

Public Health Actions for Immigrant Rights: A Short Guide to Protecting Undocumented Residents and Their Families for the Benefit of Public Health and All Society

Who is This Guide For? People working at local health agencies who are looking to protect and support undocumented residents and their families.

Who Created this Guide? A workgroup of Public Health Awakened, a group of public health professionals organizing a health equity-based response to the Trump administration.

How Can You Use This? We hope the ideas and actions in here resonate and that you move forward with at least some of them at your health department. Please share the ideas with others. And feel free to use all of the document or any excerpts to help make your case!

Who to Contact? If you have questions or edits, please email: immigrationguide@humanimpact.org.

Actions You Can Take - The Summary

Action #1: Continue to promote health agency policies to provide services to all people, and to ensure all people understand that they are welcome at the agency

Action #2: Support cities, counties, and states that pledge to provide sanctuary in different forms to undocumented residents

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A Promise to Deport Millions

President Trump's [100 day plan](#) includes deporting 2 million undocumented residents from the US. The plan calls for a massive increase in scale and speed of deportations, which already reached historic highs under President Obama, whose administration deported 2.5 million people in his first 7 years in office.

Trump says he will focus on deporting undocumented people with criminal records. With fewer undocumented people with criminal records in the US now as a result of Obama's policies, Trump has already [expanded the definition of who is a 'criminal'](#) to include people who are merely charged or suspected of committing crimes. Being in the US without documents may become a 'criminal' act. Sensitive locations, like schools and clinics, may be raided. People without criminal records will also get entangled in the Trump administration's efforts.

Going backwards in time. The last time the US focused on deporting such massive numbers of people was in 1954, under Eisenhower. "Operation Wetback" led to the deportation of 3.8 million Mexican Americans. Going back further, during the Great Depression, **county social workers supported and participated in the deportation of 2 million Mexican American people**, including 1 million US citizens (see [Decades of Betrayal: Mexican Repatriation in the 1930's](#)). For an excellent paper on the history, exclusion, and exploitation of Mexican-American people in the US, see Doug Massey's [Racial Formation in Theory and Practice: The Case of Mexicans in the United States](#).

A contradiction of public health principles. Core principles of public health include equity, valuing every life, and preventing harm. The President's plan contradicts our values and ethics. People come to the US to improve their lives, often in response to physical and sexual violence, and poverty. Amidst worldwide economic turmoil and war, while capital and goods—[but not people](#)—flow freely across borders, we remember that it is part of the US origin story to welcome people to this country, with or without documentation.

Deportation and threat of deportation affect not only undocumented people, but also their children and family members who are often legal residents, anyone perceived to be an immigrant based on skin color or other factors, other people with whom they share communities or schools, and our broader society.

By the numbers

- Approximately 11 million undocumented immigrants live in the US currently, according to the [Pew Research Center](#).
- An estimated 4.5 million US-citizen children live in families in which at least one person is undocumented, according to [Human Impact Partners](#).
- At 2012 deportation levels—much lower than what Trump proposes—more than 150,000 US-citizen kids a year had a parent deported, according to [Human Impact Partners](#).

This is a Public Health and Community Safety Issue

- **Deportation and threat of deportation create a climate of fear** that affects undocumented as well as documented immigrants, their families, and their communities.
- **Immigrants change health-seeking behaviors for themselves and their family members if they fear being stopped by police and potential deportation.**

As described in a [Massachusetts study](#), [Arizona study](#), a [survey of primary care providers](#), a [survey of patients](#), a [Los Angeles study](#) and HIPs [Family Unity, Family Health](#) report:

