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**Transitory Legality: The Health Implication
of Ending DACA**

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Abstract

This paper examines the effects of the rescission announcement of the DACA program on the health outcomes of Latino DACA recipients in California. Research shows that undocumented immigrants face poorer health outcomes than their documented counterparts and U.S. citizens, and that being offered legal status (e.g. DACA) considerably improves their health outcomes. Even though studies have examined the impact of shifting legal status on incorporation, to our knowledge no studies have considered the effects of announcing the rescission of the DACA program on its recipients. However, this is important because it may have implications on their health outcomes. This study addresses this gap by using in-depth interviews with 43 Latino DACA recipients living in the California San Francisco Bay Area in 2017 and 2018. Our findings suggest that rescission announcement of DACA has led to worsening health outcomes for DACA recipients. Specifically, we find that it created what we call a state of transitory legality among the 1.5 generation, which causes DACA recipients to experience health outcomes that are worse than those before DACA. Our results are important in the field of sociology, public policy and health care because they show the negative effects of reversing inclusionary immigration policies on the health outcomes of undocumented Latino immigrants.

Introduction

In the United States, the undocumented population has increased dramatically since the 1990s, making the issue a central public policy matter.¹ Today, there are an estimated 11.3 million unauthorized immigrants in the country, almost three quarters of whom are Latinos from Mexico and Central America.²

While the presence of undocumented migrants in the United States remains a controversial issue, several attempts have been made to regularize at least a portion of the undocumented population, notably young undocumented individuals who were brought to the country as children. After various attempts to pass legislation to legalize this part of the unauthorized population failed in Congress, in 2012 the Obama administration implemented the Deferred Action of Childhood Arrivals program (DACA) to provide temporary relief from deportation to eligible undocumented youth and grant them permission to work and study in the U.S for a period of two years, subject to renewal.³

DACA was construed as a temporary solution while affording Congress more time to legislate on the issue.⁴ However, five years after the implementation of the DACA program, the Trump administration announced in September 2017 that it would rescind the program as of March 2018, placing its approximately 800,000 recipients at risk of deportation again.⁵ Even though the implementation of Trump's executive order rescinding DACA has been temporarily halted in federal court, the future of the DACA program remains uncertain.⁶ At the time of this writing, existing DACA recipients are able to renew their work permits but USCIS is not accepting new applications from individuals who may qualify for the DACA program.⁷

The rescission announcement, and the overall restrictive nature of current U.S. immigration debate, may comprise a significant, negative policy shift for DACAmented individuals in the United States. One question is the impact such a shift might have on their health outcomes. This article examines the effects these policies may be having on the physical and mental health of DACA recipients. It focuses on Latino recipients' subjective understanding of their access to health care (or lack thereof) and their assessment of their mental and physical health before the implementation of the DACA program, during its first years, and since the rescission announcement.

¹ Patler, Caitlin and Whitney N. Laster Pirtle. 2017. "From Undocumented to Lawfully Present: Do Changes to Legal Status Impact Psychological Wellbeing Among Latino Immigrant Young Adults?" *Social Science & Medicine*. 199(1):39-48. doi:10.1016/j.socscimed.2017.03.009

² Baker, Bryan and Nancy Rytina. Estimates of the Unauthorized Immigration Population residing in the United States: January 2012-2013. Accessed on December 04, 2017
Rosenblum, Marc R., and Ariel G. Ruiz Soto. "An Analysis of Unauthorized Immigrants in the United States by Country and Region of Birth." Migrationpolicy.org, 13 Nov. 2017,

³ Several versions of the DREAM Act were introduced in Congress between 2001 and 2017, which failed to pass any of these bills.

⁴ Wadhia, Shoba Sivaprasad, Response, In Defense of DACA, Deferred Action, and the DREAM Act (January 2, 2013). Texas Law Review, Vol. 91:59; Penn State Law Research Paper No. 5-2013. Available at SSRN: <https://ssrn.com/abstract=2195735>

⁵ Reilly, Katie. "Trump DACA: Donald Trump's Past Statements on DACA." Time, Time, 5 Sept. 2017, time.com/4927100/donald-trump-daca-past-statements/.

⁶ Harrington, Ben "DACA Rescission: Legal Issues and Litigation Status", Congressional Research Service, CRS Legal Sidebar, LSB10136, May 23, 2018

⁷ <https://www.uscis.gov/archive/consideration-deferred-action-childhood-arrivals-daca> [last accessed 7 Feb 2019]

1. Background

1.1 Undocumented Immigrant Health Outcomes

Research on undocumented migration shows that undocumented immigrants and their immediate family members have poorer health outcomes compared to their documented counterparts.⁸ First, undocumented migrants face various structural obstacles to accessing health care due to their ineligibility to access most federal or state health programs.⁹ At the federal level, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 limited legal immigrants' access to Medicaid during the first five years of their arrival in the United States (some refugees and veterans still have access). Federal law bars undocumented immigrants from receiving health care, apart from emergency care that they are eligible for under the 1986 Emergency Medical Treatment and Active Labor Act (EMTALA). Research showed that these restrictive laws had negative consequences on the health outcomes of undocumented immigrants who developed higher rates of chronic illnesses.¹⁰

Similarly, research showed that the 1996 PRWORA, which profoundly transformed the country's social welfare system and further restricted the availability of public social programs to undocumented individuals, had deleterious effects on health outcomes.¹¹ After passage of this law, some states and localities continued providing access to free or reduced cost care beyond emergency services but many did not. Relevant to our study, California was one of the states that continued to provide health access to the unauthorized despite these federal legal changes. That means the experiences of the unauthorized immigrants in our sample are likely better than could be expected in states such as Texas where access to health services was restricted much more significantly.

More recently, the Affordable Care Act (ACA) continued this trend by excluding undocumented migrants, including DACA recipients, from benefiting from the program.¹² As a result of these restrictive policies, undocumented immigrants lag behind legal immigrant and U.S. citizens in terms of health insurance coverage: it is estimated that approximately 40% of undocumented immigrants are not currently covered by insurance, compared to 18% for their documented counterparts and 10% for U.S. citizens.¹³ At the state level, similarly restrictive policies also have led to negative health outcomes. Studies have also shown that these restrictive immigration policies

⁸ Chavez, Leo R. "Undocumented Immigrants and Their Use of Medical Services in Orange County, California." *Social Science & Medicine*, vol. 74, no. 6, 2012, pp. 887–893., doi:10.1016/j.socscimed.2011.05.023.

⁹ Philbin, Morgan M., et al. "State-Level Immigration and Immigrant-Focused Policies as Drivers of Latino Health Disparities in the United States." *Social Science & Medicine*, vol. 199, 2018, pp. 29–38., doi:10.1016/j.socscimed.2017.04.007.

¹⁰ Davila, Alberto, et al. "The Impact of IRCA on the Job Opportunities and Earnings of Mexican- American and Hispanic- American Workers." *International Migration Review*, vol. 32, no. 1, 1998, p. 79., doi:10.2307/2547561.

