Central America Asylum Seekers' Health, Self-Sufficiency, and Integration Outcomes

During the Asylum Claim Process Phase in Phoenix, Arizona

by

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ABSTRACT

The purpose of this study is threefold: highlight the present health, self-sufficiency and integration needs and assets of asylum seekers in Phoenix, Arizona during the asylum seeking process phase (while an asylum claim is awaiting a decision); understand the City of Phoenix's response to asylum seekers; and contextualize and compare the city's present response to increased arrivals of asylum seekers against municipal responses in other contexts and academic discussions of the "local turn.". Through semi-structured in-depth interviews with asylum seekers and community leaders, this study finds that asylum seekers' physiological healthcare needs are sometimes met through emergency department admissions and referrals to sliding scale services by caseworkers in the International Rescue Committee's Asylum-Seeking Families program in Phoenix. Mental and behavioral health service needs are less likely to be met, especially for women who want to speak with a medical professional about their traumatic experiences in Central America, trip through Mexico, detention in the United States (U.S.) and their often-marginalized lives in the U.S. This dissertation concomitantly explores how other municipalities in the U.S. and internationally have responded to increased immigration of asylum seekers and refugees to urban centers, and how certain approaches could be adopted in the City of Phoenix to better serve asylum seekers.

DEDICATION

A mi familia, tiempo con ustedes no tiene precio.

ACKNOWLEDGMENTS

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PREFACE

"The 21st century will be the century of the migrant."
\- Thomas Nail
Associate Professor, University of Denver

For a multitude of reasons, forced displacement is on the rise around the world, both as

an aggregate and as a percentage of the total world population. According to the United

Nations High Commission for Refugees (UNHCR) 2019 *Global Trends in Forced*

Displacement report, there are 68.5 million forcibly displaced people worldwide; 25.4

million of whom are refugees and 3.1 million asylum seekers.[i] Several global

development scholars, including Oxford's Paul Collier, believe that migration and

displacement are set to increase in the 21st century.[ii] Many municipal governments around

the world have found ways to create sound public policies that mitigate some of the

negative externalities associated with immigration while creating increased community

integration and resilience for both migrants and host societies.

According to official definitions from the 1951 United Nations General Assembly,

refugees, asylum seekers and asylees are people persecuted in their home countries due to

their race, religion, nationality, membership in a particular social group, or political

opinion.[iii] These groups often flee under duress, immediate risk or emergency – due to

violence and war. Emigrants "vote with their feet", and the United States economy and

society offers conditions that attracts immigrants from disparate cultures worldwide.[iv]

When admitted to the United States, these groups of people have access to different

levels of employment services, social supports, and timeline for naturalization. However,

refugees, asylees and asylum seekers face unique challenges when integrating into the U.S.'s distinct social and political model, including but not limited to; language and cultural barriers, access to healthcare, new job markets that may not match their skills, and a lack of information about their ability to participate in U.S. democracy. Asylum seekers, in particular, are the most likely to need additional supports because they do not have the protections and access to resources that refugees and asylees have, which makes them more vulnerable.[v]

Further complicating the barriers asylum seekers face is the fact that the United States national and state politics, as well as public support of immigration, has flipped back and forth many times from pro- to anti-immigration policies over the last 100 years. These disparate policy views have included restrictive quotas for "inadmissables" in the 1920s, the Bracero program (1942-1954) that allowed temporary work visas, the open-armed Refugee Act of 1980, and the open- and closed-door Immigration Reform and Control Act of 1986.[vi] Each of these immigration policy changes had a distinct and long-standing impact the livelihoods of the immigrants of both those who were allowed to stay and those who were expelled. Recent immigration policy changes and national sentiment towards immigrants in the U.S. continue to transform how, why and if asylum seekers choose to come to the U.S.

Refugee, asylum seeker and asylee immigration to the United States has become hyper-politicized in governmental rhetoric and news media outlets. Major swings in the number

of refugees resettled in the United States over the last four years highlights this fact.[vii] At the same time, there has been a 40 percent increase in the number of asylum seekers in the country due to an increase in asylum claims and slow processing of their claims.[viii] The International Rescue Committee serves asylum seekers in Phoenix, Arizona, and they have seen a 300 percent increase in asylum seekers and a 200 percent increase in asylees seeking services from 2016 to 2018.[ix] At the same time, caravans of impoverished Central American Migrants (CAM) from the Northern Triangle have been used to incite fear in the U.S. electorate before major elections. More recently, new policy changes such as: The Migrant Protection Program, safe third country, public charge rulings, and deeming the asylum process as "non-essential" during COVID-19, despite the fact that transborder commerce continues, highlight the fact that there is a national increase in the criminalization of asylum seekers and immigrants, as well as direct national efforts to expedite bordering processes along the U.S.-Mexico border.

Immigration status matters, especially in border states like Arizona. Without status, and without due process, asylum seekers remain "invisible people."[x, xi] Ironically, the highly televised "refugee camps" at the U.S.-Mexico border in 2018 and 2019 are not actual refugee camps because the U.S. Department of Homeland Security (DHS) does not recognize migrants from the Northern Triangle (El Salvador, Guatemala and Honduras) as countries eligible for refugee status.[xii] This common misconception means that these migrants are not able to claim refugee status, which would entitle them to the ability to remain in the U.S., legally work and use short-term public benefit programs until they

reach economic self-sufficiency. Instead, they are forced to apply for asylum and await their fate without the ability to work, and without a social safety net, which is a recipe for exploitation.

CHAPTER

1 IMPORTANCE OF STUDY: HUMANITARIAN NEED AND LOCAL KNOWLEDGE GAPS

Prior to the onset of COVID-19, Arizona experienced a "surge" of Central American Migrant asylum seekers coming to the U.S. seeking refuge. Between 2012 and 2017, there was a 350 percent increase in the total number of asylum claims filed in the U.S,[xiii] and numbers continue to rise. At the same time, asylum approvals have doubled from 2013-2019 from 9,684 to 19,831, but the number of denied applications has grown far faster, from 9,176 to 46,735 – and 69 percent of asylum seekers were denied asylum or other relief in 2019.[xiv] In addition to judicial decisions, massive "caravans," sometimes with over 5,000 migrants walking by foot from Central America to the U.S.-Mexico border, are a cause for public health concern, especially during the wake of the global health pandemic, COVID-19. Without this research, a gap would remain between transborder scholarship's present understanding of asylum seekers' sojourn from Central America to their local health outcomes in Arizona.

