

July 13, 2020

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Robert A. Deleo, Speaker of the House
Massachusetts State House
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Honorable President Spilka and Speaker DeLeo:

The undersigned medical providers, associations, and institutions write to express our endorsement of [H.3573](#) (Balsler & Miranda) and [S.1401](#) (Eldridge), “An Act to protect the civil rights and safety of all Massachusetts residents,” otherwise known as the Safe Communities Act (SCA). We urge swift passage of the SCA this session in order to address the ongoing public health crisis in the Commonwealth’s immigrant communities.

Over the past several months, the COVID-19 epidemic has forced Massachusetts to contend with an unprecedented public health crisis. Immigrant communities—which disproportionately include low income residents working essential jobs and living in overcrowded, multigenerational households—have been among the hardest hit. The worst-affected municipalities in Massachusetts have higher than average percentages of foreign-born residents (Fig.1). As a result, institutions like Massachusetts General Hospital have seen a dramatic surge in admissions of COVID-19 positive, limited English proficiency (LEP) patients (Fig.2). Yet, immigrant communities find themselves effectively excluded from public health measures designed to curtail the epidemic.

The ongoing collaboration of some local police departments with Immigration and Customs Enforcement (ICE) leads many immigrants to hesitate over calling 911 during medical emergencies, fearing repercussions for the legal status of themselves or their loved ones. Distrust of government agencies also hinders the Department of Public Health’s (DPH) contact tracing efforts. Currently, the response rate to DPH’s outreach efforts hovers at about 50%, with an average of just two contacts reported per COVID-19 positive respondent, despite the fact that many residents live in much larger households. DPH releases the addresses of COVID-19 positive patients to local first responders in many municipalities, compounding undocumented immigrants’ hesitation to participate in testing and contact tracing. Data suggests that Latinos living in areas with intense immigration enforcement express lower levels of trust in government as a source of health information, further impeding participation in public health initiatives.¹

The implications of ongoing police collaboration with ICE extend beyond the current COVID-19 crisis. Multiple studies have demonstrated the detrimental effects of aggressive immigration enforcement and anti-immigrant policy environments on the health of immigrants and their US citizen family members. Concerns about deportation and anti-immigrant rhetoric correlate with worse self-reported physical and mental health^{2,3,4,5}, sleep difficulties⁶, increased BMI⁷, blood pressure changes^{6,7}, and delays in seeking emergency medical care.⁸ Such concerns are also linked to worsened obstetric indicators, including delays in accessing prenatal care⁹ and increased

risk for preterm birth¹⁰ and low birth weight.¹¹ Some of these effects may be mediated by immigrants' fears of accessing needed benefits like SNAP or food pantries in areas with anti-immigrant policies, leading to higher rates of food insecurity.^{12,13} Community advocates report that immigrant victims of domestic violence and other crimes have long hesitated to seek help from authorities, placing their physical and mental health at grave risk.

Immigrants are justified in fearing the consequences of entanglement with the authorities for their families: aggressive immigration enforcement led to the deportation of more than 340,000 parents of US citizen children from 2011-2017, a form of family separation.¹⁴ Deportations alone are estimated to have increased foster care placements among Latino children by 15 to 21% from 2001 to 2015.¹⁵ At a time when the health risks of racism and police brutality have come into sharp focus, distrust of police among marginalized communities poses a public health issue that demands swift action.

In our view, the Safe Communities Act is a logical and necessary step toward enabling immigrant patients to safely seek needed services. The SCA bars law enforcement and court personnel from asking residents about their immigration status unless required to do so by law, standardizing best practices already in effect in many police departments and the State Police. The bill also bars police, court officers, and jail officials from alerting ICE to the impending release of immigrants who have not been convicted of criminal offenses, preserving family integrity. The SCA ends all 287(g) agreements with ICE, which currently allow state and county personnel to act as federal immigration agents at state taxpayers' expense. Massachusetts is the only state in New England to have 287(g) agreements, which themselves pose a public health risk, as ICE detention facilities are projected to become COVID-19 hotspots due to crowded and unsanitary conditions with limited access to medical care for detainees.^{16,17}

The COVID-19 epidemic has clearly illustrated that the health of our society depends upon the health of its most vulnerable and marginalized members. One in six residents of Massachusetts is foreign-born, and one in three children in the Commonwealth has at least one immigrant parent. Most are members of racial and ethnic minority groups.¹⁸ It is time for the state to demonstrate that it values the wellbeing of all of its residents, regardless of where they come from or the color of their skin. Passing the SCA is a crucial first step.

