REPRODUCTIVE RIGHTS

IMMIGRANT RIGHTS AND
REPRODUCTIVE JUSTICE:
HOW HARSH IMMIGRATION
POLICIES HARM IMMIGRANT
HEALTH

Everyone, regardless of immigration status, needs to be able to make decisions about their bodies, health, sexuality, and family with dignity and autonomy. This requires that they have access to comprehensive health care, including preventive and reproductive health care. But policies and practices that target some women simply because they are immigrants – even if they are lawfully present in the U.S. – make it harder for immigrant women to access health care.

Many of the justifications underlying these policies are designed to stoke xenophobia, largely playing upon harmful stereotypes of immigrants – for example, that they only come to the U.S. for health care or to have children – in order to exclude these individuals from our health care system. In reality, most immigrants came to this country to work, to be reunited with family members, or to escape a dangerous situation. They come seeking a better life for themselves and for their families.

Instead of implementing policies that make it harder for immigrant families to establish themselves and flourish, government should be embracing policies that ensure all people in our communities – including immigrants – have basic living standards. This must include access to comprehensive health insurance and health care that includes reproductive health services, such as birth control and abortion. Policies that promote access to health care increase both the physical and economic health of immigrant families.

Harsh anti-immigration policies deter utilization of health care services

Harsh anti-immigrant policies deter individuals from seeking the care they need.¹

• State and federal legislators have introduced legislation seeking to deter immigrant women from having children. For instance, the federal Birthright Citizenship Act of 2013 sought to deny automatic citizenship at birth – which is currently guaranteed under federal law – to children born in the U.S. to parents who are not citizens or permanent resident aliens.²

• States have also passed anti-immigrant laws that discourage immigrants from seeking care. Often, the laws allow for “profiling” of individuals based on how they look or sound. An Arizona law, for example, allows police to determine the immigration status of someone arrested or detained when there is “reasonable suspicion” they are in the U.S. illegally.³ Five copycat laws were also passed in Alabama, Georgia, Indiana, South Carolina, and Utah.⁴ These laws stand in the way of immigrants’ health care access. After enactment of Arizona’s law, immigrant women in Arizona reported that they were discouraged from seeking healthcare for themselves and their families out of fear that they will have to present documentation or face the threat of deportation.⁵

• Even in the absence of specific state laws, fears of deportation still deter some immigrant women from seeking care. In 2017, a woman seeking asylum in the U.S. was taken from detention to a Texas hospital where she was diagnosed with a brain tumor. But while she was awaiting treatment, she was removed from the hospital and returned to detention.⁶ In 2015, a woman was arrested and detained while seeking routine medical care because clinic staff suspected her identification, presented in order to receive care, was fake.⁷ Arrests like these create mistrust between medical providers and their patients, deterring women from receiving care they desperately need, threatening their lives and wellbeing.
Laws limit immigrants’ access to health insurance

Health insurance coverage plays a key role in increasing access to health care services, especially for women struggling to make ends meet. Yet, in 2015, almost 18 percent of all immigrants were uninsured. In contrast, 8 percent of U.S.-born individuals were uninsured. This rate was even higher for women of reproductive age (18-54), of which 27 percent of noncitizen immigrants were uninsured, compared with 10 percent of U.S.-born women. Immigrants are more likely than U.S.-born citizens to work in low-wage jobs that do not offer employer-sponsored health insurance. But that only accounts for part of the disparity: several policies limit access to federal health insurance programs for immigrants, even those lawfully present.

• Immigrants face harsh restrictions on public health coverage. Lawfully present immigrants are barred from participating in Medicaid and the Children’s Health Insurance Program (CHIP) during the first five years they have lawful status. Undocumented immigrants and young immigrants allowed to legally remain in the United States under the Deferred Action for Childhood Arrivals (DACA) program are completely banned from Medicaid and CHIP. Beyond a narrow exception, undocumented immigrants can only receive health insurance assistance if their state uses state-only funded programs to increase insurance access for undocumented immigrants. Unfortunately, only 10 states and D.C. offer any kind of health benefits to undocumented immigrants through state-funded programs.

• Undocumented immigrants and individuals with DACA status were specifically left out of the Affordable Care Act. The Affordable Care Act (ACA) prohibits undocumented immigrants from purchasing private coverage in the marketplaces – even if they pay the full cost without help from the government. Young immigrants allowed to legally remain under the DACA program are also ineligible to purchase private coverage in the health insurance marketplaces, with or without federal subsidies – while most lawfully present immigrants are eligible to purchase private insurance and receive subsidies to make private health insurance coverage affordable.

Laws and policies that keep immigrants from accessing reproductive health care exacerbate health disparities

These restrictions on health care have significant consequences. For example:

• Only about half of immigrant women at risk for unintended pregnancy received contraceptive care in the last year. In contrast, two-thirds of U.S.-born women received contraceptive care.

• Immigrant women have higher rates of unintended pregnancy.

• Immigrant women are less likely to receive cervical cancer screening, which has serious consequences for immigrant women’s health. For example, Asian and Pacific Islander, and Latina immigrant women have higher rates of cervical cancer and higher rates of death caused by cervical cancer because of low access to preventative care and screening.

Immigrants Deserve Better

Everyone needs access to comprehensive health insurance and health care services – including immigrants. Harsh immigration and health care policies particularly burden immigrant women and their ability to access reproductive health care. Federal and state governments should implement policies that improve access to health care for immigrant women, rather than polices that make it harder for immigrants to obtain health care.


Id.


Id.

Kinsey Hasstedt, supra note 18.

Id.