



ENSURING HEALTH AND JUSTICE

for

UNDOCUMENTED
BOYS AND MEN
OF COLOR

ENSURING HEALTH AND JUSTICE *for* UNDOCUMENTED BOYS AND MEN OF COLOR

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BRIDGES TO HEALTH

ACKNOWLEDGMENTS

About the Greenlining Institute

Founded in 1993, The Greenlining Institute envisions a nation where communities of color thrive and race is never a barrier to economic opportunity. Because people of color will be the majority of our population by 2044, America will prosper only if communities of color prosper. Greenlining advances economic opportunity and empowerment for people of color through advocacy, community and coalition building, research, and leadership development. We work on a variety of major policy issues, from the economy to environmental policy, civic engagement and many others, because economic opportunity doesn't operate in a vacuum. Rather than seeing these issues as being in separate silos, Greenlining views them as interconnected threads in a web of opportunity.

The Greenlining Institute Bridges to Health Program

Nothing is more essential than our health. Everybody should have access to good health regardless of race or income. Health care must be responsive to the nation's growing communities of color, but health care is not enough. People also need access to the things that lead to good health such as safe neighborhoods, healthy foods, clean environments and decent jobs. Greenlining brings the voices of communities of color into critical decisions that affect all of our lives and health.

About the Authors

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Erika is a recent graduate from San Diego State University Graduate School of Public Health. With a passion in both grassroots advocacy and research to achieve health equity, she organized a diverse group of youth and community members in Southeastern San Diego around food justice issues while completing her master's thesis on racial and ethnic disparities in sexually transmitted infections amongst Planned Parenthood patients in San Diego County. Her interest in shaping health policy that positively impacts communities of color stems from her direct service experience as a Certified Enrollment Counselor during Covered California's inaugural year. Erika hopes to continue in work that bridges community voices to policymakers and advocate for culturally sensitive, affordable, and quality health care for all. Erika is from Los Angeles, California, and is a proud transfer graduate of UCLA with a degree in Cultural Anthropology.

Anthony Galace, Bridges to Health Director

Anthony's passion for advocacy lies at the nexus of public policy, health equity, and racial justice. As the child of Filipino immigrants, his desire to advocate for underserved communities was shaped by his exposure to the struggles his family and other immigrants faced while coming to the United States. His background in health includes direct health care services, health education, and local advocacy. Anthony leads Greenlining's health advocacy efforts to ensure fair and equitable implementation of the Affordable Care Act and access to health care and workforce opportunities for boys and men of color. Additionally, Anthony oversees Greenlining's community benefit advocacy, which focuses on increasing investments towards upstream, preventive health resources to improve community health. Anthony is a native of Chula Vista, California, and a graduate of the University of California Berkeley, with a degree in Integrative Biology.

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EXECUTIVE SUMMARY

- **The health and well-being of undocumented boys and men of color are vital to the future of California.** State and local lawmakers must make the lived experiences of undocumented boys and men of color a focal point as they debate policies that impact the lives of undocumented Californians, such as health care, immigration, criminal justice and education.
- **Undocumented boys and men of color face many barriers to good health and security.** Greenlining interviewed several undocumented youth, who highlighted the high cost of health care, the “machismo” mentality, disparate access to care within mixed-status families, and limited access to health services for LGBTQ individuals. One told us, “I don’t expect you to know what it feels like to lie to your brother that he’s going to go to the doctor when I know that I can’t afford to take him.”
- **Injustice, discrimination, and fears of deportation constantly impact the lives of undocumented boys and men of color.** The undocumented youth interviewed for this report experienced cultural incompetency and discrimination from health professionals and employers. Additionally, undocumented boys and men of color live in fear every day that they or their loved ones will be criminalized and/or deported.
- **Undocumented boys and men of color serve as pillars in their families and communities, and provide stability and support as fathers, brothers, and sons.** Undocumented youth strive to contribute to their communities as future doctors, policymakers, and business owners. Investing in our youth, especially undocumented boys and men of color, will only benefit the future of California.

Recommendations:

- **Expand health coverage for all Californians, regardless of immigration status.** State legislators should expand access to Covered California and full-scope Medi-Cal for undocumented Californians. County officials can advance this cause by creating county health programs for undocumented immigrants. These initiatives will decrease health care costs by increasing preventative care, thus reducing health disparities.
- **Improve accountability among anchor institutions to prioritize the well-being of undocumented boys and men of color.** Health care institutions and not-for-profit hospitals have an obligation to address the holistic health of their communities, especially for disadvantaged communities, including boys and men of color. They can do this through workforce diversity initiatives and targeted investments that address the root causes of poor health.
- **Remove barriers for undocumented boys and men of color to thrive.** State and local officials must divest from the current systems that criminalize boys and men of color, including prisons and youth detention centers, and redirect funding and resources towards investment in the successful future of our youth.
- **Enact progressive immigration policies that keep families together.** Key decision-makers should reduce the presence of Immigration Customs Enforcement and law enforcement in the community and create supportive learning environments for undocumented boys and men of color that dismantle the school-to-prison-to-deportation pipeline.
- **Adopt a statewide racial equity framework.** Institutions such as hospitals, law enforcement, and schools should adopt a system-wide racial equity framework that recognizes and combats the effects of racism and discrimination on communities of color. The adoption of this framework will create a more successful and equitable future for California.

