The New Barrier of Fear: The Impact of Immigration Enforcement on Healthcare Utilization Among Immigrant Populations in the United States

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ABSTRACT
Fear of deportation has emerged as a significant barrier to healthcare access among undocumented immigrants in the United States, particularly as federal immigration enforcement policies have shifted toward increased deterrence and criminalization. This literature review examines how changes in immigration enforcement practices between 2008 and 2020 influenced healthcare attendance among immigrant populations, comparing the enforcement climates of the Obama and Trump administrations. Under the Obama administration, enforcement prioritized individuals with serious criminal convictions while programs like Deferred Action for Childhood Arrivals (DACA) fostered trust in public institutions, leading to increased health service utilization. In contrast, the Trump administration's expansive enforcement measures, including the public charge rule, increased ICE raids, and workplace operations, corresponded with measurable declines in health service attendance. Studies documented a 28% reduction in health center utilization among adult immigrant patients, increased missed appointments among non-English speakers, and significant avoidance of prenatal and preventive care in general. These patterns resulted in vaccination gaps, delayed disease screenings, and increased mental health burdens. As stricter immigration enforcement policies intensify in 2026, this review underscores the urgent need for policy reforms that decouple healthcare access from immigration enforcement, including healthcare-immigration firewalls, safe access zones, and community-based trust-building initiatives to protect both immigrant health and broader public health outcomes.

KEYWORDS
Healthcare access; immigration enforcement; undocumented immigrants; immigration policy; Trump administration; Obama administration

INTRODUCTION
In recent years, unprecedented migration to the United States has shaped policy and underlined barriers to healthcare for undocumented immigrants. These barriers include financial constraints, language differences, lack of insurance, and limited education. Over the past two decades, another salient barrier has emerged: fear of deportation. This fear, primarily experienced by undocumented individuals or by immigrants in mixed-status families, has

emerged as a significant deterrent to seeking healthcare among these populations.

To understand this new barrier, it is important to understand the context of the history of US immigration policy and demographic change. Over the past 50 years, immigration trends have shifted dramatically. The immigrant population today is more diverse, with an increase in individuals from Latin America, Asia, and Africa, many of whom arrive without legal status or face prolonged waiting periods for documentation. Additionally, US immigration policy has increasingly emphasized enforcement and deterrence over integration. While earlier policies like the 1986 Immigration Reform and Control Act reflected more openness to legalization, later developments, such as the 1996 Illegal Immigration Reform and Immigrant Responsibility Act, expanded deportation criteria and curtailed due process protections (Chishti & Kamasaki, 2014, pp. 1-2). In the wake of 9/11, national security concerns led to increased surveillance and criminalization of immigrant populations, particularly those from Muslim countries (Chishti & Bolter, 2021). Throughout the 2000s and 2010s, enforcement mechanisms grew more complex, with the rise of programs like Secure Communities and increased collaboration between local law enforcement and federal immigration authorities. These shifting policies have created a climate of uncertainty and fear among undocumented immigrants and their families.

Immigrants contribute substantially to the US economy, specifically to essential industries such as agriculture, construction, and service work, among others. As such, ensuring equitable access to healthcare for these populations is crucial not only for individual public health and social justice, but also for the well-being and strength of the nation. Delayed or avoided care due to fear of deportation can have serious public health consequences, including the spread of preventable diseases, missed vaccinations, unmanaged chronic conditions, and increased mental health burdens (Capps et al., 2020, pp. 2-4; Martinez et al., 2015; Yasenov et al., 2020; Zeng et al., 2025). Preventive services like cancer screenings, immunizations, and regular checkups are vital for maintaining long-term health and reducing the burden on emergency care systems. Moreover, fear-induced healthcare avoidance exacerbates mental health issues such as anxiety, depression, and trauma, particularly in communities already vulnerable to systemic pressures (Capps et al., 2020, pp. 2-4).

The fear-based healthcare barrier is closely tied to the prevailing political climate. Under the Obama administration (2008–2016), immigration enforcement generally emphasized the removal of individuals who posed threats to public safety, with a focus on criminal convictions (The White House, 2014). In contrast, the Trump administration (2016–2020) adopted a more expansive approach to immigration, implementing stricter enforcement policies such as the zero-tolerance policy, the termination of DACA in 2017, and supporting grassroots campaigns like "We Build the Wall" (Keith, 2017). These changes signaled a shift toward indiscriminate enforcement, likely intensifying fears of detention and deportation across immigrant communities, influencing their willingness to seek healthcare.

