



Reproductive Justice is the human right to control one's body, sexuality, gender, and reproductive choices. That right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.

Fighting for the Rights of Black Immigrants in America

There are an estimated 3.7 to 5 million foreign-born, Black immigrants living in the U.S.^{1,2} These individuals come to this country from Africa, the Caribbean, Central and South America. Currently, immigrants comprise about 10 percent of the U.S. Black population.³ About 15% of these foreign-born Blacks are unauthorized immigrants.⁴ In 2016, slightly less than one-tenth (8%) of U.S. Blacks were second-generation, being born in the U.S. to one or more parent who was foreign-born.⁵ Black immigrants and their children comprise almost two-tenths (18%) of the country's overall Black population.⁶

Yet, despite these significant numbers, Black individuals are often overlooked in discussions about immigration policy and services for immigrant communities.⁷ This oversight — combined with the Trump-Pence administration's onslaught of dehumanizing anti-immigration policies — jeopardizes the well-being and futures of Black immigrant families.^{8,9}

Reproductive Justice principles are an essential component of immigrant rights advocacy. Immigration policies must center the needs and voices of the communities who are most impacted, including Black

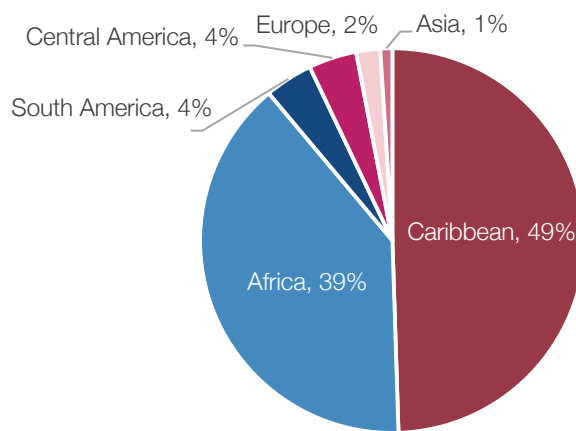
immigrants. Comprehensive immigration reform must allow individuals to make meaningful decisions about their lives and the lives of their families.

BLACK IMMIGRANTS' PATHWAYS TO THE U.S.

Black immigrants are a fast-growing population in the U.S. Their share of the population in 2016—almost 10% of the nation's Black population—is a dramatic increase from 3.1% in 1980.¹⁰ Half of all foreign-born Blacks (49%) come to the U.S. from the Caribbean (predominantly from Jamaica and Haiti).¹¹ Immigrants from Africa (predominantly from Nigeria and Ethiopia) comprise almost two-fifths (39%) of the U.S. foreign-born Black population.¹² An estimated 4% of Black immigrants came to this country from South America, 4% from Central America, 2% from Europe, and 1% from Asia.¹³

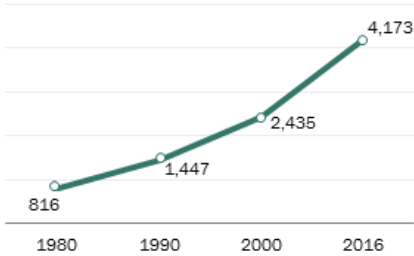
There are a variety of programs and policies that enable immigrants to come to, and remain in, the U.S. These include family-based visas, refugee and asylum status, Temporary Protected Status, Deferred Enforced Departure program, the Diversity Immigrant Visa Program, and the Deferred Action for Childhood Arrivals program.

U.S. BLACK IMMIGRANTS AREA OF BIRTH, 2016



Anderson M, Lopez G, Fact Tank: *Key Facts about Black Immigrants in the U.S.*, Washington (DC): Pew Research Center, 2018. (<https://www.pewresearch.org/fact-tank/2018/01/24/key-facts-about-black-immigrants-in-the-u-s/>.)

BLACK IMMIGRANT POPULATION IN THE U.S. ROSE TO 4.2 MILLION IN 2016



Note: In 2000 and later, foreign-born blacks include single-race blacks and multiracial blacks, regardless of Hispanic origin. Prior to 2000, blacks include only single-race blacks regardless of Hispanic origin since a multiracial option was not available.
Source: Pew Research Center tabulations of the 2016 American Community Survey (1% IPUMS) and the 1980, 1990 and 2000 censuses (5% IPUMS).

