

Navigating The Healthcare System: Barriers And Solutions For Undocumented Immigrants In Washington State

Latin American and Caribbean Studies Research Group: David Melgoza, Dianna Laguan, Jacquelyn Jimenez Romero, Keren Hernandez, Lindsay Wilsey-Bacso, Maya Cruz, Melina Sanchez, Michelle Jimenez, Noelia Garcia Rivera

Faculty Advisor: Jose Antonio Lucero

ABSTRACT

This research examines healthcare access for undocumented immigrants in Washington State, identifying barriers that intentionally compromise equitable and safe care. Federal and state legal frameworks work to systematically marginalize such care-seekers mobilized by anti-immigrant, racist, xenophobic, and nationalist ideas. The study explores the main obstacles to access, including ineligibility, socioeconomic status, and psychosocial factors. To gain a comprehensive understanding of the issue, the study employs a combination of primary and secondary sources, including interviews with community leaders, organizations, undocumented immigrants, and social workers, to gain a personalized and nuanced perspective on the systemic barriers faced by this population. Conducting a meticulous analysis of Washington State's past and present healthcare access initiatives and successful practices implemented in other states, the study works to situate and interpret the broader contextual landscape. These analyses enable the creation of pathways to equitable solutions that address the root causes of exclusion that create obstacles to safe and equitable care. This study aims to comprehensively analyze the barriers to healthcare access for undocumented immigrants in Washington State and contribute to collective efforts to improve access and equity for this population. Specifically, the study aims to inform policy decision-making and healthcare delivery, promoting health equity and breaking the normalization of social and health inequalities. The conclusions of this study provide informed pathways to equitable solutions aimed at expanding healthcare to undocumented immigrants by addressing the systemic factors perpetuating exclusion and centering the voices of field leaders and those most affected.

Keywords: healthcare access, undocumented immigrants, Washington State, barriers, equitable care, safe care, marginalization, systemic barriers.

I. INTRODUCTION

Access to healthcare is a fundamental determinant of health and a critical factor in achieving health equity. However, undocumented immigrants in the United States face significant barriers to accessing healthcare services. These obstacles are often deeply entrenched in exclusionary federal and state legal frameworks that work to systematically marginalize care-seekers mobilized by anti-immigrant, racist, xenophobic, and nationalist ideas. Specifically, federal legislation such as the Responsibility and Work Opportunity Reconciliation Act, the Affordable

Care Act, and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 are notable examples of legal frameworks that have created foundational obstacles to healthcare access for undocumented immigrants. To comprehensively analyze the barriers to healthcare access for undocumented immigrants in Washington State, our research project seeks to identify and analyze these barriers, highlighting the critical role of addressing structural barriers and promoting equity in healthcare access. The study's primary objectives include providing informed pathways to equitable solutions aimed at expanding healthcare to undocumented immigrants, addressing the systemic factors perpetuating exclusion, and centering the voices of field leaders and those most affected. Ultimately, our research aims to contribute to collective efforts to improve access and equity for this population, informing policy decision-making and healthcare delivery and promoting health equity by breaking the normalization of social and health inequalities.

II. METHODS

To gain a comprehensive understanding of the barriers faced by undocumented immigrants in accessing healthcare, we employed a combination of primary and secondary research methods. Primary research involved conducting interviews with key stakeholders, including undocumented individuals, DACA recipients, community leaders, and organizations. These interviews were crucial in obtaining a personalized and nuanced perspective on the systemic barriers encountered by this population.

Additionally, secondary research played a significant role in our study. We conducted a meticulous analysis of Washington State's past and present healthcare access initiatives, examining relevant policies, programs, and their impact on healthcare accessibility for undocumented immigrants. This analysis helped us situate our findings within the broader contextual landscape, identify patterns, and understand the historical and current dynamics influencing healthcare access.

Through secondary research, we also explored successful practices and initiatives implemented in other states. By examining published literature, reports, and studies, we gained insights into innovative approaches that have addressed barriers to healthcare access for undocumented immigrants. This broader examination allowed us to identify potential solutions and best practices that could be applicable in Washington State.

The integration of primary and secondary research methods strengthened the credibility and comprehensiveness of our findings. While interviews provided firsthand accounts and personal experiences, secondary research allowed us to validate and enhance our understanding of the systemic factors contributing to healthcare barriers for undocumented immigrants.

By combining these research approaches, we were able to generate a robust analysis that encompassed both the lived experiences of undocumented individuals and the broader context in which healthcare access is shaped. This comprehensive approach enabled us to develop informed pathways to equitable solutions aimed at expanding healthcare support for undocumented immigrants, addressing the root causes of exclusion, and centering the voices of those most affected.

III. RESULTS: BARRIERS FACED BY UNDOCUMENTED CARE SEEKERS IN WASHINGTON

Ineligibility Barriers to Healthcare for Undocumented Immigrants

Access to public and private healthcare in the United States and Washington State is significantly limited for undocumented immigrants, with citizenship representing a primary barrier. In Washington state, the undocumented population is around 246,000 people, with the DACA population comprising around 14,600 (Migration Policy Institute). Nearly half of the undocumented immigrants in Washington State lack health insurance, primarily due to federal and state programs mandating a social security number as a prerequisite for enrollment in medical programs (Washington State Health Care Authority, 2018). For DACA recipients in Washington state, around half are insured through their employers (Northwest Health Law Advocates, 2017).

The expansion of the Affordable Care Act (ACA), a federal law, almost entirely ensured healthcare access for all Americans. However, another federal law, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), imposed stringent eligibility criteria for most federal public benefits, including Medicaid, with undocumented immigrants bearing the brunt of these restrictions (Johnsen 1997). PRWORA's underlying goal was to foster “self-sufficiency” to reduce the amount of public assistance given to the immigrant population. It replaced an entitlement-based system of welfare where individuals were entitled by law to receive healthcare, to a work-based one where individuals received healthcare through their employers rather than through the government. PRWORA mandates that many qualified immigrants wait five years before becoming eligible for Medicaid, a waiting period commonly referred to as the 5-year bar (Washington State Health Care Authority). The waiting period usually commences when the individual receives their qualifying immigration status rather than when they enter the United States.

