Northeastern University
Institute for Health Equity and Social Justice Research
Migration and Health Initiative

LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH

Spotlight on Intersectionality

Advancing Immigrant Inclusion and Health

April 2025

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Resisting Fear, Exclusion, and Othering

Since January 20th, 2025, the U.S. government has swiftly passed a wide-ranging set of anti-immigrant executive orders and policies, creating a hostile and exclusionary world for non-citizens. People with a range of legal statuses—including those with temporary protections and permanent residents—are experiencing fear, increased surveillance, xenophobia, and criminalization as part of their daily lives. Immigrants are forgoing healthcare, work, and school, with direct consequences on mental and physical health. Institutions are threatened by budget cuts, and many leaders are wavering on their commitments to care and protect all members of our communities.

"But I know who will pay:
Women
Mostly colored and poor,
Will have to bury children, support themselves through grief.
In America, it will be those amongst us who refuse
Blanket attacks on the shivering,
who work towards social justice
And opposing hateful policies."

Excerpt from Suheir Hammad's poem, "First Writing Since", describing the vilification of all Arabs, Muslims and South Asians after 9/11.

What can we do to resist?

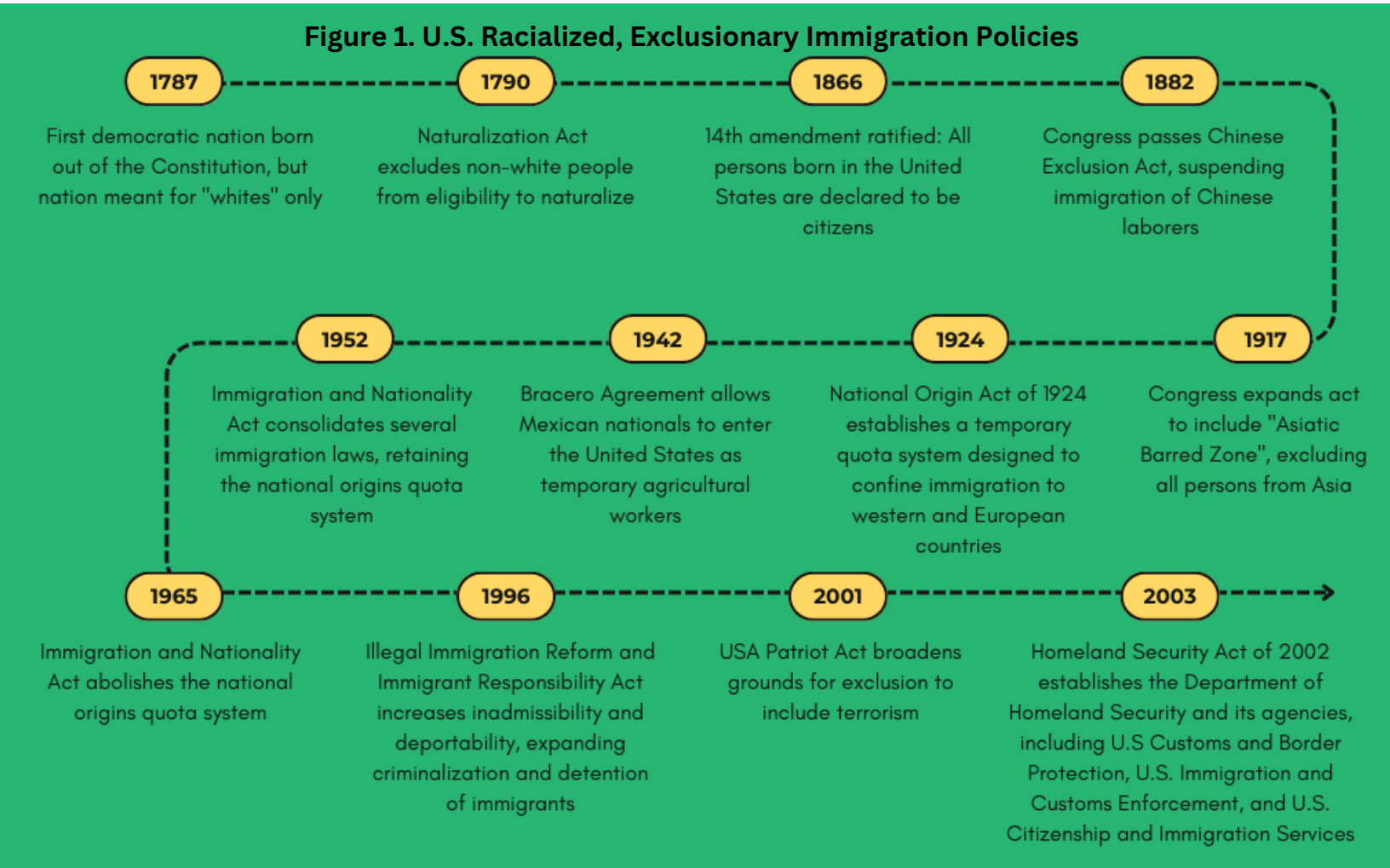
Narratives about immigrants in society have long been weaponized to incite fear and uncertainty. Flat, generalized stories about people based on one aspect of their identity are common tools for "othering." In contrast, an intersectional lens requires us to see identity as multi-dimensional, fluid, and shaped by historical and social context. **Intersectionality[1] is an approach we can all apply—as researchers, policymakers, practitioners, advocates, and concerned neighbors—to resist essentialism and exclusion as we work to advance immigrant inclusion and health.** In this Spotlight, we highlight the case of Muslim and Arab women since 9/11 to demonstrate how multiple social and policy systems act as inclusion or exclusion mechanisms. We discuss how the health of immigrants is shaped by racism, sexism, and xenophobia as social—and not solely, or primarily, individual—forces. An intersectional lens encourages us to counter harmful narratives, advocate for multi-level solutions, and acknowledge the social context that shapes immigrants' lived experiences and well-being.

