

# UNalienable

## ACCESS TO SENSITIVE LOCATIONS

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## Background/Executive Summary

Published in 2011 and recently reaffirmed by the Biden administration, the **Sensitive Locations Policy** governing Immigrations and Customs Enforcement (ICE) limits the agency from conducting enforcement actions in “sensitive locations,” including schools, places of worship, public demonstrations, and hospitals, unless “exigent circumstances exist,” “prior approval is obtained,” or “other law enforcement actions have led officers to a sensitive location.” The protection of sensitive locations from immigration enforcement is not only important to the livelihoods of immigrant communities, but also fundamental to this country’s aspiration to be a refuge for those seeking a better life.

Notwithstanding these policies and principles, there is a documented history of immigration enforcement **breaching** its promise to avoid sensitive locations. Examples include six men detained in Virginia as they were leaving a church homeless shelter, a Texas woman

with a brain tumor who was removed from a hospital, and a Los Angeles father who was arrested after dropping his daughter off at school. This pattern is only worsened with the inclusion of local law enforcement. For example, after entering into 287(g) agreements, police officers in **North Carolina** were recorded investigating health clinics in search of undocumented patients.

This policy brief highlights several obstacles that prevent immigrants in Mississippi from accessing sensitive locations. While the brief focuses on medical facilities, these are far from the only protected sites that remain inaccessible for many community members. After addressing some of these cases, the brief offers recommendations that can be implemented to ensure that the reality on the ground more closely aligns with immigration enforcement policies and values.

## Obstacles to Medical Care

On February 1, 2021, the Department of Homeland Security (DHS) released a **statement** that there would be no immigration enforcement at vaccine distribution sites, in line with existing sensitive locations policy. In their words: “It is a moral and public health imperative to ensure that all individuals residing in the United States have access to the vaccine.” This commitment is vital, as undocumented Mississippians, many of whom are Hispanic, have faced disproportionate risks and suffering over the past year.

According to data from the Centers for Disease Control and Prevention (CDC), Hispanic and Latinx communities have **higher** rates of COVID-19 cases, hospitalizations, and deaths than every other ethnic group except Native Americans. This reality corresponds to a number of risk factors that are disproportionately represented amongst immigrants. Nearly one in five **essential workers** in the United States, for example, are immigrants. Additionally, almost 70 percent of undocumented immigrant workers

have frontline jobs in essential industries, with **over 400,000** in healthcare roles. Many are also employed in industries like manufacturing plants where social distancing is difficult or even impossible.

This community also suffers from a widespread lack of health insurance and other basic needs, often due to the effects of their immigration status. The Migration Policy Institute **estimates** that 75 percent of undocumented Mississippians are uninsured, and almost 40 percent live below the poverty line. While testing and vaccination are available **at no cost**, surrounding costs such as transportation and administrative fees bar many from access.

The DHS vaccination policy suggests a responsibility that government officials ensure the United States’ COVID-19 recovery includes undocumented immigrants, and the facts surrounding this community’s experience during the pandemic elevate that responsibility even further. However, systemic barriers

in Mississippi create distinct obstacles to immigrants' access to medical care that must first be addressed.

## Fear and Distrust

Many undocumented individuals ultimately avoid medical services for **fear** of their immigration status being questioned and shared with officials who might target them for detention, deportation, or discriminatory abuse.

Public statements by state and federal officials that explicitly disparage the immigrant community have bred a sentiment amongst its members that the government is not on their side. Former President Trump enacted over 400 policies **targeting** immigrants and normalized anti-immigrant speech. Steve Scalise, a Louisiana congressional representative, the minority whip, and a ranking member on the Select Subcommittee on the Coronavirus Crisis **called** the DHS's equitable vaccine protocol "a slap in the face" to American citizens, urging President Biden to "abandon this ridiculous plan." These statements are mixed with misinformation spread by some government officials like Governor Pete Ricketts of Nebraska, who **claimed falsely** that undocumented immigrants would not receive the vaccine, only causing further confusion and skepticism.

In Mississippi, certain officials' **reactions** to the traumatic poultry factory raids—which separated hundreds of community members from their families—further sowed the seeds of distrust that now trouble the government's COVID-19 response efforts. Then-Governor Phil Bryant, for example, tweeted in response to the raids that ICE is "doing a great job." Similarly, now-Governor Tate Reeves tweeted that he was "glad to see" the largest single-state workplace raid in United States history unfold in Mississippi.