Restrictions with Public Insurance

To analyze this exclusion, we have to first look at who is eligible. The federally mandated Medicaid program provides coverage to certain groups, including low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income

(Medicaid.gov). While states have the option to extend coverage to additional groups, such as children in foster care and those receiving home and community-based services, undocumented immigrants are excluded from all mandatory and optional eligibility groups. Additionally, the Affordable Care Act requires a Social Security Number (SSN) for healthcare services, which further restricts access for undocumented immigrants who do not possess an SSN. Due to this, undocumented immigrants are faced with considerable obstacles in obtaining healthcare services in the United States, as they are excluded from federal health insurance programs (Washington State Health Care Authority, 2021).

However, certain immigration statuses and employment authorizations may make individuals eligible for coverage. For instance, individuals who are:

- Legal Permanent Residents (LPR/green card holders)
- asylum seekers
- refugees
- Cuban/Haitian entrants
- conditional entrants
- Battered spouses, children, or parents
- Trafficking survivors and their family members
- Individuals granted withholding of deportation or removal
- Temporary Protected Status (TPS) recipients
- Lawful Temporary Residents
- Nonimmigrant status holders
- Administrative order stayers
- Members of federally recognized Indian tribes
- American Indians born in Canada
- Deferred Enforced Departure (DED) recipients
- Deferred Action Status
- Adjustment to LPR status
- Temporary Protected Status with employment authorization
- Special Immigrant Juvenile Status
- Victim of Trafficking visa, Asylum
- Withholding of Deportation or Removal under immigration laws of the Convention Against Torture (CAT)

In addition, employment authorization, in the form of a legal work permit, may make individuals eligible for coverage. (Washington Health Benefit Exchange). This includes:

- Registry Applicants
- Order of Supervision
- Applicant for Cancellation of Removal or Suspension of Deportation
- Applicant for Legalization under the Immigration Reform and Control Act (IRCA)

- Legalization under the Legal Immigration Family Equity Act (LIFE Act)

Under federal status, those under the Deferred Action for Childhood Arrivals (DACA) program are not eligible for federal coverage, but states may grant healthcare coverage to children under 19.

While PRWORA restricted a lot of federal public benefits for undocumented immigrants, certain types of programs are exempted as emergency programs, such as immunizations for immunizable diseases and testing and treatment for symptoms of communicable diseases. Furthermore, PRWORA states that “aliens,” including undocumented immigrants, are generally ineligible for federal public benefits.

While undocumented immigrants face significant challenges in accessing healthcare in the United States, public and safety-net hospitals, community health centers, and emergency room care remain viable options for low-cost care. However, federal public benefits are generally unavailable to undocumented immigrants due to their lack of legal status, as established by PRWORA.

Emergency-room care was made possible by the Emergency Medical Treatment and Active Labor Act (EMTALA), which requires emergency departments at hospitals participating in the Medicaid program to provide treatment to all patients, regardless of their immigration status (Hassan, Youssef & Kharal, 2021).

Community health centers and free clinics also provide low-cost care to undocumented immigrants; however, this care is often limited to preventive and primary care services, making it difficult for them to access specialty services when necessary. Public and safety-net hospitals, which are usually located in poor and underserved communities, serve large populations of racial and ethnic minorities and offer low-cost or free care to those who are unable to pay (Kaiser Family Foundation, 2021).

Undocumented immigrants in Washington state do not have access to health coverage through Washington Healthplanfinder. However, there are options available to them, such as the Alien Emergency Medical Programs, which provide limited scope coverage for emergency room care, inpatient admission, outpatient surgery, cancer treatment, dialysis treatment, and anti-rejection medication for organ transplants.

Children and pregnant individuals, regardless of their immigration status, may qualify for Washington Apple Health coverage. This includes full-scope coverage for Apple Health for Pregnant Women and Apple Health for Kids (up to age 18). Deferred Action Childhood Arrival (DACA) individuals who have been granted deferred action are also eligible for state-funded

healthcare coverage, including Apple Health for Kids, Apple Health for Pregnant Women, and Medical Care Services. However, they are not eligible for federally-funded Washington Apple Health (Washington State Health Care Authority, 2019).

In addition to these options, undocumented individuals in need of medical treatment may also apply for Charity Care at Washington hospitals (Washington State Hospital Association). Located in hospitals and hospital-owned clinics, Charity Care is available to anyone regardless of their immigration status. The eligibility criteria vary depending on the tier level of the hospital, with tier-one hospitals having more stringent requirements than tier-two hospitals. Sliding scale fees are also available to those who cannot afford medical care, and Community Health Centers and Free Clinics provide additional options for those with pending status.

There are several organizations dedicated to providing quality, comprehensive health services to diverse communities in Washington State (Yakima Valley Farm Workers Clinic). One such organization is Yakima Neighborhood Health, which offers medical, dental, behavioral health, and social services to thousands of residents across rural and urban areas in Central Washington State. Sea Mar Community Health Centers is another community-based organization that specializes in serving Latine communities in Washington State. However, it is dedicated to serving all individuals regardless of race, ethnicity, immigration status, gender, or sexual orientation. Yakima Valley Farm Workers Clinic provides a wide range of services, including medical, dental, vision, and pharmacy services to migrant and seasonal farm workers across 26 locations in various parts of Washington.

Restrictions with private insurance

In the United States, noncitizens, including undocumented individuals, are prohibited from purchasing health insurance coverage through health insurance exchanges (HIEs), even if they pay the full premium without financial assistance (Kaiser Family Foundation, 2021). HIEs enable consumers to shop for health insurance coverage, and individuals who purchase coverage through the exchanges may be eligible to receive financial assistance in the form of premium tax credits (PTCs) and cost-sharing reductions. However, the Affordable Care Act (ACA) prohibits noncitizens who are not legally present from obtaining exchange coverage, thereby rendering them ineligible for the PTC. Nonetheless, states can apply to the Centers for Medicare and Medicaid Services in HHS to waive certain exchange provisions, including the lawfully present provision, which enables residents to access exchange coverage irrespective of their immigration status.

Undocumented immigrants are also unlikely to have access to private insurance, as they tend to work in sectors with low employer-based coverage rates. Moreover, certain noncitizens may have limited access to employer-sponsored coverage, as they are overrepresented in low-skilled

occupations where subsidized health coverage is less likely to be offered. Furthermore, the cost of private, unsubsidized health insurance may be unaffordable due to low wages. This situation raises the question of the value of obtaining private insurance if subsidies are not available, as subsidies are defined as health coverage that is available at reduced or no cost for individuals with incomes below certain levels (Library of Congress Congressional Research Service, 2021).