How Did We Get Here?

The United States is the world's largest immigrant receiving country—hosting a fifth of the world's international migrants. In 2023, the United States hosted 47.8 million immigrants. One in four children (17.6 million children) in the United States has a parent that is foreign-born and future projections reveal slowed yet consistent growth; by 2065, one in three Americans will be an immigrant or have immigrant parents.

As **Figure 1** demonstrates, exclusionary policies based on racism, destabilizing U.S. foreign policies, and perceived or real labor needs have always been embedded in U.S. immigration policy. For example, the Chinese Exclusion Act of 1882 suspended the immigration of Chinese laborers, and the Bracero Agreement of 1942 allowed Mexican nationals to enter the U.S. only as temporary, precarious agricultural workers. After 9/11, the Patriot Act allowed the government to increase surveillance without transparency or public oversight[2] and the creation of Immigration and Customs Enforcement (ICE) reorganized and strengthened the state-sponsored detention and deportation apparatus. Strong fear-based narratives about terrorism, religious extremism, and othering served to justify and reinforce oppressive uses of force against Muslim Americans and many other immigrant communities and communities of color.

Figure 1. U.S. Racialized, Exclusionary Immigration Policies



Surveillance, State-Sanctioned Violence, and Health

After September 11, 2001, the U.S. government's response was to galvanize state-sanctioned efforts to fight "terror," resulting in nationwide violence against Arabs and Muslims.[3] Through institutionalized and individualized intersecting mechanisms of surveillance, scrutiny, and "anti-American" rhetoric, people of color and migrants hailing from Arab nations, the Middle East, and South Asia were and are vilified and branded as "terrorists" along gendered and racialized notions of white superiority.[3,4,5]

The USA PATRIOT Act (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act) of 2001 gave the federal government "powers to conduct searches, employ electronic surveillance and detain suspected terrorists . . . [making] great changes in parts of immigration law".[2] The racialization of Arabs[6] fostered public support for surveillance, even as it became clear that such surveillance was against broader public interests. These policies and narratives had direct impacts on the health and well-being of Muslim and Arab Americans.