This study investigates how shifts in federal immigration enforcement practices influenced healthcare attendance among immigrants, with a focus on the increased fear of deportation under stricter policies. Specifically, it examines the extent to which heightened enforcement under the Trump administration reduced attendance at healthcare appointments, particularly for preventive or routine services, compared to enforcement priorities under the Obama administration. The findings of this literature review aim to contribute to current policy discussions in 2026, offering evidence-based recommendations to mitigate fear-related barriers and promote equitable access to healthcare across immigrant communities nationwide.

METHODS

Study Design and Research Question

This is a narrative literature review designed to synthesize interdisciplinary public health and policy and examine the relationship between federal immigration enforcement policies and healthcare service utilization among immigrant populations in the United States from 2008 to 2020. The approach was guided by a structured research question and PICO (population, intervention, comparison, outcome) framework to ensure proper analysis.

The guiding research question was: Among the immigrant community in the US, how did immigration enforcement practices during Trump's presidency influence the use of preventative or routine health visits compared to practices during Obama's presidency?

Data Sources and Search Strategy

A comprehensive search was conducted using PubMed, Google Scholar, government databases (including reports from the Pew Research Center, Kaiser Family Foundation, and US Immigration and Customs Enforcement), and policy archives to identify relevant peer-reviewed articles, empirical studies, government reports, and contemporary news analyses.

Search terms included combinations of "immigration enforcement," "deportation fear," "healthcare access," "undocumented immigrants," "DACA," "public charge rule," "healthcare utilization," and "immigrant health." The review focuses on sources published between 2008 and 2026, with particular emphasis on studies comparing the Obama administration (2008-2016) and Trump administration (2016-2020) enforcement climates.

Inclusion criteria required sources to address US immigration policy or enforcement practices, examine healthcare access or utilization among immigrant populations, provide empirical data or policy analysis, and be published in English. Sources were excluded if they focused exclusively on non-US contexts or lacked relevance to the relationship between enforcement and healthcare access.

Data extraction focused on enforcement policy characteristics, healthcare utilization metrics (including appointment attendance, insurance

enrollment, and preventive care use), and documented barriers to care. Findings were synthesized to identify patterns across administrations and to project implications for healthcare access under anticipated enforcement intensification in 2026 and beyond.

DEMOGRAPHIC PROFILE OF IMMIGRANT COMMUNITIES

Between 2008 and 2020, immigrant communities in the United States became increasingly diverse and geographically dispersed. While traditional gateway states such as California, Texas, and Florida continued to house the largest immigrant populations, newer destinations, including North Carolina and Georgia, experienced rapid growth (Krogstad & Radford, 2018). By 2020, approximately 44 million immigrants lived in the US, with Mexico, India, and China representing the top three countries of origin (Batalova et al., 2021). Immigrants play an essential role in sustaining the US economy, contributing vital labor across sectors such as agriculture, construction, healthcare, and service industries (Appleby, 2024).

Despite their economic contributions, immigrants, particularly those without legal status, faced persistent barriers to healthcare access. As of 2017, nearly 23% of lawfully present immigrants and 45% of undocumented immigrants were uninsured (Artiga & Diaz, 2019, p. 3). Limited insurance coverage made preventive and routine care especially vulnerable to policy fluctuations and enforcement climates. Additionally, language barriers and limited English proficiency often compounded access difficulties, reducing trust in medical institutions and discouraging the use of preventive services (Gonzalez-Barrera et al., 2024). Language barriers along with lack of insurance coverage make preventive and routine care especially vulnerable to policy restrictions and heightened fears of immigration enforcement.

IMMIGRATION ENFORCEMENT

Understanding how healthcare access shifts under different immigration enforcement climates requires an examination of how enforcement practices evolved across presidential administrations.

Obama Administration (2008-2016)

Immigration enforcement policies under President Obama were defined by a balance of national security concerns and efforts to reform the immigration system (The White House, 2014). Policy shift sought to prioritize the removal of individuals with serious criminal convictions rather than low-priority cases, with an effort to create legal immigration pathways and promote naturalization to better serve the United States. Landmark executive actions included the creation of the DACA program in 2012 and the proposal of the Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) program in 2014. These initiatives aimed to provide relief from deportation and work authorization to hundreds of thousands of undocumented immigrants with strong ties to the US, particularly those

brought to the country as children or those raising US citizen children (American Immigration Council, 2014, pp. 1-4). The 2013 expansion of the provisional waiver program further reduced family separation by allowing certain undocumented immigrants with US citizen relatives to adjust their status without enduring long family separation caused by the unlawful presence bar (The White House, 2014). Together, these initiatives reflected a more pragmatic and humane approach that redirected enforcement away from widespread deportations and recognized the contributions of long-term residents.