Mixed-status families are families composed of individuals with and without documentation. These families may be able to obtain premium tax credits or lower out-of-pocket costs for private insurance. Specifically, when applying for health coverage, families are only required to disclose citizenship and immigration status information for family members who are seeking coverage and not for those who are not applying for coverage (Washington Health Benefit Exchange). Meaning that a documented family member may be able to apply for health coverage on behalf of an undocumented family member. In cases where a parent is applying for a child's coverage, for example, citizenship and immigration status information is not required for the parent. However, in certain circumstances where a family is seeking financial assistance for marketplace coverage, and the individual in question is the household tax filer, a Social Security Number must be provided (Kaiser Family Foundation, 2022).

While there are routes to healthcare access for undocumented immigrants in Washington state, these routes still contain many barriers and remain inaccessible to undocumented individuals. These barriers are intentional and are rooted in exclusion. While ineligibility lays the foundation for exactly what undocumented individuals may qualify for, socioeconomic and psychosocial barriers have also prevented undocumented individuals from accessing healthcare.

Socioeconomic Barriers to Healthcare for Undocumented Immigrants

The healthcare system is a highly complex system, which creates barriers for individuals to access. This is especially the case because it has not been equally helpful or supportive to all sorts of different communities, undocumented immigrants are one of them. For undocumented immigrants, socioeconomic status is one of the primary barriers that prevent them from seeking healthcare. An individual's income, native language, and even occupational status have, to a great extent, influenced whether they have been able to receive or qualify for quality healthcare. Migrating to a different country with little to no prior knowledge of the country's language and culture has contributed to the complications of being able to navigate the healthcare system in the United States and Washington State. This shift in language and culture often leads to undocumented immigrants occupying low-paying, labor-intensive occupations that put them in low or middle socioeconomic levels, which can affect their access to healthcare. The jobs in which undocumented immigrants work tend to have low employer-based coverage rates and are less likely to offer subsidized health coverage. Additionally, because of their low pay, they may have difficulty affording private, unsubsidized health insurance. As undocumented immigrants try to seek healthcare, they might discover that the majority of healthcare organizations are

English-speaking and may experience difficulty understanding the system. They might also find that the healthcare services are too expensive for them to afford. These different barriers only tend to complicate things more, which unfairly restricts the opportunity for undocumented immigrants to receive the proper health care they need.

Finances as a Barrier

Being financially unable to afford healthcare is a big issue for undocumented immigrants; it is one of the main leading causes for these individuals not seeking the proper care that they need. This is primarily due to the fact that they are unable to qualify for any health insurance, as stated by the 2020 Washington State Health Equity for Immigrants report; respondents indicated the lack of health insurance access, which was about 66.4% of respondents. With eligibility for health insurance being very narrow, income-based requirements make it even more difficult for undocumented immigrants to qualify for it. In Washington State, 56,000 undocumented immigrants are at or below the poverty level. Without being able to meet the required income threshold, it is challenging for them to be eligible for health insurance, making the process much more difficult for them.

The majority of undocumented immigrants also tend to work very low-wage jobs, which often lack the capability to offer these individuals any health insurance benefits (Armentia & Sarabia, 2020). The jobs might consist of farm and field work or restaurants that unfortunately fail to provide a good income for immigrants. During a survey, a variety of immigrants expressed their financial struggles by stating, “I don’t have the money to get insurance,” “I work with a contractor in the fields, and they don’t provide health insurance,” and “I don’t have a social security number to be able to buy health insurance! This is really frustrating for me!” (*Health Equity*, 2020). Not being able to qualify for health insurance or have good income jobs that could help them pay out of pocket puts these immigrants under a significant financial burden.

Not only is this a big problem for older undocumented immigrants, but younger adults that are part of the DACA program also tend to experience the same struggles. Although some younger adults are able to qualify for the Deferred Action for Childhood Arrivals program, they are still excluded from the Affordable Care Act’s Medicaid (Raymond-Flesch et al., 2014). In a study done by Raymond-Flesch, nine focus groups were conducted who were part of the DACA program. The majority of frustration for DACA or undocumented individuals tends to be in regard to the cost of healthcare and the large healthcare bills that come after seeking medical care. Several groups communicated how they worried about the large bills they would receive after seeking medical care. Acquiring debt was also a large worry for a lot of undocumented immigrants, leading to a reduction in legal immigration opportunities (Raymond-Flesch et al., 2014).

Legal Immigration can be costly when paying fees for government filings, immigration lawyers, etc. The cost of healthcare can result in immigrants not being able to afford opportunities for legal immigration. Many have also resorted to prioritizing their day-to-day needs, such as paying for food, rent, and other living expenses, over going to the doctor. An agricultural worker we interviewed communicated being in this same situation by saying “Yes, I have had to make difficult decisions between seeking healthcare and paying for other essential expenses. For example, if I have a medical issue that needs attention, I may have to choose between paying for transportation to the doctor’s office or buying food for my family.” Not having a job that offers any healthcare benefits or that pays enough to afford it, has made it hard for him to prioritize both his health needs and personal needs; leading him with no other choice than to choose one thing over the other. In the long run, the lack of regularly seeking care from a healthcare provider could potentially put their health at risk by having health complications in the future.

Language as a Barrier

Access to healthcare among undocumented immigrants who lack proficiency in the English language presents significant challenges, such as communication errors and difficulty being understood. Language is a barrier that often prevents undocumented immigrants from accessing healthcare services, especially if healthcare providers only communicate in English and lack competent translation services. Furthermore, limited English proficiency status is linked to adverse health outcomes due to the resulting barrier to access. In a survey, respondents were asked to identify barriers to healthcare access, and language barriers, specifically the "inability to find a provider who speaks their language," was reported by 2.2% of the participants (*Health Equity*, 2020). Although language barriers are not the most significant impediment that undocumented immigrants face in accessing healthcare, it remains a contributing factor.