The harm that these words cause to the immigrant community and to public health at large is not merely rhetorical but also profoundly tangible. According to Selma Alford, the Language Access Director and Coordinator under the Office of Preventive Health and Health Equity (OPHHE) for the Mississippi State Department of Health (MSDH), past traumas committed

by government agents create real barriers to the immigrant community's willingness to access COVID care. For example, many individuals avoid testing and vaccination sites due to the presence of uniformed officers of the Mississippi National Guard. "We know that there is a fear of the test itself, and then you add the other component where they feel like they might be deported if they go and conduct a test because they see someone wearing an authority-figure uniform," says Selma. Dr. Chigozie Udemgba, Director of the OPHHE, agrees. "It goes along the same lines of what we see in the Black community, where the historical factor creates that indirect mistrust and fear...just the fear and understanding of what has happened in the past, that contributes indirectly to access issues for the [immigrant] population and the community."

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Paola, a student at Mississippi College who is in the United States on a work permit, notes that widespread fear amongst the immigrant community is not solely of ICE. "Whenever they see a police officer. They don't feel safe, they feel threatened," she says. While community members are aware of the differences between local, state, and federal agencies, there is a common sentiment that these agencies do not always work independently of one another. "It's hard to convince the community that these are two separate entities, when they've seen them working in the past in events that harmed the community," says Dr. Udemgba. According to Esther, a Honduran-American and senior at Mississippi College, some community members, when faced with illness, "would rather just go home and die in their home than be caught by the police and turned in to ICE." Even in **sanctuary cities**, undocumented workers express fear about their information being shared with ICE should they be vaccinated.

**CDC policy** articulates that data may not be used "for any civil or criminal prosecution or enforcement, including, but not limited to, immigration enforcement." **Medical privacy law** further prevents personal information from being leaked to ICE. But these protections are insufficient on their own to overcome the justified distrust that many immigrants feel of government operations.

## Linguistic and Cultural Barriers

There is only a **handful** of Spanish-speaking staff amongst Mississippi's healthcare workers, and even fewer to no speakers of other languages or regional dialects. MSDH does offer **interpreters** at their hospitals, testing, and vaccination sites, but this information is not widely known amongst community members. Lorena, an immigrant and United States citizen who arrived as a teenager and now works for a Mississippi government agency, says that "people don't feel comfortable going to doctors because they don't know if they're going to have translators. And at the same time, they're afraid."

This fear arises from the recurring discrimination that immigrants face in medical settings. "We're Hispanic. We don't belong here. They think we don't deserve better," notes Paola. "Whenever you see your people, you feel safer," she says. But in the absence of a cultural liaison who is sensitive to the languages and traumas of the community, "instead of feeling safe...[Hispanics] usually feel afraid." Many members of Mississippi's immigrant community can attest to experiences of dismissal, misdiagnosis, or other forms of mistreatment that they faced as a result of their perceived nationality, especially when accompanied by a lack of English proficiency. And yet, instances of discrimination often go unreported out of fear—at best, a fear of indifference by medical staff; at worst, a fear that their information will be shared with the police or ICE.

One way to better connect healthcare providers and Mississippi's immigrant population is to train and hire members of the immigrant community as medical staff. However, there are a host of barriers that prevent this diversification and, instead, drive future doctors out of the state. For example, schools like the University of Mississippi Medical Center's School of Medicine impose an admissions **requirement** of citizenship or lawful permanent residence. Paola, herself an aspiring

physician, can speak personally to the consequences of these policies. "We don't have a lot of Hispanic physicians...because Mississippi has a very restrictive policy for medical school," she says. "You could have a doctor who could translate for [patients] and who could address every issue with their patients in their language. But when you're not letting people who are bilingual enter medical school to become doctors...That builds the barrier even more"; "we don't have enough doctors, but they're closing doors on the people who want to become one."

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Empirical data collected by the OPHHE confirms a correlation between language ability and access to COVID-19 care that may be attributable, in part, to status-related anxieties. Following a survey to gauge popular sentiment amongst the Hispanic community towards the use of National Guard officers at testing sites, Selma reports that individuals who responded in English were more comfortable with the use of the National Guard. For those who responded in Spanish, "their fear was dramatically increased."

There is no lack of action on the part of local organizations to connect with and support the community through this crisis. Luis Espinoza, an organizer with the Mississippi Immigrants Rights Alliance (MIRA) and the Director of Mississippi's Spanish-language newspaper La Noticia, has spent the past year collecting data on community sentiment and promoting public health information across the state. With the help of MIRA, La Noticia, and other grassroots organizations such as the Immigrant Alliance for Justice and Equity, OPPE has also formed a Hispanic Task Force and a Vietnamese Task Force to bridge the divide between immigrant patients and the healthcare system. However, even with existing efforts in place, the trauma endured by so many immigrants in Mississippi requires broader action by government agencies if it is to be overcome.

