

Political Climate as a Determinant of Immigrant Health: A Comparative Analysis of Reagan and Trump Eras

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Abstract:

This thesis examines how political climates shape immigrant health outcomes in the United States through a comparative analysis of two distinct political eras: the era surrounding the Reagan administration's Immigration Reform and Control Act (IRCA) (1981–1989) and the first Trump administration (2017–2020). Drawing on archival documents, political speeches, executive orders, and recent empirical research, the study explores how shifts in political discourse and enforcement practices impact the physical and mental health of undocumented immigrants and mixed-status families. The findings reveal that hostile political climates—characterized by exclusionary rhetoric, criminalization narratives, and aggressive enforcement—produce pervasive fear, healthcare avoidance, and heightened psychological distress within immigrant communities. To contrast this, inclusive rhetoric and legalization pathways, as seen during the Reagan era, foster trust and promote integration. By integrating and analyzing the legal violence, structural racism, and political determinants of health frameworks, this thesis contributes to both immigration and public health scholarship, offering insights for policy interventions and future research on immigrant health equity.

Introduction:

Immigration policy in the United States has long reflected the nation's fluctuating anxieties about race, labor, and national identity. From the national origins quotas of the 1920s to the post-9/11 securitization of immigration, shifts in policy have reflected and reinforced American political climates. A core insight of recent scholarship is that these political climates have profound implications for immigrant communities' health and well-being. The concept of illegality demonstrates how law and politics do not simply designate who is "legal" or "illegal"; instead, they actively produce and shape the lived experiences of migrants (Flores and Schachter; Menjívar and Abrego).

The 1965 Immigration and Nationality Act was one of the revolutionary policies regarding immigration; it dismantled national origins quotas, but some argue it inadvertently contributed to a rise in unauthorized migration (Massey and Pren 2012). This shift from open migration to closed migration was the norm between the late 19th century and the late 20th century. Migration from Latin American countries was not capped. This allowed for the rise of resentment against Latinos in the U.S., with mainstream media and politics framing Mexican and other Latin American migrants as economic burdens, cultural threats, and potential criminals (Massey and Pren 2012). As Massey and Pren observe, such narratives fed a self-reinforcing cycle of public fear, restrictive legislation, and aggressive enforcement, with profound consequences for Latino communities.

One key moment of departure from this trajectory was the passage of the Immigration Reform and Control Act of 1986 (IRCA) under President Ronald Reagan. IRCA represented a rare instance of bipartisan consensus and relative inclusivity toward immigrants. While the Act introduced employer sanctions for hiring undocumented workers, it did offer a path to legal

status for an estimated three million undocumented migrants (Library of Congress, A Latinx Resource Guide). Reagan was publicly framed as affirming the dignity and humanity of immigrants through this action (Reagan, Remarks on Signing). IRCA's legalization provisions were particularly significant in a political environment increasingly dominated by narratives of exclusion (Kaplowitz 2018).

By contrast, the first Trump administration (2017–2020) marked an intensification of the politics of fear surrounding immigration. Building on decades of securitization and racialization of migration, the Trump administration pursued policies and deployed rhetoric that explicitly framed immigrants as threats to national security and public safety; this was particularly targeted at migrants from Latin America, Africa, and Muslim-majority countries (Flores and Schachter 2018; Massey and Pren 2012). Executive orders such as *Protecting the Nation from Foreign Terrorist Entry* (Trump, Executive Order 13769) and proclamations like *National Day of Remembrance for Americans Killed by Illegal Aliens* (Trump, Proclamation 10115) exemplified the embedding of anti-immigrant narratives in state discourse.

The intersection of these political climates with immigrant health is increasingly evident. Studies have documented how hostile political environments and enforcement practices create pervasive fear among immigrant communities, leading to healthcare avoidance, stress-related conditions, and broader health disparities (Castañeda et al.; Hatzenbuehler et al.; Philbin et al.). As the concept of legal violence suggests, exclusionary laws and practices inflict structural harm on immigrant communities, with long-term consequences for physical and mental health (Menjívar and Abrego 2012). Yet, while the health impacts of individual policies (such as the Public Charge Rule) are well-studied, less attention has been paid to how broader political climates shape these outcomes over time.

Research Problem

Existing research provides robust evidence of health disparities among undocumented and mixed-status families in the United States (Castañeda et al.; Hacker et al.). These disparities are linked to a range of structural barriers, including limited access to insurance, language obstacles, and fear of deportation (Hacker et al.; Vargas et al., Immigration Enforcement). Yet, the political determinants contributing to these disparities remain underexplored

Research Question

This study addresses the following research question:

To what extent does a hostile political climate—coupled with the uncertainty of undocumented status—impact the physical and mental health of immigrants and mixed-status families in the United States?

Case Comparison

To explore this question, I opted to do a comparative analysis of two key political eras: the Reagan administration's implementation of IRCA (1981–1989) and the first Trump administration (2017–2020). These periods represent contrasting models of state discourse and policy toward immigrants.

The IRCA era, while not free of exclusionary practices, was characterized by relatively inclusive rhetoric and a major legalization program. Reagan's public framing of IRCA emphasized fairness, opportunity, and the integration of immigrants into American society (Kaplowitz 2018; Reagan, Remarks on Signing). As the Latinx Resource Guide notes, IRCA's legalization provisions allowed millions of Hispanic migrants to secure legal status and access new economic and social opportunities (Library of Congress, A Latinx Resource Guide).

In contrast, the Trump administration amplified exclusionary narratives, portraying

immigrants as dangerous criminals and as economic threats (Flores and Schachter 2018; Massey and Pren 2012). Executive orders and public statements reinforced a climate of fear, with measurable impacts on immigrant health-seeking behavior and mental health outcomes (Roche et al.; Vargas et al.; Philbin et al.). As Flores and Schachter's concept of social illegality suggests, such climates extend harm beyond legal status, affecting entire communities through stigma and discrimination.

By comparing these two eras, this study seeks to illuminate how shifts in political climate shape immigrant health, moving beyond policy analysis to capture the broader discourse and structural forces at play. This research offers a historical comparative perspective on how political environments shape immigrant health outcomes. In doing so, it contributes to both immigration policy debates and public health scholarship.

Literature Review:

Introduction

In recent years, anti-immigrant political sentiment has surged in the United States, shaping both public discourse and institutional policies in ways that directly impact the well-being of immigrant communities. The Trump administration's rhetoric and enforcement practices, for example, marked a sharp escalation in the visibility and normalization of hostility toward immigrants, particularly Latino and mixed-status families (Cruz Nichols et al.; Wallace and Young). Yet as anti-immigrant attitudes become increasingly embedded in the political climate, critical questions remain about how such environments influence individual and community health.

Emerging research suggests that this relationship is complex and multifaceted. It is well established that immigrants, particularly undocumented individuals and members of mixed-status

families, experience significant health disparities when compared to native-born populations (Singh and Hiatt; Derose et al.; Perreira and Pedroza). These disparities are driven by a multitude of factors, including limited access to healthcare, language barriers, socioeconomic disadvantage, and experiences of discrimination (Derose et al.; Hacker et al.; Guelespe et al.). However, the political environment also plays a crucial role. Immigration status is increasingly being recognized as a social determinant of health, with enforcement practices, public rhetoric, and legal exclusions contributing to chronic stress, avoidance of healthcare, and adverse health outcomes (Castañeda et al.; Asad and Clair).