¹¹ Kullgren, Jeffrey T. "Restrictions on Undocumented Immigrants' Access to Health Services: The Public Health Implications of Welfare Reform." *American Journal of Public Health*, vol. 93, no. 10, 2003, pp. 1630–1633., doi:10.2105/ajph.93.10.1630.

¹² Edward, Jean. "Undocumented Immigrants and Access to Health Care: Making a Case for Policy Reform." *Policy, Politics, & Nursing Practice*, vol. 15, no. 1-2, 2014, pp. 5–14., doi:10.1177/1527154414532694.

Gusmano, Michael. "Undocumented Immigrants in the United States: U.S. Health Policy and Access to Care." *Undocumented Immigrants and Health Care Access in the United States*, 15 Mar. 2012, undocumentedpatients.org/issuebrief/health-policy-and-access-to-care/.

¹³ Artiga S, Damico A, Young K, Cornachione E, Garfield R. Health coverage and care for immigrants. Washington, DC: Kaiser Family Foundation, January 20, 2016 (<http://kff.org/disparities-policy/issue-brief/health-coverage-and-care-for-immigrants>)

negatively affect their health outcomes by limiting access to health care and contributing to stress, experiences of discrimination, and, consequently, illnesses.¹⁴

In addition, studies have shown that in mixed status families these restrictive practices can keep parents from accessing the benefits their U.S.-born children are eligible for due to fears that using these benefits will undermine their future ability to regularize their legal status (Castañeda and Melo 2014). Recent efforts by the Trump administration to punish legal immigrants for accessing social service programs such as WIC and Head Start suggest these fears are well founded (Shear and Baumgartner 2018). Not surprisingly, even when eligible, undocumented immigrants have been found to underutilize health services, especially compared to their U.S. born counterparts, due to their continued fears of deportation, and their wish to avoid places where they must reveal their immigration status or give personal information.¹⁵ They often resort to emergency care as a last resort.¹⁶

This is especially troubling because of their significant health needs. Studies have shown that being undocumented is a risk factor for poor health in itself, as it overlaps with other key risk factors such as poverty, unsafe workplaces, vulnerability to violence, and discrimination.¹⁷ The social stigma related to being unauthorized has been found to lower self-esteem, decrease levels of psychological well-being and result in higher rates of stress-related diseases.¹⁸ Beyond its impacts on the individuals themselves, being undocumented also affects family members by increasing stress levels, particularly among children even if they have legal status. Previous research has demonstrated that exposure to stress during early childhood has important short and long-term consequences: in the short term, it causes poor health and can impair cognitive development. In the long term, anxiety and psychosocial stress can increase the risk factors for depres-

¹⁴ Berk, Marc L., Schur, Claudia L. "The Effect of Fear on Access to Care Among Undocumented Latino Immigrant." *Journal of Immigrant Health*, Vol. 3, No. 3, 2001, pp.151-156

State-level immigration and immigrant-focused policies as drivers of Latino health disparities in the United States, 29-38

Sabo, S., Lee, A., 2015. The spillover of US immigration policy on citizens and permanent residents of Mexican descent: how internalizing "illegality" impacts public health in the Borderlands. *Front. Public Health* 3, 1-9.

¹⁵ Menjivar, Cecilia. "The Ties That Heal: Guatemalan Immigrant Women's Networks and Medical Treatment," 36. *International Migration Rev.* 437-67, 2002.

Perez-Escamilla, R., Garcia, J., Song, D., 2010. Health care access among Hispanic immigrants: ¿Alguien Esta Escuchando? [Is anybody Listening?]. *NAPA Bull.* 34, 47-67.

Ruiz-Casares, M., Rousseau, C., Derluyn, I., Watters, C., & Crépeau, F. (2010). Right and access to healthcare for undocumented children: addressing the gap between international conventions and disparate implementations in North America and Europe. *Social Science & Medicine*, 70(2), 329-336.

Ortega, A. N., Fang, H., Perez, V. H., Rizzo, J. A., Carter-Pokras, O., Wallace, S. P., et al. (2007). Health care access, use of services, and experiences among undocumented Mexicans and other Latinos. *Archives of Internal Medicine*, 167(21), 2354-2360.

¹⁶ North, Anna. "DACA Helped Some Immigrants Finally Get Health Care. Now They Could Lose It." *Vox*, Vox, 28 Sept. 2017, www.vox.com/identities/2017/9/28/16351866/daca-health-care-reproductive-health-undocumented-immigrants.

¹⁷ Willen, S. S., Mulligan, J., & Castañeda, H. Take A Stand Commentary: how can medical anthropologists contribute to contemporary conversations on "Illegal" im/migration and health? *Medical Anthropology Quarterly*, 25(3), in press. *Medical Anthropology Quarterly*, Vol. 25, Issue 3, pp. 331-356, ISSN 0745-5194

¹⁸ Abrego, Leisy J. "Legal Consciousness of Undocumented Latinos: Fear and Stigma as Barriers to Claims-Making for First- and 1.5-Generation Immigrants." *Law & Society Review*, vol. 45, no. 2, 2011, pp. 337-370., doi:10.1111/j.1540-5893.2011.00435.x.

Santos, C.E., Menjivar, C., Godfrey, E., 2013. Effects of SB 1070 on Children (SSRN Scholarly Paper No. ID 2335240). Social Science Research Network, Rochester, NY.

Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., Wiesner, M., 2010. Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hisp. J. Behav. Sci.* 32, 362-384.

Gonzales, Roberto G., Suarez-Orozco, Carola, Dedios-Sanguinetti, Maria Cecilia, 2013. No place to belong: contextualizing concepts of mental health among undocumented immigrant youth in the United States. *Am. Behav. Sci.* 57 (9), 1-26.

Virell-Fuentes, E. A. (2007). Beyond acculturation: immigration, discrimination, and health research among Mexicans in the United States. *Social Science & Medicine*, 65(7), 1524-1535.

sion, drug use, addiction, cardiovascular diseases and obesity.¹⁹ It is also associated with poor outcomes for school performance and welfare reliance.²⁰

To conclude, research has shown that unauthorized status has significant, negative health consequences for unauthorized immigrants and their U.S. born family members. These health outcomes are a product of the intersection of the structural constraints that severely limit access to care and the individual-level internalization of social stigma and feelings of exclusion that accompany the lack of legal status.