- **Immigrants miss medical appointments or less often use public services like health clinics**—regular doctor visits, diabetes education, vaccines, prenatal care, HIV education, getting medications, care for communicable diseases like tuberculosis, etc.
- **They eat less healthy food if afraid to drive.** Access to grocery stores with produce and healthy food options often requires travel, which may be a deterrent and adversely impact health.
- **People are afraid to use parks, exercise outdoors, and participate in their communities.**
- Documented and undocumented immigrants experience **exacerbated health conditions like stress, anxiety, and hopelessness** due to fears of deportation for themselves or members of their community (see [Hacker, et al 2011](#)).
- **Children experience direct impacts, including poorer child health, poorer behavioral outcomes, and poorer educational outcomes.**
 - Nearly 30% of undocumented parents in the report said their **US-citizen children are afraid either all or most of the time**. Nearly half said that their child had been anxious, and three-quarters said that a **child has shown symptoms of post-traumatic stress disorder** (see HIP's [Family Unity, Family Health](#) report).
 - **A recent study found a 24% increase in risk of low birth weight** among infants born to Latina mothers after a major immigration raid, when compared to birth weights before the raid (see [Novak et al, 2017](#)).
- **Threat of deportation makes victims of domestic violence and gender-based violence less safe.** Domestic violence victims often remain with their abuser rather than risk being detained and/or deported when seeking protection from abuse (see [Applied Research Center's 2011 report](#) and [American Public Health Association's 2012 policy statement](#)).
- **It also makes law enforcement more difficult** (see [Major Cities Chiefs Police Association's 2013 position statement](#) and a [Police Foundation 2009 report](#)). People who witness or are victims of a crime are less likely to report the crime or cooperate as witnesses if they fear deportation or questions about immigration status for themselves or someone they know when going to police.
 - One survey found this lower likelihood to contact police among both undocumented (70%) and US-born Latinos (28%) (see [Theodore et al's 2013 report](#)).
- **Decriminalization and harm reduction are part of public health prevention.** It is in the interest of public health to support policies that unify families rather than separating them—particularly for what in some cases can be merely accusations of crime. NACCHO has a strong [policy statement](#)

with useful language on the health of documented and undocumented immigrants—including families—as a public health and equity issue. The Minnesota Department of Health also published [Immigrant Health: A Call to Action](#) with helpful recommendations.

- In addition to the public health implications of supporting people facing deportation, economists find that **immigrants typically contribute more through income, payroll, and other taxes to support public programs like Medicare and Social Security than they receive in government benefits**. For example, immigrants contributed \$115 billion *more* than they received from Medicare between 2002 and 2009, according to a [2013 study published in the journal Health Affairs](#). That's to say nothing of many nonfinancial contributions to their cities and states. (*While we believe that the public health evidence above should stand on its own, the economic evidence here or similar evidence may be helpful in some places.*)

Addressing immigration and deportation issues adds work for many public health programs and staff that are already stretched. We encourage you to think creatively about how to do this work: the undocumented population is one of the most marginalized in our country and Trump's policies will make their health needs—and the health needs of their families and communities—even greater. They need our support.

Action #1: Continue to promote health agency policies that provide services to all people, and ensure all people understand that they are welcome at the agency

Background: Health Agencies Serve All People

- Health agencies can be a primary resource in supporting the health of immigrants regardless of their status and, in turn, public health in general.
- Health agencies often directly provide undocumented immigrants, and their children who may have legal status, with key health services or can direct clients to other providers for these services. Examples include immunizations, maternity services, prenatal care, adult health, family planning services, communicable disease screenings, child health services, adult health services, case management, tuberculosis testing and care, and nutrition programs.
- Common barriers to accessing care can include language, transportation, fear or mistrust that immigration status will be collected or reported, misinformation or a complexity of rules regarding eligibility, lack of insurance, and discrimination. These barriers may be exacerbated during times of political uncertainty.

What Health Departments Can Do

- Research the resolutions and protections that your agency has in place already around keeping all people safe. If you're going to promise that all are safe, make sure that's legally accurate.
- Publicly state agency commitment, such as on [San Francisco's Post-Election Information webpage](#), which "affirms that their medical and social service agencies are sanctuaries for all regardless of immigration status," or similar to [what school districts and universities are doing](#) to reaffirm commitments to safe spaces for all.
- Post signs in multiple languages that are welcoming to everyone, build linguistic sensitivity, and avoid alienating vocabulary (e.g., avoid the word "illegals"; see [Action #9](#) for more about language). [Examples of language in San Francisco](#) include:
 - "You're safe here!"