Within weeks of the 9/11 attack, the U.S. government arrested over 1,200 Muslim and Arab non-citizens, none of whom were found to have links with any kind of terrorist activity or group.[3] Their families had little to no information on their whereabouts or why they were in detention. Additionally, Muslim and Arab immigrants experienced heightened scrutiny for visas, detention—including mass arrests of students, disproportionately targeting Arab Muslims—and deportation.[3] The rise in anti-Arab and Islamophobic policies created a social context that enabled discriminatory actions against Arabs to occur with impunity, which directly affected the health of Arab Americans. A study in California revealed that **mothers who had Arabic-sounding names were more likely to have increased risk of preterm birth six months after 9/11, as compared to women with non-Arabic-sounding names**.[7] Birth complications are one example of "embodiment," or how social factors result in worse health.[8] Disparities in pregnancy outcomes are also illustrative of how discrimination affects health across multiple generations.

While the depiction of Muslim women abroad is that they are in need of Western intervention from Muslim men, the depictions of Muslim women in the United States is that they represent an "invasion of Islam".[2] One visible example is that of women who wear the hijab. In terms of direct discrimination, women who wear the hijab encounter hostility and stares[9] and are "treated as if they are oppressed and as a danger to society" for offending Western values. As such, the hijab becomes a gendered symbol of race and nativism, upon which larger forms of structural discrimination are imposed.[9,10,11] Applying an intersectional lens to the case of Muslim women, we see how multiple forms of marginalization overlap to create a lived experience in which language, clothing, and religious processes are inextricably linked to racism, sexism, and xenophobia.[12]

Unraveling Intersecting Dimensions of Immigrant Identity in the United States

Race and Racialization of Migrants in the U.S. Context

We have all been taught that "race is socially constructed," but it is important to understand what this means in practice. Race is the product of social processes that create categories of differences with real consequences.[13] Inherent in race and racial formation is the social power that is inscribed in these categories. Structural racism means that racial discrimination is a core part of social organization, such as social institutions and the relationships between them (e.g., law enforcement and the judiciary), which reinforce discriminatory beliefs and distribution of resources.[14,15] One way to understand the power of structural racism is by observing how power and resources are distributed within social and institutional settings along racial lines.

Racial Formation

The processes that create racial categories are referred to as racial formation: They are the "sociohistorical process by which racial identities are created, lived out, transformed, and destroyed".[13]

When immigrants enter the United States, they are racialized according to the predominant processes and constructs in this social context, which are specifically tied to anti-Black racism, whereby people racialized as Black have been historically marginalized and people within a white group have greater access to opportunities.[16] This context may or may not correspond with the racialization processes and constructs in immigrants' home countries. Structural racism is manifested through policies such as those related to immigration, criminalization, and neighborhood (dis)investment, affecting migrants' health and well-being.[17,15]

To understand power and racism, it is important to examine both marginalized and privileged groups. For example, discriminatory immigration policies (see **Page 2**) that have historically barred certain racial/ethnic groups from entering the United States have simultaneously benefitted whites, maintaining and codifying white supremacy and a racial hierarchy.[18,15,19] White privilege impacts immigrant health through the access of resources and opportunities that are often curtailed for people of color and directed towards whites. Many immigrant groups who flocked to the United States over the years found themselves advocating for their proximity to whiteness.[16]

"White" Irish

When the Irish first immigrated to North America, they found themselves at the bottom of the racial hierarchy. They became victims of lynching and race riots. Upon distancing themselves from Black Americans, large political and religious institutions supported Irish claims and enabled their rise to whiteness.[16,21]

Gender and Structured Sexism of Migrants in the U.S. Context

Not only does race stratify populations, but gender also organizes hierarchy, shaping the potential of women and men in various positions.[22] **Gender**, as a socially constructed concept, is not rooted in inherent biological differences but is instead shaped by cultural norms, expectations, and power

dynamics that dictate how individuals are perceived and treated based on their assigned gender roles. **Gender discrimination** is an institutionalized system of social practices that organizes individuals according to gender norms and roles, which leads to unequal opportunities and outcomes based on perceived gender differences.[23] For example, the gender pay gap has not changed in the United States for twenty years, with women earning just 82% of what men earn.