1.2 The Benefits of Having a Legal Status: the example of DACA

But having legal status, even if temporary, matters. Studies have shown showed that once individuals are offered temporary relief from deportation, physical and mental health outcomes improve for undocumented individuals and their families.²¹ Even though PRWORA rendered non-citizen legal residents ineligible to receive social benefits, such as Medicaid and the Children's Health Insurance Program (CHIP), or to apply for health insurance through health exchanges set up by the Affordable Care Act, non-citizen legal residents are eligible under DACA to receive coverage through their job or higher education institutions.²² This access to coverage, albeit limited, has been found to have a positive impact on the physical health outcomes of its recipients.²³ Having a legal presence has also helped to reduce DACA recipients' fear of seeing a doctor for check-ups or going to a hospital or clinic for treatment when necessary.²⁴ As a result, DACA recipients were able to receive improved treatment and preventive care.²⁵

The literature further shows that the DACA program contributes to improving the mental health outcomes among DACA recipients: DACA recipients have been found to more optimistic than they were before the program, and no longer live with the constant fear of being deported at any time.²⁶ Being DACAmented has been shown to reduce recipients' distress, the odds of reporting depression, as well as other related mental conditions.²⁷ DACA helped to improve the sense of security among its recipients, as well as their sense of belonging: it has a legitimizing

¹⁹ Beesdo, Katja, et al. "Anxiety and Anxiety Disorders in Children and Adolescents: Developmental Issues and Implications for DSM-V." *Psychiatric Clinics of North America*, vol. 32, no. 3, 2009, pp. 483–524., doi:10.1016/j.psc.2009.06.002. doi:10.1016/j.psc.2009.06.002 Medline

Merikangas, Kathleen Ries, et al. "Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication "Adolescent Supplement (NCS-A)." *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. 49, no. 10, 2010, pp. 980–989., doi:10.1016/j.jaac.2010.05.017.

²⁰ Currie, Janet, and Douglas Almond. "Human Capital Development before Age Five." *Handbook of Labor Economics*, 2011, pp. 1315–1486., doi:10.1016/s0169-7218(11)02413-0.

²¹ Siemons, Rachel, et al. "Coming of Age on the Margins: Mental Health and Wellbeing Among Latino Immigrant Young Adults Eligible for Deferred Action for Childhood Arrivals (DACA)." *Journal of Immigrant and Minority Health*, vol. 19, no. 3, 2016, pp. 543–551., doi:10.1007/s10903-016-0354-x.

²² Venkataramani, Atheendar S, et al.

²³ Venkataramani, Atheendar S, et al. "Health Consequences of the US Deferred Action for Childhood Arrivals (DACA) Immigration Programme: a Quasi-Experimental Study." *The Lancet Public Health*, vol. 2, no. 4, 2017, doi:10.1016/s2468-2667(17)30047-6.

²⁴ Gonzales Roberto

²⁵ Siemons, Rachel, et al.

²⁶ Venkataramani, Atheendar S, et al.

²⁷ Venkataramani, Atheendar S, et al..

effect on them, as their lawful presence granted them new opportunities and a visibility they did not have or had lost.²⁸

Finally, the DACA program has been found to have had positive outcomes for DACA beneficiaries' family members. Hainmueller et al. (2017) found that "mothers' eligibility for DACA protection led to a significant improvement in their children's mental health" by reducing adjustment and anxiety disorder diagnoses in their children. They show a causal link between the migration status of a parent and the well-being and the development of their children. When a mother was no longer living with the fear of being deported, the mental health of her children improved immediately. It shows that undocumented status includes substantial stress to children, and hinders their development, thereby perpetuating health inequalities.²⁹ There is a strong evidence base that in the relatively short period of time since the implementation of DACA, and despite its temporary status, the DACA program has significantly benefited its recipients' mental and physical health, and improving the prospects for their children.³⁰

1.3 Shifting Legal Status: From Liminal Legality to a Return into the Shadows

While these studies investigate the impact of being undocumented and the impact of being granted legal status on health outcomes, others have further investigated the effects of a shifting legal status on Latino immigrants' lives. For instance, in 2006 Cecilia Menjívar coined the term 'liminal legality' to describe the corrosive effects of having temporary, but never permanent, status on the lives of Salvadoran and Guatemalan immigrants who fled their countries and were granted serially renewed Temporary Protection Status in the United States.³¹ She examined the effects of their ambiguous legal status and showed the many negative impacts that uncertainty had on their individual well-being and their families.

Other scholars have explored the varied effects that uncertain legal status has on individuals. Kara Cebulko showed that both undocumented and liminally legal youth face increased vulnerabilities to poverty and social exclusion. She finds that liminally legal youth experience less stress and have better socioeconomic status than their undocumented peers due to their temporary legal status.³² Similarly, Roberto Gonzales investigated the effect of transitioning into illegality and looked at how some undocumented youth had to learn to be illegal as they come of age. He draws on qualitative fieldwork to show how some undocumented youth lost the *de facto* protection granted to them when they are children under the *Plyler v. Doe* (1982) decision of the U.S. Supreme Court once they transitioned into adulthood, and subsequently experience negative health outcomes, and diminished overall well-being.³³ These works help to disrupt the legal/illegal binary to show that moving in and out of legality, or having legal status that is transitory, can have negative and positive effects on individuals.

²⁸ Abrego, Leisy. "Legitimacy, Social Identity, and the Mobilization of Law: The Effects of Assembly Bill 540 on Undocumented Students in California." *Law & Social Inquiry*, vol. 33, no. 3, 2008, pp. 709–734., doi:10.1111/j.1747-4469.2008.00119.x.

²⁹ Hainmueller, Jens, et al.

³⁰ Health Care Access for Latino Mixed-Status Families: Barriers, Strategies, and Implications for Reform Heide Castañeda1 and Milena Andrea Melo2

³¹ Menjívar, Cecilia. (2006). Liminal Legality: Salvadoran and Guatemalan Immigrants' Lives in the United States. *American Journal of Sociology - AMER J SOCIOL.* 111. 999-1037. 10.1086/499509.

³² Cebulko, Kara. "Documented, Undocumented, and Liminality Legal: Legal Status During the Transition to Adulthood for 1.5-Generation Brazilian Immigrants." *The Sociological Quarterly*, vol. 55, no. 1, 2014, pp. 143–167., doi:10.1111/tsq.12045.

³³ Roberto G. Gonzales, Carola Suárez-Orozco and Maria Cecilia Dedios-Sanguinetti

1.4 The creation of a transient legal status: theoretical framework

The above-mentioned studies shed light to the effects of shifting legal statuses on the integration of immigrants. However, to our knowledge, to date no studies analyze the effects of the rescission announcement of the DACA program on the mental and physical health of its recipients.³⁴ Our analysis stems from a political context of renewed heightened tensions regarding immigration policies, which led us to investigate the effects of the multiple shifts and contradictions in the legal status of DACA recipients. Indeed, these individuals find themselves in a unique position: after growing up as *de facto* American citizens, at least within the K-12 school context, due to the protections offered under *Plyler v. Doe*, they became acutely aware of their undocumented status as they transitioned into adulthood. Those who were granted DACA then received temporary protection from deportation, but still felt stigmatized compared to their U.S. citizen peers, as they were not eligible for programs such as the ACA or financial aid to attend college.³⁵ Since the rescission announcement, DACA recipients were once again made aware of the precarity of their legal status.