- “You can continue to receive care here”
- “Your health care coverage has not changed here”
- “San Francisco is and will always be a sanctuary city”
- Distribute “know your rights” pamphlets in waiting rooms. See examples from the [National Immigration Law Center](#) and the [American Civil Liberties Union](#).
- Health departments can try to avoid collecting patient data that would identify or be used to deport undocumented people. To do so, you must understand the legal actions necessary, as this [KCET article](#), this [Mother Jones article](#) and this [Los Angeles Daily News article](#) describe is being done by various agencies in California, University of California, and in [New York City](#). Work with your epidemiologists, statisticians, and clinical staff to understand what types of personal data might be vulnerable to subpoena and to limit the amount of information available that could be used to identify undocumented people.
- Track or study to the extent possible the number of un-enrollments in health department services and programs, and develop ways to encourage undocumented people to continue to use those services and programs.
- Train staff. Look to partner with other health agencies to host regional trainings, and most efficiently use resources. Topics may include:
 - Identifying the particular needs of undocumented clients or people in families with mixed immigration status
 - Working together with clients on these issues
 - Knowing the rights of undocumented immigrants and helping them know their own rights
 - Setting up clinics in ways that protect the privacy of clients and their data
 - Handling interactions with federal Immigration and Customs Enforcement (ICE) or with patients, if ICE agents come into a clinic or hospital or other provider setting. ICE must treat private spaces differently than public spaces. American Civil Liberties Union has more information—your local chapter may be able to provide information.
 - Understanding what information is mandatory versus optional for patients to share during patient consent, or for staff to share with ICE
- For examples of materials available, see:
 - [Example approach to talking about DACA authored by the Boston Medical Legal Partnership](#) (note the July 2016 date—this information may change)
 - Promising practices for increasing access to health services for undocumented clients or mixed-status families in this [Urban Institute research brief](#) (again note the 2012 date and that this information may change)
- Ensure the availability of trained interpreters when providing services to community members, including undocumented residents, whose primary language is not English.
- Ensure health care services are affordable for low-income and undocumented people.
- Advocate for continued funding to provide resources for undocumented people.
- Communicate with and share these strategies with fellow county/local agencies and decision makers, including public social services, children and family services, housing agencies, mayors, and city council members.

Action #2: Support cities, counties, and states that pledge to provide sanctuary in different forms to undocumented residents

Background: Primer on “Sanctuary” Cities, Counties, or States

- There is no legal obligation—for a city, county, or state—to assist with federal civil immigration enforcement. It is voluntary and at the discretion of the corresponding decision-makers. See the [Immigrant Legal Resource Center’s \(ILRC\) recent report](#).
- Hundreds of places identify as “sanctuaries”—one [recent count](#) found 4 states, 364 counties, and 39 cities. There is no single definition of a sanctuary city, county, or state. Another option is to call for “welcoming” cities, counties, or states.
- Some advocates are focusing on county and state laws more than city ordinances. Many law enforcement decisions are at county levels—in the hands of the sheriff—and city ordinances typically don’t apply to counties.
- Certain policies typify “sanctuary” places. They vary in strength of their wording. Also, be aware that places may identify as “sanctuaries” while still promoting policies that harm undocumented people. Even if you are in a sanctuary place, look at the specific policies and their impacts.
- With nuances in the law, it is important that instead of wording these policies as a general call not to comply with ICE, they instead use more specific language stating that county resources or time will not be used to target residents on the basis of immigration status.
- An important issue is whether people with criminal records are included in sanctuary policies. To that end, see the model language below from Oak Park, IL.