Additional research on asylum seeker health, self-sufficiency and integration outcomes, as well as municipal responses to increased immigration of asylum seekers, is needed for two primary reasons: local and regional knowledge gaps and humanitarianism. Research shows the adverse physiological and psychological humanitarian health maladies associated with asylum seekers' persecution in their home country, travel to the U.S., and potential detention, but there is little research about asylum seekers while they await their

asylum claim decision (process phase) in high-income countries. At the same time, there are direct negative ramifications for failing to increase local knowledge about the needs of asylum seekers because without information, the City of Phoenix will be unable to respond to their needs.

Immigration policy has the power to usher in, ban, include or exclude immigrants, and harsh political rhetoric and anti-immigrant stances can have long-term detrimental impacts on asylum seekers. Anti-immigrant polices have been shown to have a negative impact on immigrant health.[xv] In addition to health disparities, marginalized and disenfranchised immigrant groups do not engage economically, socially or politically as well as U.S. born citizens. Few studies have focused on local asylum seeker outcomes, while concomitantly addressing larger local public policy issues, which has forced many researchers to turn to "grey literature" to find non-peer reviewed government statistical reports to answer their research questions.[xvi]

In regards to humanitarian response to asylum seeker issues, the worldwide research community has not conducted representative research on asylum seekers, primarily due to the fact that their social marginalization makes them difficult to sample.[xvii] In 2013, one systematic review, *Asylum Seekers, Violence and Health: A Systematic Review of Research in High-Income Host Countries*, could only identify 23 studies from around the world that utilized quantitative data analysis about asylum seeker's health. What this report did show, however, is that many asylum seekers have experienced torture (men

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more than women) and sexual violence (women more than men) and asylum seekers that spend a longer time in detention experience a higher risk of developing depression symptoms due to the effect of past violence (through an interaction effect).[xviii] In 2015, the National Institutes for Health conducted another meta-review of the health needs of undocumented immigrants. Although undocumented immigrants are not the same as asylum seekers, asylum seekers are limited to the same access to care as undocumented immigrants until their asylum claim is approved. This review outlines the types of barriers that undocumented immigrants face in accessing proper healthcare through three metrics: policy, healthcare systems and individual barriers.[xix] Asylum seekers, however, face additional barriers, as they are likely to have experienced torture and trauma.[xx] Another systematic review of mental health services use among immigrants in the U.S. found that, "immigrants from Asia, Latin America, and Africa use mental health services at lower rates than nonimmigrants, despite an equal or greater need. Lower usage has been found to be more pronounced among men, the uninsured, and the undocumented. Reported structural barriers to service use included lack of insurance, high cost, and language barriers. Studies have shown that social support is particularly important for immigrants and that those who seek help for mental health concerns tend to turn first to family, friends, or religious leaders."[xxi] Most recently, a systematic review and meta-analysis was conducted by the Journal of the American Academy of Child and Adolescent Psychiatry, which found that, "refugee and asylum seeker children have high rates of PTSD, depression, and anxiety [and] without the serious commitment by health and resettlement services to provide early support to promote mental health, these

findings suggest that a high proportion of refugee children are at risk for educational disadvantage and poor social integration in host communities, potentially affecting their life course."[xxii]

Further obfuscating the limited representative research about adult asylum seekers in the U.S. is a lack of context-specific research in what Dr. Carlos Vélez-Ibáñez defines as the Southwest North American Region (SWNAR), "comprised of northern Mexico and the southwest United States, although we sometimes expand our geographic range (e.g., to consider broad patterns of immigration policy)".[xxiii] This lack of research about asylum seekers' health, economic, and social integration outcomes in Arizona hinders the development of evidence-based public and administrative policies that could generate benefits for both asylum seekers and host populations. There is limited scholarly research about asylum seekers' health, self-sufficiency and social integration needs in the asylum process phase in Arizona, and even less in Phoenix, despite the fact that Arizona is a border state and exists within an interconnected transborder region. The lack of research and information has unintended negative consequences for the general public and asylum seekers: A lack of knowledge can indicate that the general public is unaware of the differences between undocumented immigrants and those who are going through well-established legal processes, like asylum seekers, to obtain their U.S. citizenship. Additionally, there is limited knowledge about why these immigrant groups naturalize at lower rates in the U.S. than in other industrialized nations,[xxiv] and even less information about local-level health outcomes and economic integration of asylum seekers in

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Phoenix, Arizona. According to Maricopa County's most recent Coordinated Community

Health Needs Assessment, "Growth of immigrant and refugee populations are outpacing

growth of services to support them," and there is no other mention of the needs of

refugees or asylum seekers in the entire 142-page report, despite increased arrivals of

asylum seekers in Arizona.[xxv] Governmental officials know there is an issue, but there are

limited steps being taken to address how to face upcoming challenges.

In addition to these concerns, the city of Phoenix was also chosen for this study because

it has a large Latino population (42.5%), and almost one-in-five Phoenicians are foreign-

born (19.6%). Phoenix, and Arizona are undergoing a large demographic shift. According

to the U.S. Census Bureau, Arizona is expected to become a minority-majority state in

2050, 15 years before the country reaches this milestone. Arizona is also home to

226,000 undocumented immigrants, according to a Migration Policy Institute 2016

analysis.[xxvi] As this dissertation will discuss, when large scale immigration takes place,

[xxvii] many individuals may feel threatened, overwhelmed and like they have lost local

control: The best theory that describes this phenomenon is Putnam's hunkering down

effect.[xxviii] According to Putnam's theory, some Phoenicians may feel overwhelmed with

the number of Latinos and undocumented immigrants in their community, especially as

increased Latino immigration (which includes Central American asylum seekers) to

Phoenix and Arizona is well-documented. If Phoenix does not effectively adapt its power

dynamics and political representation to fit the needs of its changing demographic, it will

experience problems with marginalization and integration of Central American asylum

seekers (and other non-Caucasian asylum seekers). Another reason for selecting Phoenix for this study, is that Arizona is also home to three detention centers, and during the height of the surge of Central American asylum seekers in 2019, hundreds of migrants were being dropped off at the Immigration and Customs Enforcement Office in Phoenix, making it a hub for asylum seekers with acute health needs.[xxix] Unfortunately, local research efforts in Phoenix have not been able to keep up with understanding the needs of asylum seekers nor the litany of public policy changes at the state and federal level. Additional local, community-embedded, research in Phoenix can promote awareness of asylum seeker issues, as well as a better understanding of how the City of Phoenix can improve their outcomes.