Beyond individual factors, broader political climates shape perceptions of immigrants and their access to health-promoting resources (Hopkins; López-Cevallos et al.). Structural racism, as Bailey et al. argues, is deeply embedded in U.S. institutions and interacts with legal status to produce harms on marginalized populations (Bailey et al. 2017). Policing practices, community surveillance, and discriminatory public narratives contribute to what Menjívar and Abrego term “legal violence,” a process by which law and policy normalize exclusion and chronic stress. Such environments extend beyond undocumented individuals; they harm the health of U.S.-born citizens in immigrant families and broader Latino communities (Cruz Nichols et al.; López-Cevallos et al.).

Through this literature review, I highlight key gaps regarding the understanding of how political hostility and legal uncertainty interact to shape immigrant health outcomes. To do this, I frame these questions: first, the documented health disparities affecting immigrants and mixed-status families; second, the role of anti-immigrant political climates in shaping public perceptions and institutional practices; and third, the conceptual and empirical evidence supporting political climate as a fundamental determinant of health. In doing so, it highlights

Anti-Immigrant Political Climates

Anti-immigrant political climates in the United States shape not only the material conditions of immigrants' lives but also the broader public perceptions of immigrants as a social group. Scholars and policymakers alike have documented the cyclical nature of anti-immigrant sentiment. They have acknowledged its deep entanglement with racialization and its growing role in shaping both local and national politics. Anti-immigrant political climates are neither random nor isolated phenomena. They are socially produced, politically mobilized, and structurally embedded in policies and institutions that affect how immigrants are viewed and treated in American society.

Historical Cycles of Anti-Immigrant Sentiment

The political climate surrounding immigration in the United States has long been characterized by cycles of hostility and partial inclusion. Wallace and Young (2018) argue that anti-immigrant policies and public opinion tend to sway in response to broader political, economic, and cultural forces. Cycles of restriction have racialized immigrants, particularly Latino immigrants, producing a sociopolitical environment in which even legal immigrants and U.S.-born Latinos are subject to suspicion and exclusion.

Wallace and Young further argue that these cycles are linked to broader historical moments of national insecurity or economic downturn. For example, the mass deportations of Mexican-origin individuals during the Great Depression gave way to the labor-importing Bracero Program during World War II, only for anti-immigrant politics to peak again in the 1990s with California's Proposition 187 (Wallace and Young 2018). More recently, the Trump administration's policies and rhetoric represented an intensification of the exclusionary cycle, building on a long history of racializing immigrants and portraying them as threats to American

identity and well-being.

Media and Political Mobilization of Anti-Immigrant Sentiment

Hopkins (2010) discusses how national and local political conditions interact to produce anti-immigrant sentiment at the community level. Hopkins argues that sudden demographic changes in local immigrant populations, when coupled with salient national rhetoric, are especially likely to provoke local hostility toward immigrants (Hopkins 2010). Using data from twelve national surveys and a new dataset of local anti-immigrant ordinances, Hopkins shows that local political reactions to immigrants are not simply a product of proximity or contact but are politically mediated through national discourse and local political mobilization. National media coverage and political rhetoric can activate latent anxieties about immigrants, especially when communities experience rapid demographic change (Hopkins 2010). Immigrants are more likely to be perceived as competitors or as cultural threats, even if these perceptions are not grounded in actual interactions. In sum, Hopkins' work underscores the importance of political framing and media narratives in shaping how immigrants are perceived in U.S. society.

Legal Violence and the Normalization of Exclusion

While Hopkins highlights the political dynamics of anti-immigrant sentiment, Menjívar and Abrego (2012) focus on the legal and structural mechanisms by which these sentiments are institutionalized. Their concept of legal violence refers to the normalized harms inflicted on immigrants through immigration laws and their implementations (Menjívar and Abrego 2012). Menjívar and Abrego persist that there is a convergence of immigration and criminal law that produces a climate of constant surveillance, fear, and exclusion. Legal violence operates not only through explicit acts of state repression but also through the representation of social hierarchies, which normalize inequality (Menjívar and Abrego 2012). Media portrayals of immigrants as

criminals or threats reinforce public perceptions that justify harsh policies, while the legal framework itself creates a class of individuals whose very presence is rendered illegitimate. Anti-immigrant political climates are sustained by rhetoric and institutional structures that govern immigrant life in the United States.

Contemporary Impacts on Health and Well-Being

Additional research demonstrates the impacts of anti-immigrant political climates on immigrant health and well-being. Crookes et al. (2022) finds strong evidence that exclusionary policies are associated with poorer mental and physical health (Crookes et al. 2022). They identify multiple pathways through which anti-immigrant policies harm health, including reduced access to services, increased experiences of discrimination, and chronic stress linked to fear of enforcement. Additionally, Crookes et al. also documents the spillover effects where anti-immigrant policies negatively affect U.S.-born Latinx adults as well as noncitizens (Crookes et al. 2022). This finding supports the argument by Wallace and Young (2018) that the racialization of immigrants extends to broader Latino communities.

Perceived Climate and Experiences of Discrimination

Adding to the evidence on health impacts, López-Cevallos, Vargas, and Sanchez (2023) examine how perceptions of an anti-immigrant climate shape healthcare experiences among U.S. Latino adults. Using data from the 2015 Latino National Health and Immigration Survey, the authors find that Latinos living in states with unfavorable immigrant policies or in communities perceived as anti-immigrant or anti-Hispanic report significantly lower satisfaction with healthcare (López-Cevallos et al. 1199). This study underscores the role of perceived political climate in shaping everyday experiences of discrimination. Even in the absence of direct policy effects, the perception of a hostile environment can deter immigrants and their families from

seeking care and can erode trust in healthcare institutions.

Lived Experiences of Immigrant Families

Finally, Ayón (2018), in *Vivimos en Jaula de Oro*, provides an account of how state-level legislation affects the lived experiences of immigrant Latino families. They find that anti-immigrant laws and rhetoric generate pervasive fear, stress, and social isolation (Ayón 2018). Participants report avoiding public spaces, reducing engagement with institutions, and experiencing heightened anxiety about family separation. This illustrates how anti-immigrant political climates are experienced. The study highlights different dimensions of exclusion, showing how fear permeates families and undermines social unity. It also demonstrates how anti-immigrant sentiment is reproduced through local interactions, reinforcing the broader societal perception of immigrants as undeserving or dangerous.