What Health Agencies Can Do: Advocate for Model Language and Policies

If [sanctuary policies already exist in your city, county, or state](#). Help implement and continue to support policies and actions described below, particularly if there is a police or sheriff’s department in the health agency’s service area. You can also argue for more inclusive policies, such as not allowing any collaboration with ICE even when people with criminal records are involved.

If [they do not yet exist in your city, county, or state](#). Advocate for the adoption of these policies or actions, explaining how they support health and equity. Again, do this particularly if there is a police or sheriff’s department in the health agency’s service area.

If looking to replicate model language, see the [language proposed in Oak Park, IL that is very similar to language changes being proposed in Chicago, IL](#). In Oak Park, the Welcoming Village Ordinance is [supported by Village residents](#) led by [Proyecto de Accion de los Suburbios del Oeste/ West Suburban Action Project](#). Importantly, the ordinance language strives to criminalize no one, by eliminating loopholes or ‘carve outs’ that lead to a destructive “good immigrant - bad immigrant” narrative (see more on this narrative [below](#)).

If the language above is not feasible in your area (i.e., if protection of those with criminal records is completely not viable), here is another example to read: [County of Santa Clara’s 2011 ordinance](#).

Where possible, incorporate the health rationale/citations stated at the beginning of this document into the policy or in advocating for the policy, to highlight the connections between health and deportations.

When you look at policies in your area—if you’re trying to figure out whether they would help or harm—below are main ideas to look for, as summarized in the ILRC report above:

- Local law enforcement should not hold or detain undocumented people for ICE, nor alert ICE if a person recently held is undocumented.
- In places that do hold or detain people for ICE, local law enforcement should require ICE to have a warrant to access the secured area of the jail, or should enact protections for the undocumented person so they can refuse an ICE interrogation.
- Local law enforcement should prohibit officers or employees from asking a person's birthplace or immigration status.
- Local jurisdictions should prohibit the use of local resources in complying with ICE requests.

Additional actions for which to advocate:

- Issuing local ID cards to allow undocumented people to access government or other services, such as in [New York City](#), [Phoenix](#), [Detroit](#), [Washington DC](#), and others.
- [The City of Seattle's 7 points of protection](#).
- Laws that avoid criminalizing daily activities. For example, at least 10 states including [California](#), passed laws to allow undocumented immigrants to get driver's licenses and driving privileges, an action that helps them avoid driving illegally to meet basic needs for themselves or their families.
- Creating an office similar to the [Office of Immigrant Affairs](#) recently formed in Los Angeles County to protect all immigrant residents of the county. See this [Los Angeles Times article](#). (Note: the process in Los Angeles included impact reports by the [Superintendent of Schools](#) and [Sheriff](#).)

Last, work with other agencies and elected officials to develop a plan if Trump delivers on his threat to cut federal funds for places that have sanctuary policies. To prepare for that time, work now on quantifying specific benefits and harms from cuts or withholding funds related to sanctuary cities (e.g., number and types of programs that could be cut, number of people not served.)

In some jurisdictions, the political terrain can be challenging to navigate. Some health departments are using the resources they have for community capacity building or resident leadership programs to support leaders outside of public health, such as youth, who can help lead advocacy efforts. Public health agencies can use tools such as [power analysis](#) to think through with whom to partner and develop an inside/outside strategy.

Action #3: Advocate that local and state government create a legal defense fund for undocumented residents

Background

Undocumented immigrants, including young children, are not guaranteed representation in court for immigration-related cases. People with representation have far better (7-fold) success in court.

Cities and counties are pledging money for legal services to people facing deportation. Examples include:

- Los Angeles (both City and County) are creating a \$10 million fund to provide legal services to people facing deportation (see [NPR story](#)). The County will commit \$3 million over the next 2 years and private foundations are supporting the effort (see [ABC story](#)).
- Chicago approved a \$1.3 million fund for similar purposes (see [Chicago Tribune story](#)).

