

# Spotlight on Asylum Health Equity and Care for Asylum Seekers in Massachusetts

December 2023

By Anika Kumar, Abhirupa Dasgupta, MPH, Sara Snyder, PsyD, MPH, MA, Emily Hahn, MPH and Jessica Santos, PhD

## Summary

---

The United States' lack of a humane immigration system places inordinate and unique demands on local institutions. Right now, across the country, 2.8 million asylum seekers are waiting for a hearing, with an average wait time of 4.3 years.<sup>1</sup> A steady influx of asylum seekers to Massachusetts in 2023 highlighted cracks in our housing, legal, and healthcare systems. These systems, which have been strained for many years, are reaching a breaking point. But we cannot sit back and wait for federal solutions. There is much work ahead at the local level to adequately welcome and protect people seeking asylum in our communities.

In this brief, we shine a spotlight on relevant policy systems, data trends, and historical factors that led us to this current moment. We identify historical patterns of racial exclusion, the unequal distribution of public resources, and our nation's track record for treating immigrants of color differently than white European immigrants as structural determinants of health. These intergenerational inequities are visible today as disparities in the health and well-being of different immigrant groups.

“ Across the country, 2.8 million asylum seekers are waiting for a hearing, with an average wait time of 4.3 years.

People fleeing violence and seeking asylum in the United States deserve equitable health and care – these are human rights enshrined in Article 14 of the Universal Declaration of Human Rights.<sup>2</sup> We describe one healthcare system's efforts to support asylum seekers' health by creatively leveraging limited resources, and we acknowledge the many efforts of Massachusetts-based leaders across sectors. **We urge all policymakers, funders, healthcare leaders, and advocates to institutionalize the healthcare system's legal and social obligation to care for all migrants as a health equity mandate.**

## Massachusetts Housing, Legal, and Healthcare Systems

---

Compared to many other states, Massachusetts has relatively inclusive laws regarding emergency housing and healthcare and a robust network of advocates, lawyers, social service providers, and healthcare providers dedicated to helping newcomers.<sup>3-6</sup> Yet these immigrant-friendly policies and isolated cases of brave leadership are not enough. Here we demonstrate how the health and well-being of asylum-seekers lacks adequate institutional and policy support across sectors.

**Housing:** In August 2023, Governor Maura Healey declared a state of emergency because Massachusetts lacked enough housing stock to accommodate the 5,600 families seeking shelter.<sup>7</sup> “We’re putting sandbags around the sink, but no one is shutting off the faucet,” said Marlboro Mayor Arthur Vigeant about the housing crisis.<sup>8</sup> In November, the state government ended guaranteed accommodation to new arrivals and said that families would be put on waiting lists for housing.<sup>9</sup> Today, the number of families enrolled in emergency assistance shelters, hotels, or motels is 7,500 and growing.<sup>10</sup> Half are new arrivals, who now seek shelter wherever they can and must be placed on waiting lists.

“  
We are putting sandbags around the sink, but no one is shutting off the faucet - Marlboro Mayor Arthur Vigeant

**Legal:** The US established the framework for the modern path to asylum in the 1980 Refugee Act, which made asylum contingent upon proof of a well-founded fear persecution in a person’s country of origin.<sup>11</sup> A steady influx of asylum seekers through the United States’ underfunded, under resourced, and restrictive immigration system over the decades has resulted in a growing backlog of asylum claims. From January to September 2023, there were 1,230,000 new asylum claims.<sup>1</sup> There are currently three main procedures through which individuals can be granted asylum:

- **Affirmative asylum:** An asylum seeker in the US or at the border applies for asylum without having any deportation proceedings levied against them by the Department of Homeland Security. Asylum can be granted, or the individual can be placed in deportation proceedings.
- **Defensive asylum:** A migrant with an active removal case against them applies for asylum as a defense against deportation. A defensive asylum claim can also be made after an affirmative asylum claim is denied.
- **Expedited asylum:** A new procedure that took effect at some locations in 2022 creates an expedited process for some asylum seekers detained at the border, placing them in streamlined proceedings. Such expedited processing raises significant due process concerns.<sup>12</sup>