This project is pressing because asylum seekers' health, self-sufficiency and integration outcomes are increasingly at stake due to recent national public policy changes. At the beginning of 2019, there were multiple reports of Immigration and Customs Enforcement, leaving dozens of families at Phoenix Greyhound bus stations late at night without enough cash to get them to where they needed to go.[xxx] Without this research and adequately funded future research, there will continue to be a void around local policy options that can increase community resiliency in Phoenix. Without high-quality rigorous research about asylum seeker outcomes in Phoenix, public and elected officials will lack information about evidence-based public policy options that can improve health, self-sufficiency and integration outcomes for asylum seekers.

This research can also add value to transborder scholarship because forced displacement, migration and urbanization are set to increase in the 21st century. These trends spur disparate theories about how municipal governments will respond and how international, national, state and local laws and policies may reflect new opinions of host societies. Many factors contribute to how municipalities may respond (environmental, economic, geopolitical, social, etc.) and each of these proximate factors are intertwined with the theoretical underpinnings of what anthropologists and transborder scholars refer to as the production and distribution of wealth, and the continuous and contiguous bordering and rebordering efforts that include or exclude certain groups of people.[xxxi, xxxii]

Theoretical Context, Originality, and Significance of Study

Colonialism exacerbated the inequalities associated with the production and distribution of wealth by structurally transforming non-European cultures from kinship modes of production to tributary/mercantilist and quasi-capitalistic models. Eric Wolf's *Europe and the People Without History*, condenses 14 modes of production into three categories: kinship, tributary, and capitalist. Transborder scholars continue to further our knowledge about these constructs and how they apply to resources besides capital, i.e., who is eligible for which health services, who has access to safe, decent, and affordable housing, who can naturalize and when, etc. These stratifications are acutely apparent in transborder communities, both real and imagined, and Critical Race Theory creates a framework for understanding how health inequities across races continue to widen in the United States.[xxxiii]

Immigration and integration issues are incredibly complex. Over time, scholars and practitioners have created theories and analytical frameworks that address how municipalities respond to immigrants that come to their city. A few examples of these theoretical frameworks include, but are not limited to; the role of municipalities in immigrant integration efforts,[xxxiv] to different types of municipal responses to increases in immigration (targeted, networked, or institutional – i.e., sanctuary cities),[xxxv] to academic articles that analyze the "local turn," which addresses how public service provision for persecuted migrants has shifted to local governments,[xxxvi] to rethinking urban spaces for attracting immigrants to bolster local economies,[xxxvii] as well as, reinventing urban citizenship.[xxxviii] These approaches provide a broad landscape for understanding how immigrants integrate within the confines of the public policies that municipalities construct.

This research is needed, novel and will further the academic literature about contextualized health, self-sufficiency and integration needs of asylum seekers, and inform public policy praxis in Phoenix and the SWNAR. This dissertation will use existing theories, frameworks, and scholarly works in conjunction with individual asylum seeker and community leader perspectives to analyze the role of the City of Phoenix's response to asylum seekers, primarily through the lens of the "local turn," to recommend feasible public policies for improving how the City of Phoenix responds to and supports asylum seekers during the process phase. For further information about the context for this dissertation, the importance of diversity of thought and the selection of an

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interdisciplinary committee, and the Ph.D. candidate's positionality statement, please see Appendix A and B.

Research Questions

This dissertation will collect and analyze data using a mixed-methods approach to answer the following research questions in each section of this dissertation.

Part I:

- What literature, analytical frameworks and theories best describe the present municipal response to immigrant integration at the local level?

- How have municipal governments from around the world responded to influxes of migrants?

- What factors explain differing levels of municipal response to these populations?

- What does the continuum of response look like?

    o How effective are these responses?

    o What municipal models are considered best practice worldwide?

- Is there a municipal structure, trend or pattern of relevance to Phoenix?

Part II:

- What are the health, self-sufficiency and integration needs of Central American asylum seekers in Phoenix, Arizona during their process phase?

Part III:

- What public policies, programs, committees/stakeholders, or institutional response mechanisms already exist in Phoenix to support asylum seekers?

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- What Phoenix-based municipal policies and nonprofit supports can improve the health, self-sufficiency and integration of Central American asylum seekers during their legal asylum process phase?

Methodology and Methods

It is difficult to understand the depth and breadth of Central American asylum seeker integration outcomes, and municipal government's response to their needs because there is inadequate local information, and it is often scattered and difficult to access. There is limited quantitative data on asylum seekers in Phoenix as they are not an easily accessible population, and it is difficult to attain representative samples to conduct wide-scale quantitative research. Some governmental sources highlight the total number of asylum seekers in the U.S. and asylum claim outcomes, but there is little data about asylum seeker health and self-sufficiency outcomes while they are awaiting their asylum decision.

This study used John Creswell's 2013 adaptation of his original work on mixed-methods approaches from the journal publication *Achieving Integration in Mixed-Methods Designs—Principles and Practices* in Health Services Research. This framework was used to design the research and integrate the design, methods, interpretation, analysis and final reporting. This approach was selected because Dr. Creswell's framework is designed specifically for social science mixed-methods research. This design framework was also selected because it enabled the researcher to use the information gained from each step in the research process to inform questions for the next research phase.