INTRODUCTION

California has become a national model in recent years for advancing equity and justice through public policy. Local, county, and state officials have exhibited great leadership by embracing solutions that meet the needs of underserved communities. Undocumented¹ Californians and boys and men of color (BMoC), in particular, have experienced unprecedented opportunities to improve their health and economic success; however, people belonging to both of these populations — **undocumented BMoC** — still struggle to overcome multiple barriers that have obstructed both communities from fulfilling their potential. Despite recent victories, advocates and leaders must do more to raise awareness about the unique challenges and immense potential of undocumented BMoC. In order to build a strong future, California must improve and sustain the health and well-being of undocumented BMoC.

In March 2015, The Greenlining Institute published *Voices from the Front Lines: Barriers to Health Care for Undocumented Californians*, a policy brief that highlighted the barriers faced by thirteen undocumented youth in accessing health care.² Through our research, Greenlining found limited data and information about the health and well-being of undocumented immigrants, and nothing specifically focused on undocumented BMoC. This report seeks to provide a more nuanced perspective that uplifts the specific experiences of undocumented BMoC. Greenlining engaged with undocumented BMoC and their families, who shared their struggles, but also highlighted their desire to build a healthier California.

The undocumented BMoC we interviewed for this project strive to contribute to California's future as aspiring entrepreneurs, lawyers, and doctors, yet many obstacles stand in the way of their dreams. Through our analysis of the common themes of each interview, we were able to generate the theme cloud [here](#)¹, which serves as a visual representation of the most prevalent words and concepts in the participants' responses. The five most common words from the interviews were: *work, health, undocumented, help, and care*.

As state and local lawmakers debate proposals to improve our health care, education, and community safety, Greenlining believes we must remember the human element, the real lives of those who would be most affected by these reforms.



¹The theme cloud was created by inputting the interview transcripts into Tagxedo, a website that creates a "word cloud" using words individually sized appropriately to highlight the frequencies of occurrence within the body of text. Retrieved from <http://www.tagxedo.com/>

METHODOLOGY

In the fall of 2015, Greenlining conducted and transcribed semi-structured interviews with 14 undocumented young people. Greenlining reached out to interviewees through coalition partners, personal networks, and undocumented student organizations on college campuses throughout California. 10 participants were BMoC; additionally, we interviewed 4 young women of color who spoke about BMoC in their families. We believe it was important to interview young women who could speak about their undocumented fathers and brothers to illustrate how barriers for undocumented BMoC also impact girls and women in their families.

The characteristics of the 14 participants are as follows:

- 13 participants were Latino and one was Korean.
- Participants ranged from 19 to 31 years of age.
- 10 lived in the Bay Area, two lived in San Diego, one lived in Los Angeles, and one lived in the Central Valley.
- Several participants identified within the LGBTQ community, including one transgender man.
- At the time of the interviews, 10 of the participants were undergraduate students at four-year universities, two attended community college, and two were in the workforce.

We also conducted interviews with two organizations that support the needs of undocumented and underserved communities. We spoke with representatives from the Street Level Health Project, an Oakland-based grassroots organization dedicated to improving the health and well-being of underserved urban immigrant communities in the Bay Area and the Black Alliance for Just Immigration, a national organization that educates and engages African-American and black immigrant communities to organize and advocate for racial, social and economic justice, to help fill these gaps and provide additional perspectives to the narratives from the undocumented youth.

Gaps and Limitations in Information and Outreach

There is limited background research on the intersection of undocumented immigrants and BMoC. Many statistics on undocumented immigrants fail to disaggregate by gender; likewise, immigration status is rarely mentioned in BMoC research. Thus, Greenlining elected to adopt a qualitative approach as the best research method given these data

challenges. Qualitative interviews better capture the lived experiences of undocumented BMoC in ways that a quantitative survey cannot.

Additionally, our recruitment methods as well as other factors led to gaps in representation among our participants. In particular, recruitment from university undocumented student organizations resulted in a selection bias that limited representation of undocumented BMoC who are unable to pursue higher education. Challenges pertaining to those without access to higher education thus may not be adequately covered in our interviews. Our sample also underrepresented undocumented Asian American and Pacific Islander (API) and black immigrants. These communities are less likely to be open about their status due to social pressure to assimilate, and because immigration reform in the United States is framed mostly around the Latino population. Furthermore, a heightened sense of fear exists for underrepresented groups within the undocumented population, leading to reluctance to speak out and expose themselves, given the limited support and advocacy for immigration reform within their own communities.