Migrants in removal proceedings do not have the right to a court-appointed lawyer, which means they have to argue their own case in immigration court if they cannot retain legal counsel. There are strong networks of immigration legal service providers in Massachusetts and nationally who take on deportation and asylum cases, but they are unable to meet the current demand for representation. From 2021-2022, the Boston asylum office's approval rate was 11%, compared to the national average of 27%.<sup>13</sup> This elicited a call for a federal accountability investigation, which found evidence of systematic bias. Evidence included patterns of improper denials resulting from asylum officers' suspicion of asylum claims and time constraints with forensic medical evaluation (FME) provisions.

“ From 2021-2022, the Boston asylum office's approval rate was 11%, compared to the national average of 27%.

**Healthcare:** Asylum seekers often face inadequate nutrition and sanitation and a lack of consistent healthcare prior to and upon arrival to the US, which can contribute to higher than average rates of communicable and chronic diseases.<sup>14</sup> In terms of mental health, asylum seekers are at a higher risk of developing post-traumatic stress disorder, depression, and anxiety. Refugees face similar risk factors, but only 3% are referred to mental health services in host countries.<sup>15</sup> These conditions are no doubt exacerbated by the fact that migrants are asked to retell and relive traumatic experiences with legal teams, healthcare providers, and in immigration court for the chance of having their asylum claim approved.

## Refugees v. Asylum Seekers v. Asylees

Refugees are a protected, internationally recognized class of migrants displaced from one's native country due to targeted persecution based on race, religion, nationality, membership in a particular social group, or political opinion.<sup>16</sup> Refugee status is granted to a small percentage of globally displaced and rigorously screened people annually. The U.S. President sets an annual "ceiling," limiting the number of refugees resettled in the U.S. each year. In FY22, the ceiling was 125,000, despite the fact that over 108 million people were forcibly displaced worldwide that year.<sup>17,18</sup> Refugees benefit from limited resettlement support services to assist them in acquiring stable housing, jobs, schools, healthcare, and much more. In FY23, Massachusetts resettled only 1,248 refugees; the majority of new arrivals to the state were not refugees.<sup>19</sup>

Unlike refugees who are resettled through the US Refugee Resettlement Program, asylum seekers do not have access to work authorization until 150 days after they submit their asylum application.<sup>20</sup> If granted asylum, families are then considered "asylees," and they become eligible for housing, food assistance, and healthcare assistance through the Office of Refugee Resettlement.<sup>21</sup>

Unlike refugees, asylum seekers do not have a clear pathway to healthcare and are not required to receive medical screenings before or after entrance to the United States.<sup>22</sup> Due to uncertainty surrounding their asylum cases and fear of deportation, many are hesitant to access healthcare, nutrition, and housing resources that could address their health needs.

“**Providing care for migrants is health equity work.** Physicians and other healthcare providers have a responsibility to acknowledge and address the unique health risks borne by asylum seekers as well as the stress and uncertainty they face as they navigate the U.S. immigration system. Unfortunately, these topics are infrequently and inadequately covered in most undergraduate and graduate medical education programs. More work is needed to create standards for education, screening, and basic healthcare provision that would institutionalize asylum medicine through a human rights framework. Article 14 of the Universal Declaration of Human Rights guarantees all individuals the right to seek and be provided asylum in other countries.<sup>2</sup> This human rights framework also supports the United Nation’s Sustainable Development Goals, which aim to reduce the global burden of disease and preserve human rights and dignity, as well as sustain economic growth.<sup>23</sup> Providing care for migrants is health equity work.