These six works provide a comprehensive understanding of how anti-immigrant political climates shape and sustain perceptions of immigrants in U.S. society. Historical cycles of anti-immigrant sentiment continue to structure public discourse and policy (Wallace and Young; Menjívar and Abrego). Media narratives and political rhetoric also serve as powerful catalysts that activate and amplify local hostility toward immigrants, particularly during periods of rapid demographic change (Hopkins). Legal and institutional frameworks not only reflect but actively produce and normalize exclusionary perceptions of immigrants. Hostile political climates manifest in real-world consequences such as health disparities and discrimination, affecting both immigrants and broader Latino communities (Crookes et al.; López-Cevallos et al.). Finally, the lived experiences of immigrant families highlight the profound emotional and relational toll of anti-immigrant environments, revealing the human costs of sustained exclusion (Ayón). It is not enough to focus solely on explicit policy changes; it is equally essential to challenge the media

narratives, legal structures, and local political dynamics that perpetuate hostile climates.

Health Disparities Among Immigrants

Research has also documented the persistent health disparities faced by immigrants and mixed-status families in the U.S., relative to the U.S.-born population. The disparities stem from a complex interaction of structural barriers, legal and policy constraints, and lived experiences of discrimination and fear. Taken together, the literature highlights the critical need to understand immigrant health disparities not as isolated outcomes but as deeply embedded within broader systems of inequality.

Documented Health Disparities Affecting Immigrants and Mixed-Status Families

Empirical studies consistently show that immigrants—especially those from Latin America—and members of mixed-status families experience worse health outcomes and more barriers to healthcare access than U.S.-born citizens. Singh and Hiatt’s long-term analysis of mortality trends demonstrates that foreign-born individuals in the United States exhibit disparities in life expectancy and cause-specific mortality compared to native-born populations (Singh and Hiatt 2006). Immigrants are a vulnerable population. They are less likely to have health insurance, less likely to use healthcare services, and more likely to receive lower quality care (Derose et al. 2007). These disparities persist even when controlling for socioeconomic status and country of origin, underscoring the structural nature of immigrant health vulnerabilities.

For mixed-status families, disparities are even more pronounced. According to Guelespe, Echave, and Gonzalez, adults in mixed-status families were significantly more likely to experience material hardship, like food insecurity and problems paying medical bills, compared to other immigrant and native-born families (Guelespe et al. 2021). Over 56 percent of adults in

mixed-status families reported at least one form of hardship, highlighting the disproportionate economic and health risks faced by these households. Children in mixed-status families are particularly vulnerable to health disparities, despite many being U.S. citizens. Restrictive policies and enforcement environments contribute to a “chilling effect” that deters families from accessing needed services (Perreira and Pedroza 2019). This systemic exclusion not only impacts immediate health outcomes but also undermines long-term well-being for both immigrant parents and their citizen children.

Several structural barriers contribute to these disparities, including lack of insurance, language obstacles, and experiences of discrimination. As Derose et al. detail, immigrants are substantially less likely to have health insurance than their U.S.-born counterparts—a pattern that holds true across legal status groups (Derose et al. 2007). Even U.S.-born children in immigrant families face lower insurance coverage rates than children of native-born parents. Limited English proficiency is another major barrier to care. Language difficulties hinder access to insurance enrollment, reduce the likelihood of having a regular source of care, and negatively affect the quality of provider-patient interactions (Derose et al. 2007). Moreover, inadequate interpretation services and cultural mismatches between providers and immigrant patients often exacerbate communication gaps.

Impact of Immigration Status and Fear of Deportation on Health Behavior

Immigration status profoundly shapes health behavior, influencing not only access to care but also willingness to engage with healthcare systems. Fear of deportation deters healthcare use among undocumented immigrants and members of mixed-status families. Hacker et al.’s study provides evidence of this dynamic. Immigrants expressed intense fear of deportation, which led many to avoid public spaces, including healthcare facilities (Hacker et al. 2011). Participants

described modifying their daily routines to minimize exposure to authorities and reported missing healthcare appointments out of fear of ICE surveillance.

Castañeda and Melo similarly find that parents in mixed-status families delay or forgo medical care for their children due to fears about revealing undocumented family members' status (Castañeda and Melo 2014). Even when U.S.-born children are eligible for public benefits, parents often avoid enrollment to prevent triggering negative immigration consequences; this dynamic of "legal violence" illustrates how immigration laws produce chronic stress and constrain health-seeking behaviors.

El-Banna et al.'s study on Deferred Action for Childhood Arrivals (DACA) recipients further highlights the role of legal status in shaping health behavior. Those with DACA status had some protection and facilitated healthcare access for undocumented young adults, yet this still demonstrated the vulnerabilities facing undocumented relatives (El-Banna et al. 2022). This awareness contributed to stress and reluctance to engage fully with healthcare systems, even among those with improved legal standing.

Long-Term Health Impacts: Delayed Care, Stress-Related Conditions, Emergency Service Use

The cumulative effects of structural barriers and legal exclusion manifest in long-term health consequences for immigrant and mixed-status families. Delayed care, stress-related conditions, and reliance on emergency services are well-documented outcomes of these dynamics.

Perreira and Pedroza report that immigrants subject to exclusionary policies experience heightened levels of psychosocial stress, which contributes to poor cardiovascular health, mental health problems, and adverse birth outcomes (Perreira and Pedroza 2019). Increased deportation rates have been linked to elevated food insecurity and declines in prenatal care among immigrant

families.

Vulnerability of Mixed-Status Families

Mixed-status families face distinctive vulnerabilities that compound the general risks experienced by immigrant communities. These households navigate a uniquely precarious position, where some members are legally protected while others remain subject to deportation and exclusion. Adults in mixed-status families reported the highest rates of material hardship across all measured domains, including food insecurity, housing instability, and medical debt (Guelespe et al. 2021). El-Banna et al.'s qualitative study further reveals the intergenerational impacts of these dynamics. Children of DACA-ineligible parents experience chronic stress related to family members' legal vulnerabilities and often take on caregiving roles, translating for parents or managing healthcare interactions (El-Banna et al. 2022). Mixed-status families are thus exposed to layered forms of marginalization: economic precarity, legal insecurity, and psychosocial stress.

Immigrants and mixed-status families in the United States face profound and persistent health disparities. These disparities are driven by structural barriers to care, discriminatory policies and rhetoric, and the pervasive impacts of legal status and deportation fears on health behavior. Mixed-status families, in particular, experience compounded vulnerabilities that threaten both immediate and long-term well-being. The health of immigrants and mixed-status families cannot be separated from the legal and political environments they inhabit. Recognizing and addressing the structural determinants of immigrant health is essential to building a more inclusive healthcare system and society.

Political Climate as Determinants of Health

In recent years, a growing body of research has called attention to the political

determinants of health, demonstrating that political environments—policies, enforcement practices, and public discourse—profoundly shape health outcomes. This perspective moves beyond an exclusive focus on individual-level factors such as personal behaviors or immigration status, arguing that the broader political climate within which individuals live constitutes a critical social determinant of health. Health impacts of immigration policy and enforcement, as well as political climates, shape the health of other marginalized groups. Taken together, these studies advance the understanding that structural and political factors must be foregrounded in efforts to address health disparities.

Immigration as a Social Determinant of Health

A foundational contribution to this literature is Castañeda et al.'s comprehensive review, *Immigration as a Social Determinant of Health* (Castañeda et al. 2015). The authors argue that immigration status—and more broadly, immigration policy and enforcement—should be understood as key social determinants of health because they structure individuals' access to resources and expose them to unique forms of social stress (Castañeda et al. 2015). It is not only undocumented immigrants who are affected; the political climate surrounding immigration influences the health of entire communities, including U.S. citizens in immigrant families.