Another study also provides evidence that non-English-speaking individuals experience greater difficulty accessing healthcare, citing "language barriers associated with various aspects of accessing health care, including setting up of appointments on the phone, interacting with providers during visits, discharge planning, and follow-up" (Garcia & Duckett, 2009). Negative experiences when interacting with healthcare professionals were frequently reported by study participants, primarily due to language difficulties and confusion over the paperwork process. In one instance from this study, a participant recounted their father's difficulty understanding a doctor, leading to the doctor's frustration and inability to communicate effectively, ultimately suggesting that they seek assistance elsewhere. In an interview we conducted with an agricultural worker, they also expressed similar feelings by stating “Yes, I have had difficulty communicating important medical information to healthcare providers due to language barriers. I do not speak English, so it can be hard for me to explain my symptoms or understand what the doctor is saying.” As it can be seen, the lack of resources in Spanish and healthcare workers has

negatively affected these individuals, making it difficult for them to attain any good service from the healthcare system.

Completing the requisite paperwork during a healthcare visit is another significant challenge faced by non-English-speaking individuals, as the paperwork may not be available in their language, and the terminology used may be confusing to individuals with a basic understanding of English. Moreover, they may not be proficient even when translation services are available. The Language Access Planning Tool from the Washington State Department of Health asserts that while automated and machine translation technology is improving for more common languages, it does not guarantee quality or accuracy. The use of machine translation can lead to mistranslations, which could result in negative consequences for the health and safety of patients, including incorrect and possibly harmful treatment due to a misunderstanding as a result of the language differences. When using nonprofessional interpreters, such as family, other problems arise, such as a limited scope of inquiry due to embarrassment, misunderstandings, personal agendas, and no guarantee of confidentiality (Juckett & Unger, 2014). With many healthcare facilities not offering competent translation services or professional interpreters, there is a detrimental effect on the health of undocumented immigrants.

Lack of Understanding of the Healthcare System

As for undocumented immigrants, it can feel intimidating to go to the clinics or hospitals, knowing that it would get complicated to understand what they are being told or to fill out the complex paperwork. The healthcare system and the different sectors that make up the system have not been good at representing inclusion, which has caused it to be an environment that does not benefit everyone equally. This has made it very difficult for immigrants and especially those that are undocumented, to feel comfortable going and asking for help or resources they might need.

Respondents in a survey revealed their frustration stating, “I don’t have enough information, I don’t know if I have options” (*Health Equity*, 2020). In another survey, an additional individual also stated, “I guess my parents don’t understand the system as well... [That] affected me because I don’t understand it, and there was nobody to teach me” (Raymond-Flesch et al., 2014). The minimal knowledge of the healthcare system for undocumented immigrants can pose significant challenges, such as the lack of knowledge of their rights and the programs available to them and misunderstandings around prescriptions, which could lead to a misunderstanding of the type of medications that are needed. During an interview that we held with an undergraduate student at the University of Washington who is part of the DACA program, she managed to express similar feelings by stating, “Yes, I have been in situations where I needed to access healthcare but did not know what resources were available or what to do. This has led to delays in treatment and worsened health conditions.” This student clearly conveys how her minimal

knowledge of the healthcare system has led to worse consequences, which is not getting any treatment during the time needed and causing her health conditions to affect her more negatively.

Even immigrants that have been able to obtain health insurance still expressed their frustration at their lack of understanding due to difficulty interpreting what their health insurance covers (Raymond-Flesch et al., 2014). Because of their past experiences, it may still remain difficult to understand how to navigate the healthcare system and how to utilize the resources offered to them. Such limited access to healthcare information and low levels of health literacy has led to a big crisis of information for these immigrants. Undocumented immigrants with limited health literacy have difficulty trying to “critically source and assess online health information” (Baquero Barbara et al., 2020), which is even more difficult for those where reliable information is not available in their native language.

Opportunities and Privileges Afforded to Different Members of Society

Certain members of society are often given privileges and opportunities that remain unavailable to undocumented immigrants because of their lack of citizenship and socioeconomic status. Making an appointment with a healthcare provider can even pose a challenge to undocumented immigrants as a result of this lack of privilege they experience. Receptionists and other staff tasked with facilitating healthcare services serve as gatekeepers, which allows them to potentially exclude immigrants from rights and entitlements afforded to other members of society (Armenta & Sarabia, 2020). As a consequence of such exclusion, immigrants are deprived of numerous opportunities within healthcare systems.

There have been instances where undocumented individuals have encountered experiences where healthcare personnel would not engage with them due to their lack of health insurance. A respondent from a survey provided one such instance where they became frustrated after personnel would not engage with them due to their lack of health insurance. Similarly, while we interviewed an undergraduate student at the University of Washington part of the DACA program, she said “I have felt excluded and less privileged when trying to seek healthcare. Many healthcare providers do not understand the unique challenges faced by undocumented immigrants, and this can lead to discrimination and neglect. I have also faced barriers related to my race, language, and socioeconomic status.” Evidently, this shows the feelings of neglect that this individual has experienced in the healthcare system, all due to healthcare staff not taking her situation into consideration. Not having healthcare insurance can lead to these situations, so most consequently, immigrants without insurance face significant obstacles in accessing healthcare services due to the inability to be seen by healthcare professionals when they do not have insurance.

Finally, the immigration status of undocumented immigrants results in fewer employment opportunities due to many employers requiring legal documentation, such as a social security number, in order to confirm their eligibility to work in the United States. The associated reduction of employment opportunities for undocumented immigrants results in the proliferation of low-wage jobs with fewer benefits, such as not obtaining health insurance through their employer, thus exacerbating the financial burden of healthcare services for undocumented immigrants.

Psychosocial Barriers to Healthcare for Undocumented Immigrants

Psychosocial barriers pertain to the way individuals have been socialized to perceive themselves as unable to access health care. They face the threat of deportation at any given moment, and life is dictated by discriminatory legislation and rhetoric. Undocumented immigrants have been historically underserved and excluded from healthcare. They have been positioned at the bottom of the social hierarchy for healthcare access based solely on their citizenship status. The fear-mongering and disregard for the humanity of undocumented individuals fuel feelings of fear and unworthiness, leading to the internalization of such feelings. These psychosocial factors influence their daily lives and have manifested in their ability to access health care services. These barriers include distrust of government, fear of deportation, and the propensity to internalize symbolic violence and pain.