Structural Sexism

Structural sexism is defined as "systematic gender inequality in power and resources—at the macro, meso, and micro levels of the gender system in the United States, and examining their relationship to the health of men and women in the middle age."[22]

Women—especially women of color and immigrants—experience structural sexism along with other forms of discrimination. Structural sexism was coined by Patricia Homan to expand our understanding of structural racism into the realm of gender. Similar to race, we can observe inequities by noting how our society distributes resources and power by gender. These inequities have a powerful influence on health[14] through reduced access to material resources, increased exposure to violence or unsafe working conditions, and increased psychosocial distress.[22]

Intersectionality encourages us to understand the experiences of immigrant women of color as more than merely additive experiences of structural sexism, racism, and xenophobia. Instead, we must look at the experience of specific communities to understand how structural gendered racism and anti-immigration rhetoric, restrictive immigration policies, economic exploitation, and interpersonal racism affect their lives.[24] For example, due to dominant policies and narratives in today's political context, the day-to-day experiences of Muslim and Arab female immigrants are different than those of Latinx transgender immigrants or European male immigrants.

Essentializing Religion: Islamophobia

Pre-World War I, the divide between the Global East and West attributed an essence to an imagined "Orient" and "Orientalism" studies, with stereotypes showcasing the exotic, mystical, and the dangerous.[26] U.S. popular culture and media perpetuated men's stereotypes as "barbaric" or "evil sheiks" and painted women as in need of saving, paving the way for gradual intensification of anti-

"The first time I was in a situation where there was physical abuse in front of many people, even in the street, they called 911 and when they handed me the phone to talk to the police, I hung up, because I said 'Okay, I live in his house, I just arrived in this country, I don't know how to speak English, I don't have any other family here, I live in his house with his relatives.'" — 39-year-old Dominican describing living in fear [25]

"The whole pandemic started, and there was like a lot of racism, a lot of discrimination, a lot of hatred out in the streets, like, when I would go . . . buy food for my children, for us, but people would push you. They pushed the door, they pushed you and they would not let you enter the supermarket. You could ask people who spoke English, 'Can I buy this?' and they would say, 'If you don't speak English, what are you doing here?'" — 31-year-old Mexican describing anti-immigrant violence [25]

Arab racism in the 20th and 21st centuries.[4,27] This representation of the East was further institutionalized in universities, popular culture, and government in ways that shaped the history of formerly colonized countries,[27] justifying both colonial and imperial projects in the Middle East and continued neocolonial interference.[4] For example, migration relating to the Afghani war and Iraqi invasion must be viewed in the context of this history built on U.S. foreign policy.

Discrimination against Muslims is called Islamophobia. The term is used to describe the negative stereotyping and feelings against Islam and those who are assumed to be associated with Islam.[28] Islamophobia was first introduced by Said; the stigmatized identity of Muslims as seen by the "Arab Others" was based on fear based on a religion separate from that of Christianity.[26,29] Thus, Muslims were described and represented as "other," suggesting that religious differences signaled inferiority or underdevelopment.[26,29]

Islamophobia has increasingly been analyzed as a form of racism. Islamophobia conflates all Muslim experiences, and this homogenization is related to histories of racialization of other ethnic groups in the United States. In that sense, Muslims have become a new racial category,[11] and the racialization of Muslims exists within a "global racist system".[30] Muslim symbols are linked with racialized concepts of "foreign" and "violent."[31] The U.S. government relies heavily on these narratives to justify the surveillance of Muslims as a threat to national security and military actions against Muslim populations globally.[28]

Islamophobia

Negative stereotyping and feelings against Islam and those who are assumed to be associated with Islam

Health in Social Context

Decades ago, the social determinants of health framework emphasized how social factors influence health outcomes. Now more commonly referred to as "health-related social needs" or HRSN, this framework demonstrates that where we are born, work, play, live, and age impact health across our lifetime. In the United States, social determinants are particularly salient: Relative to its economic counterparts, the United States has the highest per capita spending on healthcare, yet American life expectancy is lower than nearly all other high income countries. This is because we have a society where access to opportunity, basic needs, and the structures that support well-being are not distributed equitably.

By acknowledging social conditions as fundamental causes of disease, we simultaneously link health to societal hierarchies that dictate constraints and agency in accessing power, resources, and social connectedness.[32,8] Health outcomes differ along hierarchies such as economic class, race, gender, sexual orientation, and nativity.[14,32,34] For example, it is well-

Defining Social Context

"The specific circumstance or general environment that serves as a social framework for individual or interpersonal behavior." — APA

documented that people racialized as non-white observe worse health outcomes than their white counterparts across all socioeconomic classes.[35,36] In addition, race, ethnicity, and legal status stratify migrants in the United States and affect health through multilayered and structural processes.[18,15]

Social Context Creates Health Inequities

COVID-19: Indigenous, Latinx, Pacific Islander and Black Americans all had significantly higher COVID-19 death than their white counterparts.