This study utilized an explanatory sequential design through the lens of a case study framework with merging at the methods-level and contiguous narrative integration at the interpretation- and reporting-level.[xxxix] This mixed-methods approach provides a clear path for study design, data collection, and analysis, and its sequential structure enables the researcher to collect data at multiple levels and merge the analysis into a final integrated narrative. The following diagram shows how this study was conducted throughout each stage of the research process. To describe the research, process the diagram will be described in three sections: the top row of the diagram, the funnel in the middle, and the bottom row. Part one begins with "sequential explanatory design." This section describes the chronology of data collection. Starting from the left we see that the quantitative analysis will inform the site visits, which will then inform the types of questions asked in asylum seeker and community leader interviews. Part two of the diagram (the funnel) describes how the data will be analyzed after data collection is completed. The method used was *merging*, which means that the analysis will integrate the results of each data collection method into one unified analysis. The researcher triangulated data in this phase by synthesizing answers from each individual method (instead of analyzing each method independently). The resulting findings are depicted in the third section of the figure, which outlines how the data was interpreted and reported. In the bottom row, the results of the integrative analysis were written as one continuous narrative with three sections that correspond to each section of this dissertation: Part I: Municipal Response to Immigrant Needs in the Face of Globalization, Urbanization and

Accelerating Disruption; Part II: The Needs of Asylum Seekers in Phoenix, Arizona; Part

III: Present Governmental and Nonprofit Response to Asylum Seekers in Phoenix,

Arizona.

Figure 1: Sequential Explanatory Design
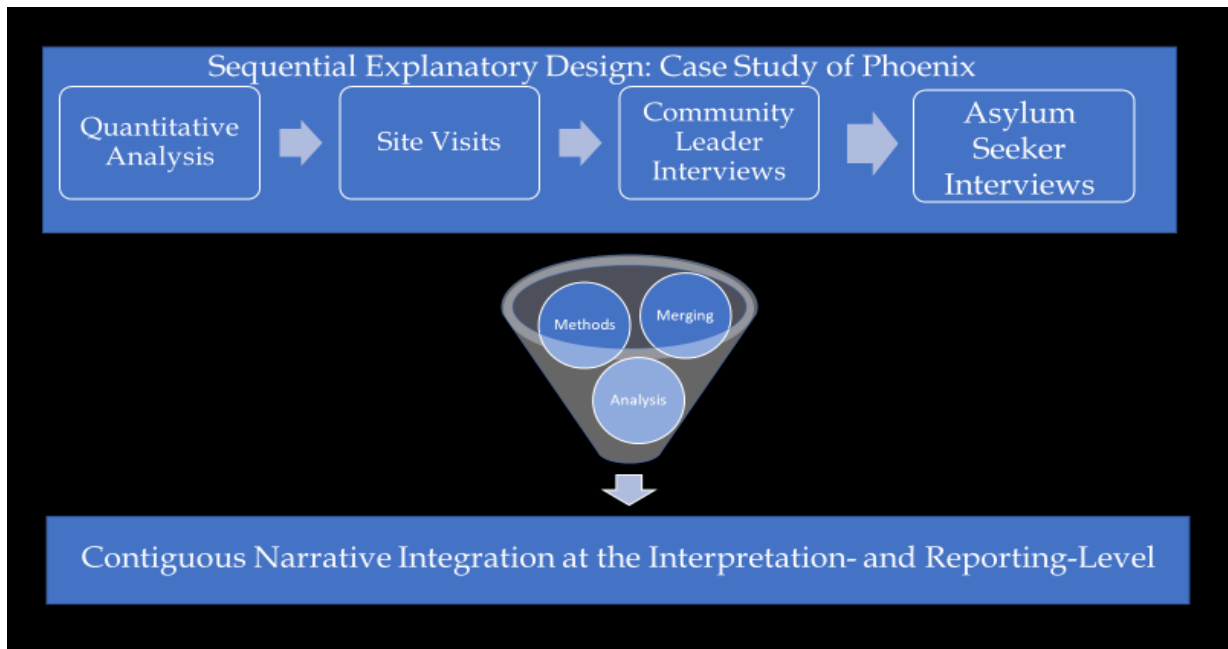
During the analysis phase, the researcher used merging methods and triangulated data to

describe how Central American asylum seekers access health resources, earn money, and

locally integrate within the constructs of the City of Phoenix's present public and

administrative policy responses to asylum seekers. To answer the research questions

posed in this dissertation, this study used the following rationale for the four research

methods employed. This study's mixed-methods approach utilized quantitative and

qualitative data. The purpose of the analysis was to ascertain the needs of asylum seekers

in Arizona and the City of Phoenix's municipal government response mechanisms

necessary to improve their health, economic self-sufficiency and integration outcomes during the asylum process phase in Phoenix, Arizona. The four parts to the research design were; (1) Quantitative analysis of secondary data, (2) Site visits (Florence Detention Center and nonprofits that serve as a first point of service to asylum seekers released by ICE in Phoenix), (3) Community Leader Interviews, (4) Interviews with asylum seekers in Phoenix, Arizona. The dissertation synthesized displacement, asylum seeker and municipal response literature, as well as, conducted original and secondary research. The dissertation also includes an appendix that has a list of feasible policy options for the City of Phoenix based on the needs of asylum seekers, best practices from case studies of municipalities from around the world that have experienced increased asylum seeker immigration, Arizona's immigration history and present public policies focused on integration (with a critical lens on race), and Phoenix's present governance structure and financial and electorate realities.

Quantitative Analysis

The researcher downloaded and analyzed two databases: 2-1-1, and Syracuse's TRAC Immigration portal. The analysis of the TRAC database, which houses all asylum claim approval data in the U.S., helped answer important questions about asylum approval rates by nationality and legal representation in Arizona (which dictates who is allowed to stay in the U.S.). The researcher analyzed the data using descriptive statistics (longitudinal frequency data, crosstabs, histograms, and bar charts) to visualizes important data comparing Central American asylum claim decisions against asylum decisions from

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individuals from different nationalities and to analyze Central American asylum seeker trends in Arizona over time. This analysis was important to examine potential inequalities that may be playing a large role in who has access to an attorney (a powerful factor in receiving asylum), and it may show unequal asylum decisions by race and nationality. The analysis of Arizona's 2-1-1 resource, which is a health and human service resource guide in Arizona, provided insights into the number of services available to asylum seekers. The researcher queried the 2-1-1 database using the terms, "refugee," "asylum seeker," "asylee," and "immigrant" and saved all data to an excel file to tabulate total resources available. In addition, the researcher downloaded and analyzed secondary data. Descriptive statistics and data visualizations were created from the following databases: U.S Census and American Community Survey, Arizona's Refugee Resettlement Office, the Office of Refugee Resettlement's Annual Refugee Survey, and the Department of Homeland Security's immigration statistics to centralize metrics from reliable sources to better understand asylum seeker, refugee, and immigrant social, economic and legal circumstances. Descriptive statistics included centralization measures, time series charts, histograms, and crosstabs. These statistics were used to address the following topics: how immigration and asylum seeker trends have changed over time, affirmative vs. defensive asylum requests, number of apprehensions on the U.S. side of the U.S.-Mexico border over the last 20 years, educational attainment and sector of employment for refugees, and employment rates of non-native born individuals in Arizona.