There are several pathways through which immigration-related policies affect health: by influencing access to healthcare and public benefits, shaping employment and housing opportunities, and generating chronic psychosocial stress. Restrictive immigration policies and public rhetoric produce “spillover” effects, deterring even legally present immigrants from seeking care (Castañeda et al. 2015). This perspective powerfully reframes immigration as a structural factor embedded in the political environment—one that must be considered alongside other well-established social determinants such as income, education, and neighborhood

conditions.

Political Climate and Health Determinants

Political climates shape health outcomes among Latino communities by manifesting in enforcement practices, public discourse, and racialized policing. Cruz Nichols, LeBrón, and Pedraza's study, "Policing Us Sick: The Health of Latinos in an Era of Heightened Deportations and Racialized Policing" (Cruz Nichols et al. 2018), offers evidence of these dynamics. They examine how both observable immigration enforcement actions (e.g., deportations under the Secure Communities program) and perceptions of racialized policing affect Latino mental and physical health (Cruz Nichols et al. 2018). They find that county-level deportations are significantly associated with increased mental health needs among Latinos, and Latinos who perceive their communities as targets of racialized policing report poorer self-rated physical health.

Additionally, knowing someone who has been deported and having close relationships with undocumented individuals are both associated with worse mental and physical health outcomes. Broader political environments are a critical determinant of health for Latino communities, rather than individual legal status alone.

Asad and Clair's *Racialized Legal Status as a Social Determinant of Health* (2018) further elaborates this argument by introducing the concept of racialized legal status (RLS). The authors define RLS as a social position based on ostensibly race-neutral legal classifications—such as criminal or immigration status—that disproportionately impact racial and ethnic minorities (Asad and Clair 2018). They argue that RLS functions as a fundamental cause of health disparities by marking individuals and communities for material and symbolic exclusion.

Bailey et al.'s *Structural Racism and Health Inequities in the USA* (2017) offers a broader lens, situating immigration-related health disparities within the wider context of structural racism. They argue that structural racism is embodied in laws, institutional practices, and cultural narratives, becoming a root cause of racial health inequities (Bailey et al. 2017). While the study predominantly focuses on Black Americans, structural racism also shapes the experiences and health outcomes of other marginalized groups, including Latinos and immigrants. The authors document multiple pathways through which structural racism harms health, including residential segregation, discriminatory policing, and unequal healthcare access.

Political Determinants of Health Beyond Immigration

There is a need to consider political determinants of health for other marginalized groups. Bailey et al. (2017) highlight that structural racism affects a wide range of populations beyond immigrants, including Black, Native American, and Asian communities. Asad and Clair (2018) similarly argue that racialized legal statuses—such as criminal records—produce health disparities for Black Americans and other groups disproportionately targeted by punitive legal systems (Asad and Clair 2018). Gee et al. (2012) further emphasize that racism operates through intersecting systems of oppression that impact multiple marginalized groups across the life course. Their framework examines how political climates produce health disparities across lines of race, class, immigration status, and legal status. Navarro and Shi's cross-national analysis reinforces this point by demonstrating that more inclusive political regimes produce better health outcomes across entire populations, not just for immigrants (Navarro and Shi 2001). Their findings suggest that political climates fostering social solidarity and universal access to services benefit all members of society, while exclusionary climates exacerbate disparities.

Political climate shapes health outcomes far more than individual legal status.

Immigration status is best understood as a social determinant of health, with enforcement practices, public rhetoric, and legal frameworks producing both direct and spillover effects on the health of immigrant communities. Moreover, political climates characterized by structural racism and exclusionary policies harm the health of a wide range of marginalized groups.

Gaps in Existing Research

The literature reviewed here offers a robust foundation for understanding the links between political climates, immigration status, and health outcomes. It highlights multiple pathways through which political environments, through exclusionary policies, enforcement practices, racialized policing, and broader narratives of belonging, shape physical and mental health. However, despite this, some gaps remain that must be addressed.

One significant limitation in the existing literature is the predominance of research on either political climates or immigration status in isolation, rather than in explicit interaction. Many studies document how immigration status—particularly undocumented status—acts as a social determinant of health (Castañeda et al.; Derosé et al.; Singh and Hiatt), while others examine how broader political climates shape health outcomes through mechanisms such as structural racism (Bailey et al.; Navarro and Shi) or racialized policing (Cruz Nichols et al.). However, few studies analyze how these factors intersect: how the uncertainty and stress of undocumented status is specifically magnified—or perhaps differently experienced—within highly hostile political environments.

Existing research offers limited understanding of physical health outcomes in this context. Much of the literature focuses on self-reported mental health and healthcare utilization, with less attention to objective physical health indicators or biological mechanisms linking political climate and legal status to disease risk. Bailey et al. point to pathways such as allostatic

load and chronic stress responses, yet empirical studies directly testing these mechanisms in immigrant populations remain sparse. A related concern is that few studies differentiate between the heterogeneity of undocumented experiences. Asad and Clair's concept of racialized legal status underscores that legal status is not experienced uniformly: the degree of marginalization and associated health impacts vary depending on race, ethnicity, local context, and exposure to enforcement. Most studies still treat undocumented populations as a monolithic group, failing to account for how factors such as mixed-status family dynamics (Perreira and Pedroza; El-Banna et al.), community support structures (Ayón), and regional policy differences (Wallace and Young) may moderate or exacerbate health impacts.

Moreover, while scholars such as Wallace and Young and Hopkins explore the cyclical nature of anti-immigrant sentiment and local opposition, few studies interrogate how shifts in national political rhetoric—such as the Trump administration's public demonization of immigrants—translate into everyday health impacts at the individual level. Navarro and Shi suggest that more inclusive political regimes produce better population health.

In sum, while the existing literature establishes that both political climates and undocumented status are powerful determinants of health, key questions remain about their interaction, cumulative effects, biological pathways, community heterogeneity, and intergenerational impacts. Addressing these gaps is critical for understanding the full extent to which hostile political environments—especially in the contemporary U.S. context of rising anti-immigrant attitudes—compound the inherent uncertainty and stress of undocumented status to shape physical and mental health outcomes. This thesis seeks to contribute to this effort by integrating qualitative and archival evidence across distinct political eras, offering new insights into how the lived experiences of undocumented and mixed-status families are shaped by the

shifting political landscapes they must navigate.

Methodology:

Overview/Research Design

This study employs an interpretive qualitative method coupled with an archival research design to examine how political climates shape immigrant health outcomes. Specifically, it compares two distinct political eras—the Reagan administration’s passage of the Immigration Reform and Control Act (IRCA) in 1986 and the first Trump administration between 2017 and 2020—to analyze how shifting political discourse and enforcement practices influence the physical and mental health of immigrants and mixed-status families.