This report seeks to provide a snapshot of the experiences and challenges that undocumented BMoC and their families face, but our findings do not reflect a statistically representative sample of the views of all undocumented youth. Rather, as state lawmakers and advocates discuss policy proposals that would affect undocumented BMoC, we hope to refocus these debates around the human elements of each of these potential reforms. Moreover, we hope this report sparks increased interest in research and advocacy for the health and well-being of undocumented BMoC.

FINDINGS

The undocumented youth interviewed for this report each highlighted a dire need for greater support and resources. Common themes from the interviews include: the immense barriers to affordable and quality health care, fear of discrimination and deportation, and the desire to create a future for themselves in ways that uplifts their communities as well. These most prevalent themes should be at the forefront of policy debates that impact undocumented youth in California.



Barriers to Achieving Good Health for Undocumented BMoC

a brother's sacrifice

*Michael** is 20 years old and balances his job at a non-profit while going to school in the Central Valley. He had to make several difficult decisions to raise and care for his younger brother after his older brother was deported. When his little brother would get sick, *Michael* was forced to ask himself, “What’s more important at this time? Is it buying food, paying rent, or buying his medicine?”

Desperate, and with limited resources, he resorted to stealing medicine from a local pharmacy for his sick brother, risking deportation if he was caught. *Michael* also battled homelessness for a period of time, but he could not bring himself to confide in any of his peers or teachers for fear of exposing himself to discrimination due to his and his brother’s documentation status. When asked what he would tell lawmakers on how they should improve health care laws, he stated:

“I don’t expect you to understand me. I don’t expect you to know what it feels like to lie to your brother that he’s going to go to the doctor when I know that I can’t afford to take him. I do expect you to help us because we’re still humans. We still get sick and sickness does not discriminate.”

Michael plans to work in media communications and highlight the struggles that people in his community go through and inspire others to not give up. He hopes to be a voice for people who cannot speak and influence laws that help his community.

Although the Affordable Care Act (ACA) created new pathways to obtain health coverage, millions of undocumented immigrants — including 1.46 million undocumented BMoC under the age of twenty-four — were excluded from the benefits of expanded health coverage.^{3,4} In addition to barriers for higher education and employment, undocumented BMoC also live in fear of deportation, which is intensified by discrimination and elevated risk of incarceration. These challenges severely inhibit the opportunities for undocumented BMoC to succeed.

Differences in Quality of Care within Mixed-status Families

An estimated nine million people in the United States live in mixed-status families¹¹ and the navigation of the health care system poses a unique challenge for these families.⁵ Nine out of the 14 interview participants had at least one sibling who is a U.S. citizen. One of the women participants described how her family members experienced two drastically different health care systems because of their documentation status. Her younger brother, a citizen, could get an appointment right away at their local clinic; however, her undocumented father, who suffers from diabetes, could only get an appointment at a clinic much further away, which often was fully booked with a one-month waiting list.

¹¹ “Mixed-status family” refers to a household made up of individuals with different citizenship or immigration statuses, such as a family with an undocumented mom, a “lawfully present” dad, an adolescent granted deferred action through DACA, and a child who is a U.S. citizen because he or she was born in the United States

*Names of all undocumented participants have been changed to protect their confidentiality

For mixed-status families, having an undocumented family member can create barriers that prevent other members of the family from accessing health care. One participant spoke about how his younger brother, a citizen, “has to suffer because of us. My mom doesn’t feel comfortable in those spaces. Even though my brother has access to health care, he doesn’t take advantage of it.”

Coping with the High Cost of Health Care

All of the participants experienced challenges or even fear when accessing health care. One of the most prominent barriers was the high cost of health care without insurance. For nine out of the 14 interviewees, either a family member or they themselves had incurred large medical expenses. One participant shared that he shattered his knee during his freshman year of college, not long after he became ineligible for health insurance after turning 18. He remembers, “[my bill] was over \$30,000 and that was ridiculous for someone like me — an 18-year-old in college with nothing.” Unable to pay as a full-time student, the bill went to collections, and he is still paying for the hospital expenses two years later. Other interviewees had similar experiences struggling to pay for out-of-pocket medical costs with limited incomes.

Because of the high cost, several participants said that they avoided seeking medical attention, even if they were in dire need of care. One interviewee had dental issues but would only take over-the-counter pain medication instead of going to the dentist because of his financial situation. This neglect led to the increased severity of his dental problems during a time of unemployment – to the point that he shared could not function. Other participants who worked to support their families and pay for school found they would prioritize going to work despite an injury or illness. One interviewee who worked at a restaurant got into a car accident and could not move his neck, but still went to work the next day because he felt he had no options or support. Many undocumented BMoC must assume the role of provider for their families, but the high cost of health care prevents them from receiving the services and resources they need to take care of their loved ones.

Challenges for LGBTQ Undocumented BMoC

I came out being gay when I was 16. That was an easier process than coming out as undocumented. I felt being gay became okay, but being undocumented is still not. You still get those folks who go, ‘You’re undocumented? Why did you come to this country illegally?’