From a healthcare standpoint, Obama-era policies, like DACA, helped reduce fear of deportation among eligible individuals and mixed-status families, encouraging greater engagement with public institutions such as hospitals and community clinics. Empirical research supports these outcomes: recipients of DACA reported higher rates of healthcare utilization and improved mental health outcomes compared to undocumented peers without such protections, and DACA eligibility significantly increased insurance coverage, especially in states that extended Medicaid to eligible immigrants (Venkataramani et al., 2017, pp. e178–e179; Giuntella & Lonsky, 2020, pp. 10–12). This suggests that more predictable, protection-oriented enforcement climates foster trust and healthcare participation.

According to a study by the Pew Research Center, between 2006 and 2008, new arrivals of Mexican immigrants to the US declined by roughly one-third, yet the overall Mexican immigrant population in the US remained stable due to low emigration rates. This relative stability and the administration's measured enforcement tone likely contributed to a less threatening environment than Trump's presidency, allowing immigrants to access healthcare with fewer psychological barriers (Passel & Cohn, 2009). This provides a useful baseline: when enforcement is less aggressive, immigrant populations do not emigrate so abruptly and may feel safer accessing institutions, including healthcare. By 2015, there were around 11.3 million unauthorized immigrants residing in the US (Passel & Cohn, 2017). Moreover, criminal immigration prosecutions declined during Obama's second term, shifting from approximately 98,000 to 70,000 cases. Throughout both terms, criminal immigration prosecutions remained relatively stable, which creates an environment of certainty within the immigrant community about immigration policy (TRAC Reports, 2025). This results in immigrants being more comfortable attending their medical appointments.

Trump Administration (2016-2020)

In contrast, immigration enforcement during President Donald Trump's tenure instituted a decisive shift toward restriction and deterrence. Early executive orders increased funding for border security and directed Immigration and Customs Enforcement (ICE) to maximize arrests, making all undocumented immigrants, regardless of criminal history, potential targets for deportation. High-profile workplace raids, such as Operation Mega, and

large-scale "collateral arrests" created widespread uncertainty (American Immigration Council, 2024, pp. 2-3; National Immigrant Justice Center, 2017). Federal criminal arrests for immigration offenses surged by 87% between FY 2017 (58,031) and FY 2018 (108,667), while prosecutions rose 66%, reflecting a sharp escalation in punitive enforcement (Gramlich, 2019). Border enforcement capacity expanded as well, with approximately 4,000 more Customs and Border Protection officers and a CBP budget increase from $12.582 billion to $17.41 billion between 2015 and 2020 (U.S. Customs and Border Protection, 2021; American Immigration Council, 2024, p. 9).

One of the administration's most significant enforcement initiatives was the 2018 zero-tolerance policy, which directed federal prosecutors to pursue criminal charges against all individuals apprehended crossing the border unlawfully (U.S. Department of Justice, 2018). Because children could not remain with parents undergoing criminal prosecution, the policy resulted in thousands of family separations and became one of the most visible symbols of the administration's enforcement-first approach. Beyond formal policy, Trump's emphasis on constructing a border wall became a central feature of his immigration agenda. The emergence of private campaigns such as "We Build the Wall" reflected broader public support for stricter immigration enforcement and reinforced perceptions among immigrant communities that immigration policy was becoming increasingly punitive (Cruz, 2020). Together, these developments increased the visibility of immigration enforcement and contributed to heightened fears of detention and deportation among undocumented immigrants and mixed-status families.