Thank you for your consideration.

Sincerely,

Massachusetts Medical Society

American College of Physicians, Massachusetts Chapter

MGH Chelsea HealthCare Center

François-Xavier Bagnoud Center for Health and Human Rights, Harvard University

Figure 1. Demographics of Massachusetts Top Six COVID-19 Hotspots.

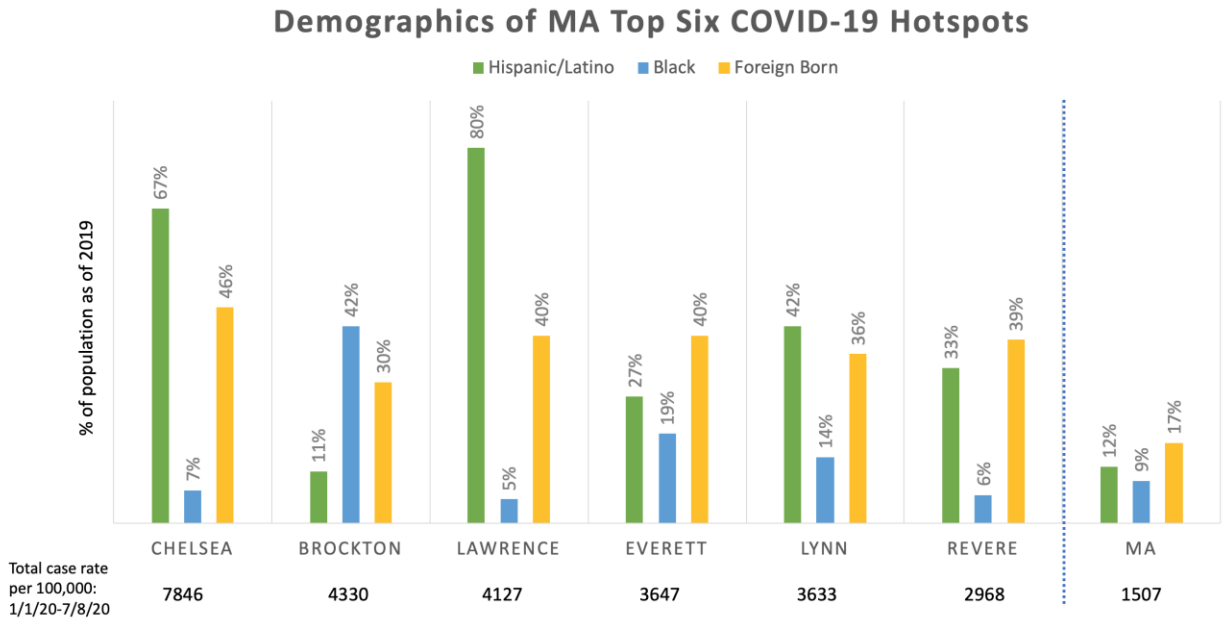
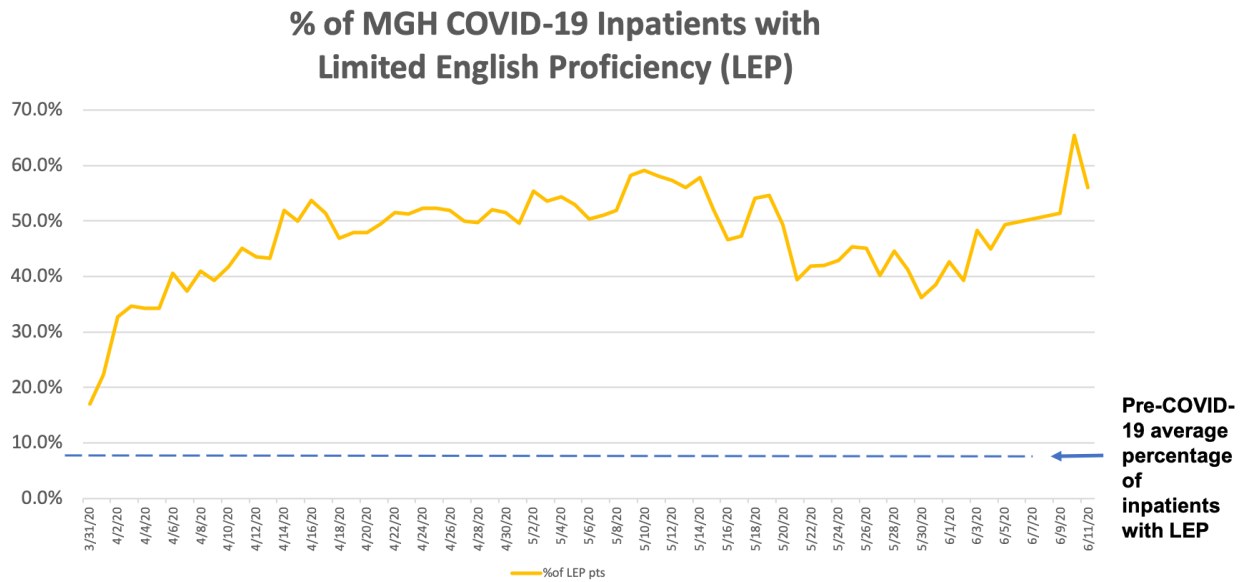