Undocumented BMoC who identify as LGBTQ also echoed the importance that access to health care, or lack thereof, played in their lives. Their documentation status creates additional barriers to health care services, such as testing for sexually transmitted infections, which cost one participant \$100 because he lacked insurance. One interviewee who works at a restaurant that does not offer health insurance was interested in taking PrEP, a medication that prevents HIV infections. He described the stigma and challenge as a queer undocumented BMoC saying, “Honestly the majority of the people that have PrEP are white people, through their jobs or their insurance. How do I get the help that I need? I heard how much it costs, it costs a lot of money. It’s thousands of dollars a pill per month.”

For transgender BMoC, the need for health care can last a lifetime, as the transition process requires stable access to hormone therapy. For undocumented, transgender individuals, stopping this therapy, due to loss of health insurance, could lead to physical and emotional trauma. The Transgender Health Program at St. John’s Well Child and Family Center in Los Angeles is one of the few centers that provide health care for undocumented transgender youth but resources and similar programs are limited throughout California. The exclusion of LGBTQ undocumented BMoC from health reform takes away the security and control they need to maintain their health and wellness.

Deconstructing the “Machismo” Mentality

Many Latino interviewees discussed the “*machismo*” mentality, a cultural attitude in which some men feel the need to exhibit exaggerated masculinity, which may affect their health. One participant described the role this plays in his life and shared, “If you are the provider, you have to provide. If you are sick or whatever happens, you have to make sure your family is taken care of.” One of the women interviewees told how she and her sister watched their father’s health decline as he continued to overwork himself in construction and carpet installation to support their family. This *machismo* pressure can prevent undocumented men from seeking the medical attention they need, resulting in worsening health. She majored in nutrition to help her family eat better and signed him up for a gym membership, but he was too exhausted from work to go to the gym. In the case of the aforementioned family, the undocumented father developed diabetes, which they believe could have been prevented if he had been able to visit a doctor. Additionally, they live in San Diego County, one of the 11 counties in California that does not have any sort of preventative health programs for undocumented residents.

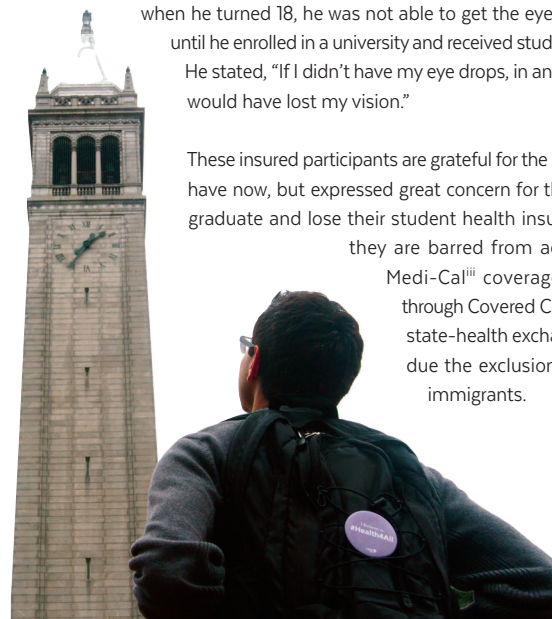
Machismo attitudes affect both physical and mental health. For undocumented BMoC, the trauma and exposure to discrimination, deportation, and violence left “mental scars,” as one interviewee put it. However, participants’ families usually were not supportive of BMoC seeking out mental health services, believing that those who needed them were “crazy.” Moreover, lack of health coverage prevented the undocumented BMoC that we interviewed from seeking care from a mental health professional. One participant after dealing with the trauma of deportation in his family created his own solution to this issue by hosting healing circles, which created support networks for young men of color in his community in Central Valley — where there is a lack of health professionals and health care resources compared to other parts of California. He emphasized, “If we can’t take care of our mental health, we can’t help anyone. We can’t help our families. We can’t help

our community.” By beginning to breaking these stigmas, these young men are able to improve their mental and physical health in order to become more resilient as brothers, sons, fathers, and future leaders.

Ensuring Health Coverage for All Undocumented BMoC

Eight interviewees were privileged to currently have health insurance as university students, which made a significant difference in their lives. One young man who was born with cataracts later developed glaucoma after a retina transplant and needed medicated eye drops to manage the disease. After losing his limited health coverage when he turned 18, he was not able to get the eye drops for two years until he enrolled in a university and received student health insurance. He stated, “If I didn’t have my eye drops, in another year I probably would have lost my vision.”

These insured participants are grateful for the health coverage they have now, but expressed great concern for the future when they graduate and lose their student health insurance. Additionally, they are barred from accessing full-scope Medi-Calⁱⁱⁱ coverage, or a health plan through Covered California, California’s state-health exchange under the ACA, due the exclusion of undocumented immigrants.