Exploring the human impact deriving from changes such as DACA is important because it helps to underscore the significant human impact changes in immigration policy can have, particularly when individuals are subject to ongoing uncertainty about their legal status. As Menjivar (2006: 1001) notes:

It is not simply an undocumented status that matters theoretically and analytically, but the long-term uncertainty inherent in these immigrants' legal status. This uncertain status—not fully documented or undocumented but often straddling both—has gone on for years and permeates many aspects of the immigrants' lives ... it is precisely the uncertainty of these immigrants' legality that presents an opportunity to better capture how political decisions embodied in immigration law constrain and enable human action. Examining this ambiguity as directly linked to state power in a time when the nationstate is believed by some to be in decline highlights the central role the state still plays in shaping and regulating immigrants' lives.

We argue that the experiences of DACA recipients expand our understanding of liminal legality because they were raised in the U.S. and do not necessarily consider themselves immigrants, yet they experience the same uncertainties and challenges as Central American migrants under temporary protected status (TPS).³⁶ We contend that their potential transition back to ille-

³⁴ The DACA program was intended as a stepping stone towards the passing of legislation granting permanent legal status to eligible undocumented youth. Contrary to other programs granting temporary relief from deportation such as TPS, DACA did not target recently arrived immigrants; instead, it targeted young undocumented immigrants under the age of 31 (as of June 15, 2012), who arrived in the United States as children (before the age of 16), have been living in the country continuously (since June 15, 2007). Other requirements include: being physically present in the United States on June 15, 2012, and at the time of making the request for consideration of deferred action; having no lawful status on June 15, 2012; being currently in school, having graduated or obtained a certificate of completion from high school, having obtained a general education development (GED) certificate, or having been Honorably discharged from the United States Armed Forces; and not having been convicted of a felony, significant misdemeanor, or three or more other misdemeanors, and not otherwise posing a threat to national security or public safety.

USCIS, "Consideration of Deferred Action for Childhood Arrivals (DACA)"

<https://www.uscis.gov/archive/consideration-deferred-action-childhood-arrivals-daca>

³⁵ Some states, like California, allow DACA recipients to receive in-state financial aid. But they remain ineligible for federal financial aid and loan programs.

³⁶ Jefferies, Julián. "The Production of 'illegal' Subjects in Massachusetts and High School Enrollment for Undocumented Youth." *Latino Studies*, vol. 12, no. 1, 2014, pp. 65–87., doi:10.1057/lst.2014.5

gality may differ from the experiences of undocumented youth coming of age described by Gonzales, DACA recipients were given the opportunity to experience being legally present as adults in the United States (e.g. having a social security number or the opportunity to go to college and/or hold a legal employment), albeit only temporarily. Thus, they will experience for a second time being stripped of their protected status within a relatively short period of time. DACA has produced a population of young undocumented Latinos whose experiences expand existing conceptual approaches and demonstrate the significant physical and psychological costs that can arise for youth as a result of uncertainty around their legal status.

We contend that the uncertainty surrounding the DACA program contributed to the creation of what we call a status of transitory legality, which can be conceptualized as a meta legal status that transcends the binary of both the legal and undocumented status, and that is not the transition from one status to another but rather the adoption of both statuses simultaneously. The term transitory also emphasizes the temporal and precarious aspects of these youths' status changes, something that is unique to their particular experiences. It thus describes the multiple shifts that have led DACAmended youth to concomitantly feel "documented" when they were not, and to still feel in precarious position even when they were granted protection.

To help us frame/refine the concept of transitory legality and theorize about the health outcomes of the group we call legally transitory youth, we also draw upon several existing conceptual frames. We use the context of reception to examine the health outcomes of undocumented immigrants³⁷. It provides a theoretical framework for understanding how the level of hostility in an environment can result in different assimilative outcomes for immigrants, particularly regarding health. Segmented assimilation theory posits that the host society shapes the way immigrants integrate in important ways, leading to divergent patterns depending on the interaction of individual and contextual factors³⁸. We investigate in our study the unique segments available for legally transitory youth to assimilate into U.S. society. We also use social capital theory, defined as the resources to which people have access via their networks and social connections, which provides an additional framework for understanding health outcomes, as immigrants rely heavily on social ties and networks, especially for health-related needs.³⁹

2. Methods

2.1 Recruitment of participants

This study is based on interviews with 43 DACA recipients in California who were aged 18 and older. The interviews were conducted after the rescission announcement, between October

Gonzales, Roberto G. 2011. "Learning to be Illegal: Undocumented Youth and Shifting Legal Contexts in the Transition to Adulthood." *American Sociological Review*, Volume 76, Number 4, 602-619.

³⁷ Hacker, Karen et al. "The Impact of Immigration and Customs Enforcement on Immigrant Health: Perceptions of Immigrants in Everett, Massachusetts, USA." *Social science & medicine* (1982) 73.4 (2011): 586-594. *PMC*. Web. 15 July 2018.

³⁸ Portes, Alejandro, and Min Zhou. "The New Second Generation: Segmented Assimilation and Its Variants." *The ANNALS of the American Academy of Political and Social Science*, vol. 530, no. 1, 1993, pp. 74-96., doi:10.1177/0002716293530001006. See also Portes, Alejandro and Rubén Rumbaut. 2001. *Legacies: Stories from the Second Generation*. Berkeley: University of California Press.

³⁹ Sudhinaraset, May, et al. "Dreams Deferred: Contextualizing the Health and Psychosocial Needs of Undocumented Asian and Pacific Islander Young Adults in Northern California." *Social Science & Medicine*, vol. 184, 2017, pp. 144-152., doi:10.1016/j.socscimed.2017.05.024.

Berkman and Kawachi (2000)

Massey, Douglas S. "Do Undocumented Migrants Earn Lower Wages than Legal Immigrants? New Evidence from Mexico." *International Migration Review*, vol. 21, no. 2, 1987, p. 236., doi:10.2307/2546315.

2017 and August 2018. This data collection forms part of a larger dataset of 450 Latino immigrants in Europe and the United States, collected between 2013 and 2018. The main purpose of the larger study was to use original qualitative data to examine the mechanisms at work in the process of integration of Latino immigrants in relation to their experiences with social services in each country. California is an ideal location because it is home to almost a third of all DACA recipients⁴⁰. The research team began the recruitment process by contacting immigrant rights organizations and advocacy groups, as well as community leaders to facilitate access to the targeted populations. Respondents were initially recruited through convenience sampling. Once the initial interviews are conducted, we used snowball sampling to increase the sample size. We also used purposeful sampling to ensure diversity among participants in terms of age, gender, educational attainment, national origin, etc.). The data collected for this study is therefore representative of the DACA population nationally (see Table 1).

We provided the respondents with a recruitment letter describing the project, a study flyer with a project description and contact information. All documentation was provided in English and Spanish and described the aims, methods and possible implications of the research. Respondents were asked to read the informed consent documents prior to starting the interview and give a verbal approbation to be recorded. The respondents were compensated for their time with a gift card (\$25 in the United States).