Anderson M, Lopez G, Fact Tank: *Key Facts about Black Immigrants in the U.S.*, Washington (DC): Pew Research Center, 2018. (<https://www.pewresearch.org/fact-tank/2018/01/24/key-facts-about-black-immigrants-in-the-u-s/>)

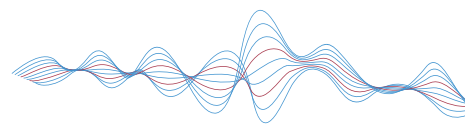
Family-Based Visas is the most common legal basis for immigration to the U.S. It refers to situations in which an individual qualifies for U.S. visa status (specifically, a “green card”) due to having one or more immediate family member already living in the country.¹⁴ Immediate family members include spouses, minor children, unmarried adult children of U.S. citizens, and parents. Such family visas account for 65 percent of new legal U.S. immigration annually.¹⁵ But, there is a long waiting list for applicants for family reunification, including those from countries with significant Black populations, including the Dominican Republic, Haiti, and Cuba.¹⁶

Refugee and asylum status are granted by the Department of Homeland Security (DHS) to individuals who have been, or are afraid they will be, persecuted due to their race, faith, nationality, political opinions, or membership in a specific social group. People seek refuge status from outside the U.S., and asylum either from inside the U.S. or at the border. In 2018, 22,405 refugees were resettled in the U.S.; 55 percent of these individuals came from Africa.¹⁷ Several countries with significant Black populations are among those sending the largest number of refugees to the U.S. in 2016-2018: Democratic Republic of Congo (21% of refugees), Somalia (9.5% of

refugees), Eritrea (3.1% of refugees), Sudan (1.6% of refugees), and Ethiopia (1.4% of refugees).¹⁸ In 2018, the U.S. granted asylum to 38,687 individuals; the majority came from China (18%), Venezuela (16%), and El Salvador (7.7%).¹⁹

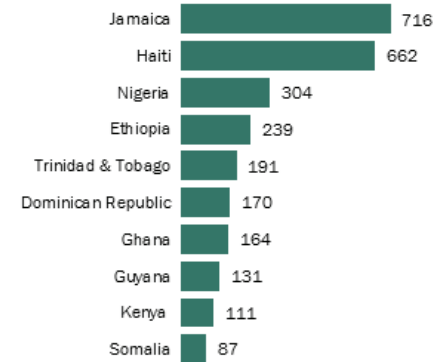
Temporary Protected Status (TPS) was created by the Immigration Act of 1990 and is granted to eligible individuals from countries (or specific areas of a country) that are affected by circumstances that make it dangerous or otherwise untenable to deport people back to their original country.²⁰ These circumstances include armed conflict, environmental disasters, and/or other extraordinary and temporary humanitarian crises.²¹ Immigrants from TPS countries are granted a work permit and stay of the threat of deportation. The DHS Secretary designates countries for 6, 12, or 18 months at a time — which can be extended indefinitely. There are currently 10 countries with TPS designation: El Salvador, Haiti, Honduras, Nepal, Nicaragua, Somalia, South Sudan, Sudan, Syria, and Yemen. Of these, four have predominantly Black populations: Haiti, Somalia, South Sudan, and Sudan.²² Additionally, under the Trump-Pence administration, several predominantly Black nations have lost TPS status, including Guinea, Liberia, and Sierra Leone.

The Diversity Immigrant Visa Program was created by the Immigration Act of 1990 to increase the diversity of U.S.



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JAMAICA, HAITI, NIGERIA ARE TOP BIRTHPLACES FOR BLACK IMMIGRANTS IN U.S.



Note: Foreign-born blacks include single-race blacks and multiracial blacks, regardless of Hispanic origin. Top 10 largest black immigrant groups shown.

Source: Pew Research Center tabulations of the 2016 American Community Survey (IPUMS).

Anderson M, Lopez G, Fact Tank: *Key Facts about Black Immigrants in the U.S.*, Washington (DC): Pew Research Center, 2018. (<https://www.pewresearch.org/fact-tank/2018/01/24/key-facts-about-black-immigrants-in-the-u-s/>)

immigrants.²³ The program, also known as the “green card lottery” enables 50,000 permanent resident visas to be issued annually to applicants from regions with currently low numbers of immigrants. (The regions are: Africa, Asia, Europe, Latin America, North America, and Oceania.) This program is a critically important pathway for Black immigrants. More than one-third (37%) of selected applicants from the 2018 round were from Africa.²⁴ Immigrants from regions that have sent more than 50,000 immigrants to the U.S. in the last five years are ineligible to participate in the program. This currently excludes natives of several countries with significant Black populations, including: Brazil, Colombia, Dominican Republic, Haiti, Jamaica, and Nigeria.²⁵

