON KU & MARIELLEN JEWERS, MIGRATION POLICY INSTITUTE, *HEALTH CARE FOR IMMIGRANT FAMILIES: CURRENT POLICIES AND ISSUES* (2013), available at <http://www.migrationpolicy.org/pubs/COI-HealthCare.pdf>.
- 8 See Exec. Order No. 13,166, 65 C.F.R. 159 (2000).
- 9 KU & JEWERS, *supra* note vii.
- 10 *How is Immigration a Matter of Reproductive Justice?*, *supra* note xv.
- 11 See Support Our Law Enforcement and Safe Neighborhoods Act, S.B. 1070, 49th Leg., 2nd. Reg. Sess. (Ariz. 2010) (requiring, among other things, that officers check a person's immigration status under certain circumstances and authorizing officers to make a warrantless arrest of a person where there is probable cause to believe that the person committed a public offense that makes the person removable from the US); *Arizona v. United States*, 132 S. Ct. 2492 (2012) (striking down the bill's provisions regarding 1) noncompliance with federal alien-registration laws; 2) limitations on an unauthorized alien's ability to seek employment; and 3) arrests for removable offenses; but upholding an officer's ability to conduct a stop, detention, or arrest to verify person's immigration status if the officer suspects the person to be in the US unlawfully).
- 12 *Arizona's SB 1070*, AM. CIV. LIBERTIES UNION, <https://www.aclu.org/arizonas-sb-1070>.
- 13 Marcy Bloom, *The Intersection of Reproductive Rights and Immigration Rights*, TRUST WOMEN (Aug. 20, 2010), <http://trustwomenpac.blogspot.com/2010/08/intersection-of-reproductive-rights-and.html>.
- 14 *Id.*
- 15 *How is Immigration a Matter of Reproductive Justice?*, NAT'L LATINA INSTIT. FOR REPROD. HEALTH [hereinafter *How is Immigration a Matter of Reproductive Justice?*], <http://latinainstitute.org/sites/default/files/publications/how%20is%20immigration%20a%20matter%20of%20reproductive%20justice.pdf>.
- 16 Tanya Doriss, *Fact Sheet: Immigrant Policy and Reproductive Justice*, CTR. FOR AMERICAN PROGRESS (July 10, 2007), <http://www.americanprogress.org/issues/women/news/2007/07/10/3306/fact-sheet-immigration-policy-and-reproductive-justice/>.
- 17 *Id.*
- 18 *Safeguard and Expand the Rights*, *supra* note vi.
- 19 *Id.*
- 20 *Id.*
- 21 Memorandum from Janet Napolitano, Sec'y of Dep't of Homeland Sec., on Exercising Prosecutorial Discretion with Respect to Individuals Who Came to the United States as Children (June 15, 2012), <http://www.dhs.gov/xlibrary/assets/s1-exercising-prosecutorial-discretion-individuals-who-came-to-us-as-children.pdf>.
- 22 Kinsey Hasstedt, *Toward Equity and Access: Removing Legal Barriers to Health Insurance Coverage for Immigrants*, GUTTMACHER POL'Y REV. 4 (2013), available at <http://www.guttmacher.org/pubs/gpr/16/1/gpr160102.pdf>.
- 23 National Women's Law Center comments on CMS-9995-IFC2, Pre-Existing Condition Insurance Plan Program to the U.S. Department of Health and Human Services (Oct. 29, 2012).
- 24 *How is Immigration a Matter of Reproductive Justice?*, *supra* note xv.
- 25 Doriss, *supra* note xvi.
- 26 H.R. 140, 113th Cong. (2013).
- 27 See *id.*; Birthright Citizenship Act of 2013, S. 301, 113th Cong. (2013).
- 28 For example, Representative Steve King of Iowa, the House Sponsor of the Birthright Citizenship Act of 2013, has also co-sponsored the Defund Obamacare Act of 2013, the Life at Conception Act, the District of Columbia Pain-Capable Unborn Child Protection Act, the Sanctity of Human Life Act, and the Parental Notification and Intervention Act of 2009. On the Senate side, the Birthright Citizenship Act's sponsor, Senator David Vitter of Louisiana, also co-sponsored the District of Columbia Pain-Capable Unborn Child Protection Act, the Life at Conception Act, and the Right to Life Act.