Table 1: Characteristics of the respondents: age, gender, country of birth, income, educational level

ID	GENDER	ORIGIN	AGE	EDUCATION	INCOME
1	Male	Mexican	18 to 29	some college	between \$25k and \$34.999/year
2	Female	Mexican	18 to 29	high school diploma	between \$25k and \$34.999/year
3	Female	Mexican	18 to 29	some college	between \$15k and \$24.999/year
4	Male	Salvadorian	18 to 29	some college	between \$15k and \$24.999/year
5	Female	Mexican	18 to 29	some college	below \$15k/year
6	Female	Mexican	30 to 39	some college	between \$25k and \$34.999/year
7	Female	Mexican	18 to 29	some college	below \$15k/year
8	Male	Salvadorian	30 to 39	graduate school	\$35k and above
9	Female	Mexican	30 to 39	college	between \$15k and \$24.999/year
10	Female	Mexican	18 to 29	some college	between \$15k and \$24.999/year
11	Female	Mexican	18 to 29	high school diploma	below \$15k/year
12	Male	Mexican	18 to 29	high school diploma	below \$15k/year
13	Female	Mexican	30 to 39	some college	below \$15k/year
14	Male	Mexican	18 to 29	college	between \$25k and \$34.999/year
15	Female	Mexican	30 to 39	some college	between \$25k and \$34.999/year
16	Female	Mexican	30 to 39	college	between \$15k and \$24.999/year
17	Female	Mexican	18 to 29	high school diploma	below \$15k/year
19	Male	Mexican	18 to 29	some college	below \$15k/year
20	Male	Mexican	30 to 39	some college	between \$15k and \$24.999/year
21	Female	Mexican	18 to 29	college	between \$15k and \$24.999/year
22	Female	Mexican	30 to 39	some college	below \$15k/year

⁴⁰ Top 20 Metropolitan Areas of residence of DACA recipients (2017). Pew Research Center. Source: <http://www.pewresearch.org/fact-tank/2017/09/25/key-facts-about-unauthorized-immigrants-enrolled-in-daca/>

23	Male	Honduran	30 to 39	college	between \$25k and \$34.999/year
24	Female	Mexican	30 to 39	some college	below \$15k/year
25	Female	Mexican	18 to 29	some college	between \$15k and \$24.999/year
26	Male	Mexican	18 to 29	high school diploma	below \$15k/year
27	Female	Mexican	18 to 29	high school diploma	below \$15k/year
28	Female	Mexican	30 to 39	graduate school	\$35k and above
29	Male	Mexican	18 to 29	some college	between \$15k and \$24.999/year
30	Male	Mexican	30 to 39	some college	below \$15k/year
32	Female	Mexican	30 to 39	some college	below \$15k/year
33	Female	Mexican	18 to 29	some college	below \$15k/year
34	Male	Mexican	18 to 29	some college	below \$15k/year
35	Male	Mexican	18 to 29	some college	between \$15k and \$24.999/year
36	Female	Guatemalan	18 to 29	high school diploma	below \$15k/year
37	Female	Mexican	18 to 29	high school diploma	between \$15k and \$24.999/year
38	Female	Mexican	18 to 29	college	\$35k and above
39	Female	Mexican	18 to 29	some college	\$35k and above
40	Female	Mexican	18 to 29	high school diploma	below \$15k/year
41	Female	Mexican	30 to 39	college	below \$15k/year
42	Female	Mexican	30 to 39	some college	between \$25k and \$34.999/year
43	Male	Mexican	18 to 29	high school diploma	below \$15k/year

2.2 Data collection

After obtaining the respondents' explicit consent to be recorded, the interviews were digitally recorded. Due to the sensitive nature of the information collected, we ensured that all information collected was confidential and anonymized. Once the interviews were transcribed using Nuance Dragon transcription software, the audio recordings were destroyed; only the anonymized transcriptions were kept (the names of the respondents were changed and replaced by pseudonyms in the transcripts). The anonymized data were subsequently entered in a searchable database in an Excel spreadsheet displaying the respondents' main demographic characteristics and their responses to questions that were closed-ended.

We used semi-structured interviews to gain an understanding of the respondents' subjective assessment of their access to health care (i.e., ease to go see a doctor), use of health care facilities (i.e., frequency), and overall mental and physical health outcome (i.e., psychological and physical well-being). We used standardized questions to steer the interviews, ensuring consistency in addressing the topics around which the larger project is based, while still leaving latitude for the in-depth exploration of issues relevant to each interviewee as well as other topics that the interviewee wished to explore. See Appendix A for the list of questions. The interviews lasted between 45 minutes and 2 hours 45 minutes and were conducted either in English or in Spanish, depending on the participant's preference. Using grounded theory as a means of exploration enabled us to closely examine the effects of shifting immigration policies for our respondents. Our analysis shows how DACA recipients have internalized these policy shifts and adapted their health behavior accordingly, thereby improving our understanding of the dynamics between immigration policy and health outcomes.

2.3 Data Analysis

Once we had transcribed the interviews, we conducted a first round of coding in Atlas.ti based on the interview guide which includes 5 main sections: (a) the socio-economic characteristics of the respondents, such as age, gender, marital situation, number of children, household composition, type of accommodation, description of neighborhood, language proficiency; (b) their immigration status: visa situation, reason for migrating, journey to the host country, help received, previous contacts in the destination country, etc. (c) their current living conditions in their host country: employment status, profession, income, general financial situation, remittances; (d) social assistance programs: questions specific to their destination country, including which aid they have received, how they became aware of it and the reason(s) why they sought aid; (e) their experiences with each of the services they used (negative or positive). A second round of coding in Atlas.ti was then conducted to codify information that was not originally present in the initial codebook but emerged from the first round of coding, and to uncover patterns and additional information related to their relations with social services and social service providers, such as co-ethnic concordance.

3. Results / findings

Our analysis shows that the rescission announcement of the DACA program has increased perceived barriers to healthcare access and DACA recipients' perceived overall vulnerability.

3.1 Increased barriers to health

The DACA program reduced barriers to accessing health care. However, since the rescission announcement, respondents report new obstacles to accessing health care.

3.1.1 Confusion about eligibility

First, some DACA recipients seem uncertain about the current standing of the legal litigation regarding the program, and whether they are still eligible for temporary relief from deportation and for legal status granting them the right to study and work in the U.S. Thirteen respondents (30% of the total) reported not knowing whether they would be allowed to keep their DACA status or renew their application once it expires. This is exemplified by Mario, a 27-year old pest control agent in the San Francisco Bay area, who received DACA 3 years ago. When asked about the current standing of the DACA program, he admitted to not knowing whether the program was still in effect:

Well, from what I understand, it got cancelled and then it wasn't, but it's not like 100% guaranteed. They [the news] keep giving us contradictory information, it's confusing. I haven't been told that I am not eligible yet, so I think I am still covered.

