

**SAFEGUARD AND EXPAND THE  
RIGHTS OF IMMIGRANTS TO  
REPRODUCTIVE HEALTH CARE**





## SAFEGUARD AND EXPAND THE RIGHTS OF IMMIGRANTS TO REPRODUCTIVE HEALTH CARE

For centuries, new immigrants have shaped and developed the urban communities of the United States. Immigrant families are vital players in local economies and contribute to the diverse fabric of society. Unfortunately, too often immigrants, especially undocumented immigrants, are marginalized and lack access to basic health care services. This lack of access can often be bolstered by fear of utilizing public services, fear that is often shaped by the attitudes and policies of local law enforcement. The challenges to accessing reproductive health information and services, combined with disproportionately high rates of poverty, lead to poorer reproductive health outcomes for many immigrant women. Although federal law governs immigration policy at a macro level, localities have an important responsibility to reduce the barriers to accessing care and the reproductive health disparities experienced by many immigrant women living in urban communities.

### URBAN AREAS ARE HOME TO MANY IMMIGRANT FAMILIES

Urban areas are home to the majority of all immigrants living in the United States.<sup>1</sup> More than 50% of foreign-born residents are concentrated in ten major U.S. metropolitan areas: New York, Los Angeles, Miami, Chicago, San Francisco, Houston, Dallas-Fort Worth, Washington, D.C., Riverside-San Bernardino, and Phoenix.<sup>2</sup> Since the 1980s, however, immigrants have started to move away from the

city centers to the metropolitan suburbs. By 2007, a majority of foreign-born U.S. residents resided in large metropolitan suburbs. As such, metropolitan areas and surrounding suburbs play an increasingly critical role in providing health care services that meet the needs of a diverse and often-marginalized population.<sup>3</sup>

### BARRIERS TO ACCESS AMONG IMMIGRANT WOMEN

Immigrant women face a range of access barriers when seeking reproductive health care services, the most compelling being language and cultural barriers. Differences in language and culture between an immigrant patient and a provider can breed miscommunication, mistrust, and, at worst, misdiagnosis. Language barriers can also lead to delay or denial of needed services and provision of lower-quality services.<sup>4</sup> Although every urban public hospital or clinic receiving federal funds, especially those with a high foreign-born patient volume, is required under federal law to provide adequate translation services,<sup>5</sup> too often notices, forms, and services are inadequately translated. For example, it was recently reported that a non-English-speaking woman was wrongfully sterilized following labor and delivery in a major New York City hospital for lack of available translated consent forms and interpreters.<sup>6</sup> More common is the breach of confidentiality associated with the use of children as translators for non-English- and limited-English-speaking female patients, even in the context of obstetric/gynecological visits.

Another challenge stems from the scarcity of providers representing the diverse cultural spectrum of patients visiting health care providers in urban centers. Studies indicate that trust and communication between providers and patients are strengthened when they share cultural backgrounds.<sup>7</sup> Culturally competent care is especially important in the context of reproductive health care, as it may help to break down cultural barriers that may prevent some immigrant women from seeking particular services.

Lack of insurance is another significant barrier for many immigrant women. Nearly 32% of all immigrants are uninsured, as compared to 12% of those who are U.S.-born.<sup>8</sup> Many immigrant women do not have employer-based health insurance and are unable to access public health programs. Federal Medicaid law restricts health coverage for immigrants residing in the United States for less than five years.<sup>9</sup> However, the 2009 Children's Health Insurance Program Reauthorization Act allows states to use federal dollars to cover pregnant immigrant women and children who have resided in the United States for less than five years.<sup>10</sup>

Despite this recent change, many immigrant women are still unable to obtain critical preventive care. Undocumented immigrants living in the shadows are the most underserved and least likely to have health coverage. Under federal law and most state law, undocumented immigrants qualify only

## REPRODUCTIVE HEALTH OUTCOMES FOR IMMIGRANT WOMEN

Immigrant women are less likely to receive preventive reproductive health care, including Pap tests, contraceptives, HIV treatment, and comprehensive sexuality education. As a result, they disproportionately experience a range of poor reproductive health indicators. Immigrant women have higher rates of unintended pregnancy and teen pregnancy than the national average. For example, Latina immigrants ages 15–19 have the highest birth rate in the United States.<sup>12</sup> Asian Pacific Islander immigrant women have high rates of cervical

## IMMIGRATION DETENTION FACILITIES

Over the last several years, the federal government’s focus on immigration policy enforcement has forced many localities to participate in the detention of immigrants who have been arrested for violating federal law. Nearly 30,000 men, women, and children are currently detained by the U.S. Department of Homeland Security’s Immigration and Customs Enforcement (ICE), a 73% increase in detention of immigrants since 2005.<sup>16</sup> ICE contracts with state prisons, local jails, and private detention facilities to operate 350 facilities housing detained immigrants across America. Roughly 10% of detained immigrants are women. Most of these detainees are held for civil—not criminal—cause, yet detainees experience prison-like conditions.<sup>17</sup> ICE’s Division of Immigration Health Services (DIHS) is in charge of health care provision to detained immigrants, providing services both directly and through contractors.