## Other Protected Sites

Medical sites are not the only sensitive locations at which the recollection of aggressive immigration enforcement interferes with immigrants' lives. Esther still holds memories of widespread fear across the Hispanic community while she was growing up in Pearl: "I remember our church members decreased so much... because they had that fear of 'If I go to church, there could be the possibility where I could be stopped by the police and be reported to ICE.'" Contrary to ICE policy, these fears were often realized. "A lot of people would go to church and, as soon as they left church, they'd be stopped by the police, be detained by ICE, and then the next thing you know, they're deported back to their country," she says.

"I remember I was young during that age," Esther shares, "and I was terrified of like, 'What if that happens to my family? What would happen if that happens to my parents? Where would I go?'" Lorena, too, remembers that time during which ICE enforcement against Hispanics was particularly active. Painfully, she recalls her son once asking, despite her citizenship, "Mommy, are you going to get deported?"

The cost of these enforcement actions is high and falls

largely on youth, guaranteeing intergenerational harm. **Data** collected by the Center for Migration Studies suggests there are over 5 million US-born children living with undocumented parents, all of whom pediatricians **warn** are at risk of developing "toxic stress" from status-related fear and isolation. Not only have families abstained from attending church, but, according to Esther, some parents have even hesitated to enroll their children in school for fear of being targeted by immigration enforcement. For those who are in school, many must now balance their education with the collateral effects of parental deportation. Some students, for example, report struggling to remain alert in class after having worked factory night shifts immediately beforehand: a potential consequence of the ICE raids that robbed many immigrant households of their primary breadwinners.

Regardless of policies and memos suggesting otherwise, ritual attacks against immigrant communities undeniably continue to obstruct their access to sensitive locations in ways that demand more robust action to resolve.

## Conclusion

In his **criticism** of DHS's vaccination policy, Rep. Scalise called for President Biden to "focus on getting the elderly, the vulnerable, frontline workers, and other essential Americans vaccinated as quickly as possible." What this statement fails to recognize is that it is precisely in accordance with these priorities to ensure that Mississippi immigrants, including non-citizens and undocumented individuals, have access to the COVID-19 vaccine and other essential services.

Almost half of the **11 million** undocumented Americans are **essential** as defined by DHS's Cybersecurity and Infrastructure Security Agency. Failing to address these workers' lack of access to care sites is fatal to this country's hope of medical and economic recovery. Surgeon General Jerome Adams **said** himself, "No one

in this country should be denied a vaccine because of their documentation status." But for so long as the enumerated barriers to healthcare remain, this country is, in effect, denying the vaccine to not only undocumented immigrants but also their friends and family.

Community testimony reaffirms that this exclusion reaches far beyond the medical sector. In Lorena's words, "the fear isn't only with the medical institution. It's with the police. It's with everyone here. When you go to the hospital, you feel rejected. If you get pulled over, and if your status isn't right, you know you're in danger...The problem is whenever Hispanic people see someone in uniform, they feel afraid."

## Recommendations

### For state and local bodies

- Promote diversity and inclusion across medical sites, including private clinics and rural facilities.
- Conduct community-led cultural competency trainings across healthcare providers.
- Hire community interpreters and publicize that interpretation services are available at no cost.
- Implement policies to attract multilingual and immigrant healthcare providers, including through the admission and licensing of medical students regardless of citizenship.
- Ensure accountability.
- Create safe and reliable systems for reporting discrimination by healthcare providers, taking care to quell concerns of retaliation or exposure to immigration enforcement.

### For the Biden administration and federal agencies

- End all at-large immigration enforcement operations, including those at sensitive locations.

- Ensure accountability.
- Create a safe and reliable system for reporting breaches of immigration enforcement agencies' sensitive locations policies.

### For local, state, and federal bodies

- Take specific actions to target undocumented immigrants in public health efforts.
- Reform existing policy to allow National Guard and other government officers to dress in plain clothes or traffic vests while conducting COVID testing and vaccination.
- Disseminate public health information in the languages most commonly spoken amongst local immigrant populations, including Indigenous languages when relevant.
- Make clear that any personal data collected in the vaccination process will not be shared with immigration authorities or related agencies, including local law enforcement.