Providers can also support the asylum seekers by conducting forensic medical evaluations (FMEs). FMEs serve as evidence and assist adjudicators in deciding claims, yet few healthcare providers are trained to conduct them.<sup>24</sup> Despite a growing national network of providers and a new curriculum that teaches clinicians to conduct FMEs, most medical training and scholarship in this area remains student or faculty initiated.<sup>25</sup> This presents challenges related to standardization, sustainability, and scalability for clinical training and capacity-building.

## Forensic Medical Evaluations

In forensic medical evaluations (FMEs), a trained health professional evaluates an asylum applicant for physical and psychological sequelae of trauma, such as physical scars from torture or symptoms of PTSD. The clinician documents their findings in a medico-legal affidavit that serves as evidence in the legal proceedings. FMEs are conducted in accordance with the best practices outlined in the UNHCR’s Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, or the “Istanbul Protocol”. FMEs constitute objective clinical evidence that can help USCIS adjudicators make decisions about a particular migrant’s asylum claim. A 2021 study found that 81.6% of immigration relief cases filed by Physicians for Human Rights from 2008-2018 that included FME affidavits had favorable outcomes; this rate was twice the national asylum grant rate of 42.4%.<sup>25</sup>

## **A Labor of Love: The Cambridge Health Alliance Asylum Program (CHAAP)**

In 2023, the Leah Zallman Center for Immigrant Health Research (LZC) partnered with the Cambridge Health Alliance Foundation (CHAF), the Center for Health Equity (CHEEA), and the CHA Asylum Program (CHAAP) to examine the impact and scalability of their unique asylum residency training elective with a paired mentorship model. CHA serves predominantly low- and middle-income and multi-lingual patients, including immigrants. With an institutional commitment to health equity, the organization is well-positioned to serve new migrants in trauma-informed and linguistically appropriate ways. But the funding and reimbursement structures of healthcare do not make this an easy task. Key informants shared:

*"There are a lot of challenges in creating the infrastructure to really support this [FME] work especially because it's often unpaid, and we haven't necessarily found appropriate financial streams to make it work."*

*"It's on the margins...there are these group of dedicated folks who are totally interested and do it on their own time to help a handful of folks."*

A dedicated group of providers run CHAAP as a labor of love, leveraging resources to provide FMEs to asylum seekers and train up-and-coming leaders in this vital skill. In its pilot stage from January 2022 – December 2023, CHAAP conducted a total of 125 FMEs, and is designed to operate at a larger scale over time. A faculty member said,

*"CHAAP has been particularly valuable in bringing together a community of like-minded folks from across different disciplines who are all committed to advancing asylum medicine and asylum evaluations to really help people receive asylum in their immigration process and journey."*

CHAAP's residency elective trains an interdisciplinary cohort of physicians and psychologists through asynchronous learning using the Asylum Medicine Training Initiative (AMTI) modules and mentored FME practice. A majority of resident graduates (75%) from the inaugural 2023 CHAAP cohort reported feeling prepared to conduct a forensic medical evaluation independently at the end of the elective. One resident said, *"I loved each virtual session, I found it very helpful to discuss, and learned so much from the experts."* A majority also intend to conduct FMEs in the future and work with displaced persons. One faculty member described how the benefits of this program extend beyond asylum medicine to improve quality of care,

*"In addition to teaching about the specifics of doing the FMEs, this is an important environment to teach trauma, and trauma care, and human rights-related work... That is the pedagogical value."*

CHAAP does not fully address the region's backlog of asylum claims, which persists despite the work of other asylum clinics at Mass General Brigham and Boston Medical Center. However, even at this early pilot phase, we found clear benefits of CHAAP's training model for clinicians, resident trainees, and migrants. More work is needed to establish a sustainable model for this type of program so that residents and faculty have protected (funded) time to conduct FMEs as part of their jobs. CHAAP is now partnering with several other established Boston-area asylum medicine programs to explore a regional collaborative approach to training so the program can leverage cross-institutional resources and expertise. There is also work being done to expand this training model to licensed providers in resource-poor areas to reach a broader base of providers and migrants around the state and country over time. A member of CHA leadership put it best when they identified this program as essential from a human rights and equity perspective,