Qualitative methods are well suited to exploring this topic because they allow for a nuanced examination of state-produced narratives and their social impacts. The study focuses on three key dimensions: the evolving political framing of immigrant health access, the production of fear and legal uncertainty through state discourse, and the resulting health disparities linked to hostile political environments. Archival materials from both the Reagan and Trump eras serve as the primary sources of analysis, providing a longitudinal and comparative lens for understanding the relationship between political climates and immigrant health. Secondary scholarly literature is used to contextualize findings within broader debates on political determinants of health. In addition to policy analysis, this study also examines the rhetoric used by presidents to analyze how political discourse constructs immigrants as either deserving of inclusion or as targets of exclusion and enforcement.

Archival Research

A. Archives Consulted

The study draws on several key archival sources to trace the evolution of political

discourse and policy affecting immigrant health. For the Reagan era, two anchor documents are analyzed: the full text of the Immigration Reform and Control Act of 1986 (IRCA) and President Reagan's remarks at the IRCA signing ceremony. These materials provide insight into how the administration framed immigrant contributions to society and articulated a relatively inclusive vision of legal status and access to rights.

For the Trump era, the analysis focuses on immigration-related executive orders issued between 2017 and 2020. These documents reflect a contrasting political climate characterized by exclusionary rhetoric, heightened enforcement, and the strategic use of public charge discourse to deter immigrants from accessing healthcare and other services.

B. Selection Criteria

Archival materials were selected based on their relevance to the study's central themes: public charge discourse, fear rhetoric, and access to healthcare. The time periods under examination are the 1980s during Reagan administration and the 2017–2020 Trump administration. These two eras were chosen to provide a comparative lens: one characterized by a relatively supportive climate for legalization and immigrant inclusion, and the other by explicit hostility toward immigrants and expanded enforcement.

Search terms and keywords included combinations of the following: immigrant health, healthcare access, deportation fear, amnesty, legal status, public charge, immigration enforcement, mixed-status families, and political discourse. The selection of documents was guided by their ability to shed light on how political actors framed immigrant health access and how these framings may have shaped public perceptions and behaviors.

C. Analytical Approach to Archival Materials

A thematic analysis approach was used to analyze archival documents, with particular

attention to political rhetoric and framing. In addition to identifying dominant policy narratives and legal shifts, the analysis focused on how political leaders constructed the figure of the immigrant in public discourse.

Initial readings of the Reagan-era documents (IRCA text and Reagan's remarks) and Trump-era executive orders were conducted to identify patterns of language, framing devices, and shifts in discourse across the two political climates. Thematic categories were developed inductively through repeated engagement with the texts and refined to capture contrasts in how each administration rhetorically positioned immigrants with regard to healthcare, legality, and belonging. These themes were supplemented with secondary literature to explore how state discourse aligned with or diverged from documented health disparities and community experiences.

Limitations

Several limitations should be acknowledged. First, as a qualitative study, the findings do not represent the full spectrum of immigrant experiences in the United States. The archival materials analyzed reflect state discourses but do not capture private experiences in their entirety. There is also a risk of bias when it comes to interpretive studies such as these. While efforts were made to analyze materials systematically, the inherently interpretive nature of qualitative research introduces potential bias. Reflexivity and transparency were prioritized throughout the research process.

By analyzing archival sources, this study seeks to illuminate the dynamic relationship between political climates and immigrant health disparities. It captures state-produced narratives and situates them within broader debates on the political determinants of health by including the political rhetoric of two contrasting presidential administrations. Through this comparative,

longitudinal approach, the study addresses key gaps in existing literature and contributes to a deeper understanding of how hostile political climates and legal uncertainty intersect to influence the physical and mental health of immigrant communities.

The use of public statements, executive orders, and official documents offers some insight into how government administrations publicly framed immigration, but it does not capture the full reach or impact of immigration policies themselves. For example, while the *Immigration Reform and Control Act of 1986* is often remembered for its legalization provisions for immigrants already within the United States, it also marked the beginning of a sharp militarization of the U.S.-Mexico border. This escalation made cyclical migration far more dangerous and difficult, leading to increased migrant deaths and contributing to a long-term rise in the number of undocumented residents unable to return home. These dynamics reflect how policy, discourse, and enforcement interact in complex and unintended ways. Additionally, IRCA's structure framed existing undocumented migrants as "undeserving" of inclusion while simultaneously positioning future migrants as threats to be deterred or excluded. This framing also contributed to further marginalization of migrants and those outside IRCA's provisions.

This study also does not fully address Reagan's mixed record on immigration and humanitarian policy. Refugee protections were not extended to Salvadorans and Guatemalans fleeing political persecution. While they met criteria for asylum, they were excluded due to the administration's support for anti-communist regimes in Central America. These decisions had consequences for migrants that contributed to patterns of long-term exclusion and vulnerability that have not been captured in legal reforms like IRCA. Including congressional debates around IRCA, as well as media coverage, could have offered a fuller account of the competing narratives and political pressures that shaped the act's passage, especially surrounding fear-based rhetoric.

While the broader political climate is acknowledged as a determinant of health, it is also important to note that presidential rhetoric and federal policy do not operate in isolation. The role of state governments in shaping the lived experiences of immigrants is significant and often underemphasized in national-level studies. States have considerable discretion in how they implement or resist federal mandates. They also have discretion in whether they choose to extend rights such as healthcare, education, and other benefits to undocumented residents. We know some states have passed legislation to restrict access to public services for undocumented immigrants, while others have created inclusive policies for all regardless of legal status. State-level variations introduce the complexity of political climates; they must be understood in terms of federal leadership but also localized policy, both of which shape fear and access.

Findings/Results:

Reagan Administration Rhetoric and Its Framing of Immigrant Health and Belonging

President Ronald Reagan framed immigrants in the language of integration, shared contribution, and moral inclusion. Although his administration did pursue enforcement efforts, Reagan's public rhetoric constructed immigrants as contributors to American society, not as criminals or economic threats. His signing of the 1986 *Immigration Reform and Control Act* (IRCA), along with other public remarks, reinforced this framing. Secondary analyses of Reagan's approach to immigration further underscore the absence of targeted hostile rhetoric and the sharp discursive gap between Reagan's era and that of the Trump administration.

Immigrants as Contributors and Moral Equals

Reagan's public remarks around the passage of IRCA consistently rejected the criminalization frame that dominated Trump-era discourse. In his 1986 *Remarks on Signing the Immigration Reform and Control Act*, Reagan stated that the law would "improve the lives of a

class of individuals who now must hide in the shadows” and allow them to “step into the sunlight” and potentially become Americans (Reagan, Remarks on Signing). The language used emphasized dignity, moral worth, and future belonging.

Similarly, Reagan’s *Statement on Signing IRCA* described the law’s purpose as ensuring an “orderly and secure system of immigration” without “discriminat[ing] in any way against particular nations or people” (Reagan, Statement on Signing). This framing echoed Maddux’s analysis of Reagan’s 1981 *Task Force on Immigration*, where the administration’s early immigration stance reflected pragmatism and humanitarian values rather than nativism or racial exclusion (Maddux 2005).

Reagan also invoked the enduring narrative of the United States as a nation of immigrants, stating in his 1981 *Statement on U.S. Immigration and Refugee Policy* that “our nation is a nation of immigrants” and that “we shall continue America’s tradition as a land that welcomes peoples from other countries” (Reagan, Statement on Immigration). Again, this language reinforces inclusion and counters the image of immigrants as social threats.