Distrust & Dissatisfaction in Government

The United States government, specifically the Washington State government, creates systemic barriers like expensive healthcare treatments, strict insurance policies, or inadequate treatment leaving patients unsatisfied, which restricts undocumented immigrants' right to equitable, safe, affordable, and satisfying healthcare. Distrust in government intensifies the barrier to healthcare by instilling fear of who has access to personal information, complex language barrier and unaffordable health insurance policies. Washington State's anti-immigrant rhetoric creates an environment in which undocumented immigrants are seen as a "burden" for asking for public assistance. Most recently, former president Donald Trump made it a cornerstone of his campaign to deport "illegal" immigrants from Latin America (Rodriguez et al, 2019). Trump, during his campaign and presidency, illustrated his intention by making statements about building walls, deportation and denying undocumented immigrants healthcare services. The rhetoric he used appealed to anti-immigrant conservatives and catalyzed his mission whilst simultaneously villainizing undocumented immigrants. This burden is further exacerbated by public charge.

Public Charge is the weaponization, particularly towards immigrants, of the usage of public supplemental programs like food stamps, Section 8 housing, Medicaid, etc., which deters immigrants from potentially seeking residency and future citizenship since they are viewed as a "burden" by the government. With this in mind, all of this ultimately perpetuates the cycle of

oppression that exists in the healthcare system, making it increasingly difficult for immigrants to trust their own bodies when their focus lies in their worry of becoming a public charge. Staying cautious of their dependency outweighs the intensity of their pain when they're concentrated on a path toward citizenship.

Immigrants understand the importance of taking care of themselves but don't seek out care from medical professionals because of the feeling of being 'trapped' by their inability to access government services (Vernice, 2020). This introduces one of the threats of public charge. Due to the concept of public charge, it creates another obstacle for immigrants to navigate. The decision of seeking affordable healthcare leaves families conflicted if it would be worth potentially being seen as a "dependent". In an interview with a university student who is on DACA, as well as in a mixed status family, describes how the factors of environment, demographics and status dictate pursuing healthcare by saying, "Not me because I have DACA, I feel in a way that protects me but I know if it was my mom here in the city she wouldn't seek services."

Our student describes that in their rural hometown the culture is much different than in Seattle. In rural areas of Washington, the racial/ethnic demographics differ from those in King County with counties like Grant, Yakima, Adams, etc (America Counts, 2021) housing majority Hispanic/Latino communities. The demographics of rural areas, which consists of in Washington, create a sense of confidence for undocumented immigrants to seek healthcare services despite the number of ICE arrests per capita being higher in rural counties in Washington state (Center for Human Rights, 2017). In Seattle, which is in King County, ICE arrests must be carried out with a judicial warrant and a probable cause. Despite King County claiming these requirements to be "immigrant-friendly" the probable causes for ICE arrests end up being minor offenses and offer no public safety benefit ultimately apprehending many more immigrants in the community than any other county. (Center for Human Rights, 2017).

Along with that, seeking medicine also incites another fear of discrimination which exacerbates negative impacts on mental and physical health ultimately contributing to patients delaying medical care (Stutz et al., 2019). Illness cognition, or the mental processing of illness and seeking resources. If an undocumented immigrant already has a negative outlook on healthcare based on prior responses to their illnesses, the less likely they are to seek out services. (Cha et al., 2002). Although fear increases the distrust in seeking medical assistance, issues around whether a doctor will even believe them comes into question. They explained this by saying, "When I moved to Kennewick, WA I would go less (to the doctor) because they were not as kind. The doctor wouldn't get what I'm saying. They would just say, 'oh you're just fat.'" This is an example of the futility undocumented immigrants could see in their healthcare not only exacerbating the negative status of their health, but also their negative relationship with healthcare.

With inadequate care and the fear of public charge, it is clearly evident that the healthcare system weaponizes appearances, finances and overall backgrounds of undocumented immigrants. Distrust and dissatisfaction in government among undocumented immigrants is an immense barrier that exacerbates illness leaving them with the inability to seek satisfying healthcare. Alongside that the harmful rhetoric that has been present from Donald Trump inciting an emotional reaction from his supporters to further criminalize immigrants while diminishing their resources as a whole. It is evident that these aspects of healthcare create gaps in who the healthcare system is ultimately supporting.

Fear of Deportation

Fear of deportation has caused undocumented individuals to avoid healthcare services due to the fear of being discovered by authorities and facing deportation. Healthcare providers may be required to share patient information with immigration authorities, which can put undocumented individuals at risk. The fear of being deported is pervasive for many undocumented individuals, it is the fear of being forcibly removed from a location with family and work. This fear can significantly impact the mental and physical health of these individuals and their family members. Many undocumented individuals have been detained while enroute to a hospital or leaving a clinic, with some even questioned on the bedside of their sick child. One instance of parents waiting for their infant to undergo a serious operation resulted in an encounter with Border Patrol (Burnett, 2019). The operation required the parents to travel through a Border Patrol checkpoint, placing them in danger and ultimately leading to their arrest. While experiences like this one are rare, they contribute to a culture of fear that prevents undocumented immigrants from accessing healthcare services due to the possibility of deportation. Undocumented individuals often share their experiences with each other, including stories of individuals who have been deported or have had negative encounters with immigration authorities.

Several hospitals and clinics have protocols to guide responses to ICE, even with protocols doctors cannot protect their patients to a full extent if ICE has a court order to detain an immigrant (La Charite et al., (2021). You can be protected while being treated in a hospital or clinic, however waiting rooms and lobby areas in health center facilities are open to the public and may have less protection under the fourth amendment. April Dembosky (2018) observed that doctors have been concerned about their undocumented patients because many have been skipping appointments due to fear of getting deported while in the hospital. Hospitals were considered safe zones until the Trump presidency began in 2016. The Trump administration had gone through extreme measures to illegally detain undocumented immigrants regardless of whether they were in safe zones (Stutz et al., 2019). Stutz et al. discussed the health consequences of a culture of fear within undocumented immigrant communities; the ever-changing laws surrounding immigration have also exacerbated fear among immigrants, who

may remain traumatized by past raids. Even under a Democratic administration that generally offers more leniency they are still afraid.

There have been allegations of human rights abuses committed by ICE, these actions have led undocumented immigrants to perceive themselves as criminals by the United States government. A 10 year old girl with cerebral palsy was treated this way when she was detained after a hospital visit by ICE and sent to a facility for migrant children. (Parker, 2017) Undocumented individuals' experiences of being detained while seeking healthcare have created a fear among others that the same may happen to them if they seek medical services. This does not only impact the undocumented individuals but also their family, especially if they are in a mixed status family. The policies that target immigrants also impact the health of US citizens that are in mixed-status families because parents still resist getting access to health care for their children due to the internal fear of being deported while trying to access healthcare. The risk of deportation at the local level leads to a chilling effect, which results in a reduction in the use of Medicaid and WIC among US-born members of such families.