*"It's all connected, and excellent, equitable care for everyone every time would mean no matter who you are or how you get here or what your status is, that we ought to be part of helping folks do whatever their next step is, period."*

## The U.S.' Racialized History of Welcoming

---

Not all migrants have the same opportunities. From January to June 2023, there were 36.4 million refugees globally, the majority of whom were fleeing their homes in Syria (6.5 million), Afghanistan (6.1 million), Ukraine (6 million), Venezuela (5.6 million) and South Sudan (2.2 million). Iran, Turkey, Germany, Colombia, and Pakistan hosted the largest numbers of refugees during this period, with 13.9 million refugees relocating to these countries.<sup>26</sup> These estimates do not include up-to-date statistics about the estimated 1.5 million people that have been displaced by the escalating and ongoing violence in Israel and Palestine.<sup>27</sup>

“...over 50% of asylum seekers from Guatemala, Honduras, and El Salvador were barred from entering the US because of Title 42.

In comparison to Iran, which accepted 3.4 million refugees in FY 2023, the United States' cap on refugee admissions was 125,000.<sup>28</sup> However, since the beginning of the war in Ukraine, the US has allowed the humanitarian entry of 271,000 Ukrainians fleeing violence, including 117,000 refugees through the “Uniting for Ukraine” initiative that matched Ukrainian migrants with individual American citizens who agreed to sponsor them.<sup>29</sup> Immigration experts have noted discrepancies between the treatment of Ukrainian asylum seekers versus those from other countries. For example, Ukrainian citizens who arrived at the US-Mexican border were often exempted from Title 42, a 1944 public health law that was revived in 2020 to authorize the expulsion of migrants at the US-Mexico border on the grounds of slowing the spread of COVID-19. In comparison, over 50% of asylum seekers from Guatemala, Honduras, and El Salvador were barred from entering the US because of Title 42.<sup>30</sup> Haitian immigrants were more likely to be denied an asylum claim based on a positive credible fear determination compared to asylum seekers of other nationalities; this discrimination may have been exacerbated by Title 42, but anti-Black racism against Haitian migrants dates back to the 1970s.<sup>31</sup>

“Historically, U.S. policies regarding immigration, refugee resettlement, and asylum have benefitted white, European immigrants and excluded or disadvantaged immigrants of color and non-Europeans.

Historically, U.S. policies regarding immigration, refugee resettlement, and asylum have benefitted white, European immigrants and excluded or disadvantaged immigrants of color and non-Europeans. Laws such as the Chinese Exclusion Act, the Gentleman's Agreement of 1908, the 1917 Immigration Act, the 1924 National Origins Act, the Immigration and Nationality Act of 1952, and others placed stringent restrictions on migration from Asia, Latin America, and Eastern Europe while allocating most immigrant visas to Northern and Western Europeans.<sup>32</sup>

The U.S. has also historically opposed global legislation promoting the resettlement rights of displaced persons. In 1951, the United Nations held the Refugee Convention to discuss options for the masses of Europeans displaced by World War II. These regulations established “non-return” as a legal reason for migration and international protection. However, the United States did not join this or any other agreement about refugees until the 1967 Protocol Relating to the Status of Refugees,<sup>33</sup> which focused on people displaced by the Cold War and extended refugee status worldwide. Instead, the U.S. maintained restrictive immigration laws through policies such as the Immigration and Naturalization Act, which enforced national origins quotas of two-percent of each nationality<sup>34</sup> (first enacted in the Immigration Act of 1924).