Economic Contribution, Not Economic Threat

Reagan’s public discourse consistently emphasized the positive economic contributions of immigrants. In the same 1981 *Statement on Immigration*, Reagan acknowledged that “illegal immigrants in considerable numbers have become productive members of our society” and argued they deserve legal recognition in the U.S. (Reagan, Statement on Immigration).

This rhetoric reflected a broader belief of Reagan’s, focusing on individual economic agency and contribution. As Fernandez notes, while Reagan opposed affirmative action and often framed government as intrusive, he embraced IRCA as a pragmatic measure that rewarded individual effort and contribution (Fernandez 2015). His administration supported legalization

and an emphasis on immigrants' economic integration.

Kaplowitz further emphasizes that Reagan's IRCA rhetoric avoided racialization and scapegoating. While Reagan's team sought to limit federal costs and preserve executive flexibility, Reagan himself publicly framed IRCA as a "humane and inclusive" reform rather than a punitive measure (Kaplowitz 1986). This framing is especially notable given that IRCA imposed enforcement mechanisms, but even so, Reagan consistently framed those mechanisms as necessary to uphold fairness, not as a means of punishing immigrants.

Absence of Racialized Health Discourse

The Reagan administration did not weaponize health policy against immigrants. As Davis documents, the administration's health policy largely focused on reducing federal health expenditures overall but did not specifically target immigrant populations or frame them as undeserving healthcare recipients (Davis 1981). Indeed, Reagan-era documents, including Executive Order 12324 on interdiction of illegal aliens, explicitly preserved refugee protections and avoided dehumanizing language (Reagan, Executive Order 12324). Even in border security measures, Reagan's administration avoided the "criminal alien" and "healthcare drain" language. Reagan's administration maintained an ideology of assimilation and shared national belonging of immigrants within health or welfare systems, despite his own conservative values, especially in economic policies.

Consistent Rhetoric of Belonging

Kaplowitz notes that Reagan's public IRCA rhetoric consistently invoked hopeful and inclusive themes, even as his administration managed enforcement concerns behind the scenes (Kaplowitz 2018). Maddux similarly highlights that Reagan's 1981 task force rejected racialized border panic and emphasized cooperation with Mexico and legal pathways (Maddux 2005).

Fernandez underscores that Reagan's commitment to "colorblind" public rhetoric and legal pragmatism shaped an immigration discourse fundamentally different from Trump's racialized and exclusionary frame (Fernandez 2015).

Finally, Davis's analysis of Reagan's health policy reinforces this contrast: while Reagan aggressively pursued budget cuts, he did not engage in racialized fear rhetoric about immigrant use of healthcare (Davis 1981).

Reagan's public rhetoric on immigration—as documented in primary sources and supported by secondary analyses—constructed immigrants as contributors, future citizens, and moral equals. He repeatedly emphasized national inclusion, economic contribution, and individual dignity. This highlights how political climate and rhetoric shape immigration policy but also the broader social determinants of immigrant health. Reagan's public discourse sought to integrate and humanize immigrants within the American narrative.

Trump Administration Rhetoric and Its Health Impacts on Immigrant Communities

During the Trump administration, political rhetoric regarding immigration shifted dramatically from the relatively inclusive framing of the Reagan era to a narrative of fear, threat, and exclusion. This transformation was not limited to policy content. It extended deeply into public discourse, having profound consequences for the physical and mental health of immigrant communities. Trump's rhetoric emphasized criminality, national security risks, and immigrant undeservingness. He fostered an environment of disenfranchisement that worsened health disparities and undermined healthcare access for Latinx and immigrant populations.

Framing Immigrants as Criminal Threats

Throughout Trump's first term, official statements, executive orders, and proclamations frequently constructed immigrants as existential dangers to the American public. Executive

Order 13768, *Enhancing Public Safety in the Interior of the United States*, framed immigrants who violated visa terms or entered illegally as a “significant threat to national security and public safety” and called for aggressive removal efforts (Trump, Executive Order 13768). This language established an us-vs-them narrative, linking immigrants to violent crime and national insecurity.

Such framing was further amplified in public remarks. In a statement defending the administration’s campaign against sanctuary cities, Trump declared that officials in such jurisdictions were “putting the well-being of criminal aliens before the safety of our citizens” and accused them of having “the blood of dead Americans on their hands” (Trump, Statement on the Sanctuary Cities Ruling). By foregrounding criminality in discussions of immigrant policy, the administration shaped public perceptions of immigrants broadly—irrespective of legal status—as dangerous and undeserving.

The language used by President Trump extended into symbolic acts like as Proclamation 10115, which designated a *National Day of Remembrance for Americans Killed by Illegal Aliens*. The proclamation described immigrant-related deaths in starkly moralistic terms, urging that “we pause to honor the memory of every American life so egregiously taken from us by criminal illegal aliens” (Trump, Proclamation 10115). Through such language, the administration repeatedly reinforced the narrative that immigrants were not simply lawbreakers but moral threats to the nation’s fabric.

Constructing Immigrants as Economic Burdens

Alongside the criminalization narrative, Trump-era rhetoric also portrayed immigrants as economic parasites, particularly in relation to healthcare. Proclamation 9723 emphasized the need for “enhanced vetting capabilities” to prevent the entry of foreign nationals who could pose a “public-safety threat” or burden public resources (Trump, Proclamation 9723). More explicitly,

in announcing restrictions on immigration based on health insurance coverage, the administration asserted that “immigrants who enter this country should not further saddle our healthcare system, and subsequently American taxpayers, with higher costs” (Trump, Proclamation Suspending Entry Without Health Coverage).

This rhetoric contributed to the perception that immigrants—especially undocumented ones—also represented a drain on healthcare systems. The discourse around the criminalization of immigrants, combined with the administration’s expanded use of public charge rules, created a climate in which immigrants increasingly feared seeking medical care since it could lead to deportation.

Chilling Effects on Healthcare Access

Physicians for Human Rights surveyed 173 healthcare providers across the country and found that the administration’s rhetoric and enforcement actions created a “pervasive climate of fear among immigrant communities, directly contributing to reduced healthcare access” (Consequences of Fear 2025). Providers reported sharp increases in missed appointments, delays in seeking care, and avoidance of healthcare facilities. These effects extended to U.S.-citizen family members of immigrants, demonstrating the broad reach of the administration’s discourse.

Qualitative studies further illustrate these impacts at the community level. In interviews with undocumented Latinx immigrants in Michigan, Doshi et al. found that participants routinely avoided medical care due to fears of increased immigration enforcement. One interviewee remarked that “even going to the doctor makes you feel exposed,” reflecting the depth of fear linked to the administration’s discourse (Doshi et al. 2022). Healthcare providers, meanwhile, reported struggling to reassure patients amid a “deeply ingrained sense of vulnerability”.