ⁱⁱⁱ Full-scope Medi-Cal provides a core set of health benefits to those who are income-eligible including doctor visits, hospital care, immunization, pregnancy-related services, mental health and substance use disorder services, prescription drugs, and preventive and wellness services. Retrieved from: <http://www.coveredca.com/medi-cal/benefits/>



Injustice, Discrimination, and the Fear of Deportation

breaking the school-to-prison pipeline for undocumented BMoC

Gabriel is from South Central Los Angeles and loves soccer. He grew up in a single parent household and witnessed violence in his neighborhood, including four drive by shootings. In addition to these traumatic experiences, he also faced barriers to success in his high school:

“In school you’re not encouraged because you’re Latino. You’re not given the resources because of your skin color. They see you’re Latino and they say, ‘Let’s not invest in them. Let’s not give them textbooks. Let’s not give them a library.’ My high school did not have textbooks. They say it’s lack of funding, but is it really?”

“Being a man of color, I was stopped by the cops once just because I was walking. This was in 7th grade. I threw something in the street without thinking about it. As I did that, I heard sirens half a block away. The cop rushed to me, they got down from the car and they handcuffed me. They put me against the car and they started pocket checking me. They took my backpack, searched through it. I was scared and really confused. I didn’t know what was going on. This idea, you begin to internalize. Like, ‘Damn, am I really a criminal?’ I really doubt that a cop would do that to a school in Beverly Hills...”

Despite the challenges he faced, Gabriel is now a first-generation student at a University of California campus and created his own interdisciplinary major. He plans to work in public policy to address the social injustices that he and other undocumented BMoC have faced.

“Facing a lot of institutional racism like that, it definitely discourages a lot of people like myself from achieving higher education, from pursuing whatever their interests are. Instead they begin to internalize criminalization. Definitely being a man of color is not at your advantage when you’re trying to achieve higher education.”

Living in Fear of Deportation

Our interviewees grapple daily with the threat of deportation. This separation weakens families financially and emotionally. One interviewee shared, “I would hear stories about deportations. I would hear stories about Immigration and Customs Enforcement (ICE) raids, so I began panicking. I had nightmares about ICE agents knocking down my door and taking me away.” Undocumented BMoC continuously grapple with living in a country that actively pursues their removal, which directly contradicts how they see themselves — “100 percent American,” as one participant put it.

On average, interview participants immigrated to the United States at the age of seven, which for means that they could be sent “home” to a country they barely remember. One participant especially worries for his younger brothers, who came to America at nine months old and speak little Spanish. One interviewee recalled planning his brother’s funeral in Mexico.

Due to his documentation status, he was unable to attend and pay his final respects to his brother because he would not be able to reenter the United States. Another participant witnessed his brother and father deported within a few years of each other, saying, “It was a great loss because they contributed a lot economically to the family and when we lost those resources I basically had to stop going to school and work full-time.

Every time we walk out that door we don't know if we're coming back to an empty home. I didn't know if when I come back from high school, my brother was going to come back from middle school. Or if my mother was going to be [at home] every time we come back.

”

I had to consider not just what was best for me but what was best for my family. So I dropped out of school and had to start working and that was my way of helping my family because he was [in Mexico] and he couldn't come back.”

Because of the deportation of his brother and father, this young man had to turn down the universities that had accepted him, including UC Berkeley and private universities, so that he could support his family and work in the garment industry. He worked 12 hours days and would come home with rashes from his exposure to chemicals. He endured this as he completed community college courses and eight years later transferred to UC Berkeley.

Cultural Incompetency and Discrimination Among Health Professionals and Employers

The majority of participants claimed to have experienced discrimination, even from medical professionals. One interviewee shared, “There’s a stigma. They’ll say we’re taking advantage of the health care system, even jobs.” Another stated that undocumented immigrants are blamed for the health issues they develop from unreported employment such as

manual labor jobs. The interviewees felt that these jobs in the restaurant industry or construction are the only jobs available to undocumented BMoC.

When asked about the cultural competency of medical staff, many participants agreed that they did not believe there were enough BMoC working in health care. Even among undocumented AAPI individuals, the Korean interviewee explained, “it’s easy to find doctors and nurses who look like you. But it’s one thing to have representation, it’s another thing to have doctors and nurses who understand what it means to be undocumented — what it means to not have citizenship.” This distrust also develops fear among undocumented BMoC of “going through the wrong door” and exposing their status, increasing their risk for deportation.

Undocumented BMoC also face discrimination and exploitation regarding workplace-related health issues. One participant suffered an injury at his job of over 10 years. After the injury, his employer forced him to continue working or lose hours, and did not allow him see the company doctor. As a loyal employee of almost a decade, he acknowledged, “It’s ridiculous how we get money taken out of our paychecks and we can’t access [health insurance]. That’s just wrong.” His story is not unlike other undocumented BMoC who are exploited and face threats of being reported by their employers to ICE.

Discrimination within Diverse Groups of Undocumented BMoC

Throughout the nation, the immigration debate largely focuses on undocumented Latinos. For those who do not fit this narrative — for example, undocumented API and black immigrants — these barriers can be disempowering. An Asian-American participant shared that he sees a “daily wave of violence that goes through our communities, whether it’s detention or cultural disempowerment.”