Site Visits

The process phase of an asylum case begins when an asylum claim is filed. To better

understand asylum seeker outcomes in this phase, it is important to observe and analyze

how asylum proceedings are conducted and how local health and human service

providers are responding to the needs of asylum seekers. To address this issue, the

researcher conducted four site visits: the Florence Detention Center, United Christ

Church, the International Rescue Committee and Catholic Charities from October 2018

through December 2019. The objective of the site visits was to better understand the

asylum process, legal representation, health, self-sufficiency and integration outcomes of

asylum seekers, and how nonprofit providers are responding to their healthcare needs in

Phoenix.

Without information from these visits, it would be impossible to understand the real-time,

on-the-ground adaptations that local health and human service providers are making to

help asylum seekers in Phoenix. Present academic literature does not outline how local

health and human service providers in Phoenix are adapting to increased asylum seekers

arrivals during immigration surges. Additionally, examining the detention center

environment provided the researcher with background on how an asylum seeker defended

himself without legal representation in a U.S. immigration court case. The researcher

wrote field notes during each site visit. The observations from the site visits will not be

included in this dissertation, but they will be used as background information. The results

of the site visits have been incorporated in a public policy brief, Purgatory: In-between

[Violence and Immigration Policy](#), published by Arizona State University's Morrison Institute for Public Policy.

Community Leader Interviews

There is also limited quantitative and qualitative administrative data about how the City of Phoenix is responding to the needs of asylum seekers, and there are few individuals who are well-informed of the City of Phoenix's response to asylum seekers. In addition, large administrative bodies, like large nonprofit organizations, such as the International Rescue Committee, naturally drive information towards high-level administrators. In-depth interviews with community leaders were chosen as one of this study's methods because community leaders can share their local experiences and knowledge about immigrant health and self-sufficiency issues and how to best respond to their needs based on nuanced public policy realities that may not be present in Phoenix's administrative code or in public meeting notes.

Asylum Seeker Interviews

There is scant research about asylum seekers in the process phase. The researcher conducted semi-structured, in-depth interviews with asylum seekers from Central America to get a better idea about the lived experiences of Central American asylum seekers in Central America, their journey through Mexico and entry into the U.S., and their present health and self-sufficiency and integration status in Phoenix, as well as their

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long-term goals of integration. To answer this study's first research question about health, self-sufficiency and integration needs, interview questions were directly tailored to address each participant's unique experiences throughout the entire emigration process, and how they have accessed healthcare services and earned income while they were awaiting their asylum decision in Phoenix (process phase). Questions were designed based on the literature, the researcher's research and praxis experiences and co-developed with Catholic Charities, the International Rescue Committee and Dignity Health. A full description of the interview methods and process is in Part II of this dissertation.

CHAPTER

2 LITERATURE REVIEW: SETTING THE STAGE WITH TRANSBORDER THEORY, HOW THE IMPACT OF COLONIAL MODES OF PRODUCTION AND DISTRIBUTION INFLUENCED THE SOUTHWEST NORTH AMERICAN REGION

Since colonialism, the SWNR has been suppressed by two colonial powers. First, through

the Spanish imperial mercantilist system that extracted resources and debilitated

indigenous Americans through forced labor, slavery and indentured servitude. Second,

the SWNA was then taken over by a new power – unfettered capitalism, which

transcended traditional borders, creating unequal production modalities (primarily using

plantation economy tactics in the sectors of mining, cattle, construction, cotton, produce

and maquiladoras) while concomitantly decreasing economic equity through unequal

modes of distribution. Eric Wolf's and David Weber's work is foundational to

understanding how new modes of production allowed Europe to conquer the world and

re-write the narrative from its own point of view. In the *Spanish Frontier in North*

America, Weber describes, in detail, how the Spanish Empire uses calculated and pre-

meditated political steps to support their new regime in the Americas to bolster economic

buy-in and legitimacy through the use of its educational institutions, which forced

linguistic, epistemological, and expressional homogeneity. At the same time, the Spanish

destroyed institutions and buildings that represented the ideologies of conquered

civilizations, replacing them with principles and symbols from their society. Vicious and

dehumanizing European military tactics are well-documented in other parts of the

Americas in Jared Diamond's *Guns, Germs and Steel* to Eric Wolf's *Europe and the*

People Without History, and more specifically in Central America in Maria Garcia's *Seeking Refuge*.

According to Wolf's book, *Europe: And the People Without History*, colonial powers utilized the "Seeing Man" to legitimize their rule, sustain hegemony, and convert other cultures into their own anthropocentric understanding of the way the world should work (physically, scientifically, culturally, economically, etc.). The emergence of the "Seeing Man" syndrome is a multifaceted paradigm that cleans the oppressor's soul through the belief in their one true deity, while concomitantly legitimizing their rule and mistreatment of other people because they are "less than human." Powerful authority figures in Europe utilized the "Seeing Man" syndrome as a tool to legitimize and embolden their reign under the guise that their god is the one and only supreme being, and all indigenous groups that they encountered were less worthy because they do not believe in the European version of "truth." This envisaged "man," is really an ideology that allows and perpetuates self-righteous control over other groups because of the [naïve] belief that those who think differently are ignorant and less than human. In our example of Europe's colonial expansion, the syndrome supports the expansion and support for mercantilism and hegemonic rule with a clear justification for violence to obtain financial control and power. The "Seeing Man" is ever-present in all aspects of the conquered lives, even in modern life. To prevent disobedience and to reinforce its own version of law and order, the oppressor focuses their attention on eradicating old ways of thought and works to replace ideologies with ideas that are in-line with the wishes of the oppressor's best

interest. The "Seeing Man" syndrome also forces the acquiescence of the oppressed because they lack better economic, social, and survival options. The "Seeing Man" creates a dependency among the oppressed because there is now a survival need associated with becoming an acceptable member of the new society. Over time, the ideas that fortify and inculcate the "superiority" of the oppressor's foreign god, language, social and economic systems, and race are deeply rooted in the lives of both the oppressor and the oppressed, which reinforces cultural and linguistic hegemonies through assimilation efforts (linguistic, cultural, economic, etc.) of indigenous populations to rid them of what the oppressor deems as their simple and childish tendencies.[xl]

Borders, Resources and Municipal Public Policy

The same methods that Europe used to divvy up the world since the beginning of colonialism are still in use today. Colonialists divided the world without considering pre-existing social and familial ties and the resulting super-governmental structures that were imposed on natives did not consider transborder regions, familial lineages, existing infrastructure and pre-existing relationships between populations. This makes it seem like these colonial borders were created arbitrarily, but the real motive behind how the world was carved up during colonialism was the maximization of profit for each colonial power in Europe.