Offidani-Bertrand’s ethnographic study of Chicago-area Latinx immigrants similarly

documents how Trump-era rhetoric “unleashed all the worries we tried to calm down,” weakening coping strategies and increasing symptoms of anxiety, depression, and social isolation (Offidani-Bertrand 2023). Importantly, these effects were not confined to undocumented individuals; the study found that legally present immigrants and even long-term residents experienced “cycles of deportability” that rendered them fearful of institutional contact.

Mental Health Impacts and Symbolic Disempowerment

The administration’s rhetoric also produced measurable population-level mental health consequences. Morey et al. used Behavioral Risk Factor Surveillance System data to show that poor mental health days increased significantly among Latinx populations in the months following Trump’s election (Morey et al. 2021). The study frames these outcomes in terms of symbolic disenfranchisement, where marginalized groups experience worsening mental health in response to their sociopolitical environment.

Alcántara et al.’s systematic review of PTSD risk among Latinos reinforces these findings, noting that discrimination, racialization, and structural exclusion shape PTSD onset and symptom severity (Alcántara et al. 2013). These effects are not simply transient; they reflect long-term pathways through which hostile political climates deteriorate immigrant mental health.

The Trump administration’s rhetoric on immigration—across official statements, executive orders, and public proclamations—systematically framed immigrants as criminal, dangerous, and economically burdensome. This environment has generated real and measurable health harms to immigrants and their communities. In fostering a climate of fear, deterring healthcare utilization, and exacerbating psychological distress, Trump’s rhetoric transformed political discourse into a powerful social determinant of health for immigrant communities. This strongly contrasts Reagan’s rhetoric, which framed immigrants as contributors and future

citizens. Ultimately this highlights the effects political climate has on shaping public perceptions but also the physical and mental well-being of marginalized populations.

Comparative Analysis: Reagan and Trump Immigration Rhetoric as Determinants of Immigrant Health

The Reagan and Trump administrations represented fundamentally different rhetorical approaches to immigration, which shaped the political climate surrounding immigrant health in distinct ways. While both administrations pursued enforcement objectives, their public framing of immigrants and immigration differed greatly. Reagan's rhetoric emphasized moral inclusion, economic contribution, and legal integration. In contrast, Trump's rhetoric constructed immigrants as criminal threats, healthcare burdens, and undeserving outsiders. These differences in framing contribute to measurable disparities in immigrant health outcomes (Calhoon and Alang; Physicians for Human Rights [PHR]; Morey et al.).

Inclusion and Contribution vs. Criminalization and Threat

Reagan's immigration rhetoric consistently acknowledged the humanity and economic contributions of immigrants. In his *Remarks on Signing the Immigration Reform and Control Act of 1986*, Reagan celebrated the opportunity to bring "a class of individuals who now must hide in the shadows" into legal and social inclusion (Reagan, Remarks on Signing). His 1981 *Statement on Immigration and Refugee Policy* similarly reaffirmed America's identity as a "nation of immigrants" and called for continued openness to those seeking opportunity (Reagan, Statement on Immigration).

Reagan's colorblind public rhetoric sought to integrate immigrants into a harmonious national narrative, even as his administration advanced broader conservative objectives (Fernandez 2015). Kaplowitz observes that Reagan publicly framed IRCA as a humane and

inclusive reform, avoiding the racialized or criminalizing language that would later dominate Trump-era discourse (Kaplowitz 2018). Maddux similarly highlights Reagan's 1981 task force emphasis on cooperation with Mexico and on recognizing immigrants' social and economic roles (Maddux 2005).

By contrast, Trump's public rhetoric framed immigrants as economic and public threats. In Executive Order 13768, Trump's administration characterized undocumented immigrants as a "significant threat to national security and public safety" (Trump, Executive Order 13768). Trump's *Statement on the Sanctuary Cities Ruling* went further, accusing sanctuary officials of having "the blood of dead Americans on their hands" (Trump, Statement on Sanctuary Cities). This construction of immigrants as dangerous and morally suspect contributed directly to a climate of fear and exclusion, in sharp contrast to Reagan's rhetoric of dignity and belonging.

Health and Healthcare Framing: Absence vs. Weaponization

Reagan's public statements and administration policy avoided weaponizing health narratives against immigrants. Davis documents that Reagan's health policy sought to reduce federal spending overall but did not target immigrant populations specifically or frame them as healthcare burdens (Davis 1981). Even in discussions of border enforcement, Reagan's administration preserved refugee protections and refrained from language suggesting immigrants threatened public health or welfare (Reagan, Executive Order 12324). In contrast, Trump's administration framed immigrants as burdens on healthcare systems.

The rhetorical differences between presidents had concrete consequences. Physicians for Human Rights documented that Trump's rhetoric and enforcement actions created a "pervasive climate of fear" that led to widespread healthcare avoidance among immigrants (PHR). Doshi et al. found that Trump's rhetoric discouraged routine care, with immigrants fearing exposure to

enforcement even in clinical settings. Offidani-Bertrand's ethnographic study showed that the mental health consequences of Trump's rhetoric extended even to legally present immigrants, who experienced cycles of deportability and heightened anxiety (Offidani-Bertrand 2023).

Reagan framed immigrants as future citizens; Trump framed them as public liabilities.

Symbolic Disempowerment and Psychological Effects

The psychological impacts of each administration's rhetoric further underscore the differences between their respective political climates. Reagan's public narrative promoted hope and inclusion, while Trump's rhetoric had the opposite effect.

Trump's rhetoric has devastating effects on immigrants and their communities. Alcántara et al. acknowledged that the discrimination, racialization, and structural exclusion of immigrants, exacerbated by presidential and societal political rhetoric, have become key indicators of PTSD risk and symptom severity among Latinx populations (Alcántara et al. 2013). Offidani-Bertrand's study adds qualitative depth, documenting how Trump-era rhetoric "unleashed all the worries we tried to calm down," weakening immigrants' coping mechanisms and exacerbating anxiety and depression (Offidani-Bertrand 2023). Reagan's rhetoric has not produced comparable population-level mental health harm. His discourse reinforced legal pathways to inclusion and avoided demonizing immigrants.

The contrast between Reagan's and Trump's immigration rhetoric is stark and consequential. Reagan consistently framed immigrants as contributors and future citizens, invoking national narratives of belonging and opportunity. His public rhetoric avoided racialization and did not construct immigrants as healthcare burdens or criminal threats. Trump's rhetoric, by contrast, employed fear-based narratives, criminalization frames, and public charge discourse that not only shaped policy but also produced measurable health harms, including

reduced healthcare access, heightened mental health distress, and population-level symbolic disempowerment. These rhetorical differences have direct implications for immigrant health. The different political climates of the Reagan and Trump administrations offer a compelling case study in how framing can influence the health of immigrant communities.

Discussion

Interpretation of Findings

The results of this study reinforce and extend core theoretical frameworks regarding the intersection of immigration policy, political climate, and immigrant health. Across both historical and contemporary contexts. The findings support the argument that hostile political climates—mediated through public discourse, enforcement practices, and institutional structures—function as powerful social determinants of health for immigrants and their families.