We were unable to interview undocumented black participants but had the opportunity to speak with Jae Maldonado, Executive Director of Street Level Health Project, who expressed that undocumented black immigrants face anti-black sentiment and increased discrimination.



We also spoke with Devonté Jackson, Bay Area Organizer with the Black Alliance for Just Immigration (BAJI), who said that “black immigrants are a smaller portion of the larger undocumented population, [but] they’re five times overrepresented within deportation and detention proceedings. Black immigrants are criminalized in the same way that African-Americans historically have been criminalized.”

BMoC also experience profound racial imbalance in law enforcement. In California, Latinos make up almost 54 percent of youth in juvenile detention facilities, despite accounting for 45 percent of the state’s population between the ages of 15 and 24.⁶ Black prisoners make up nearly 40 percent of the incarcerated population, which amounts to a disproportionate number of those incarcerated in the United States despite only making up 13 percent of the U.S. population.⁷ This situation is increasingly dangerous for undocumented BMoC because run-ins with the law can result in potential deportation. Because the majority of immigrant apprehensions happen through the criminal justice system, undocumented Latino and black men experience the highest rates of deportation.^{8,9}



Uplifting Families and Communities by Empowering Undocumented BMoC

the family left behind

Grace is a University of California student. Her father, suffering a rare genetic disorder that rendered only 11 percent of his heart functional, was given just one year to live if he did not receive a heart transplant. Grace worked tirelessly to get her father on a heart transplant list despite his lack of a Social Security number. In the end, she could not find a way to get her father the care he needed, and she and her sisters urged him to return to Mexico to receive a heart transplant. Without her father's support, her family was forced to sell their home, and end their family's business. Because she can no longer be with him, she treasures a jewelry box (pictured at left) filled with gifts her father sends her from Mexico. She shared the following about how her family has coped with the separation from their father:

"I felt like we lost our home. We lost our dad, we don't see him every day. We lost some financial support, with the little bit of money he would give us, it would make a difference. Now my mom is trying to make ends meet...To this year we're still getting help from the church to pay for rent, to get food in our fridge. It's just really hard. I try to work a lot to get money to pay for rent. My mom can't even find another job anywhere because they want a social [security number]."

As Grace's story illustrates, lack of documentation not only affects undocumented BMoC but also the girls, women, and families who are left behind. Grace also worries about the health of her sisters. She describes her concerns:

"Two of [my sisters] don't have a social [security number] either, and because it's genetic, they have the same disease. For them to have their whole life here and be denied [health care] in the future, that's just heartbreaking. Growing up here for me, America is my home. This is it. I love it. I love the people. I feel like I owe America, but they don't feel like they owe me anything. It was hard but I'm learning to try and stand up for it."

Grace plans to attend law school, and one day became a judge, a position from which she will be able to influence the legal system and improve the conditions of undocumented families like her own. The barriers and experiences of undocumented BMoC outlined in this report also directly impact their families and communities. In addition to the narratives of undocumented BMoC, we interviewed four undocumented young women to gather the perspectives of sisters and daughters of undocumented BMoC.

Uplifting the Potential of Undocumented BMoC to Support their Families and Communities

BMoC serve as the essential pillars for thriving families. Because of limited opportunities and resources for undocumented and mixed-status families, undocumented BMoC must provide crucial support financially and emotionally as fathers, brothers, and sons. When an undocumented BMoC is separated from his family, the family left behind often suffers tremendously.

After DACA a lot of doors opened up. I had a chance to get my work permit, a chance to get a real Social Security number, to get financial aid, but that still wasn't enough. I still couldn't go to the hospital if I wanted to.

”

The undocumented young people interviewed in this report also believe that they have a stake in developing local and state policies that have the potential to uplift their communities. Seeing a lack of leaders who share similar perspectives and experiences, the youth we interviewed strive to represent their community as elected officials, business leaders, and public advocates. Each participant shared about how they were inspired to ensure that they sit at the table where decisions are made about issues pertaining to the health care workforce, education, and public policy, in order to provide the perspective of what it means to be an undocumented BMoC.

Two of the BMoC we interviewed seek to become doctors because of the barriers they have experienced in the health care system. One would like to specifically provide culturally competent medical care as a transgender doctor. Other interviewees wish to work in public health and provide culturally-sensitive health education to the Latino community. Another hopes to work in communications for a non-profit that serves immigrants and other underserved communities. Furthermore, an interviewee also expressed aspirations to one day be the chief executive officer of his own business. Despite the challenges they have faced along their journey, the undocumented youth we interviewed all want to contribute to the country they grew up in and chase their version of the American Dream.

[DACA] is only temporary so I don't know what's going to happen. It's scary. Now is the time to be that advocate and go out there. I used to be scared. I didn't want to risk my life. But this is my life. I'm at risk if I don't do anything.¹⁰

”



Undocumented BMoC already influence policy debates across the state. One participant had the opportunity to testify in front of state legislators, despite warnings from the undocumented community that he was putting himself at risk. By speaking with legislators, he hoped to humanize the issue around health care reform and put a face to the undocumented BMoC community who can be uplifted and empowered by progressive policies in education, employment, immigration, juvenile justice, and health.