Figure 2. Percentage of MGH COVID-19 Inpatients with Limited English Proficiency



¹ Cruz Nichols, V., LeBrón, A.M.W. and Pedraza, F.I. (2018), Spillover Effects: Immigrant Policing and Government Skepticism in Matters of Health for Latinos. *Public Admin Rev*, 78: 432-443. doi:10.1111/puar.12916

² Hacker K, et al. The Impact of Immigration and Customs Enforcement on Immigrant Health: Perceptions of Immigrants in Everett, Massachusetts, USA. *Soc Sci Med*. 2011 Aug; 73(4): 586–594.

³ Vargas ED, Sanchez GR, Juarez M. Fear by Association: Perceptions of Anti-Immigrant Policy and Health Outcomes. *J Health Polit Policy Law*. 2017 Jun; 42(3): 459–483.

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- ⁴ Bruzelius E, Baum A. The Mental Health of Hispanic/Latino Americans Following National Immigration Policy Changes: United States, 2014–2018. *Am J Public Health*. 2019;109(12):1786–1788. doi:10.2105/AJPH.2019.305337
- ⁵ Wang JSH, Kaushal N. Health and Mental Health Effects of Local Immigration Enforcement. NBER Working Paper No. 24487. April 2018. JEL No. I1,I14,I3,J15,J18. <https://www.nber.org/papers/w24487.pdf>
- ⁶ Eskenazi B, Fahey CA, Kogut K, et al. Association of Perceived Immigration Policy Vulnerability With Mental and Physical Health Among US-Born Latino Adolescents in California. *JAMA Pediatr*. 2019;173(8): 744–753. doi:10.1001/jamapediatrics.2019.1475
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- ⁸ Rodriguez RM, Torres JR, Sun J, et al. (2019) Declared impact of the US President’s statements and campaign statements on Latino populations’ perceptions of safety and emergency care access. *PLoS ONE* 14(10): e0222837. <https://doi.org/10.1371/journal.pone.0222837>
- ⁹ Rhodes SD, et al. The Impact of Local Immigration Enforcement Policies on the Health of Immigrant Hispanics/Latinos in the United States. *Am J Public Health*. 2015;105:329–337. doi:10.2105/AJPH.2014.302218
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- ¹¹ Novak NL, Geronimus AT, Martinez-Cardoso AM. Change in birth outcomes among infants born to Latina mothers after a major immigration raid. *Int J Epidemiol*. 2017;46(3):839–849. doi:10.1093/ije/dyw346
- ¹² Potochnick S, Chen JH, Perreira K. Local-Level Immigration Enforcement and Food Insecurity Risk among Hispanic Immigrant Families with Children: National-Level Evidence. *J Immigr Minor Health*. 2017;19(5):1042–1049. doi:10.1007/s10903-016-0464-5
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- ¹⁸ <https://www.migrationpolicy.org/data/state-profiles/state/demographics/MA>