A federal law known as Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates that the U.S. Department of Health and Human Services creates regulations to safeguard the security and privacy of patient health information. But HIPAA does not fully protect undocumented individuals from deportation or having their medical documents disclosed to immigration and customs enforcement. A newspaper article in North Carolina reported that an employee with expired legal immigration status was prosecuted using their medical records, which quickly spread in the immigrant communities. This led to a decrease in the use of public services and applications for public assistance by immigrants because of this fear of deportation, according to Collins (2008). Medical professionals have the discretion to disclose someone's status in "good faith" if they believe someone is violating the law. This can largely be based on implicit bias and whether a medical professional believes that the presence of an undocumented individual is a crime.

Internalizing Symbolic Violence and Pain

Washington State has not granted undocumented immigrants the privilege of accessible healthcare due to the existing limited access to both public and private healthcare services. The state of Washington has ensured that they remain ineligible for public services and that they are not afforded the same opportunities for employment as other members of society. This kind of treatment at the local, state, and federal level has created and maintained society's perception that undocumented immigrants are not among those who deserve the ability to access healthcare services. Undocumented immigrants have found themselves placed at the bottom of a hierarchy that has influenced perceptions by service providers and society about what type of care they deserve (Bourgois et al., 2017). This has consequently given undocumented immigrants a status

of inferiority, such that society has deemed it true by not moving towards creating an equitable and accessible path to healthcare access.

When their channels to healthcare access are systemically obstructed, it becomes natural for undocumented immigrants to refrain from seeking access. Once this becomes habitual, undocumented immigrants internalize the idea that their pain is not worthy of accessing healthcare, and resort to tolerating their pain without remedy. This is the process of symbolic violence wherein societal asymmetries become naturalized and then internalized within the individual (Holmes, 2013). This constant exposure to the perception that they are inferior reproduces the perception within themselves, creating a perpetual cycle that reinforces this idea at both the societal and intrapersonal level. Undocumented immigrants in Washington State have no choice other than to occupy the space society has created for them. Because they are afforded less opportunities than those with legal status, it has long been society's perception that there is no place for undocumented immigrants other than in low-wage jobs that do not warrant their respect. This perception that undocumented immigrants are inferior to the rest of society exists as well in the realm of healthcare access. As healthcare access is extremely limited in the state of Washington, undocumented immigrants learn to naturalize the idea that they are not worthy of receiving such care. Understanding themselves to be undeserving of healthcare creates a barrier for undocumented immigrants that results in the internalization of symbolic violence and pain, which deters them from accessing the few healthcare services that are available to them.

These feelings of internalized pain and undeservingness are amplified especially for undocumented university students. The suffering that comes from tolerating internalized pain is compounded by the various stressors that are typical for university students. These students are aware that they are considered inferior to the rest of society, they face the risk of deportation, and they are offered fewer opportunities than their peers. The symbolic violence derived from being undocumented is internalized, contributing to additional stress and pain for these students. Undocumented students acknowledge that they experience poor mental health, but they typically do not seek out or access healthcare services that could alleviate their stress (Cha et al., 2019). They would rather continue to experience high levels of stress and mental strain as they feel there is no reason to seek services. An undocumented university student we interviewed told us:

I never go [to the doctor]. I would have to be really bad to go. Even when we (her family) got COVID last January we didn't go. My health is not good right now. Nothing is the way it should be right now. So *me lo trago* (I suck it up) and whatever.

This student displays awareness of her pain, noting that her health is not in the state it should be, yet she would rather continue to tolerate her pain than seek healthcare services. As a child in Washington State, she was eligible for health insurance, but she discussed that her family would rarely utilize it. This, attributed to the fact that her mother did not have access to healthcare even in their country of origin, El Salvador, is the "tough it out mentality," as described by our interviewee, that is seen so often in undocumented immigrants in Washington State. Lifetime and

intergenerational exclusion from access to healthcare services serves only to convince the undocumented individual that healthcare services are not intended for them.

This “tough it out mentality” is not exclusive to undocumented students. The mindset that one must withstand and tolerate their pain is a regular occurrence among undocumented immigrants who have been conditioned to believe their pain will never be sufficient to receive and access healthcare services. This pain becomes normal for the undocumented immigrant as they accept that there is no world where it will be relieved. A migrant farm worker working in Washington State said, “Well, it all hurts, but that’s just the way it is,” when asked if they were okay by the medical director of their clinic (Holmes, 2013). It is evident that their pain has become normalized to the point that there is no purpose in questioning it.

The undocumented immigrant faces a significant barrier in their utilization of healthcare services as they internalize the belief that their pain is not sufficient to seek such services. As victims of symbolic violence, the pain and suffering of undocumented immigrants becomes a certainty, creating a cycle of enduring pain and violence, for there is no doubt in their mind that their tolerance of pain is normal or natural. Prolonged neglect of one’s health can only worsen it as time goes on without treatment or cure. The undocumented immigrant will continue to believe they are undeserving of healthcare and will continue to tolerate their pain as long as society continues to deem them as undeserving by not creating equitable access to healthcare.

IV. PATHWAYS TO EQUITABLE SOLUTIONS FOR WASHINGTON STATE

Washington State has pursued initiatives to expand healthcare access for undocumented immigrants, such as the proposed House Bill 1191. While the bill failed to pass, it sparked a broader conversation. The state has sought alternative pathways, including applying for a State Innovation Waiver to temporarily lift restrictions on healthcare coverage through the Washington Health Benefit Exchange. California has expanded state-funded Medi-Cal, while Oregon has implemented the Oregon Health Plan (OHP) Plus and the Cover All People (CAP) program. Recommendations include creating parity in publicly-funded health coverage, engaging with immigrant-led organizations, providing education and outreach, and addressing occupational equity. Pathways for Washington State involve expanding Medicaid eligibility, providing financial assistance, implementing language access programs, and increasing outreach efforts to promote health equity and comprehensive healthcare resources for undocumented immigrants.