NO
ONE
IS
ILLEGAL

Stop
the
DEPORTATION!

JUSTICIA

WE'RE HERE TO STAY

Advancing Equity and Justice for Undocumented BMoC in California

The obstacles for undocumented BMoC hamper California's growing economy as a majority-minority state. Slightly over 90 percent of undocumented men in California participate in our labor force.¹¹ In 2013 alone, undocumented immigrants paid almost \$3.2 billion in state and local taxes while working in industries that form the backbone of the state's economy, such as agriculture and construction.¹² Furthermore, BMoC make up 70 percent of males in California ages twenty-four or younger and eighty percent by 2050.^{13,14} By investing in BMoC, including the undocumented, we invest in the future leaders who will drive our state's economy.

It is vital that California continues to provide resources to undocumented BMoC and other marginalized communities. California has led the nation enacting policies, such as the DREAM Act¹⁵, that opened up opportunities to receive financial aid for college. These resources have opened doors for undocumented BMoC to pursue higher education and better support their families and serve their communities. Policies such as these also opened doors for millions of undocumented girls and women of color to pursue these same opportunities.

Leaders across California have the opportunity to improve the lives and health outcomes of undocumented BMoC while making California a model for reframing the narrative around BMoC. By breaking down barriers to health coverage, education, and quality jobs for undocumented BMoC, California can ensure a better future for all. The following campaigns have laid a strong foundation for advocates and lawmakers to build on as they work to uplift undocumented BMoC.

ALLIANCE FOR Boys and Men of Color

The Alliance for Boys and Men and Color

The Alliance for Boys and Men of Color was established as a coalition of over 160 community-based organizations, foundations, and policy advocates working to improve the lives of BMoC through direct community engagement, youth organizing, and policy reform.¹⁶ The Alliance works across California to end the disenfranchisement of BMoC and abolish inequities in health, immigration, employment, education, and community safety. Additionally, The Alliance constantly works to shift the narrative around BMoC towards empowerment and innovation, and away from criminalization and incarceration. Doing so ensures that BMoC can be active role models in their communities, which positively impacts the lives and outcomes of youth and young people of color. By recognizing BMoC as agents of positive change in their communities, we can support them in reaching their potential.

The Alliance works in close partnership with the Assembly Select Committee on the Status of BMoC which was founded in 2011, and is currently co-chaired by Assemblymember Rob Bonta (D-Oakland) and Assemblymember Reggie Jones-Sawyer (D-South Los Angeles).¹⁷ The Select Committee has demonstrated significant leadership by championing legislation and reforms throughout sectors to improve the lives for BMoC.

¹⁶ The California Assembly Select Committee on the Status of Boys and Men of Color was established in 2011 by former Speaker John A. Perez, and chaired by former Assemblymember Sandrè Swanson. The Committee partners with the Alliance for Boys and Men of Color to champion legislative, budgetary, and administrative accountability strategies that further successful outcomes for boys and young men of color.



The #Health4All Campaign

The California Endowment launched the #Health4All campaign to advocate for all Californians to have access to health coverage, regardless of documentation status. The #Health4All campaign has gained increasing support and has succeeded in shifting public opinion, with 58 percent of the state's registered voters supporting the expansion of full-scope Medi-Cal for all eligible undocumented residents.¹⁷ Much of this increase in support can be attributed to public engagement efforts led by the #Health4All coalition, a partnership created in January 2014 that brought together health, immigration, grass-roots, labor, and faith-based organizations across the state committed to achieving health coverage for all Californians. Recent data has also reinforced the benefits of expanded health coverage — such as improved health outcomes, more cost-effective care, increased preventative care use, and reduced death rates — through the ACA.^{18,19}

During the 2015 legislative session, the #Health4All campaign achieved a significant victory with the expansion of full-scope Medi-Cal to undocumented children under the age of 19.²⁰ Prior to this win, undocumented Californians were only eligible for restricted scope Medi-Cal, which only covers emergency and pregnancy-related services.²¹ The expansion of health care for undocumented children moved California one key step closer to the goal of ensuring the right to health coverage for all Californians.

POLICY RECOMMENDATIONS

The following five recommendations will build on California's successes in supporting the futures undocumented BMoC and their families:

1) Expand health coverage for all Californians, regardless of immigration status

State legislators should prioritize the passage of the Health for All Act, Senate Bill 10 (Lara, D-Bell Gardens) during the 2016 legislative session, and Governor Jerry Brown should sign it into law. SB 10 would initiate a Section 1332 waiver that would allow undocumented residents to purchase a health insurance plan through Covered California without subsidies. Passage of this law would decrease health care costs through increased preventative care and reduce health disparities for undocumented BMoC.