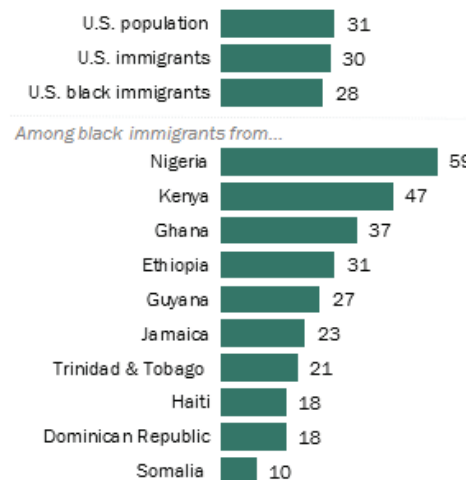
The Deferred Action for Childhood Arrivals (DACA) policy was created by President Obama via executive branch memorandum, in 2012. DACA deprioritizes the deportation of undocumented individuals who came to the U.S. as children, who are known as “Dreamers.” It enables them to get a work permit, and seek health care without fear of deportation and family separation. (DACA is no longer accepting new applications. The program is the subject of several court cases; a Supreme Court deci-

sion on its constitutionality is expected in 2020 or later.) Black DACA recipients primarily come from the Dominican Republic, Jamaica, Nigeria, and Trinidad and Tobago; there are more than 16,000 Dreamers from these countries.²⁶

AT RISK: THE HEALTH, SAFETY & WELL-BEING OF IMMIGRANT COMMUNITIES

There are a variety of barriers that prevent immigrants from accessing health care in the U.S., including lack of access to employer-sponsored health insurance and eligibility restrictions for Medicaid, the Child Health Insurance Program (CHIP), and the Affordable Care Act's (ACA) marketplace coverage. Undocumented immigrants are not eligible for most federal health care programs, including Medicare, Medicaid, CHIP, and ACA marketplaces.^{27 28} Many authorized immigrants must wait five years after they have established their legal status before they can enroll in Medicaid and

OVERALL, 28% OF BLACK IMMIGRANTS HAVE A COLLEGE DEGREE, BUT THIS VARIES WIDELY BY COUNTRY OF ORIGIN

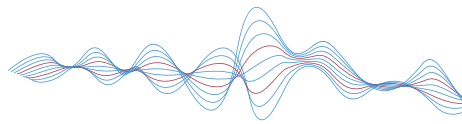


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The cruelest and potentially most harmful Trump administration policy is that of family separation, which has created an ongoing humanitarian crisis with devastating impacts on immigrants and their children.



CHIP. As a result, noncitizen U.S. residents are more likely to be uninsured, compared to citizens. In 2017, 23% of lawfully present immigrants and 45% of undocumented immigrants were uninsured, compared to just 8% of U.S. citizens.^{29 30}

Beyond this, however, the Trump-Pence administration's immigration policies have an additionally chilling effect on Black immigrants' ability to access health care. Most notable of these policies are the new federal "public charge rules," which would block immigration (and facilitate deportation) of immigrants who have used specific benefits, or are likely to do so in the future.³¹ These benefits include Supplemental Nutrition Assistance Program (SNAP), also known as food stamps; public housing; Medicaid, and CHIP. These regulations are currently in effect, but continue to be the focus of numerous on-going lawsuits.

In addition, the Trump-Pence administration has also promoted other anti-immigrant policies, including penalizing Sanctuary cities, attempting to end the DACA program, and banning travel to the country on the part of people from predominantly Muslim countries. The result is a climate of fear for immigrants of all statuses about using any benefits or even going to the doctor. Immigrants are dropping out of public benefit programs, and/or forgoing health care services for fear of deportation

or negatively impacting their immigration status.^{32 33} In 2018, approximately 1 in 7 immigrants avoided accessing public benefits even if they were qualified and eligible for them.³⁴ The chilling effect extends beyond accessing health care, as well. For example, immigrants who are survivors of sexual assault and domestic violence have not been reporting their assaults for fear of deportation.³⁵

The cruelest and potentially most harmful Trump administration policy is that of family separation, which has created an ongoing humanitarian crisis with devastating impacts on immigrants and their children. Criminal charges are being applied to parents, who are being jailed, while their children are removed and placed under the "care" of DHS. Conditions in detention facilities are inhumane and include a lack of adequate space and sanitation; clean water and adequate food; and mental and physical health care services, including medication, vaccines, hygiene products, and reproductive services.^{36 37} At least seven children have died in custody.³⁸ While the vast majority of border immigrants are from Mexico, El Salvador, Guatemala, and Honduras, an increasing number are from African nations suffering from high levels of violence; these countries include the Democratic Republic of Congo, the Republic of Congo, and Angola.^{39 40}

NEXT STEPS IN ADVANCING BLACK IMMIGRANTS' HEALTH

Black immigrants are a fast-growing population, but one that has been overlooked in program and policy decisions. These immigrants have the same health care needs as other residents of the U.S., but face numerous barriers to accessing services. Their health and well-being is further jeopardized by the Trump-Pence administration's inhumane and racist immigration policies.