In some regions, the U.S. participated in the destabilization of governments, but not in efforts to resettle or protect victims of this socio-political violence. For example, the Monroe Doctrine and the Roosevelt Corollary were the basis for the U.S.’ armed involvement in Central and South America throughout the 19th and early 20th centuries.<sup>35</sup> The public goal of these actions was opposition to European imperialism in the West. But the U.S. also led or legitimized militarized interventions in the region that forced countries to adopt capitalist and democratic values benefitting the U.S. at the expense of autonomous and sustainable economies. We now see the effects of this global power struggle in the numbers of asylum seekers who have migrated north to seek safety and opportunity.<sup>36</sup>

Our nation’s asylum framework is based on old policy logic steeped in structural racism. It has not significantly been altered since the Refugee Act of 1980, which was designed and implemented in the aftermath of the Vietnam War, when a sizable portion of the nearly 400,000 Vietnamese and Cambodian refugees displaced from their homes sought refuge in the US. Comprehensive immigration reform will require an updated analysis of the role of the US in global conflicts, peacemaking efforts, and global inequality. But we cannot let stalled policy processes prevent us from acting in our own communities and institutions. When families arrive in Massachusetts seeking safety, jobs, homes, and health, we must figure out how to welcome them and respond from a place of empathy, humanity, and community well-being.

“

Our nation’s asylum framework is based on old policy logic steeped in structural racism.

## Conclusion: Social and Structural Determinants of Health and Equity

---

People who seek asylum in the United States are often escaping inconceivable violence, trauma, and persecution within their home country. Unfortunately, our current asylum claims process can marginalize and further traumatize asylum seekers instead of affording them new chances for safe housing, gainful employment, and accessible healthcare. Federal immigration reforms that address unmanageable wait times and backlogs are directly needed; however, the health and well-being of asylum seekers in Massachusetts today depends on local coordinated and multi-sector investments. Some priority action steps that advocates, policymakers, and healthcare leaders could pursue to improve health and care for asylum seekers include:

- Name immigrant health as an explicit priority in health equity goals.
- Develop standardized health screenings for asylum seekers similar to those for refugees.
- Require immigrant health and trauma-informed practice in medical education programs for physicians, physician assistants, nurse practitioners, and behavioral health clinicians.
- Expand institutional support for clinicians who conduct pro-bono FMEs outside of paid clinical time and teach in FME resident training programs.
- Improve community outreach, insurance requirements, and institutional norms to establish pathways for all immigrants to access quality health care.

The health and care of asylum seekers does not just fall to the health system. Well-being is based on a wide range of social and structural determinants of health. Housing. Healthcare. Jobs. Safety. Freedom from discrimination. Asylum seekers face disproportionate barriers in each of these areas. Human rights and health equity frameworks can prevent us from repeating our nation's racist policymaking history. Join us as we work to identify evidence-based policy and practice levers right now, together, to build community safety and well-being for all.

[immigranthealth.org](http://immigranthealth.org)



A CENTER AT



The Leah Zallman Center for Immigrant Health Research (LZC) is a center at the Institute for Community Health. We believe community knowledge, social science, and socio-political context provide valuable insights to understand how health and equity are structured in our current world. Our *Spotlight Series* is designed to brief readers about time-sensitive issues related to immigrant health, shine a light on findings from our research and the work of our partners, and encourage cross-sector dialogue and action for social change. Thank you to the following reviewers for their input on this Spotlight brief: Marcy Bernbaum, PhD, Eleanor Emery, MD, Diya Kallivayalil, PhD, Jessica Chicco, JD, and Maggie Sullivan, FNP, DrPH.