Furthermore, state health care regulatory agencies and Covered California should support and complement these efforts by recruiting undocumented BMoC to serve as coverage enrollment counselors and patient navigators. By empowering undocumented BMoC to be ambassadors to their communities, the state can build trust with disadvantaged communities. The support from these entities would build the foundation for successful implementation of expanded health coverage. At the local level, county officials should also create and support health programs that serve undocumented residents. This expansion of access to health care at the state and local level would not only benefit undocumented BMoC, but also increase access for their family members as well.

POLICY RECOMMENDATIONS

2) Enact immigration policies that keep families together

With efforts to achieve comprehensive immigration reform at the federal level stalled, California lawmakers must do what they can to reduce and eliminate the detention and deportation of undocumented BMoC by supporting the expansion of sanctuary cities²³ and reducing the interdependence between U.S. Immigration and Customs Enforcement and law enforcement. The implementation of these reforms would have prevented the deportation of many of the interviewees' friends and family members.

In addition, education officials should decrease the presence of on-campus police and end willful defiance suspensions,²⁴ thus reducing the number of BMoC who go through the school-to-prison pipeline that ushers many undocumented BMoC into detention and then deportation. These strategies would contribute to dismantling the school-to-prison pipeline in favor of a fairer, more just system that prioritizes educational success for undocumented BMoC.

3) Improve accountability among anchor institutions to ensure the well-being of undocumented BMoC

Health care institutions and hospitals have an obligation to address the holistic health needs of their communities beyond direct services. Hospitals and clinics can support undocumented BMoC by adopting diversity initiatives to recruit, train, and employ more BMoC as health professionals. A more diverse workforce of physicians, community health educators, therapists, and other allied health professionals will increase quality employment opportunities for undocumented BMoC and provide more culturally competent care for California's growing communities of color.

Hospitals should also embrace their role as anchor institutions by prioritizing prevention through investments that target the root causes of poor health, such as poverty, underfunded schools, the environment, and unsafe neighborhoods. Prioritizing investments — such as not-for-profit hospitals' community benefit obligations²⁵ — to improve the social determinants of health will also support the holistic health and wellness of undocumented BMoC, by creating safer, healthier environments for them to live, learn, and thrive.

4) Invest in education; divest from incarceration

State and local officials must move away from systems that criminalize BMoC, including prisons, youth detention centers, and militarization of the police force. Furthermore, to truly make communities safer for undocumented BMoC, funding and resources should be more equitably directed towards investments in education, job training, housing, health care, and rehabilitative services. The passage of Proposition 47²⁶ which reduced certain low-level, nonviolent felonies to misdemeanors, marked a significant first step. Annual savings due to Proposition 47 will total between \$100 million and \$200 million in 2016-17; these funds can then be used to support mental health and substance use treatment services, K-12 truancy and dropout prevention, and trauma-informed care.²⁷

Moreover, the creation of employment pathways for undocumented BMoC would provide opportunities for high-quality jobs with livable wages and benefits such as health insurance. Such jobs would better equip undocumented BMoC serving as pillars of their families to financially support them, while decreasing the racial wealth gap.

5) Adopt a statewide racial equity framework

The stakeholders mentioned throughout this report — including lawmakers, health insurers, hospitals, law enforcement, and educators — should adopt a system-wide racial equity framework that recognizes the harmful effects of racism and discrimination on communities of color. See the appendix for one example of such a framework, Greenlining's Racial Equity Toolkit.

Furthermore, these institutions must commit to reversing health disparities that have disproportionately affected people of color, specifically undocumented BMoC. This framework includes:

- A comprehensive strategy that engages all stakeholders — including immigration, health, racial equity, gender equity advocates, and community members, especially undocumented young men of color — in data collection and policy development
- Building coalitions with a diverse range of partners across sectors to collectively advance progressive policies
- Creating benchmarks for evaluating program and policy effectiveness in order to determine gaps as well as measure progress of impacts on low-income and communities of color

CONCLUSION

The Greenlining Institute believes that lawmakers, community partners, and advocates can build a state where race, gender, and documentation status are never barriers to opportunity and good health. As highlighted in this report, many young people throughout California still fight for basic human rights — to take their sick brother to a doctor, to get an education and fulfilling job, to one day see their father or brother again — because they lack a piece of paper declaring their documentation. One undocumented BMoC interviewed for this report is an emergency room technician studying to become a doctor, yet he could never treat his own parents as their primary care provider.

By bravely sharing their stories for this research, these young people advocate not only for themselves, but also for their families and their community. We must join them as allies to pressure lawmakers and institutions to prioritize policies that will uplift underserved communities, especially our undocumented BMoC, in order to provide them the opportunity to succeed and achieve their fullest potential to become California's future leaders.

APPENDIX: ADDITIONAL RESEARCH AND RESOURCES

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²⁵ “Community benefit obligations” refers to the requirement for not-for-profit hospitals to invest surplus revenue to address the holistic health needs of the communities they serve in exchange for large tax exemptions and subsidies. Retrieved from: <http://greenlining.org/wp-content/uploads/2016/03/B2H-CBID-spreads-to-post-1.pdf>

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NOTES



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