Later during the interview, Mario indicated that this uncertainty regarding the program has not yet changed his health-related behavior, but that it might:

No, thank God I haven't been sick or anything like that, but that's because I got good blood, you know, I consider myself very lucky. I got bit by a snake when I was younger, and now I am immune to spiders, rattlesnakes, rats, they don't do nothing [sic] to me.

(...) But yeah if something happens, I don't know if I'll be able to keep my job or go see a doctor.

The rescission announcement created uncertainty about the future of DACA. That uncertainty has only been exacerbated by the repeated changes in policy in reference to the program and in response to legal challenges. On the ground, this has meant that DACA recipients are unsure about their status, which seems to be discouraging them to seek medical assistance when needed. One of our respondents, Elsa, a 26 year-old beautician working at a waxing salon near San Francisco, explains that after the rescission announcement, she chose not to seek medical attention after she fell and injured her knee at work. Because she was no longer able to commute to work, she decided to resign from her job, so as to not draw attention to herself. She says:

When they ended DACA, my heart stopped, and I thought, how am I gonna be able to work? ... I am gonna lose my insurance ... After I hurt my knee, I couldn't go to work anymore, and I didn't want them to report me, so I quit. We want to stay here [in the United States], but we [her and her husband and 2 children] are considering returning to Mexico.

Since the announcement, DACA recipients have experienced confusion about their eligibility and the legal standing of their status, leading to job insecurity. Some DACA recipients have even resigned their positions out of fear of being arrested and deported. Even though Elsa represents a minority of respondents in our study who have done so (5%), her response shows the myriad consequences that arise from DACA recipients' deep fears of deportation and family separation.

3.1.2 Reduced social capital and social isolation

Secondly, DACA recipients reported that their social networks had grown smaller since the announcement. In a plurality of cases (35%), they perceived that social workers, peers, and/or friends were treating them differently, and reported that this growing sense of social isolation affected their access to health care. This is the case of Silvia, a 24-year old waitress at a coffee shop, who is saving up to finish her studies. Silvia was diagnosed with diabetes during her adolescence and she regularly needs to see a doctor for check-ups. After experiencing what she considers discrimination from some of the medical staff at her doctor's office, she is considering alternative options for health care.

Last time I went there [to the hospital], there was a new receptionist and she was asking me all these questions about my papers; she was acting like I shouldn't be there. I have insurance, so I don't know why she was giving me a hard time. I don't think she was even allowed to ask me all these questions; I am still legal, but because it [the rescission announcement] was all over the news, she assumed I wasn't insured ... I still need to get my drugs and my check-ups, but maybe I should go somewhere else.

Similarly, 63% of our sample reported experiencing more barriers to health care despite still having DACA status. In Silvia's case above, this was mainly due to the social stigma associated with her status, which she felt translated into a discriminatory attitude on the part of some of the medical staff. This led Silvia to consider changing health care providers, or potentially seeking care from her native Mexico instead. During the interview, she mentioned that some relatives

frequently travelled back to Mexico to purchase medicine or get medical attention and she is now considering getting her medicine from there as well.

Overall, DACA recipients reported experiencing what they perceive as increased difficulties accessing health care since the rescission announcement. These additional barriers are at odds with the original intent of the program, which was meant to ease the life of its recipients by providing them the tools to successfully integrate into American society, even if only for a short time.

3.2 Increased vulnerability and worsened health outcomes

Our results also indicate that the rescission announcement had a polarizing effect on DACA recipients. While some felt empowered by the urgency of their precarious situation and became outspoken advocates for their cause, others lost hope and decided to return to the shadows. In both cases, the announcement had negative impacts on their mental and physical health.

3.2.1 Mental health consequences: Increased stress & depression

The rescission announcement created a state of panic among many respondent, which led to their reporting increased levels of stress as a result. Because DACA forces undocumented immigrants, who are inherently deportable, to come forward, register with USCIS and provide their personal information, they now live with the knowledge of being overexposed and the fear of getting arrested and deported by ICE if the program were to be rescinded. Even if USCIS do not share information regarding DACA recipients with ICE, a policy change could make DACA recipients vulnerable as ICE could hypothetically order all recipients to be removed. Among the individuals interviewed in our study, 74% of them reported feeling higher stress levels now than before receiving DACA and 81% of them reported feeling higher stress levels now than during the first years they benefitted from the program. This suggests that the benefits of being granted DACA have been at least partially negated by the announcement of the rescission. This is exemplified by Marcelo, a 23-year old Salvadoran who is working part time in a retail store while studying to become an accountant. He explains that since the announcement, he has been living again with the fear of being deported, and the constant stress of having already provided the government with all his personal information to register for the program. He believes that he is more vulnerable now than he was before getting DACA.

Before [DACA], they [ICE] did not know where I lived, where I worked. Now all they need to do is look in their system, and there I am ... I think about it all the time, it is very stressful. I am constantly watching my back, I am careful who I speak to, where I go, I am constantly looking around, it creates a lot of anxiety ... I am definitely more stressed now that before I got it [DACA].

The rescission announcement also reversed the positive effects of DACA on its recipients' mental health. DACA helped improve the sense of security among its recipients, who seemed more optimistic and no longer lived with the constant fear of being deported. Their optimism is now turning into despair. This situation has led to depression among our respondents, who had high hopes to being able to regularize their situation, and now worry about losing the opportunity to regularize their status. Among the DACA recipients interviewed, 31 of them (72% of the total) reported becoming 'extremely sad' or 'depressed' since the rescission announcement. For in-

stance, Alejandra, a 24-year old student aspiring to become a nurse, explains that since the announcement that the DACA program would be ended, she has become depressed.

Since the announcement] I have been really depressed. It is as if my world was collapsing before me; all I ever worked for, working hard to get good grades and to college, all that might be for nothing; it is hard to get out of bed in the morning. I have no hope anymore. I keep thinking about my baby and what would happen to her if I was arrested. Sometimes I just want to give up and stop fighting. It's really hard.

The rescission announcement has caused our respondents increased levels of stress and anxiety, as well as depression, thereby negatively affecting their mental health.

3.2.2 Physical health consequences: back to square one?

Our respondents' increased vulnerability also translates into negative physical outcomes. Two thirds of the DACA recipients interviewed in this study reported feeling discriminated against more frequently now than before receiving DACA or during the first years of its implementation. Since the rescission announcement, they began internalizing what they perceive as a form of institutional racism, which led 44% of our respondents to say they now work to minimize their interactions with government officials and health care providers. This takes a toll on their physical health, as it jeopardizes their jobs, and their ability to keep their health insurance. This is the case of Alcira, a 30-year old independent photographer, and single mother of two. When the Trump administration announced that it would end DACA, she began to worry about getting arrested and deported, so she progressively stopped accepting new contracts. Because her income was reduced significantly, she was forced to forgo therapy where she was being treated for depression. She might eventually lose her health care coverage if she is unable to continue to make payments to her insurance plan.

