



STATEMENT OF POLICY

Promote Immigrant Health

Mission: The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision: Strengthening public health and taking action to make New York the healthiest state.

Problem Statement

In 2019, there were 21.3 million immigrants in the United States, accounting for about 7% of the total US population. In New York State, immigrants make up for 23% of the state's population. Almost a quarter of New York State residents are new to the US and another 18% of New Yorkers have an immigrant parent. Immigrants are an integral part of communities across New York State. Migration is a human right, and welcoming newcomers is part of our nation's responsibility as a global citizen. States like New York benefit economically, culturally, and politically from immigration resettlement. Immigration policy is a core determinant of economic stability, neighborhood environment, food access, education, and health care access. Factors impacting the health of immigrant communities are frequently complex, driven by immigration law, public benefits eligibility, and conflicting features of federal, state, and local financing. Although New York has taken concrete steps to extend important protections to immigrants with access to drivers' licenses, support for legal representation in immigration courts, health insurance coverage for children regardless of status, and a fund for workers excluded from COVID relief, there are major gaps in access to services and missed opportunities for inclusion and integration.

Policy Statement

Immigration policy is a core determinant of health. Immigration is also good for New York State.

The New York Public Health Association (NYSPHA) advocates for

1. A state sanctuary law that acknowledges value of immigrant communities in our economy, creates a uniformly safe environment by prohibiting collaboration with

federal immigration enforcement, and discourages substandard conditions in federal immigration detention in New York.

2. Guaranteed due process and legal representation for all immigrants required to appear in immigration court in New York State.
3. Health insurance for all New York State residents, regardless of immigration status, through a statewide universal single payer plan or expanding the Essential Plan.
4. A language access law that guarantees enhanced resources and oversight for language access services among health care providers and in municipal and state government services.

Justification

The immigrant populations in New York State are highly diverse, representing more than 150 countries and more than that number of languages (Office of the New York State Comptroller, 2016; Roberts, 2010). In 2019, there were 21.3 million noncitizens in the United States, accounting for about 7% of the total US population. In New York State, immigrants make up 23% of the state's population. Almost 25% of New York State residents are new to the US and another 18% of New Yorkers have an immigrant parent (American Immigration Council, 2021). Nearly 60% of NYS residents who are immigrants are naturalized citizens, and 1 million of them are permanent residents (Department of Homeland Security, 2019). An estimated 725,000 or 15% of the state's population who are undocumented support themselves and their families through informal work, generally without labor protections, without a pathway to apply for permanent residency, and are excluded from the vast majority of social programs. Since 2012, 28,000 individuals have been awarded Deferred Action for Childhood Arrivals (DACA) and have been subject to grave uncertainty about the future of that program, which has been rescinded, upheld in court, and most recently declared unconstitutional by a federal judge (Jordan, 2021). This decision has bound United States Customs and Immigrations Services (USCIS) to stop processing or granting first-time DACA applications from July 16, 2021 and forward (NYC Immigrant Affairs, 2021). Ending DACA would result in massive losses to the New York State economy, with \$2.6 billion in annual GDP forfeiture, and would also result in a loss of \$460.3 billion from the national GDP over the next decade (Svajlenka et al., 2017). Although the current administration is seeking ways to defend the DACA population, federal consensus for a comprehensive pathway to status for DACA awardees and their families continues to be politically elusive.

Immigrant communities are credited with countering population reductions and revitalizing municipal economies in Central and Western New York, by replacing dwindling populations and building new businesses (Office of the New York State Comptroller, 2016). During the COVID-19 pandemic health care and food supply systems were especially reliant on the labor of undocumented workers. Community Service Society notes that 40% of essential workers are immigrants (Community Services Society, 2021). However, they faced disproportionate health and economic impacts from COVID-19. In 2020, neighborhoods like Corona, Queens, a NYC neighborhood with one of the highest rates of foreign-born residents was the epicenter of COVID-19 (Siegelbaum & Beckler, 2020). These disparities are also reflected in recent

employment data, as the unemployment rate for Latinos is still far above its pre-pandemic level (Zamiparra & Roque, 2021). The Excluded Workers Fund, created by New York in 2021, provided important benefits to workers who were excluded from multiple rounds of federal COVID relief support.

