



Position Statement on the Impact of Immigration Policies on Health Outcomes

May 21, 2025 (Lexington, KY) - The National Association of Hispanic Nurses (NAHN) is committed to promoting both physical and mental health within Hispanic communities. A core pillar of our organization is the advancement of health equity for the Hispanic population, particularly considering the current political and social climate surrounding immigration issues. In response to the declaration of a national emergency by the Trump administration on January 20, 2025, several executive orders were enacted that significantly altered immigration policies. This included the revocation of numerous Biden-era executive orders that had addressed civil immigration enforcement, migration and asylum seekers, family reunification, and legal immigration processes.

Among the newly established executive orders are those aimed at fortifying national security by addressing perceived threats from foreign entities, altering the long-standing interpretation of birthright citizenship as enshrined in the 14th Amendment, and securing the southern U.S. border. Notably, an executive order was implemented that expanded the criteria for prioritizing undocumented immigrants, labeling all arrivals in the past two years as potential threats while promoting the detention of these individuals until individual cases are resolved. Additionally, this order directed federal funding to be withheld from sanctuary jurisdictions.

Conversely, many executive orders from the previous administration have been revoked. These rescinded orders encompassed changes to civil immigration enforcement priorities, frameworks for tackling the root causes of migration, the creation of interagency task forces aimed at family reunification, and initiatives to improve the integration of newcomers into American society, particularly in light of the challenges associated with refugee resettlement and the influence of climate change on migration patterns. It is essential to acknowledge the significant effects that climate change and harmful pollutants have on health and well-being. These environmental issues primarily stem from human activities and are largely preventable. Consequently, healthcare policies should address the environmental determinants of health and integrate climate change mitigation strategies to safeguard vulnerable populations from its negative impacts.

As a result of these issues, the American healthcare system is confronting significant challenges rooted in systemic inequities, particularly affecting immigrant populations. Healthcare inequities are real, life-threatening, and are perpetuated by existing institutions, policies, and broader societal factors. It is essential that our response to these challenges is guided by evidence from rigorous, peer-reviewed scientific studies. These studies demonstrate that access to timely, culturally competent, and equitable healthcare is crucial for improving overall health outcomes, particularly for marginalized communities, including immigrants, people of color, and individuals with disabilities.

Restrictive U.S. immigration policies, particularly those that disproportionately impact immigrant communities, pose significant barriers to healthcare access. For instance, the expanded interpretation of the Public Charge rule and other restrictive measures hinder immigrants—especially Hispanic populations—from seeking timely medical care for chronic conditions such as hypertension and diabetes. This not only leads to delays in diagnosis and treatment but also

exacerbates the progression of chronic diseases. Research published in the *Journal of Immigrant and Minority Health* by Torres et al. (2014) highlights how these barriers to healthcare access can worsen health outcomes.

While national security remains a crucial concern for any nation, the current administration's approach to immigration—marked by fear-inducing rhetoric and the vilification of immigrant communities—raises considerable alarm. The characterization of immigrants as "criminals" and the pressure placed on U.S. Immigration and Customs Enforcement (ICE) to conduct raids exemplify an increasing hostility towards these populations. Additionally, the fear and stress generated by recent executive orders on immigration carry significant mental health implications. Immigrants, particularly those lacking U.S. citizenship, endure a landscape of uncertainty, fear, and trauma as they navigate their daily lives, acutely aware that their rights may be under threat and their families at risk. Children are avoiding school due to fears of ICE raids, while parents hesitate to leave their homes for essential tasks such as grocery shopping. This anxiety, paired with prevalent misinformation and confusion, exacerbates mental health risks within immigrant communities.

As a nursing organization we are dedicated to our community's welfare, NAHN advocates for meaningful immigration reform and pathways to citizenship, emphasizing that the last major immigration reform in the United States occurred under the Immigration Reform and Control Act of 1986. Furthermore, our organization underscores support for Deferred Action for Childhood Arrivals (DACA) recipients. Although the program has been restricted from adding new beneficiaries since 2022, it has not been entirely dismantled, thanks to the Supreme Court's 2020 ruling in *Department of Homeland Security v. Regents of the University of California*. As of January 17, 2025, the U.S. Court of Appeals for the Fifth Circuit issued a decision regarding DACA recipients. The U.S. Citizenship and Immigration Services (USCIS) will continue to accept and process DACA renewal requests and accompany applications for employment authorization under the DACA regulations at 8 CFR 236.22 and 236.23. Unfortunately, USCIS will continue to accept initial requests but will not process initial DACA and related Employment Authorization.

As of September 30, 2024, there are approximately 538,000 active DACA recipients from around 200 countries residing throughout the United States. While DACA provides protection against deportation, it does not offer a pathway to U.S. citizenship. The average DACA recipient arrived in the U.S. at age 7, and has been in the U.S. for 20 years. Additionally, DACA recipients are ineligible for federal health coverage through programs such as Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) marketplaces. These restrictions contribute to higher uninsured rates among DACA recipients, creating significant barriers to accessing healthcare.