Sometimes I just won't leave the house, even if I need to work. I lost a few gigs like that ...; [the interview was interrupted when her phone rang. She picked up and hung up a few minutes later]. It was my therapist. I missed 3 sessions, and she wanted to know if I was ok. The truth is, it's \$13 every time I go, and I would rather use the money to feed my kids ... With everything that's happening these days, I just want to stay home, I don't feel safe anymore.

The changes in behavior induced by the rescission announcement have a ripple effect on the health outcomes of DACA recipients. Almost a quarter of respondents (23%) were hesitant about renewing their DACA application and were considering giving up their protected status. This is the case of Soledad, a 25-year old restaurant employee. She worries that being in the government database will increase her odds of getting arrested and deported and is considering not renewing her application.

It [my status] runs out in a few months and I am not sure I will renew it. It's expensive [\$495] and they might end it [DACA] anyways; I mean, we lose either way: if you fight, they lock you up, if you try to hide, they lock you up. I don't have the energy for this; I don't want to put my family through this.

When asked whether her health behavior changed since the announcement, she explained that she was now avoiding health care facilities, even if she is fully insured, because of lack of trust in the system, and the overwhelming fear of being deported. She explains, “If they don’t see me, they won’t report me. Who knows that they will do next [referring to the rescission]?”

Soledad’s testimony seems to indicate that DACA recipients have lost faith in the system, and that some may prefer to become undocumented again, instead of living on edge, awaiting the next court decision or executive announcement regarding the status of the program. If DACA recipients opt not to renew their applications, they will lose their right to work and study, and thus their medical coverage. They might become even more vulnerable to deportation than before they received DACA, because they have already provided the federal government with their personal information.

Our results suggest that the rescission announcement has led to negative mental and physical health outcomes for our respondents, which are for some worse than those experienced prior to DACA’s implementation. Our findings show that the announcement and the overall anti-immigrant climate is increasing barriers to health care and making an already vulnerable population feel even more exposed and at risk.

4. Discussion

Transitory legality provides a useful conceptual framework to understand the varied effects announcing the rescission of the DACA program has had on recipients’ health outcomes. We argue that the statement announcing its cancellation will have long term effects on DACA recipients. Indeed, as their hopes of being able to integrate into society are weakened, these youths progressively enter a state of transitory legality, which leads to (1) an enduring lack of trust in governmental and health care institutions, (2) an increased feeling of not belonging, and (3) a heightened sense of vulnerability. We contend that transitory legal status has affected their health behaviors and is likely to lead to worsening health outcomes. This is an important finding because it shows that the positive health effects of DACA may be reversed and that additional stressors are now putting significant strain on those who are DACAmented. This will have significant implications for policy makers and health care practitioners, who will need to address the specific needs of this vulnerable group.

Our findings are consistent with previous work that shows that the fear of deportation creates emotional distress among both documented and undocumented immigrants, hinders their integration⁴¹, and is associated with poorer self-perceived health⁴². Our results also align with other research that shows that the stigma linked to the legal status often translates into stress, isolation and marginalization and may even lead to depression and anxiety among the undocumented.⁴³ However, our results go beyond revealing the existence of stressors, and further indicate that the perceived level of stress these youths experience as they enter a state of transitory legality is

⁴¹ Steinberg, N. (2008). Caught in the middle: Undocumented immigrants between federal enforcement and local integration. Policy analysis exercise. Boston, MA: The Urban Institute.

Hacker, Karen et al.

⁴² Cavazos-Rehg, P. A., Zayas, L. H., & Spitznagel, E. L. (2007). Legal status, emotional well-being and subjective health status of Latino immigrants. *Journal of the National Medical Association*, 99(10), 1126-1131.

⁴³ Viruell-Fuentes, E. A.

Viruell-Fuentes, E. A., & Schulz, A. J. (2009). Toward a dynamic conceptualization of social ties and context: implications for understanding immigrant and Latino health. *American Journal of Public Health*, 99(12), 2167-2175.

higher than the level of stress they had previously experienced as undocumented immigrants. As such, our study shows the necessity of using the concept of transitory legality in order to capture their ebb and flow into and out of legal status and the impacts their precarious and changing status has on their health needs. It is possible that the arbitrary shifts in their status, and the concomitant stressors that arise from these changes, could lead to worse health outcomes for the DACAmented than those of the undocumented population overall.⁴⁴

We contribute to the existing literature on the impact of a shifting legal status⁴⁵, by showing how restrictive and uncertain immigration policies affect DACA recipients' health behaviors and may lead them not to use services for which they are still eligible. Because transitory youth now feel more vulnerable than when they were undocumented, they reported curtailing their interaction with the health care system and worsening mental health status. Previous research on social capital showed that despite divisions among the Latino communities⁴⁶, intra-ethnic support among undocumented Latino communities was relatively strong⁴⁷. Our results further seem to indicate that their transitory legal status and perceptions of social stigma as a result are undermining their feelings of community cohesion, causing them to experience feelings of alienation even from their peers.

5. Conclusion

5.1 Implications for future research

Our study fills a gap in the literature as our results shed light to the effects of the rescission announcement on DACA recipients' health outcomes. To our knowledge, our study is the first to explore the mechanisms at play regarding the health behaviors of DACA recipients following the rescission announcement of DACA program, and how the fear of losing legal status shapes DACA recipients' health attitudes. This article provides a conceptual model for thinking about the effect of a shifting legal status on the health outcomes of DACA recipients. It can be construed as a first step towards a broader investigation into the implications of a shifting legal status for the DACAmented and how the political climate influences their health choices. Even though the DACA program has not been ended yet, the effects of its potential rescission are already being felt and the DACA recipients we interviewed are already experiencing negative health outcomes. We already know that only about 70% of eligible individuals applied for and received DACA⁴⁸; since the Trump administration announced that it would end the program, more than 10% of DACA recipients chose not to renew their application. More research is needed to further investigate the effects of that a rescission on the program's recipients.

⁴⁴ Cebulko; Menjivar

⁴⁵ Gonzales, Roberto G. ; Mallet, Calvo & Waters 2017

⁴⁶ Mallet & Pinto 2018

⁴⁷ Siemons, R., Raymond-Flesh, M., Auerswald, C.L., Brindis, C.D., 2016. Coming of age on the margins: mental health and wellbeing among Latino immigrant young adults eligible for deferred action for childhood arrivals (DACA). *J. Immigr. Minor. Health*. <http://dx.doi.org/10.1007/s10903-016-0354-x>.

Hoyt, J., 2009. "We are America": immigrants and social capital in the United States today. *Natl. Civ. Rev.* 98, 14e24. <http://dx.doi.org/10.1002/ncr.238>.

⁴⁸ Pearson, Erica. "Immigrants in NY mostly shun deferral program that lets them work legally, Daily News June 30, 2013, <http://www.nydailynews.com/newyork/immigrants-ny-shun-daca-article-1.1386654#ixzz2btg9AGUz>.