## References

---

1. TRAC Immigration. A Sober Assessment of the Growing U.S. Asylum Backlog. Published December 22, 2022. Accessed November 2, 2023. <https://trac.syr.edu/reports/705/>
2. Office of the High Commissioner for Human Rights. Universal Declaration of Human Rights at 70: 30 Articles on 30 Articles - Article 14. OHCHR. Published November 23, 2018. Accessed November 14, 2023. <https://www.ohchr.org/en/press-releases/2018/11/universal-declaration-human-rights-70-30-articles-30-articles-article-14>
3. Boston Medical Center. Resources for Immigrants and Refugees. Boston Medical Center. Accessed November 14, 2023. <https://www.bmc.org/immigrant-refugee-health-center/resources-for-immigrants-and-refugees>
4. MIRA Coalition. Refugee resettlement, benefits and support programs. MIRA Coalition. Accessed November 14, 2023. <https://miracoalition.org/resources/refugee-assistance/>
5. RIAC Boston. What We Do – Refugee & Immigrant Assistance Center (RIAC). Accessed November 14, 2023. <https://www.riacboston.org/what-we-do/>
6. State of Massachusetts. Chapter 450, Acts of 1983. Published October 27, 1983. Accessed November 14, 2023. <https://archives.lib.state.ma.us/bitstream/handle/2452/39556/1983acts0450.txt>
7. Healey M, Driscoll K. Governor Healey Declares State of Emergency, Calls for Support for Newly Arriving Migrant Families | Mass.gov. Published August 8, 2023. Accessed November 2, 2023. <https://www.mass.gov/news/governor-healey-declares-state-of-emergency-calls-for-support-for-newly-arriving-migrant-families>
8. Moller L. “No one’s shutting the faucet off,” 43 Massachusetts hotels now emergency housing for immigrant families - CBS Boston. CBS News Boston. Published August 1, 2023. Accessed November 2, 2023. <https://www.cbsnews.com/boston/news/immigrant-families-massachusetts-hotels-framingham-marlboro/>
9. LeBlanc S, Izaguirre A. Migrant influx strains ‘right-to-shelter’ system in Massachusetts, NYC. *Christ Sci Monit*. Published online October 17, 2023. Accessed November 2, 2023. <https://www.csmonitor.com/USA/Politics/2023/1017/Migrant-influx-strains-right-to-shelter-system-in-Massachusetts-NYC>
10. Emergency Assistance (EA) Family Shelter Resources and Data | Mass.gov. Accessed December 12, 2023. <https://www.mass.gov/info-details/emergency-assistance-ea-family-shelter-resources-and-data>
11. Refugee Act of 1980. National Archives Foundation. Accessed November 3, 2023. <https://www.archivesfoundation.org/documents/refugee-act-1980/>
12. Department of Homeland Security. Fact Sheet: Implementation of the Credible Fear and Asylum Processing Interim Final Rule | Homeland Security. Published May 26, 2022. Accessed November 14, 2023. <https://www.dhs.gov/news/2022/05/26/fact-sheet-implementation-credible-fear-and-asylum-processing-interim-final-rule>
13. University of Maine School of Law. Report: Boston Asylum Office violates rights of asylum seekers. <https://mainelaw.maine.edu/>. Published March 23, 2022. Accessed November 14, 2023. <https://mainelaw.maine.edu/news/report-boston-asylum-office-violates-rights-of-asylum-seekers/>
14. British Medical Association. Unique health challenges for refugees and asylum seekers - Refugee and asylum seeker patient health toolkit - BMA. British Medical Association. Published September 4, 2023. Accessed November 2, 2023. <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers>
15. Song S, Teichholtz S. Mental Health Facts on Refugees, Asylum-seekers, & Survivors of Forced Displacement. <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Refugees.pdf>
16. Asylum in the United States | American Immigration Council. Accessed November 2, 2023. <https://www.americanimmigrationcouncil.org/research/asylum-united-states>
17. Refugee Statistics | USA for UNHCR. Accessed November 3, 2023. <https://www.unrefugees.org/refugee-facts/statistics/>