This intensified enforcement climate, coupled with volatile policy shifts, amplified fear and uncertainty within immigrant communities. In late 2016 alone, apprehensions at the US-Mexico border rose by 42%, with a 130% increase among family units. Surveys revealed that by 2018, 49% of Latinos had "concerns" about their place in society, and 55% of Latinos worried that they or someone they knew could be deported and felt their situation in America had worsened. This provides direct evidence of perceived risk and fear among immigrant communities during Trump's tenure. Worries about deportation and concerns about their place in society contribute to psychological barriers that can deter the use of health services. Even if services are available, fear of interacting with public institutions (clinics, hospitals) can reduce appointment attendance, especially for non-urgent or preventive care (Gonzalez-Barrera & Krogstad, 2016; Lopez et al., 2018). Additionally, criminal immigration prosecutions under Trump had an overall increasing trend, while remaining relatively unpredictable. (TRAC Reports, 2025). The combination of escalation and fluctuation amplified fear among immigrant communities, as people not only faced stricter enforcement but also policy uncertainty, leading to more immigrant fear about leaving the house and attending medical appointments.

Trump-era policy also linked healthcare use to immigration risk. The 2019 "public charge" rule expanded criteria for denying green cards to include the use of non-cash benefits such as Medicaid, SNAP, and housing assistance. Even before full implementation, the effect was immediate. 13.7%

of immigrant adults and 20.7% of low-income immigrant families avoided public benefits for fear of jeopardizing legal status (Bernstein et al., 2019, pp. 2-3, 6-7). Similarly, the termination of the medical deferred action program in 2019, used by families seeking lifesaving treatment, further discouraged hospital and clinic visits (Dooling, 2019). The result of such policy changes was a sharp erosion of trust in public institutions, as shown by declines in immigrant use of health clinics, preventive services, and even emergency care. Fear of deportation and surveillance extended even to US citizen children in mixed-status families, worsening existing health disparities (Martinez et al., 2015).

By 2020, the estimated unauthorized immigrant population had dropped to 10.5 million, approximately one million fewer than under Obama (Baker & Warren, 2024, p. 3). However, this reduction came at the cost of widespread distrust, deteriorating mental health, and avoiding essential medical services. The combination of broad enforcement priorities, visible crackdowns, and policy-driven fear eroded immigrant confidence in public institutions, directly undermining healthcare access and exacerbating existing health disparities.

PUBLIC HEALTH IMPACT

Under President Obama, immigrant health care access was shaped by both an enforcement climate and health policy reform. The Affordable Care Act (ACA), enacted in 2010, drove the largest expansion of coverage in decades. Between 2010 and 2016, the share of Americans, including immigrants, who reported forgoing medical care because of cost fell by about one-third. In states that adopted Medicaid expansion, there were significant gains in adults reporting that they had a personal doctor and had received a checkup within the past 12 months. According to Bustamante et al. in 2019, uninsured rates for lawfully present immigrants dropped after ACA implementation by 9.13% for non-citizen immigrants with more than five years of US residence, and 8.23% for non-citizen immigrants with five years or less. The probability of reporting a physician visit in the previous year also rose modestly across immigrant groups (Bustamante et al., 2019).

Obama-era initiatives further supported access among specific populations. The Children's Health Insurance Program (CHIP) Reauthorization Act, which included the Immigrant Children's Health Improvement Act (ICHIA) provision, allowed states to provide healthcare to lawfully present immigrant children and pregnant women without the standard five-year waiting period. Several states extended similar waivers to adults with serious medical conditions. These expansions reflect a broader effort to maximize healthcare inclusion for legally present immigrants. However, significant exclusions remained. Undocumented immigrants were barred from all ACA coverage provisions, including Medicaid expansion and marketplace subsidies (Ku & Jewers, 2013, pp. 2-6, 13-15). Moreover, recently arrived legal residents continued to face waiting periods in many states, and barriers such as language access, transportation, and fear of discrimination limited their access to care. Beyond insurance access, language

and cultural barriers remained a major determinant of healthcare inequity during Obama's presidency. Limited English proficiency often reduced immigrants' willingness to seek care, increased the risk of misunderstandings, and limited the use of preventive services. While many health systems attempted to expand language assistance and culturally competent care, provider capacity to meet these needs remains inconsistent nationwide (Joseph & Martinez, 2025). Despite these challenges, research shows that the Obama-era enforcement climate, coupled with programs like DACA, fostered greater trust in medical institutions. Even uninsured immigrants frequently accessed care through safe-net providers, and preventive services increased when legal relief or coverage opportunities improved. Overall, inclusive immigration and health policies worked together to reduce fear and enhance healthcare engagement among immigrant communities.