Carcamo, Cindy. "Half of Eligible Immigrants Sign up for Deferred Deportation Program." *Los Angeles Times*, 14 Aug. 2013, www.latimes.com/news/nation/nationnow/la-na-nn-ff-deferred-deportation-20130813,0,7698740.story.html.

5.2 Policy Recommendations & implications for health professionals

Even if DACA itself had several limitations, and its recipients still had difficulties accessing health care⁴⁹, our results indicate that the rescission will likely have negative impacts on DACA recipients' health outcomes. Our results should make clear the significant human costs that can arise from immigration policy changes, particularly when people find themselves coming into and out of legal status. That uncertainty places another layer of difficulty on top the many challenges DACA recipients were already facing.

These results are important for health care practitioners so that they may take into consideration the DACA recipients' specific needs. At a minimum, our findings suggest the need for health care professionals to be properly trained about the status of DACA and DACA recipients' right to access those health services for which they are eligible. They also need to be made more sensitive to the particular stressors this population faces and the need to provide care that is tailored to their needs. Indeed, previous research has shown the importance for health care professionals to consider cultural factors when treating undocumented Latino immigrants, who thus become much more receptive to care⁵⁰.

5.3 Limitations

We recognize that there are several limitations in this study. One of its inherent limitations is its design: as it is a qualitative study, with a relatively small number of participants, our findings may not be generalizable to all DACA recipients. However, considering the total population benefiting from the program, we are confident that our sample is demographically representative of the overall DACA population. Relatedly, a second limitation is that all our respondents were living in California, a state that has been more generous in its policies towards undocumented immigrants than other states, such as Texas, with large undocumented populations. We would contend that this makes our results potentially more powerful. We would expect that the concerns raised by our respondents would only be more acute in a less hospitable state-level context. A third limitation is that the DACA program has not been officially terminated. Our study is investigating the rescission announcement and the extent to which DACA recipients modified their health-related behaviors in response. However, if the program were to be ended, their behavior might differ. Finally, a fourth limitation lies in the fact that the findings include self-reported health outcomes, as perceived by the respondents. We did not get clinical measures, and instead relied on our respondent's own assessments.

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⁴⁹ Raymond-Flesch, Marissa, et al. "There Is No Help Out There and If There Is, It's Really Hard to Find": A Qualitative Study of the Health Concerns and Health Care Access of Latino "DREAMers". *Journal of Adolescent Health*, vol. 55, no. 3, 2014, pp. 323–328., doi:10.1016/j.jadohealth.2014.05.012.

⁵⁰ Carmela Perez, M., Fortuna, L., 2005. Chapter 6. Psychosocial stressors, psychiatric diagnoses and utilization of mental health services among undocumented immigrant Latinos. *J. Immigr. Refug. Serv.* 3, 107e123. http://dx.doi.org/10.1300/J191v03n01_06.

tent is solely the responsibility of the authors and does not represent the views of the institutions that supported the project. Finally, we would like to thank all the respondents who participated in this study and generously shared their stories.

Appendix A [Interview Questions]

A- Please tell me about your immigration story.

1. Where are you from?
2. Why did you come here?
3. How old were you when you first came?
4. Who did you come with?
5. Where did you first settle? Why?
6. What was it like in your country of origin?
7. Have you been back to [country of origin] since that first trip?
8. How long have you been in [U.S. city] now?
9. How did you enter? (Visa? Undocumented? Etc.)
10. What is your highest grade of education?
11. What kind of work experience did you have in your country?

B- Let's talk about current life in [U.S. city].

1. Are you married or living with a partner?
2. Do you have children: ages, are they in school? Where? How did you find it?
3. Do you have any parents or family members living here? Back home?
4. Are there any unrelated people who live with you?
5. How many rooms are there in your house?
6. Do you rent or do you own your house?
7. Do you have a telephone in the house? Cell phone?
8. Do you have a computer? How do you get access to the Internet?
9. [if interview in Spanish] Can you speak English? How well?
10. Who translates for you if you need it?
11. Are you involved in the community? School? Church?
12. Do you follow / are you interested in politics?
13. Do you have a favorite political party? Why?
14. Have you ever contacted an elected official? Why? What happened?

C- Let's talk about your financial situation

1. Do you currently have a job?
2. What jobs have you had in the past since you first came to [U.S. city]?
3. About how much do you make? Other sources of income?
4. Do you drive? Have a car?
5. Who takes care of the children when you work?
6. Is it hard to make ends meet? What are your biggest expenses?
7. How is the rent or mortgage payment?
8. Do you send money to your family?
9. Are you able to save any money or is it too hard?
10. Do you have debt?
11. Would you say that your financial situation has been getting better or worse over time?

D- Can we talk about the help you have received since you came here?

1. When you came to [U.S. city], who helped you find: a place to live, a job, medical care?
2. What had you heard before you came about the help you could get here?

3. Did you seek help from an organization / church / government service?
4. What types of help have you received? (Section 8, WIC, health, electricity, transportation, phone?)
5. How did you find out about the different types of services and eligibility?
6. How much help do you receive (from each of them)?
7. How do you feel about receiving those services?
8. [when interactions with social worker] Did you know the provider's qualifications?
9. Did you deal with one person or multiple people?
10. Did you feel welcome and understood?
11. Did the people that provide the service ask about your papers (visa, etc.)?
12. What was the person's ethnicity / race?
13. Were people knowledgeable on how to help you?
14. How did they make you feel (ashamed? Reassured?)

E- I'd like to know more about your interactions with other people since you came here:

1. Did you ever feel that you were treated differently? Discriminated against?
2. If so, by whom and why? (Your race? Ethnicity? Skin color? Language?)
3. Have you been prevented from doing something, been hassled or made to feel inferior because of your race, ethnicity, or skin color?
4. How do you perceive your relationship with other ethnic groups / races?
5. Do you think Latinos share common interests?
6. Do you think there is unity between Latino national groups?
7. Do Latinos help each other out? Which Latino groups? Same national origin?
8. Do you have friends from other Latino national groups?
9. Do you have friends from other ethnic / racial groups (e.g. White, African Americans, etc.)

F- For documented / naturalized respondents only:

1. Do you want to become a citizen? Why? Do you know how?
2. Did you vote in the last election? For whom?
3. Will you vote in the next one? For which candidate?

G- For undocumented / DACA respondents only:

1. Has anything changed in your daily routine since Trump was elected?
2. Do you trust the authorities (e.g. law enforcement)?
3. Do you feel safe? Are you worried about deportation? If so, how does it manifest?
4. How would you assess your mental health now? (level of stress, level of anxiety, level of fear)
5. What about your physical health? (Frequency seeking medical attention, appointments, check-ups.
6. Has it changed in the last few years (e.g. before DACA, during DACA, since the rescission announcement)?

Is there anything else you would like to tell me? (regarding what we talked about today, or something else?)

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