As healthcare professionals, policymakers, and community leaders, we must champion policies that confront these inequities and ensure equitable access to healthcare for everyone, regardless of immigration status. Solutions should be grounded in scientific evidence, considering the social and political determinants of health, while prioritizing the health and well-being of vulnerable populations. By dismantling barriers to healthcare access, investing in culturally competent care, and addressing the root causes of health disparities, we can strive to create a more just and equitable healthcare system for all Americans. The National Association of Hispanic Nurses continues its advocacy, emphasizing the necessity of a compassionate and equitable approach to immigration policy reform that supports the health and well-being of Hispanic communities.

References

American Immigration Council (2025). Who we are.

<https://www.americanimmigrationcouncil.org/about/our-mission>

Centers for Disease Control and Prevention (2025) Immigrant and Refugee Health

<https://www.cdc.gov/immigrant-refugee-health/about/index.html>

Center for Migration Studies (2025). Summary of executive orders and other actions on immigration. <https://cmsny.org/publications/essential-but-ignored-low-earning-immigrant-healthcare-workers-and-their-role-in-the-health-of-new-york-city/>

Disability rights Education and Defense Fund (2025). Texas v. Becerra: What it is and how you can stop the attack on section 504. <https://dredf.org/protect-504/>

Hacker, K., Chu, J., Arsenault, L., & Marlin, R.P. (2012). Provider's perspective on the impact of Immigration and Customs Enforcement (ICE) activity on immigrant health. Journal of health care for the poor and underserved, 23(2), 651-665. <https://doi.org/10.1353/hpu.2012.0052>

Heinrich, C., Hernandez, M., & Shero, M. (2022). Reprecussions of a Raid: Health and education outcomes of children entangled in immigration enforcement. Journal of Policy and Management, 42(2), 350-392. <https://doi-org.ucsf.idm.oclc.org/10.1002/pam.22443>

Hispanic Association of Colleges and Universities (2025). Student resources for DACA recipients and dreamers.

https://www.hacu.net/hacu/Resources_for_DACA_Students_Family.asp

KFF (2025). Key facts on deferred action for childhood arrivals (DACA).

<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-deferred-action-for-childhood-arrivals-daca/>

Lopez, W.D., Gudino, J., Shull, T., Godinez, G., & Novak, N.L. (2024). Large-scale immigration worksite raids: Community disaster, community response. Journal of Community Practice, 32(1), 86-106. <https://doi.org/10.1080/10705422.2024.2311246>

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

National Immigration Forum (2023), Dreamer advocacy resources.

https://immigrationforum.org/article/dreamer-advocacy-resources/?gad_source=1&qclid=Cj0KCQiA2oW-BhC2ARIsADSIAWphq3yFp7xM7TpL2A_ycwLMGaT0PbQjEW0A2qN9xhOXKa5tkqrQATcaAvdxEALw_wcB

Pinedo, M. & Valdez, C.R. (2021). Immigration enforcement policies and the mental health of US citizens: Findings from a comparative analysis. American Journal of Community Psychology, 66(1-2), 119-129. <https://doi.org/10.1002/ajcp.12464>

Presidents' Alliance on Higher Education and Immigration (2025). Dream advocacy toolkit: Messaging and resources for bipartisan dream legislation.

<https://www.presidentsalliance.org/dream-advocacy-toolkit/>

Torres, L., Garia, M., & De La Cruz, Y. (2014). The impact of immigration policies on health outcomes: A systematic review. *Journal of Immigrant and Minority Health*, 16 (3), 558-565.

United States Environmental Protection Agency (2025). Transportation sector emissions.

<https://www.epa.gov/ghgemissions/transportation-sector-emissions>

U.S. Citizenship and Immigration Services (2025). Consideration of deferred action for childhood arrivals (DACA). <https://www.uscis.gov/DACA>

U.S. Citizenship and Immigration Services (2017). Approximate active DACA recipients: Country by birth.

https://www.uscis.gov/sites/default/files/document/data/daca_population_data.pdf

White, K., Blackburn, J., Manzella, B., Welty, E., & Menachemi, N. (2014). Changes in use of county public health services following implementation of Alabama's immigration law. *Journal of Health Care for the Poor and Underserved*, 25(4), 1844-1852.

<https://dx.doi.org/10.1353/hpu.2014.0194>

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About the National Association of Hispanic Nurses

Since 1975, NAHN has been the nation's leading professional society for Latino nurses. With a growing membership of more than 40 local chapters, NAHN represents the voices of over 220,000 Latino nurses throughout the United States. NAHN is devoted to promoting safe, quality health care delivery to Latino communities and recognizing excellence among Latino nurses. To learn more, visit www.nahnnet.org.

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