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Blessed be the Ties: Health and Healthcare for Migrants and Migrant Families in the United States

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The study of migrant health provides a window into understanding themes related to the human condition. As outsiders and movers, migrants reveal what is normally taken for granted in the places where they settle: the social systems and institutions that replicate and control the social order – and the limits of those systems for the operation of a fair, humane, and healthy society. At the same time, migrants reveal the resilience of social actors navigating those systems. Through the very act of their movement, migrants resist, adapt, and create change. Health, as a basic metric of human wellbeing, and with its concomitant institutions of care and research established to support and improve the public's health, illuminates these processes as migrants struggle and adapt to their new circumstances.

This collection of articles originated in two summer workshops on migration and health run by the University of California's Center for Expertise on Migration and Health (UC COEMH), one of three Centers of Expertise of the UC Global Health Institute. The COEMH brings together scholars from across the UC campuses and across disciplines, including medicine, public health, geography, and sociology, to discuss research, teaching, and outreach related to the intersection of migration and health. Each summer the COEMH hosts a Summer Institute, including workshops featuring new research by doctoral students and early career scholars on this topic. Several presenters also received grants from the Research Program on Migration and Health (PIMSA) at UC Berkeley. Although most of the presenters (and many of the contributors to this special issue) are from the UCs, some are from Mexican universities or US universities located in states along the Mexican border, who collaborate via PIMSA. Collected here are the best articles among this group from the 2014 and 2015 Summer Institutes. Although the articles focus on Latin America to US migrations, they touch upon issues that are universal.

The collection of five articles explores these themes across a variety of contexts and questions. We begin with two articles examining migrant children, or the children of migrants, and issues of health insurance and access to care. This is followed by an examination of the mental and emotional health of second-generation migrant teens as mediated by measures of assimilation and national self-identity. We close with two methodological articles, one examining the willingness of migrants to participate in health-related research, and the final a formal examination of bi-national data collections in the last 15 years.

The role of child migrants and the children of migrants has been magnified by recent political events. The response to the sharp increase in unaccompanied immigrant minors in 2015 was a prime example of polarization in the national perception of immigration. More broadly, some political groups have capitalized on fear by portraying these migrants as criminals and law-breakers

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(and therefore “adult” actors), while others have focused pro-immigrant efforts on the negative effects of harsh policies on mothers and children, as well as the forced dissolution of multi-status families that deportation creates.

The Affordable Care Act (ACA), examined in our first article, has also been encompassed in the controversy over immigration. To address (some of) the gaps in coverage, the ACA was passed with the intent to increase enrollment and participation in health care. Although immigrants were not explicitly targeted by this reform, it is well known that they were over-represented among the uninsured in the United States prior to the ACA. The inclusion of immigrants in the ACA was a major political issue, and the current wave of anti-immigrant sentiment makes it likely that any short-term changes to healthcare in the United States will make it less accessible for migrants, perhaps explicitly so. Ethan Evans and Caren Arbeit question whether the ACA’s focus on insurance coverage will resolve inequities in access to care across groups defined by race, ethnicity, and nativity in the United States. Using data on children’s insurance coverage, regular source of care, and delays in needed care, the authors find evidence that universal insurance coverage is not a perfect solution: disparities in access will still exist. As these disparities are predicted to persist, if not widen, this article is all the more relevant.

The article by Evans and Arbeit points to the importance of other sources of disadvantage – language barriers, familiarity with the system, and experience of discrimination. Facing these disadvantages, how do immigrants navigate health care in the United States? The article by Krissia Martinez, Michael Rodriguez, Marjorie Orellana, and Marco Murillo describes the role of children of immigrants as language brokers for their parents. These adolescents portray an impressive depth of knowledge about the extremely complex health care payment system in the United States. As they translate for their parents, they become brokers of knowledge and power between immigrant adults and their health care providers. This article speaks to both vulnerability and resilience, for as children of immigrants provide a solution to gaps in service for foreign-language speakers, we can question, as the authors do, whether this solution is the best for immigrants, their children, and the system writ large.

The article by Emerald Nguyen and Jo Hale examines the mental and emotional health of the teen children of migrants. Applying a segmented assimilation theoretical lens to data from the Children of Immigrants Longitudinal Study, this article examines how English language, national identity, and other measures of acculturation mediate second-generation Asian and Latino teen’s self-esteem, finding important differences between the two groups. As teens progress through differing assimilation paths, their indicators of mental health vary. The sharp increase in hate crimes and public displays of discrimination will have unknown effects on this generation of immigrants and their children. How will this group deal with the burden of heightened and negative attention? Will it affect their assimilation path as it must their self-perception? Regardless of the outcome, this article will be part of the needed research on the health of this and future cohorts.

While the articles on health and access to healthcare make important contributions to the literature on migrant health, they represent a continuation of the field’s focus. The final two articles move the field forward by considering the role of immigrants in health research and the methods we as researchers use to study them. Together, these articles suggest that our understanding of the resilience and vulnerability of migrants may be limited by those very factors. The article by Obiyo Osuchukwu and his colleagues examines knowledge about tuberculosis and willingness to participate in different tuberculosis screening methods in high-risk migrant workers in Arizona. Declining trust of, and participation in, public health research in the United States is a long-term and worrying trend, but one that is thought to be less common among Latino immigrants. Increasing distrust between authorities and immigrants may erode this relationship.

Our final article by Margaret Handley and May Sudhinaraset is a literature search and discussion of bi-national studies between the US and Mexico since the new millennium. Of the 59 studies found, they categorize them as parallel, concurrent, or look-back, providing information for and

valuable descriptions of the three types. This article provides a resource for those working with health and the US-Mexico migration process as well as a potential method for those working in other areas.

As a group, these articles move the literature on migrant health forward in a number of crucial ways that highlight the importance of the broader interdisciplinary field of ethnic and migration studies and its implications for policy. The volume brings attention to often-overlooked groups in the literature on migrant health, particularly in the United States. In doing so, they reveal the limitations of the positive “paradox” frame of migrant health: in many cases, the story is not so positive. Further, the articles included here bring new insight into the limitations of systems, policies, and providers interested in furthering migrant and, more broadly, the public’s health – of health care reform focused on insurance coverage, of care provision to limited English-language speakers of diverse ethnicities, and of well-intentioned researchers. These articles demonstrate how the study of migrant health reveals the vulnerability and resilience of a key group in society, the movers within our midst, with implications for scholarship and practice on the ground.