Past and Present Washington State Initiatives

Washington State HB 1191, titled "Ensuring equity in health coverage," aimed to improve healthcare access for immigrants in the state. The bill directed the Washington State Health Care Authority (HCA) to extend Apple Health coverage, a health insurance program, to all individuals aged 19 or older, regardless of immigration status. To be eligible, individuals needed to have an

income at or below 133% of the federal poverty level, be non-incarcerated, and not qualify for categorically needy medical assistance (Health Impact, 2021).

The bill specified that the healthcare services provided under this coverage should be the same as those provided to individuals under categorically needy medical assistance. It required the HCA to ensure a seamless transition for individuals aging out of children's health coverage and to streamline application and renewal processes to maximize enrollment of eligible individuals.

Additionally, the bill mandated that the HCA collaborate with the Washington Health Benefit Exchange (HBE) to develop a transition plan for individuals with incomes below 138% of the federal poverty level. It also called for the establishment of an education and outreach campaign by the HCA, HBE, and community organizations to facilitate program participation. An advisory committee was to be appointed to assist in the development, implementation, and operation of the state-only funded Apple Health plan (Health Impact, 2021).

Lastly, the bill required the HCA and HBE to submit annual reports to the Legislature and the Office of Financial Management to track the implementation of the program and outreach efforts.

Passing this bill would have expanded healthcare coverage to undocumented immigrants and other individuals who did not qualify for federal assistance. It aimed to ensure equitable access to healthcare services and improve the overall health outcomes of the immigrant community in Washington State.

The failure to pass Washington State HB 1191, "Ensuring equity in health coverage," has significant implications for the immigrant community in Washington State, particularly those who lack access to healthcare due to their undocumented status or ineligibility for federal assistance. The bill's objective was to expand healthcare coverage by extending Apple Health, a state-funded program, to all individuals aged 19 or older, irrespective of their immigration status, as long as their countable income fell below 133% of the federal poverty level and they were not incarcerated or eligible for categorically needy medical assistance.

By not passing the bill, the intended expansion of healthcare coverage to undocumented immigrants and other individuals without access to federal assistance remains unrealized. Consequently, the immigrant community in Washington State continues to encounter significant obstacles when attempting to access necessary healthcare services. Limited healthcare coverage hampers their ability to receive timely and appropriate medical attention, preventive care, and ongoing treatment for chronic conditions. This, in turn, can exacerbate health disparities, contribute to poorer health outcomes, and perpetuate existing inequities.

The absence of this legislation brings attention to the persisting challenges and inherent limitations faced in providing equitable healthcare to all individuals, irrespective of their immigration status. The immigrant community, which constitutes a significant and diverse population in Washington State, remains disproportionately affected by the lack of accessible and affordable healthcare options. The denial of comprehensive health coverage perpetuates a system where vulnerable individuals and families are left grappling with the complexities of navigating a fragmented and inadequate healthcare landscape.

Moreover, the failure to pass HB 1191 also reflects the broader socio political context surrounding immigration policy and its impact on public health initiatives. The discourse surrounding immigration and healthcare often intertwines complex political, economic, and social considerations. While advocates argue for inclusive healthcare policies that prioritize the well-being of all residents, regardless of their immigration status, opponents often raise concerns about the allocation of resources and potential strain on existing systems.

Current work towards increasing the scope of healthcare service and insurance for undocumented individuals within the state of Washington is largely spearheaded by cultural and social organizations like El Centro de la Raza and Washington Immigrant Solidarity Network. State action that moves in tandem with political sentiment is slower, yet has led to the application of a [State Innovation Waiver](#), authorized in Section 1332 of the Affordable Care Act, that had been submitted May 2022. 1332 Waivers grant states the opportunity to explore “innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.”* Washington’s innovation strategy involves the expansion of the domestic state insurance market, the Washington Health Benefit Exchange. * Currently, 2 million Washingtonians receive coverage through the exchange, yet undocumented individuals (with the exception of pregnancy and children) are not permitted to purchase healthcare coverage through it. This restriction from the ACA (e Section 1312(f)(3)) would be temporarily lifted through the waiver and would additionally allow ineligible low income individuals to access the premium assistance program, Cascade Care Savings. * Estimates on how much this would cost have ranged from 5 million to 1 billion. The waiver was approved in 2022 by the Biden Administration and will be in effect from January 2024 to December of 2028, a total of four years. Overall, the waiver is a step towards the state goal of extending government health care to those who seek it, yet has been contested for “weakening” the system.

Successful practices implemented in other states

California

The waiver strategy, while important in pursuing a larger vision of expanded care, has not been the only way that states have come to fulfill their goals. Public healthcare is operated under the Affordable Care Act, a piece of legislation that was already so controversial in its existence that it is filled with necessary compromises. One of which was the original exclusion of

undocumented people. States have consequently been limited in their ability to expand and extend the coverage of affordable care since they cannot utilize federal funds for the purpose of undocumented care. Since 2016, the State of California has been moving towards Governor Newsom's "universal access to coverage" goal in phases by expanding *state-funded* Medi-Cal to undocumented populations. ^{*} First, in 2016, for those under 19 years old, then in 2020, Medi-Cal was expanded to cover those 19-25. The most recent proposal will cover those from 26-49 years of age, beginning in 2024. The state's approach doesn't come into conflict with federal restrictions due to Medi-Cal being state-funded. It is comprehensive in providing healthcare services, including health, mental health, and substance use disorder services, as well as vision and dental care, and services provided in home and community settings, with little to no cost.

Oregon

In recent years, there has been a growing recognition of the need to address healthcare access barriers for undocumented immigrants in the United States. Oregon has been at the forefront of efforts to expand healthcare access for this population through various initiatives.

One of the key initiatives aimed at expanding healthcare access for undocumented immigrants in Oregon is the Oregon Health Plan (OHP) Plus. The OHP Plus is a state-funded program that provides healthcare coverage to all Oregonians, including undocumented immigrants, regardless of their immigration status (Oregon Health Authority [OHA], 2021). This program covers a broad range of services, including primary care, preventative care, and emergency services. The program has played a critical role in ensuring that undocumented immigrants in Oregon have access to affordable healthcare services, reducing the reliance on costly emergency department visits (Oregon Health Plan).