- San Francisco, Alameda County, and New York are reportedly considering something similar.
- Two proposed bills in California, [AB 3](#) and [SB 6](#), would create a state program to fund legal representation for people facing deportation, and state-funded regional centers to train defense attorneys and public defender's offices on immigration law and the consequences of criminal convictions.

What Health Agencies Can Do

- Encourage local and state elected officials to fund legal services for undocumented residents, describing the health and equity outcomes associated with deportation.
- Identify agencies, including public defenders offices and nonprofit legal clinics, that may be working on legal defense funds. Learn what their plans are and if they have ideas about how your health agency can help. They may also be able to increase your understanding of the political landscape.

Action #4: Connect undocumented clients and their families with legal rights and community organizing groups

Background

Many places around the country have community organizing groups and legal service groups that support undocumented residents and their families. These organizations can help undocumented residents and their families by, for example, providing legal services (e.g., helping to file paperwork, providing representation in court), building their leadership skills, connect undocumented people to others in similar situations to reduce isolation and fear and to build their voice and power, and avoiding unnecessary interactions with police that an undocumented person may not welcome. Actions also include helping to resist deportations, providing an underground railroad of sanctuary churches, declaring restaurants as sanctuary places, and organizing to provide community-based healthcare in the face of cuts.

What Health Agencies Can Do

- Get a pulse on what's happening, then figure out how your health agency can support it. Partnering closely with these community organizations can help with multiple actions listed in this document.
 - Starting small, with one-on-one meetings with potential partners, can be a way to move into this area if it's new to your public health agency.
 - Over time, your goal should be to build strategic, long-term, and trusting relationships with these organizations. See the New York City Immigration Coalition's [Health Collaborative](#) as one example.

Examples of actions that public health departments can take include:

- Provide data and research to these partners, including research using [community-based participatory research](#) methods.
- Help disseminate "know your rights" information and flyers in public health clinics, newsletters, and other health department dissemination activities. See National Immigration Law Center for examples of know your rights [resources](#).
- Find specific ways that your agency can support their capacity building and power building work.
- Advocate in support of these partners and their work, using the health department's standing as experts and lifting up the voices of undocumented people and their families in all stages of policy and program development and at all levels of decision making. For

example, co-sponsor community events and forums, such as “Know Your Rights” clinics on immigration, health, and social services.

- To find these groups in your jurisdiction:
 - Reach out to the national networks or organizations that coordinate and support local groups, such as:
 - The Fair Immigration Reform Movement (FIRM; <http://fairimmigration.org/>)
 - United We Dream (<http://unitedwedream.org/>)
 - We Belong Together (<https://www.domesticworkers.org/we-belong-together>)
 - National Council of La Raza (NCLR; <http://www.nclr.org/>)
 - Check for potential partners on local college campuses, which may have groups already formed around immigration.
 - Email Human Impact Partners (immigrationguide@humanimpact.org). They have worked with many of these groups and are happy to connect you.
- Refer undocumented clients and their families to these community organizations and legal services organizations when helpful.

Action #5: Join/build alliances that cross issue areas and include immigration

Background

Undocumented immigrants are not the only population under attack or feeling threatened. Social justice advocates will fight many other battles, supporting many other groups during the coming years. We will all be stronger and more successful if we join existing alliances or create new alliances that work together. To build power, we need integrated, coordinated, and strategic infrastructure and networks.

Potential allies include people or organizations who you as a public health professional already know and work with. They also may include less well-known (to public health), yet crucial partners like criminal justice reform advocates, union organizers, and others who work with the most marginalized communities. These groups may already incorporate an immigration frame into their work. For example, the [Movement for Black Lives platform](#) includes undocumented people in a call to elevate the experiences of marginalized Black people and describes [specific actions to take around immigration](#). Work with these groups can expand the meaning of sanctuary places (as discussed in [Action 2](#)) to become 21st century sanctuary places that include, but are not only about, undocumented immigrants. It is important to work with local community organizing groups and advocates who are connected to national movements, such as: Black Lives Matter; LGBTQ issues; labor (e.g., unions, worker centers, Fight for 15); faith-based tolerance and unity; housing; transportation; health care; climate change; voting rights; etc.