18. Fact Sheet: U.S. Refugee Resettlement. National Immigration Forum. Published November 5, 2020. Accessed November 3, 2023. <https://immigrationforum.org/article/fact-sheet-u-s-refugee-resettlement/>
19. U.S. Department of State Bureau of Population, Refugees and Migration. Refugee Arrivals by State and Nationality Fiscal Year 2023. Published online October 7, 2023. <https://www.wrapsnet.org/documents/FY%202023%20Refugee%20Arrivals%20by%20State%20and%20Nationality%20as%20of%2030%20Sep%202023.pdf>
20. USCIS. Asylum. Published August 7, 2023. Accessed November 14, 2023. <https://www.uscis.gov/humanitarian/refugees-and-asylum/asylum>
21. Benefits and Responsibilities of Asylees | USCIS. Published March 8, 2018. Accessed December 15, 2023. <https://www.uscis.gov/humanitarian/refugees-and-asylum/asylum/benefits-and-responsibilities-of-asylees>
22. Office of Refugee Resettlement. Medical Screening. Published November 17, 2022. Accessed November 14, 2023. <https://www.acf.hhs.gov/orr/programs/refugees/medical-screening>
23. Migration Data Portal. MIGRATION DATA AND THE SUSTAINABLE DEVELOPMENT GOALS (SDGS). Migration data portal. Published October 26, 2023. Accessed November 3, 2023. <https://www.migrationdataportal.org/sdgs>
24. Short K. Immigrants Who Obtained Forensic Medical Evaluations Much More Likely to Be Granted Asylum or Other Relief in United States: Study. PHR. Published November 30, 2021. Accessed November 14, 2023. <https://phr.org/news/immigrants-who-obtained-forensic-medical-evaluations-much-more-likely-to-be-granted-asylum-or-other-relief-in-united-states-study/>
25. Bridging to Practice. Asylum Medicine Training Initiative. Accessed December 13, 2023. <https://asylummedtraining.org/bridging-to-practice>
26. United Nations High Commissioner for Refugees. UNHCR's Mid-Year Trends Report. UNHCR US. Published September 29, 2023. Accessed November 16, 2023. <https://www.unhcr.org/us/mid-year-trends>
27. United Nations Office for the Coordination of Humanitarian Affairs. Occupied Palestinian territory | Hostilities in the Gaza Strip and Israel | Flash Update #29. United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory. Published November 4, 2023. Accessed December 13, 2023. <http://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-29>
28. United States Department of State. Refugee Admissions. United States Department of State. Published 2023. Accessed November 16, 2023. <https://www.state.gov/refugee-admissions/>
29. Ainsley J. U.S. has admitted more than 271,000 Ukrainian refugees since Russian invasion. NBC News. Published February 24, 2023. Accessed November 16, 2023. <https://www.nbcnews.com/politics/immigration/us-admits-271000-ukrainian-refugees-russia-invasion-biden-rcna72177>
30. Aguilera J. Where Migrants Suffered Matters at the U.S.-Mexico Border. Time. Published April 13, 2022. Accessed November 16, 2023. <https://time.com/6166535/ukrainians-mexico-border-title-42/>
31. Amnesty International. Torture and ill-treatment of Haitian asylum seekers is rooted in racism. Amnesty International. Published September 22, 2022. Accessed December 13, 2023. <https://www.amnesty.org/en/latest/news/2022/09/usa-torture-haitian-asylum-seekers-anti-black-racism/>
32. Douglas KM, Sáenz R, Murga AL. Immigration in the Era of Color-Blind Racism. *Am Behav Sci.* 2015;59(11):1429-1451. doi:10.1177/0002764214566502
33. The 1951 Refugee Convention. Immigration History. Accessed November 3, 2023. <https://immigrationhistory.org/item/the-1951-refugee-convention/>
34. Office of the Historian, US Department of State. Milestones: 1921–1936 - Office of the Historian. Published April 8, 2018. Accessed December 13, 2023. <https://history.state.gov/milestones/1921-1936/immigration-act>
35. Monroe Doctrine (1823). National Archives. Published June 25, 2021. Accessed November 3, 2023. <https://www.archives.gov/milestone-documents/monroe-doctrine>
36. Dietz JL. Destabilization and Intervention in Latin America and the Caribbean. *Lat Am Perspect.* 1984;11(3):3-14.