Resources are the driving force behind survival and power, which leads humans to create borders to divide resources and stop the movement of people based on their perceptions

of the degree of threat or advantage of incorporating the "other." Inclusivity and exclusivity are the driving criteria for border development, as academic scholar Judith Freidenburg said: *"It is access to valued scarce resources that prompts the erection of human differences that get solidified into borders, which divide and limit and which engender vulnerabilities and marginalize some. Borders, in short, are metaphors for power differences that result in mechanisms invisible to policy documents that stratify populations along an inclusion-exclusion continuum."*

In Anzaldúa's *Borderlands: La Frontera, The New Mestiza*, borderlands are interwoven with the social, ethnic, racial and gender processes embodied in everyday lived experiences. These experiences are the impacts of rebordering efforts. Alejandro Lugo's 2008 work, *Fragmented lives, assembled parts: culture, capitalism, and conquest at the US-Mexico border* depicts how relations of gender, race, ethnicity and class collide with social borders within groups that share national similarities. More specifically, how scrutiny, exclusion and racialization is carried out near the U.S.-Mexico border. He theorizes that social borders within any society, "effectuate the same practices in a much smaller scale but with much greater salience." In Lugo's *Of borders, bridges, walls and other relations, historical and contemporary* he takes rebordering a step further to describe how the SWNA can be seen as a theory for society – and he stresses the importance of using this framework as a tool for how anthropologists explain transborder regions as they pertain to human history and the present migration landscape based on race, class, and nonexclusive exclusion. Returning to Judith Freidenburg's work, she

focuses on the importance of migrant's human rights, theorizing that scarce resources, inequality, interconnectivity, health policy and bordering frameworks can be applied to the lived experiences of asylum seekers to improve their health outcomes by improving their voice.

Capitalism, Economic and Social Disparities, and Survival

The colonial expansion trends associated with income distribution and economic inequality continue today. One percent of the U.S. population owns over 40 percent of all capital – and the gap continues to widen between the ultra-wealthy and the middle class (which is diminishing as an aggregate and as a percent in the U.S. – a major cause of this in the last decade is wage stagnation).[xli] Dating back to colonialism – race and ethnicity play a large role in unequal distributions of wealth. Economic disparities in the modern world are largely tied to race and ethnicity. The combined effects of colonialism and capitalism were particularly harsh on Central Americans, as it fundamentally shifted their collective histories. Unrest, revolution, and increased militarization by both domestic and foreign actors were, and continue to be, precursors to the emergence of paramilitary regimes, gangs and a lack of law and order that contribute to societal instability, which contributes to the reasons why more Central American asylum seekers are coming to the U.S. border.

To better understand the nature of economic disparities by race, we must turn to racial and social justice theories to understand how and why race plays a factor in economic

opportunities. Critical Race Theory (CRT) outlines how essentialism, interest convergence, and deficit mindsets influence, both overtly and subversively, to create unequal opportunities for economic success across racial and ethnic lines.[xlii] CRT offers a forthright examination of how race is a structural component that systematically excludes individuals based on the color of their skin instead of their merit, i.e., racism. There are several modern-day examples of exclusionary policies rooted in racism outlined by CRT that disproportionality affect Latinos in the U.S.'s southwest region: Language immersion programs in Arizona,[xliii] sense of belonging and the lagging academic success of Latinos,[xliv] how teachers educate Latino students unequally,[xlv] and how generations of Mexican assimilation are impacting their earning potentials.[xlvi] This dissertation will further examine CRT's role in how cities respond to asylum seekers in chapter three.

Unequal wealth distribution can create social inequities and economic mobility borders that can be detrimental to both the people within, and outside of, a given society. How a society decides to distribute its wealth has serious implications for the safety, well-being and success of individuals within the society. One example of this can be seen in Daron Acemoglu's research in *Why Nations Fail*. He asserts that in the long-run, inadequate institutions and a lack of creative destruction can cause nations to decline in both economic and social terms.

Social inequities are rife in the United States, especially when examined by race. The unequal distribution of health resources and outcomes is evident in the Center for Disease Controls Social Determinants of Health model,[xlvii] which has been adapted in Arizona by the Center for Society on Health. The Center's research shows a substantial difference in life expectancy based on where an individual lives in Maricopa County – 15 years between South Phoenix and Scottdale.[xlviii] Borders are not just major international impediments, they are also intellectual constructs that impact the everyday lives of communities far from international borders, at the individual and neighborhood level. Race also plays a large role in who has access to healthcare insurance, the healthcare delivery model, and what healthcare plans include. For example, in 2019, the Trump Administration changed the public charge law, making it harder to obtain citizenship if an immigrant ever accessed public benefits. These changes have incited fear in Latino communities, especially in households where there are mixed-status individuals such as undocumented, asylum-seekers, citizens, etc. Even before the changes began, the Arizona Health Care Cost Containment System (AHCCCS – Arizona's Medicaid) saw a drastic reduction in AHCCCS enrollment, as 106,000 fewer Hispanics were enrolled in AHCCCS in January 2020 than in July 2018 (despite an increase in enrollment overall).[xlix]. This will only increase determinantal health impacts on low-income Latinos who are already experiencing social and health inequities in the U.S.