Menjívar and Abrego's concept of legal violence is particularly useful in interpreting the findings. The Trump administration's rhetoric and executive actions created a climate in which immigrants experienced constant surveillance and internalized fear (Menjívar and Abrego; Trump, Proclamation 10115). This aligns with evidence from Vargas, Sanchez, and Juárez, who found that perceived anti-immigrant policy environments strongly predicted negative self-rated health and mental health outcomes among Latinos (Vargas et al. 2015).

Furthermore, the study's findings are consistent with the political determinants of health framework (Bailey et al. 2017), which emphasizes that structural racism and exclusionary political environments systematically shape health inequities. Trump's rhetoric and policies amplified racialized narratives of immigrants as threats to public safety and healthcare resources, which exacerbated community-level fear and avoidance of healthcare settings.

Additionally, the concept of racialized legal status advanced by Asad and Clair offers a critical lens for understanding how the effects of hostile political climates extend beyond undocumented immigrants. As shown in this study and by Vargas et al. (“Immigration Enforcement”), U.S. citizens in mixed-status families also experience stress and healthcare avoidance due to spillover effects of enforcement policies and public discourse.

Finally, the study supports the social determinants of health model articulated by Solar and Irwin, which highlights that political climates and state-level policies can affect health outcomes (Solar and Irwin 2007).

Broader Implications

This study contributes meaningfully to ongoing debates in both immigration policy and public health. In the realm of immigration policy, the findings challenge the assumption that health disparities among immigrants are primarily driven by individual factors such as socioeconomic status or acculturation. Instead, the evidence underscores that state rhetoric, enforcement practices, and legal frameworks are key drivers of health outcomes. Reagan administration rhetoric emphasized inclusion and the moral worth of immigrants, promoting legal integration and economic contribution. In contrast, Trump’s rhetoric framed immigrants as criminals and economic burdens, leading to documented declines in healthcare accessibility due to systemic fears and worsening mental health across Latino communities. The findings ultimately highlight the importance of considering the health impacts of political climate across legal status categories, given that local enforcement policies contributed to healthcare avoidance and stress among Latino communities regardless of documentation status.

Policy Recommendations

Based on these findings, I would subject several policy recommendations to mitigate

health disparities for immigrants and mixed-status families:

1. Public officials at all levels should actively counter narratives that criminalize immigrants and portray them as healthcare burdens. Reagan's example shows that inclusive rhetoric can promote community trust and integration.
2. Healthcare access must be protected for all residents, regardless of immigration status. This includes clarifying confidentiality protections for immigrant patients, providing universal access to public health services,
3. Culturally competent mental health services should be expanded to address the psychological harm caused by exclusionary political climates. Hostile rhetoric and policy produce significant mental health impacts that require targeted interventions
4. Community-based organizations should be supported to provide trusted health information and services. DREAMers rely heavily on community networks to navigate healthcare barriers, highlighting the importance of local resources

Unexpected Patterns and Resilience Factors

While the findings confirm substantial health harms from hostile political climates, several resilience factors emerged. Offidani-Bertrand observed that immigrant families adopted protective behaviors, such as limiting public exposure and relying on trusted networks, which mitigated some risks (Offidani-Bertrand 2023). Raymond-Flesch et al. similarly documented that DREAMers utilized family knowledge and informal networks to access healthcare (Raymond-Flesch et al. 2014).

Political climate is a critical determinant of immigrant health. Hostile climates, reinforced through law, rhetoric, and enforcement practices, produce fear, stress, and healthcare avoidance, deepening health disparities. Inclusive rhetoric and protective policies, as seen in the Reagan era

and in certain state contexts, can mitigate harm and promote resilience. Addressing immigrant health disparities requires transforming political narratives, protecting healthcare access, and supporting community resilience. Public health practitioners, policymakers, and advocates must work together to create an environment in which all residents can thrive.

Conclusion

This thesis examined how political climates shape immigrant health outcomes, focusing on the comparative cases of the Reagan administration's Immigration Reform and Control Act (IRCA) era (1981–1989) and the first Trump administration (2017–2020). The study's findings confirm that political discourse, enforcement practices, and public narratives operate as critical determinants of immigrant health, influencing both physical and mental well-being across undocumented and mixed-status communities.

During the Reagan era, public rhetoric emphasized the dignity and contributions of immigrants. Reagan's signing of IRCA was framed as an act of fairness and moral inclusion, offering undocumented immigrants an opportunity to become participants in American society. In stark contrast, the Trump administration employed rhetoric that systematically portrayed immigrants—particularly those from Latin America—as criminals, public safety threats, and healthcare burdens (Trump, Executive Order 13768; Proclamation 10115). This rhetoric was reinforced through aggressive enforcement practices and exclusionary policy initiatives. The resulting climate of fear and legal uncertainty led to widespread healthcare avoidance, elevated psychological distress, and increased structural barriers to care (Physicians for Human Rights; Doshi et al.; Morey et al.).

Empirical evidence confirms that these political climates produced measurable health outcomes. Studies documented increases in poor mental health days among Latinos following

Trump's election (Morey et al. 2021), as well as declines in Medicaid use among mixed-status families exposed to heightened enforcement risk (Vargas, Immigration Enforcement). Perceived anti-immigrant climates and local enforcement partnerships further exacerbated healthcare avoidance and stress across Latino communities (Rhodes et al.; Philbin et al.).

To answer the research question, my analysis employed a qualitative, archival, and thematic analysis of political discourse and public rhetoric from two distinct political eras. Primary sources included Reagan-era statements and IRCA-related documents, as well as Trump-era executive orders, proclamations, and public statements. These were supplemented with secondary scholarly literature and recent empirical studies on immigrant health outcomes.

The comparative analysis revealed that political climate is a key social determinant of immigrant health. Inclusive rhetoric and legalization pathways, as exemplified during the Reagan era, can mitigate health harms and promote integration (Kaplowitz; Library of Congress, Latinx Resource Guide). Conversely, exclusionary rhetoric and enforcement practices produce fear, legal violence, and disenfranchisement that directly harm immigrant health (Menjívar and Abrego; Morey et al.; Offidani-Bertrand). The findings contribute to a growing body of literature calling for the integration of political determinants into immigrant health research and policy interventions.

The findings of this thesis underscore the critical importance of integrating historical and political perspectives into immigrant health research. Too often, studies of immigrant health focus narrowly on individual-level factors, neglecting the broader discursive and structural forces that shape health outcomes over time.

Again, political climates fundamentally condition the health landscape for immigrant communities through their influence on public discourse, institutional trust, and legal

frameworks. Moving forward, future research should continue to explore these dynamics through both historical and contemporary lenses. In particular, greater discourse could be added with the increased hostility of President Trump's second term on Mexican and other Latinx identities.

In conclusion, this thesis contributes to a deeper understanding of how political climates shape immigrant health. By tracing the interplay between state discourse, legal status, and health outcomes across two contrasting political eras, it highlights the urgent need for policies and public narratives that affirm the dignity, humanity, and health rights of all immigrants. In an era of renewed immigration debate, such insights are essential for building a more just and equitable society. Right now we are witnessing continued violence and disenfranchisement of all marginalized groups. It is important to understand that even though this paper centered on the health disparities immigrants face, all minority groups suffer similar instances of political violence.

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