Several pieces of federal legislation would help advance Reproductive Justice and safeguard the rights of Black immigrants; all have been endorsed by *In Our Own Voice*:

Dream and Promise Act of 2019 (HR 6): creates a pathway to permanent resident status and, eventually, citizenship, for immigrant youth who hold DACA, TPS, or DED status. In Our Own Voice supports passage of this bill without additional funding for Trump's border wall or immigration enforcement/detention activities.

Dignity for Detained Immigrants Act (S.1243/ H.R.2415): seeks to address the border crisis by establishing enforceable standards for all immigration detention facilities and requiring robust oversight, inspections, accountability, and transparency for those facilities. It would ensure that immigrants get a fair and timely hearing; end mandatory detention of specific immigrants; and require DHS to establish probable cause of removability within 48 hours of an individual's detention. It also includes provisions to keep families together and to end the use of private prisons and jails as detention centers.

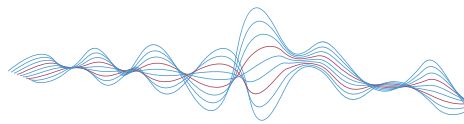
Health, Equity and Access under the Law (HEAL) for Immigrant Women & Families Act (HR 4701): expands access to health care services (including sexual, reproductive, and maternal health services for immigrant families). It would eliminate current restrictions that prohibit legal immigrants from enrolling in Medicaid and CHIP until five years after they have established legal status. It would also end the outdated, restrictive list of "qualified" immigrants. The bill would also allow all immigrants to buy ACA marketplace

insurance coverage. And, it would enable eligible immigrants who have been granted deferred protection (primarily youth who are covered by DACA) to enroll in Medicaid, CHIP, and ACA marketplace plans.⁴¹

No Federal Funds for Public Charge Act of 2019 (S.2482/ HR 3222): prohibits the use of Federal funds to implement the Trump-Pence administration's "public charge" regulations.

Protecting Sensitive Locations Act (S.2097/ H.R.1011): codifies restrictions on DHS' ability to conduct enforcement actions at (or focused on) locations that are critical to individual health and well-being, including schools, health care facilities, and religious institutions. It also expands "immigration safe zones" to ensure that immigrants can access education, social services, health care, and the criminal justice system, without fear of deportation. The Act also requires ICE agents to receive annual training and report annually regarding enforcement actions in these locations.

Stop Shackling and Detaining Pregnant Women Act (S.648/H.R.3563): protects the well-being of vulnerable pregnant women who are in immigration detention by reinstituting their release from detention, and prohibiting DHS from shackling pregnant women. (Prior to the end of 2017, pregnant women were only detained if they were a threat to themselves or others, or were a public safety risk.) The Act would also set new standards of care, and transparency, for the treatment of these women.



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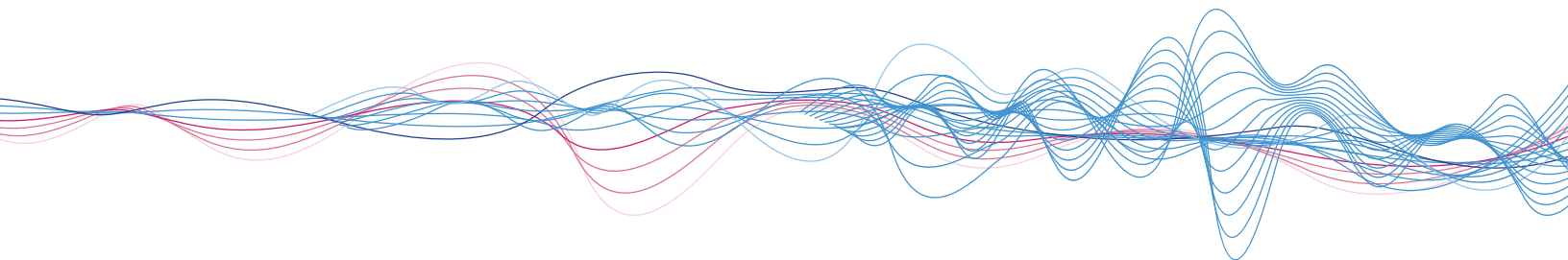
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IN OUR OWN VOICE: NATIONAL BLACK WOMEN'S REPRODUCTIVE JUSTICE AGENDA

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In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national Reproductive Justice organization focused on lifting up the voices of Black women at the national and regional levels in our ongoing policy fight to secure Reproductive Justice for all women and girls. Our eight strategic partners include Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc. SisterReach, SPARK Reproductive Justice Now, The Afiya Center and Women With A Vision.



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