What Health Agencies Can Do

- Identify conversations and meetings you are not involved in but it makes sense to join, show up, and listen. In spaces where you are a new face or where public health is not traditionally represented, it may mean only showing up at first to listen, while building relationships.
- Join local alliances between these groups, if they already exist, to bring the power of public health to this work. In these spaces, raise the concerns of the undocumented populations with whom you work.
- If local alliances do not yet exist, health agencies can help convene them: invite potential allies to the table, provide facilitation and space, and support the work partners decide to pursue together.

Action #6: Encourage and support the efforts of sister agencies, including in criminal justice, to protect undocumented people and their families

Background

Many decisions that affect undocumented residents and their families are outside of public health's direct control, yet health agencies often have relationships with decision makers in other sectors. Health agencies have an opportunity and an obligation to use those relationships to improve health and advance health equity. This is the underlying idea of Health in All Policies.

Examples of sanctuary policies being enacted by other sectors include:

- Sheriffs who manage and operate county jails where people are brought when they are arrested. [Most people are turned over to ICE from these jails](#). Therefore, policies related to the jail have the greatest impact on deportation.
- Police departments, many of which have stated their non-cooperation with ICE, as described in the [section](#) about sanctuary cities, counties, and states.
- Public defenders, some of whom [in Oakland](#) are creating a rapid response network to represent undocumented residents.
- School districts in many cities (e.g., San Francisco, Oakland, [Berkeley](#), Sacramento, and Seattle) have passed resolutions stating that public schools are sanctuaries to immigrant and Muslim families and declaring that they will do everything legally possible to protect families and students from immigration enforcement actions on their campuses.
- Some other social services agencies have taken stands as well.

What Health Agencies Can Do

- Understand what your sister agencies (sheriff, police, education, etc.) are already doing with regard to undocumented residents. Increasingly, government agencies are partnering to advance equity (see the [Government Alliance on Race & Equity](#) for example).
- For sister agencies already putting in place policies and procedures to support undocumented residents and their families: reach out to show support and to share evidence that these policies will improve health and equity.
- Meet with leadership at agencies that have not yet begun to put in place such policies and procedures to discuss the health and equity impacts of not doing so and to encourage them to put in place such policies. While it may take time and effort to build relationships and to move sister agencies, health agencies should use whatever power and relationships they have to encourage them along. One strategic decision to make is when and how to bring others (e.g., city council members that agree with the need to protect undocumented residents, community organizations that support undocumented residents, public defenders) into the discussion.
- See [above #2](#) re: encouraging cities, counties, and states to pledge to provide sanctuary in different forms to undocumented residents.

Action #7: Encourage labor enforcement to adopt and implement policies that protect worker rights, regardless of immigration status

Background

The US employs 8 million undocumented workers according to a [2016 Pew Research Center](#) analysis. There is a history in this country of exploiting workers who are perceived as more vulnerable because of their immigration status, denying them workplace rights, or deterring them from asserting those rights. The [law is clear](#) that it is illegal to exploit, deny, or deter in this way, with protections in place to pay the minimum wage and overtime to all workers, regardless of status or other attributes. It is also illegal for an employer to retaliate against a worker who files a discrimination claim by reporting the individual to immigration officials. Given that living wage and secure employment in safe conditions are foundational determinants of health, public health has grounds to advocate for a pro-worker stance, and encourage the protection of *all* workers' rights.

In recent years, unions have taken a more pro-immigrant stance and have fought for comprehensive immigration reform and immigrant rights. They can be strong allies in passing the policies and taking the actions suggested in this guide.