Maternal stress: The rate of pre-term births increased for Latinx mothers after the 2016 presidential election.[20]

Social context is a necessary and indispensable part of understanding the experience of immigrants in the United States. Many immigrants enter America's largest hosting system in hopes of pursuing the American dream—a promise that anyone can achieve success and well-being in the United States. However, immigrants find themselves in a social context filled with obstacles and policies that limit their well-being and opportunities. Many of these policies also restrict the well-being of the majority of native-born Americans.

What Harms One Harms All

As the Vera Institute of Justice states, "The U.S. immigration system is an arrest-to-deportation pipeline rooted in racism." The rise of surveillance, deportation, and racial discrimination does not only impact certain ethnic groups—it impacts all migrants and people of color in the United States. Following the passage of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) and the creation of the Immigration and Customs Enforcement (ICE) agency after 9/11, the past three decades reveal an immigration system expanding detention centers and enforcing the criminalization of people of color. ICE programs, such as 287(g), for example, empower racist sheriffs to racially profile, jail, and commit other civil rights violations, meaning that any minor interaction with local law enforcement could lead to detention, deportation, and family separation. This breeds a prevailing sense of fear that grips the lives of many migrants. Another example is that of ICE raids, whereby a large effort to arrest and deport immigrants may lead to a litany of human rights abuses, with more families locked up in detention suffering in their physical and mental health. In the wake of the Trump administration's second term and the crackdown by immigrant law enforcement, a perpetual sense of marginalization, fear, and violence pervades not only migrant communities, but spills over to many populations in the United States.

Narratives that position immigrants as threatening to 'white' America help to maintain these inequities.[11,37] One way we can resist this dehumanization is to develop a deeper understanding of each other as complex humans and to identify the many ways we are connected. An intersectional framework reveals the reality that we are all connected yet stratified along social hierarchies that affect our individual and collective health and well-being.

Key Point	Examples of Research Implications	Examples of Practice Implications
Intersectionality is about power	Centering power and structural violence in theory and discussion of findings	Undoing discrimination requires changing power structures across social institutions, organizations, and government
Intersectionality is about collective (not individual) identity	Research should reflect the complexity of shared experiences in populations and communities and not reduce them to siloed identity categories	In clinical practice, recognize identity and behaviors are formed through family, community and other shared processes, and individual beliefs are secondary
Intersections such as racism, sexism, xenophobia create unique forms of discrimination	Being specific about which intersection we are discussing allows researchers to operationalize exposures and outcomes more specifically	Program development requires identifying how the specific combination of simultaneous forms of discrimination result in unique health outcomes
Intersectionality is political	Politically aware research drives applicable science and knowledge production	The experiences of marginalized communities aren't "apolitical" and requires those working with them to be politically aware

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. We would like to thank the following reviewers for their input on this Spotlight Brief: Ariela Braverman-Bronstein, MD PHD, Danielle Chun, MPP, and Sofia Ladner, MPH.

Read our past *Spotlights*:

- Spotlight on **Access to Care**: Immigrant Access to Health Care in Massachusetts
- Spotlight on **Asylum**: Health Equity and Care for Asylum Seekers in Massachusetts
- Spotlight on **Mental Health**: Restructuring Care for Immigrant Families

The Migration and Health Initiative (MHI) at Northeastern University's Institute of Health Equity and Social Justice Research is aimed at developing interdisciplinary collaborations between academic and community scholars that work in the field of migration and its relationship to health or well-being. The MHI explicitly attempts to create spaces where scholarship and critical inquiry are collaboratively developed and challenged within and from outside of the academy in its 3 components: 1) a journal club where doctoral students, fellows, and faculty come together to discuss critical and empirical works from a range of scholarly traditions; 2) events focused on issues related to migration that highlight clinical, community, policy, other non-academic approaches; 3) project development between academic and community partners focused on collective, social justice oriented approaches towards migration.

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