However, during Trump's first presidency, studies consistently linked immigration enforcement fears to delayed or foregone medical care. One of the most salient pieces of evidence supporting the idea that stricter immigration enforcement and related policy changes under Trump led to decreased use of healthcare among immigrants is a report that describes that due to Trump's public charge rule, nearly 28% of health centers surveyed reported that "many or some" adult immigrant patients had reduced their use of health center services in the past year. About 22% of health centers reported similar declines for children in immigrant families. Health center staff observed increases in appointment cancellations and no-shows, especially among immigrant patients. Some centers reported clinicians working at about 80% capacity rather than full capacity. Prenatal care was particularly impacted: pregnant immigrant women delayed initiating prenatal care and had fewer prenatal visits due to fears about enrollment in programs or exposing their immigration status. Patients were afraid of providing identification, and around 47% of health centers stated that patients and their children were declining to enroll in Medicaid. These findings strongly suggest that fear induced by immigration policy shifts (especially around public charge rules, expanded enforcement, and broader deportation priorities) was not just theoretical but had observable effects on healthcare service utilization (Tolbert et al., 2019, pp. 3-7).

Similarly, clinic-level research confirms measurable impacts on attendance. A difference-in-differences analysis of two Massachusetts safety-net hospitals found a statistically significant increase in missed appointments among patients who receive care in languages other than English after 2017 immigration policy changes (an absolute increase of ~0.74 percentage points in missed-appointment prevalence among Spanish, Portuguese, and Haitian-Creole speakers), with meaningful revenue and service-delivery consequences for the hospitals. This provides direct, clinic-level evidence that enforcement-linked policy shifts coincided with fewer completed appointments among immigrant communities (Jirmanus et al., 2022).

An article from Desert Sun conveys a similar pattern: several clinics in California were experiencing a decline in patient attendance due to fear of

"being taken away from their families." From the patients who did show up, clinic employees gleaned that they were also afraid of going places like the grocery store (Newkirk, 2017). And, during Trump's 2017 Muslim ban, which aimed at "Protecting the Nation from Foreign Terrorist Entry into the United States, a study by Samuels et al. showed that for every 1000 people, the average difference of missed primary care appointments for Latino patients before and after the Muslim ban was 0.4, while the number of missed appointments for Muslim patients was 2.4. Similarly, missed emergency department visits by Muslim patients increased by 4.4 appointments. Trump's othering and immigration restrictions against Muslim immigrants led to an obvious decrease in healthcare utilization (Samuels et al., 2021).

A study by De Trinidad Young et al. analyzes the 2018 and 2019 Research on Immigrant Health and State Policy survey, where Asian and Latino immigrants in California responded to increased ICE enforcement by having less clinic attendance. Although Latino immigrants experienced more encounters with immigration enforcement, causing less attendance, Asian immigrants also avoided healthcare. The odds of a Latino or Asian immigrant who was stopped by immigration enforcement delaying access to healthcare were 1.64 times higher than those of someone who was not, and the odds of someone who was watched by immigration enforcement delaying access to healthcare were 2.17 times higher than for someone who was not (De Trinidad Young et al., 2023).

An article by the Immigration Policy Lab explores how immigrants in the San Francisco Bay Area avoided healthcare after the election of Trump in 2016. The article argues that when ICE is nearby, conducting raids in bordering counties, patients disappear. Careful reviews and meta-analyses find consistent patterns: enforcement actions and high-visibility raids correlate with declines in preventive and routine visits (including prenatal care and childhood vaccinations) and with increased stress and mental-health burdens for families that avoid care out of fear. However, this review states that San Francisco's inclusive health care efforts and attempts to reach out to immigrant patients prevented the reduction in attendance that so many clinics witnessed after the 2016 presidential election, to ensure their ongoing access to care (Yasenov et al., 2020).

After avoiding healthcare, public health consequences include vaccination gaps, as fear-driven declines in childhood immunization increase outbreak risks for diseases, delayed preventive care**,** causing missed cancer screenings, and prenatal visits. Mental health is also impacted by increased enforcement because anti-immigrant rhetoric and raids correlate with higher anxiety, depression, and PTSD symptoms among immigrant families (Capps et al., 2020, pp. 2-4, 7-8). Avoidance of healthcare thus affects both immigrant communities and broader US public health systems, as untreated conditions and preventable illnesses raise emergency care costs and complicate disease control efforts.