Social inequity also spans international borders, as there are individuals who are discriminated against and kept from participating in society on either side of the U.S.-

Mexico border. Despite a similar ecology on both sides of the U.S.-Mexico border in the SWNA, there is a nonexclusive development and access to opportunities, which leaves people and families behind. The present state of colonias along the U.S.-Mexico border are prime examples of the inequalities that unfettered capitalism and corruption create. Underserved, underfunded, and without a plan to improve livelihoods, colonias need an equal voice and thoughtful and adequate public investment. The use of force, subsidized human labor, and curtailed human movements leave marginalized individuals stranded. In the *U.S.-Mexico Transborder Region*, Guillermina Gina Nunez-Mchiri, Dianan Riviera, and Corina Marrufo co-author *Portraits of Food Insecurity in Colonias in the U.S.-Mexico Border Region: Ethnographic Insights on Everyday Life Challenges and Strategies to Access Food* which offer a detailed ethnographic work about single mothers fighting for survival and sharing everything they have in order to make ends meet for their children. A gripping work of research, the chapter asks the question, how far will the U.S. neoliberal regime and Mexico's vast networks of corruption go before they do something about the people that their systems are leaving behind? Individuals in colonias are also subjugated to truncated rights, as U.S. immigration officials can legally search and seize their property without a warrant within 100 miles of the U.S.-Mexico border.[1]

The researcher contends that this is not the end of the story as cultures, ideologies and information are not fixed and unidirectional, rather they are fluid and multidirectional. People still use the "Seeing Man" syndrome to try and reach and hold positions of power, but despite the fact that borders appear fixed, both figuratively, literally and in our social

lives (imaginatively), they are also fluid over time, and change is possible. Despite oppressive systems, some people survive against the odds, and policy change can improve livelihoods. As we have seen, macro-level scripts and large-scale processes are created to dictate who should succeed through the granting of access to resources. Many people around the world, however, survive in-spite of these pre-existing guidelines that are set up to define their life's trajectory. A prime example of this is Brenda Mora-Castillo's ongoing work in Baja, California through her work in Arizona State University's School of Transborder Studies. Women survive, without protections, adequate wages or education despite the macro-level tourist industry that was built around them and has set them up for failure because they were not included in their region's "development." Another example can be seen in Carlos Velez Ibanez's work focused on Rotating Savings and Credit Associations (ROSCA), which shows how individuals' band together to save money and acquire larger amounts of capital at one-point-in-time than they ever could with just their individual savings.[li] Central American asylum seekers' histories are no different, and they have tremendous resolve and resiliency that can help them get ahead, despite the fact that colonial and capitalist systems have stacked the deck against their chances of success.

Applying for Asylum in the United States

Asylum seekers are people who have fled persecution in their home country and are seeking safe haven in a different country. To be eligible for asylum in the United States, applicants must be seeking protection because they have a well-founded fear of persecution based on their race, religion, nationality, political opinion, or membership in

a particular social group.[lii] The majority of asylum seekers come from regions of the world that are suffering from conflict, disaster, and weak rule of law. Seeking asylum in the U.S. is a legal process which does not require a travel visa or prior authorization before a claim is made. It can be initiated at U.S. border or port of entry, or the process can be started from within the U.S. by either presenting oneself to an immigration official (affirmative), or when they are found by an immigration official (defensively). Asylum seekers must present credible evidence supporting their claims of persecution before they are granted asylum.[liii] Migrating solely for economic opportunity is not a valid reason to claim asylum. There have been a host of changes to asylum rules in the United States over the last four years, and this dissertation will cite some of these changes as they pertain to negative health impacts on asylum seekers during COVID-19.

Protections for Central American Asylum Seekers in the U.S.

The origination of the initial definition of a refugee comes from the United Nations 1951 convention. The United States government has not updated its legal definition of a refugee to include non-binding recommendations from the Cartagena Declaration of 1984 or the Organization for African Unity Conference of 1967. If enacted, these decrees would expand the definition of refugee, and provide vulnerable forcibly displaced populations additional protections and safeguards from refoulement. According to the Cartagena Declaration, "National legislation may qualify for refugee status on the grounds that their lives, safety or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances that have seriously disturbed public order."[liv] According to the United

27

Nations High Commission for Refugees (UNHCR), present gang violence and a serious disruption of public order in the Northern Triangle should be considered when U.S. judges make asylum decisions.[lv]

Asylum Seeker and Refugee Arrival Trends

U.S. President Donald Trump has reduced refugee arrivals each year that he has set the presidential determination (Figure 2). At the same time, local refugee resettlement offices have seen an increase in the number of asylum seekers requesting services (some organizations up to a 300% increase). In response to the reduction in refugee arrivals and an increase in demand for asylum seekers, refugee resettlement agencies are focusing more effort on providing services for immigrants who are already in the country, including asylum seekers.[1]

Figure 2: Refugee Arrivals in Arizona

Refugee Arrivals in Arizona

2014	2015	2016	2017	2018
3855	4109	5102	2812	1351
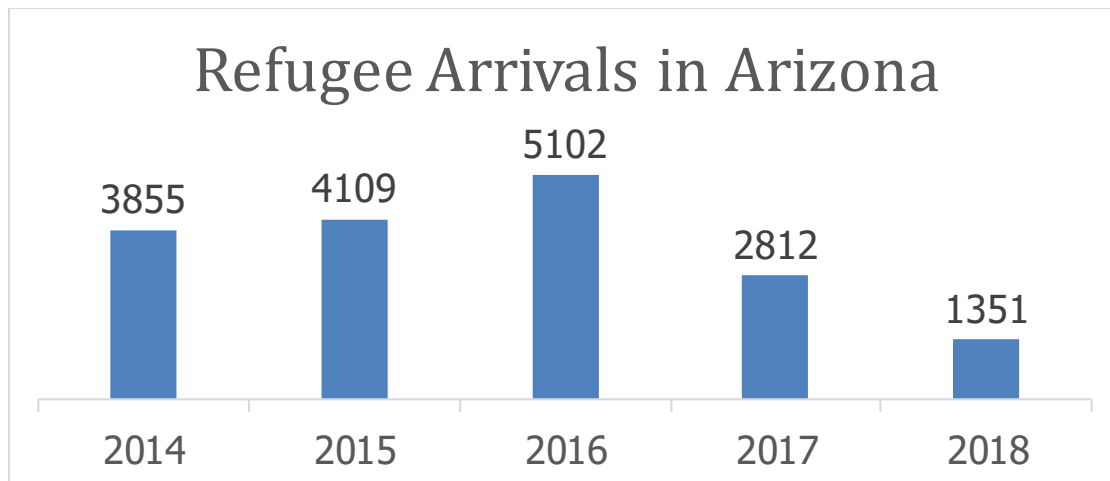
Arizona's Department of Economic Security's Arizona Refugee Resettlement Office

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[1] Refugee resettlement agencies receive funding on a per capita basis.