What Health Agencies Can Do

Public health can take a number of actions, including those in a [National Employment Law Project report](#):

- Help your clients who are undocumented workers to know their basic employment rights.
- Encourage stronger statutory protections to protect workers from employer retaliation.
- Leverage the agency's own regulatory authority to support compliance with labor laws. For example, the [San Francisco Department of Public Health](#) has revoked or suspended health permits for employers who do not comply with local labor laws, such as those found guilty of wage theft (see [Bhatia et al. 2013](#)).
- Educate policymakers about the public health impacts of wage theft and the disproportionate vulnerability to it for undocumented immigrants. See this [Minkler et al. 2014 article in the American Journal of Public Health](#) and a report about the [health impacts wage theft in Los Angeles](#).
- Support a strengthened firewall between immigration enforcement, local law enforcement agencies, and state labor law enforcement.
- Collaborate with partners like immigrant work centers, unions, and other labor groups to research and document the health impacts of poor working conditions on immigrant low-wage workers. For example, as described in this [US Centers for Disease Control and Prevention blog](#).

Action #8: Review other health agency policies and services, considering how undocumented populations may be impacted

Background

There are a variety of other policies and practices that affect undocumented populations differently or through which they can be deported. For example, [this story from Texas](#) reveals how disaster response might provide an opportunity for ICE to screen for immigration status.

What Health Agencies Can Do

- Review all department policies and practices, considering how they could impact undocumented populations. Revise policies and practices to mitigate any potential negative impacts on undocumented populations and to reduce opportunities for deportation.

Action #9: Work to change a narrative that portrays undocumented people negatively

Background

Views about all immigrants, or those assumed to be immigrants, including undocumented immigrants are greatly influenced by the dominant narrative articulated by elected officials and the media. Many elements of the current dominant narrative are incredibly harmful. For example it:

- Calls undocumented people “illegal.” As Holocaust survivor Elie Wiesel stated, “No human being is illegal. That is a contradiction in terms.” See Colorlines’ [“Drop The I Word”](#) campaign.
- Incorrectly claims that undocumented immigrants take jobs from US citizens and are a drain on the economy. As discussed above, immigrants benefit the economy.
- Distinguishes between “good” and “bad” immigrants. For example, immigrants from places like Mexico or majority Muslim countries have been referred to as terrorists and rapists, while those from other places are described as hard-working and productive. Or news media may be sympathetic towards children, but criminalize other immigrants.
- Labels undocumented people as “criminals” and claims that deporting immigrants makes communities safer. In fact, non-citizens are arrested less often than their citizen counterparts.

Narratives and framing are critical to policy change. Divisive narratives make it harder to build support for and pass policies that are important for public health, such as ensuring access to healthcare, regardless of immigration status. Public health must partner with immigration rights groups and other groups that can help improve framing and narratives to communicate about health, work to shift the narrative around immigration in public health and more broadly, and tie communication strategies to our ongoing work.

To protect the health of our country, including undocumented populations and their families, and to win policy reforms, this narrative must change.

What Health Agencies Can Do

- Train staff and partners to use language and a narrative that supports undocumented populations and their families. See examples from linguist [Anat Shenker-Osorio](#) and from [Opportunity Agenda](#) as a potential guides that include specific messages and wording suggestions. [Migration is Beautiful](#) is an effort by artists to change the way people think of immigration.
- Reach out to immigrant-rights groups, especially those led by immigrants and/or that are community organizing groups that work with immigrants, to develop communication strategies and messages. They will have local and contextual experience and ideas that can add to resources from other communications research. Communication strategies from public health agencies should support and align with the goals, framing, and messages from these community groups. This may not mean using the same language—public health agencies may choose to lead with a health argument and use data and research to support their statements while community groups may have access to residents’ stories and be more comfortable using passionate language—but these two approaches can supplement and amplify each other. Makani Themba wrote this [blog](#) about the need to connect

communication strategy to organizing strategy and the danger of developing communication materials in absence of community partnerships.

Act Now!

Please continue to [give us feedback](#) about this document. But more importantly, **please begin to use it now. Choose a few things you can advance at your public health agency and start to work on them. The time is now. If we don't step up, who will?**