CONCLUSION

In conclusion, this review has shown that the fear of deportation has evolved into a significant barrier to healthcare access among legal and undocumented immigrants. As immigration enforcement has shifted toward broader deterrence and criminalization across administrations, immigrant individuals and mixed-status families have responded by avoiding or postponing essential care. These patterns have implications not only for individual health outcomes (through delayed diagnoses, unmanaged chronic disease, and mental health strain) but also for public health, given the risks posed by preventable illness and untreated communicable diseases.

Looking ahead to 2026 and beyond, there is growing concern that renewed emphasis on strict immigration enforcement may further suppress healthcare among immigrant communities. Reports of patients avoiding medical attention even with urgent and life-threatening conditions underscore the extent to which fear continues to shape healthcare access. Widespread mistrust of authorities has also led to withdrawal from public spaces, reinforcing social isolation and compounding barriers to care. Therefore, the dynamics described in this review are not static artifacts of the past, but live trends with real-time impact.

If enforcement trajectories persist over the coming years, these historical and contemporary patterns forewarn a serious public health risk. Continued underutilization of preventive care can exacerbate existing healthcare disparities. This evidence suggests that addressing these risks will require reforms that decouple healthcare access from immigration enforcement: enshrining "firewalls" that prevent information-sharing between health providers and immigration authorities; expanding legal protections like safe access zones for undocumented individuals seeking preventive care; and increasing community-based support and outreach tailored to building immigrant trust in health systems.

Ultimately, this line of research is not merely diagnostic, but prescriptive. Documenting how shifts in enforcement policy map onto healthcare avoidance provides evidence that can inform advocacy, lawmaking, and institutional reforms aimed at protecting immigrant health. Recognizing and addressing these dynamics can inform health system practices and community interventions aimed at improving access, reducing inequalities, and supporting population health, while ensuring human dignity, regardless of legal, social, or immigration status.

REFERENCES

American Immigration Council. (2014, November 30). *A guide to the immigration accountability executive action*. American Immigration Council. https://www.americanimmigrationcouncil.org/report/guide-immigration-accountability-executive-action/

American Immigration Council. (2024, August 14). *The Cost of Immigration Enforcement and Border Security*. American Immigration Council. https://www.americanimmigrationcouncil.org/fact-sheet/the-cost-of-immigration-enforcement-and-border-security/

Appleby, K. (2024, September 2). *The importance of immigrant labor to the US economy*. Center for Migration Studies. Retrieved January 7, 2026, from https://cmsny.org/importance-of-immigrant-labor-to-us-economy/

Artiga, S., & Diaz, M. (2019, July 15). *Health coverage and care of undocumented immigrants*. Kaiser Family Foundation. https://www.kff.org/racial-equity-and-health-policy/health-coverage-and-care-of-undocumented-immigrants/

Baker, B., & Warren, R. (2024, April 18). *Estimates of the Unauthorized Immigrant Population Residing in the United States: January 2018–January 2022*. U.S. Department of Homeland Security, Office of Homeland Security Statistics. https://ohss.dhs.gov/topics/immigration/illegal/population-estimates

Batalova, J., Hanna, M., & Levesque, C. (2021, February 11). *Frequently requested statistics on immigrants and immigration in the United States*. Migration Policy Institute. Retrieved January 7, 2026, from https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states-2020

Bernstein, H., Gonzalez, D., Karpman, M., & Zuckerman, S. (2019, May 22). *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*. Urban Institute. https://www.urban.org/research/publication/one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018

Bustamante, A. V., Chen, J., McKenna, R. M., & Ortega, A. N. (2019). Health Care Access and Utilization Among U.S. Immigrants Before and After the Affordable Care Act. *Journal of Immigrant and Minority Health*, *21*(2), 211–218. https://doi.org/10.1007/s10903-018-0741-6

Capps, R., Cardoso, J. B., Brabeck, K., Fix, M., & Ruiz Soto, A. G. (2020, September). *Immigration Enforcement and the Mental Health of Latino High School Students*. Migration Policy Institute. https://www.migrationpolicy.org/research/immigration-enforcement-mental-health-latino-students

Chishti, M., & Bolter, J. (2021, September 22). *Two decades after 9/11, national security focus still dominates U.S. immigration system*. Migration Policy Institute. Retrieved January 7, 2026, from https://www.migrationpolicy.org/article/two-decades-after-sept-11-immigration-national-security

Chishti, M., & Kamasaki, C. (2014, January). *IRCA in retrospect: Guideposts for today's immigration reform* (Issue Brief No. 9). Migration Policy Institute.