Immigrant families are vulnerable to lower pay and more dangerous working conditions. Non-citizens are significantly more likely than citizens to be uninsured regardless of their legal status, as undocumented individuals are more likely to fear public agencies and less likely to have health insurance than documented immigrants. Further, among citizen children, those with at least one noncitizen parent are more likely to be uninsured compared to those with two citizen parents (9% vs 5%) (Kaiser Family Foundation, 2021). Increased stress among families has been linked to poorer long-term physical and mental health, especially among children. Federal, state and local policies that limit insurance eligibility and penalize use of benefits result in reduced or delayed health care utilization which further exacerbates many health conditions (Robert Wood Johnson Foundation, 2021).

Punitive immigration laws and heightened interior enforcement activities have been linked to low-birth weight, emotional distress, reduced health care utilization, poorer school outcomes, heightened risk of heart disease (Morey, 2018; Torres, 2018).

Unnecessarily punitive and restrictive immigration practices run counter to efforts to address health disparities and achieve health equity (Morey, 2018). Civil immigration courts are backlogged with cases related to heightened immigration enforcement (The New York Times Editorial Board, 2021). The United States detains people awaiting adjudication of immigration violations in more than 200 facilities in substandard, opaque, and medically negligent conditions (American Civil Liberties Union, 2021). New York's efforts to fund immigration related legal services is a meaningful step to mitigate the effects of punitive and restrictive federal practices. However, it does not negate the fact that immigration detention is unwarranted criminalization of an already marginalized population. Most detainees, especially those seeking asylum, appear for court dates in which their case is adjudicated (Human Rights First, 2020). Immigration enforcement and removal policies have spillover effects, as anyone perceived to be an immigrant is vulnerable to scrutiny from immigration enforcement activities that frequently involve collaboration with law enforcement. Although several New York State municipalities have passed local sanctuary laws, there is no statewide sanctuary statute. As a northern border state, Customs and Border Patrol undertakes immigration enforcement activities within 100 miles of the Canadian border, creating heightened vulnerability to harassment and detention for upstate immigrant communities (ACLU, 2021).

Although New York State's 2011 Executive Order 26 requires all state agencies to have a language access plan, work across the state is ongoing to address breakdowns in language access in healthcare, local government services, voting and school settings. (New York Immigration Coalition, 2020; Center for Popular Democracy, 2013). Language access policies in New York are not always responsive to shifting demographics, do not have resources to respond to a large number of preferred languages, and require high-quality data about existing

needs. These protections could be achieved by codifying New York State’s Executive Order 26 in law, increasing resources to support language access service provision, and undertaking enforcement with institutions and agencies that do not address gaps in services (New York State, 2021).

Although eight municipalities enacted legislation to block cooperation with federal immigration enforcement efforts, only Albany, Ithaca, New York City, and Westchester County have proactively declared themselves sanctuary cities. An expansive sanctuary state law that strictly limits collaboration between local and state law enforcement and federal immigration enforcement in all communities would create a more uniformly safe environment for all New Yorkers when they travel to work, to shop, and take their children to school (Stark-Miller, 2019).

Many critical areas of immigration policy are upstream drivers of health outcomes. Overall, policies that ensure access to information, preferred language, support for community-based services, and inclusion in social service programs are the most likely to counteract the broader effect of restrictive or punitive policies. Immigrants have been at the forefront of efforts to win less punitive, more welcoming federal, state, and local immigration laws, including here in New York. Community-based organizations with strong cultural competence and humility that are situated within immigrant communities are often the best way to get information to communities they serve.

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Record of Action

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