Because detainees are held in these facilities while awaiting deportation, health care is focused on emergency care and ensuring that detainees are able to be deported. The

for emergency services at hospitals, including labor and delivery.<sup>11</sup> Although a few states offer coverage for pregnant undocumented women, fear of deportation prevents many from accessing care.

cancer.<sup>13</sup> Latinas represent a growing proportion of the HIV cases, making up 13.9% of the cases in 2004.<sup>14</sup>

On a positive note, recent Hispanic immigrants often have healthy pregnancies despite the challenges in accessing prenatal care. Studies suggest that the “prenatal paradox” may be explained by cultural norms that reinforce healthy behaviors during pregnancy, such as not smoking or drinking, eating nutritiously, and having strong familial support.<sup>15</sup>

DIHS Medical Dental Detainee Covered Services Package, which determines rules for access to off-site specialists, says that requests for non-emergency care will be considered if foregoing treatment would “cause deterioration of the detainee’s health or uncontrolled suffering affecting his/her deportation status.”<sup>18</sup> A study of health care provision at immigration detention facilities conducted by Human Rights Watch found that women’s care and treatment were often delayed and sometimes denied. Confidentiality of medical information was often breached, and women had trouble directly accessing facility health clinics and convincing security guards that they needed medical attention. In addition, interpreters, needed because of the extremely high levels of non-English speakers in correctional facilities, were not always available during exams. Some women feared retaliation or negative consequences to their immigration cases if they sought care. Some reported not having the option to refuse medication or receiving other inappropriate treatment.<sup>19</sup>



## RECOMMENDATIONS TO SAFEGUARD AND EXPAND THE RIGHTS OF IMMIGRANTS TO REPRODUCTIVE HEALTH CARE

Immigrant populations are more likely to live in metropolitan areas, which contributes to these areas' economy and cultural diversity. However, immigrant women are falling through the cracks of the health care system. There are great opportunities for local leaders to offer critical support to their local immigrant communities by protecting their rights to health care and expanding their access to services.

### WE CALL ON LOCAL LEADERS TO SAFEGUARD AND EXPAND THE RIGHTS OF IMMIGRANTS TO REPRODUCTIVE HEALTH CARE BY:

**Implementing local initiatives to improve culturally competent and confidential reproductive, sexual, and maternal health care.** Reproductive, sexual, and maternal health care issues are often the most personal and sensitive health topics individuals face. Cultural and linguistic barriers create unfair burdens on immigrant women's ability to access quality care. It is essential that health care center and hospital notices be provided in a culturally sensitive manner and in a multitude of languages. Furthermore, translation services should ideally be offered with on-site translators or, at a minimum, through a 24/7 language-line service.

- We urge local leaders to ensure translators and interpreters are available to women accessing clinics and hospitals as well as public health services.
- We urge local leaders to improve access by promoting the integration of reproductive health care services throughout public health and medical services more commonly sought by immigrant women.

**Increasing local services available to immigrant populations and providing education to local immigrant communities about their rights to health care and how to access care.** Immigrants, in particular undocumented immigrants, remain at the greatest risk for falling through the public health care safety net. While federal restrictions limit access to many health care services, localities can put systems in place to ensure that immigrant women are not forced to forego care. Furthermore, immigrants should be provided information about what services are available to them in their communities as well as their right to access these services without fear of interference from law enforcement.

- We urge local governments to utilize local funds and expand local services to increase access for undocumented women.
- We urge local leaders to create resources for local immigrant populations about available reproductive, sexual, and maternal health care in their communities.

**Ensuring that local law enforcement resources are used to keep people safe rather than criminalize immigrants.**

Local communities have the opportunity to create safer spaces for immigrants through law enforcement policies that do not foster distrust and fear of public services. Creating these standards will reduce access barriers to care and support healthier communities.

- We urge local leaders to create local policies that clarify the role of local law enforcement and ensure that immigrant women who seek services will not be criminalized.

**Advocating for the federal government to expand immigrant women's rights.** The federal restrictions on Medicaid coverage for undocumented and recent immigrants have a broad impact on the health care of immigrant women. Furthermore, federal immigration policy adversely affects the reproductive health of immigrant women.<sup>20</sup>

- We urge local elected and public health officials to call on the federal government to remove Medicaid eligibility restrictions for immigrant women.
- We urge local elected and public health officials to call on the federal government to ensure the rights and health needs of women being detained in immigrant detention facilities are being met.
- We urge local elected and public health officials to call on the federal government to pass comprehensive immigration reform, including a clear path to citizenship and access to basic services, and to stop criminalizing immigrant women and their families.

## LOCAL EXAMPLES:

- ❏ In **Atlanta, Fulton County** Department of Health and Human Services recognized the growing health care needs among Latina immigrants and provided case management that enrolls any pregnant woman residing in Fulton County, including immigrant women, for services during the prenatal and perinatal period.
- ❏ In **Philadelphia**, the city solicitor wrote a memorandum to all city departments stating that city services and benefits must be provided to all residents regardless of immigration status.
- ❏ In **Newark, NJ**, the City Council passed a resolution stating that no person will be denied city services or benefits based on immigration status.

## ENDNOTES

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## The Urban Initiative for Reproductive Health is a program of the National Institute for Reproductive Health (National Institute).

The National Institute is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support and funding to help state and local leaders remove barriers to health care, win public battles and change public policies. Together, we are helping women in communities across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights and the opportunity to have healthy pregnancies.

[www.UrbanInitiative.org](http://www.UrbanInitiative.org)  
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