https://www.migrationpolicy.org/research/irca-retrospect-guideposts-today-s-immigration-reform

Cruz, M. (2020, August 24). *Where does Trump get the money to build the border wall? Not from Steve Bannon*. American Immigration Council. Retrieved June 11, 2026, from https://www.americanimmigrationcouncil.org/blog/money-for-border-wall-steve-bannon/

Dooling, S. (2019, August 27). *Trump Administration Ends Protection For Migrants' Medical Care*. NPR. Retrieved January 7, 2026, from https://www.npr.org/2019/08/27/754634022/trump-administration-ends-protection-for-migrants-medical-care

Giuntella, O., & Lonsky, J. (2020). The effects of DACA on health insurance, access to care, and health outcomes. *Journal of Health Economics*, *72*, 10-12. https://www.sciencedirect.com/science/article/pii/S0167629618307902

Gonzalez-Barrera, A., Hamel, L., Artiga, S., & Presiado, M. (2024, May 16). *Language barriers in health care: Findings from the KFF survey on racism, discrimination, and health*. Kaiser Family Foundation. Retrieved June 12, 2026, from https://www.kff.org/racial-equity-and-health-policy/language-barriers-in-health-care-findings-from-the-kff-survey-on-racism-discrimination-and-health/

Gonzalez-Barrera, A., & Krogstad, J. M. (2016, December 21). *Apprehensions of migrants at U.S.-Mexico border rose sharply in October and November*. Pew Research Center. Retrieved January 7, 2026, from https://www.pewresearch.org/short-reads/2016/12/21/apprehensions-of-migrants-at-u-s-mexico-border-rose-sharply-in-october-and-november/

Gramlich, J. (2019, September 27). *Far more immigration cases are being prosecuted criminally under Trump administration*. Pew Research Center. Retrieved January 7, 2026, from https://www.pewresearch.org/short-reads/2019/09/27/far-more-immigration-cases-are-being-prosecuted-criminally-under-trump-administration/

Jirmanus, L. Z., Ranker, L., Touw, S., Mahmood, R., Kimball, S. L., Hanchate, A., & Lasser, K. E. (2022). Impact of United States 2017 Immigration Policy changes on missed appointments at two Massachusetts Safety-Net Hospitals. *Journal of Immigrant and Minority Health*, *24*(4), 807–818. https://doi.org/10.1007/s10903-022-01341-9

Joseph, T. D., & Martinez, V. (2025). Language Barriers and Healthcare Challenges for Immigrants with Limited English Proficiency After Health Reform in the United States. *International Journal of Environmental Research and Public Health*, *23*(1), 9. https://doi.org/10.3390/ijerph23010009

Keith, T. (2017, October 8). *Trump ties immigration demands to DACA deal, including border wall*. NPR. Retrieved January 7, 2026, from

https://www.npr.org/2017/10/08/556564184/trump-sends-immigration-principles-to-congress-including-border-wall-demand

Krogstad, J. M., & Radford, J. (2018, September 14). *Education levels of U.S. immigrants are on the rise*. Pew Research Center. Retrieved January 7, 2026, from https://www.pewresearch.org/short-reads/2018/09/14/education-levels-of-u-s-immigrants-are-on-the-rise/

Ku, L., & Jewers, M. (2013, June). *Health Care for Immigrant Families: Current Policies and Issues*. Migration Policy Institute. https://www.migrationpolicy.org/research/health-care-immigrant-families-current-policies-and-issues

Lopez, M. H., Gonzalez-Barrera, A., & Krogstad, J. M. (2018, October 25). *More Latinos Have Serious Concerns About Their Place in America Under Trump*. Pew Research Center. Retrieved January 7, 2026, from https://www.pewresearch.org/race-and-ethnicity/2018/10/25/more-latinos-have-serious-concerns-about-their-place-in-america-under-trump/

Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieguez, A., Pinto, R., Rhodes, S. D., Moya, E., & Chavez-Baray, S. (2015). Evaluating the impact of immigration policies on health status among undocumented immigrants: a systematic review. *Journal of Immigrant and Minority Health*, *17*(3), 947–970. https://doi.org/10.1007/s10903-013-9968-4

National Immigrant Justice Center. (2017, September 7). *Trump plans massive raids on immigrant communities starting mid-September* [Updated]. National Immigrant Justice Center. Retrieved January 7, 2026, from https://immigrantjustice.org/press-release/trump-plans-massive-raids-on-immigrant-communities-starting-mid-september-updated