In addition to the OHP Plus, Oregon has implemented the Cover All People (CAP) program, which provides healthcare coverage to low-income individuals, including undocumented immigrants (OHA, n.d.-a). This program is funded by the state and covers a range of services, including primary care, preventative care, and emergency services. The program is designed to ensure that low-income individuals, including undocumented immigrants, have access to the healthcare services they need to maintain their health and well-being (Quiroz, 2021).

What do changemakers and community leaders think?

Reports conducted in Washington State emphasize the need to pursue equity in health coverage and facilitate trusted healthcare options for immigrants (*Health Equity*, 2020). One of the key recommendations in this regard is to create parity in publicly-funded health coverage programs for all Washington state residents without regard to immigration status. This recommendation aims to address the current inequity in healthcare coverage faced by undocumented immigrants who are not eligible for Medicaid due to their immigration status. By expanding access to

healthcare coverage for all state residents, regardless of their immigration status, this policy recommendation seeks to promote health equity and reduce health disparities.

Another important recommendation made in the report is to facilitate trusted healthcare options for immigrants by engaging with immigrant-led and immigrant-serving organizations and community members. This approach recognizes the importance of community engagement and partnership in promoting access to healthcare services for undocumented immigrants. The report also emphasizes the need to provide funding for geographically, linguistically, and culturally accessible care, which can help to increase the accessibility and quality of healthcare services for immigrant communities.

The report further recommends facilitating education and outreach about existing health coverage programs and public charges. This recommendation seeks to address the lack of awareness and information about healthcare services among undocumented immigrants, which can be a significant barrier to accessing care. By providing information and education about available healthcare services, COVID-19 vaccines, and public charges, this policy recommendation can increase awareness and trust in the healthcare system among immigrant communities.

Finally, in addition to addressing healthcare access equity, the report also makes recommendations for occupational equity. One of the key recommendations in this regard is to provide a robust unemployment benefits package that is accessible to all low-income individuals in Washington state without regard to immigration status. This policy recommendation aims to address the economic insecurity faced by undocumented immigrants, which can be a significant barrier to accessing healthcare services.

Pathways forward

Undocumented immigrants in Washington State face significant challenges in accessing healthcare services due to several barriers such as ineligibility, socioeconomic status, and psychosocial factors. These barriers are compounded by federal and state legal frameworks that systematically marginalize care-seekers mobilized by anti-immigrant, racist, xenophobic, and nationalist ideas. To address these barriers and promote health equity, several pathways to equitable and comprehensive healthcare resources can be implemented.

One of the most effective ways to increase healthcare access for undocumented immigrants in Washington State is to expand Medicaid eligibility. Currently, undocumented immigrants are not eligible for Medicaid, which creates a significant barrier to healthcare access. By expanding Medicaid eligibility to this population, more undocumented immigrants can access affordable healthcare services. This approach has been successfully implemented in California, where undocumented immigrants can access full-scope Medicaid benefits through the state-funded

program, Medi-Cal. By expanding Medicaid eligibility, Washington State can increase access to preventive care, chronic disease management, and behavioral health services for undocumented immigrants.

Another pathway to equitable and comprehensive healthcare resources for undocumented immigrants in Washington State is to provide financial assistance. The state can provide subsidies or tax credits to help make healthcare more affordable for this population. This approach has been implemented in Massachusetts through the state-funded program, Health Safety Net, which provides free or low-cost care to uninsured individuals with low income. By providing financial assistance, Washington State can help alleviate some of the financial burdens associated with healthcare services, thereby improving healthcare access for undocumented immigrants.

Language barriers can also be a significant barrier to healthcare access for undocumented immigrants in Washington State. To address this, healthcare providers can implement language access programs that provide interpretation and translation services to patients who do not speak English. This approach has been successfully implemented in California through the state-funded program, Health Care Interpreter Network, which provides interpretation and translation services to Medi-Cal beneficiaries. By implementing language access programs, healthcare providers in Washington State can ensure that undocumented immigrants receive quality healthcare services in their preferred language, thereby reducing communication barriers that may limit healthcare access.

Finally, healthcare providers can increase outreach efforts to undocumented immigrants in Washington State to inform them of available healthcare resources. This can include partnering with community organizations and faith-based groups to provide information and resources to undocumented immigrants. Healthcare providers can also leverage social media platforms and community events to reach out to this population. By increasing outreach efforts, healthcare providers in Washington State can help ensure that undocumented immigrants are aware of the healthcare resources available to them and how to access them.

In conclusion, promoting health equity and improving healthcare access for undocumented immigrants in Washington State requires a multifaceted approach. By expanding Medicaid eligibility, providing financial assistance, implementing language access programs, and increasing outreach efforts, Washington State can help address the systemic factors perpetuating exclusion and center the voices of field leaders and those most affected. These pathways to equitable and comprehensive healthcare resources can inform policy decision-making and healthcare delivery, promoting health equity and breaking the normalization of social and health inequalities.

VI. IMPLICATIONS FOR MEDICINE AND BEYOND

This research project has significant implications for medicine and beyond, particularly in the context of healthcare access for undocumented immigrants in Washington State. By identifying intentional barriers that compromise equitable and safe care, the study highlights the urgent need to address systemic factors that perpetuate exclusion. The findings reveal how federal and state legal frameworks contribute to the systematic marginalization of undocumented immigrants, driven by anti-immigrant, racist, xenophobic, and nationalist ideologies.

Understanding the main obstacles to access, including ineligibility, socioeconomic status, and psychosocial factors, is crucial for developing effective solutions. By employing a comprehensive approach that combines primary and secondary sources, including interviews with community leaders, organizations, undocumented immigrants, and social workers, the study offers a personalized and nuanced perspective on the systemic barriers faced by this vulnerable population.

Moreover, the meticulous analysis of past and present healthcare access initiatives in Washington State, as well as successful practices implemented in other states, helps situate the research within a broader contextual landscape. This analysis provides valuable insights for policymakers and healthcare practitioners to inform decision-making and improve healthcare delivery. By promoting health equity and challenging the normalization of social and health inequalities, the study aims to contribute to collective efforts in expanding access and equity for undocumented immigrants.

The conclusions drawn from this study offer informed pathways to equitable solutions. By addressing the root causes of exclusion and centering the voices of field leaders and those most affected, the study aims to break down systemic barriers and expand healthcare access for undocumented immigrants. These findings have implications that extend beyond medicine, advocating for social justice, equality, and inclusivity in our healthcare systems and society as a whole.

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