Newkirk, B. (2017, April 17). *'I can't imagine the fear.' Threat of deportation is keeping patients away from California medical clinics*. Desert Sun. Retrieved January 7, 2026, from https://www.desertsun.com/story/news/health/2017/04/17/immigration-fears-health-coachella/304874001/

Office of Public Affairs of the U.S. Department of Justice. (2018, April 6). *Attorney General announces zero-tolerance policy for criminal illegal entry* [Press release]. U.S. Department of Justice. https://www.justice.gov/archives/opa/pr/attorney-general-announces-zero-tolerance-policy-criminal-illegal-entry

Passel, J. S., & Cohn, D. (2009, July 22). *Mexican immigrants: How many come? How many leave?* Pew Research Center. Retrieved January 7, 2026, from https://www.pewresearch.org/race-and-ethnicity/2009/07/22/mexican-immigrants-how-many-come-how-many-leave/

Passel, J. S., & Cohn, D. (2017, April 25). *As Mexican share declined, U.S. unauthorized immigrant population fell in 2015 below recession level*. Pew Research Center. Retrieved January 7, 2026, from https://www.pewresearch.org/short-reads/2017/04/25/as-mexican-share-declined-u-s-unauthorized-immigrant-population-fell-in-2015-below-recession-level/

Samuels, E. A., Orr, L., White, E. B., Saadi, A., Padela, A. I., Westerhaus, M., Bhatt, A. D., Agrawal, P., Wang, D., & Gonsalves, G. (2021). Health Care Utilization Before and After the "Muslim Ban" Executive Order Among People Born in Muslim-Majority Countries and Living in the US. *JAMA network open*, *4*(7), e2118216. https://doi.org/10.1001/jamanetworkopen.2021.18216

Tolbert, J., Artiga, S., & Pham, O. (2019, October 15). *Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care among Health Center Patients*. Kaiser Family Foundation. https://www.kff.org/medicaid/impact-of-shifting-immigration-policy-on-medicaid-enrollment-and-utilization-of-care-among-health-center-patients/

TRAC Reports. (2025, june 3). *Immigration prosecutions jump in March 2025*. TRAC Reports. Retrieved January 7, 2026, from https://tracreports.org/reports/761/

U.S. Customs and Border Protection. (2021, March 19). *On a typical day in fiscal year 2020, CBP...* U.S. Customs and Border Protection. Retrieved January 7, 2026, from https://www.cbp.gov/newsroom/stats/typical-day-fy2020

Vargas, E. D., & Ybarra, V. D. (2017). U.S. Citizen Children of Undocumented Parents: The Link Between State Immigration Policy and the Health of Latino Children. *Journal of Immigrant and Minority Health*, *19*(4), 913–920. https://doi.org/10.1007/s10903-016-0463-6

Venkataramani, A. S., Shah, S. J., O'Brien, R., Kawachi, I., & Tsai, A. C. (2017). Health consequences of the US deferred action for childhood arrivals (DACA) immigration programme: A quasi-experimental study. *The Lancet Public Health*, *2*(4), e175-e181. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30047-6/fulltext

The White House. (2014, November 20). *Fact sheet: Immigration Accountability Executive Action* [Fact sheet]. The White House President Barack Obama. Retrieved January 7, 2026, from https://obamawhitehouse.archives.gov/the-press-office/2014/11/20/fact-sheet-immigration-accountability-executive-action

Yasenov, V., Hainmueller, J., Hotard, M., Lawrence, D., Gottlieb, L., & Torres, J. (2020, November 10). *Inclusive Health Policies May Offset the "Chilling Effect" of Immigration Enforcement*. Immigration Policy Lab. Retrieved January 7, 2026, from https://immigrationlab.org/project/inclusive-health-policies/

Young, M. T., Tafolla, S., Saadi, A., Sudhinaraset, M., Chen, L., & Pourat, N. (2023). Beyond "Chilling Effects": Latinx and Asian Immigrants' Experiences With Enforcement and Barriers to Health Care. *Medical care*, *61*(5), 306–313. https://doi.org/10.1097/MLR.0000000000001839

Zeng, Y., Kang, X., Yang, Y., & Hwang, E. (2025). Barriers and facilitators of

preventive healthcare access among immigrants in rural America: a scoping
review. *International Journal for Equity in Health*, *24*(1), 241. https://doi.org/10.1186/s12939-025-02603-2