Trends in Asylum Claims and Approvals

Increases in the number of asylum seekers from El Salvador, Honduras, and Guatemala has prompted recent U.S. asylum seeker policy changes. According to statistics from TRAC Immigration, asylum applications from Central American countries has increased from 3,000 applications in 2012 to 13,461 applications in 2017 (Figure 3).[lvi]

Figure 3: Number of Central Americans Filing Asylum Claims in the U.S.
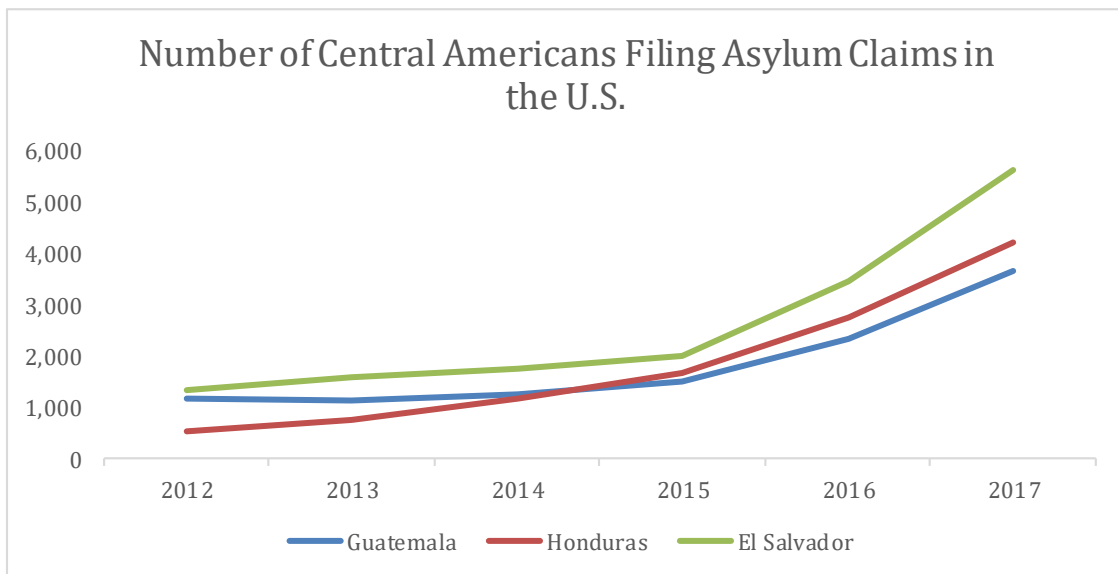
Source: Transactional Records Access Clearinghouse (TRAC Immigration)

While there has been a significant increase in the number of asylum cases filed from individuals originating from the Northern Triangle (Guatemala, Honduras and El Salvador), the percentage of approved applications has decreased in recent years. Central American asylum seekers asylum claim approvals are on the decline for Guatemalans and Hondurans and decreased slightly for El Salvadorians from 2016-2018. Guatemala has seen the largest decrease in the percent of their asylum approvals - from 30.8% in 2016 to

18.2% in 2018.[lvii] Honduras experienced a decrease from 25% in 2016 to 20.4% in 2018, and El Salvador experienced a slight decrease from 24.5% in 2016 to 22.6% in 2018 (Figure 3).

Figure 4: Percent of Central American Asylum Approvals in the U.S.
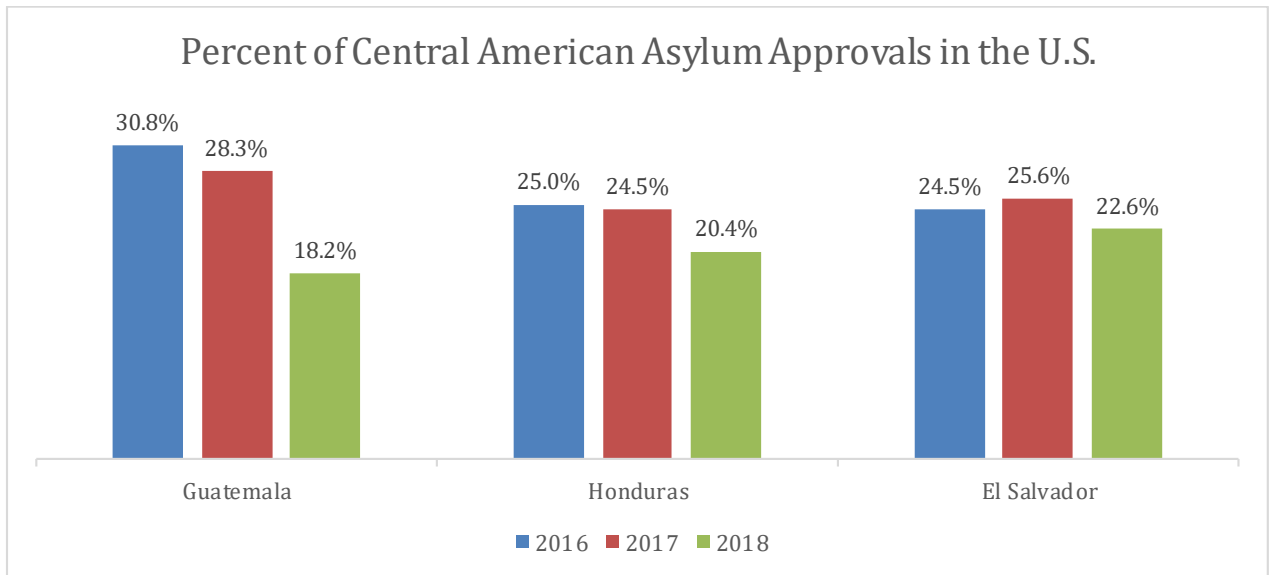
Source: Transactional Records Access Clearinghouse (TRAC Immigration)

Data about CAM asylum claims from the United States' immigration court system show stark differences in judicial decisions by nationality of claimant, representation by legal counsel, and judge assigned to the case. For example, asylum claims from CAM are denied four times more often than their Chinese counterparts, and they have much lower rates of legal representation in the U.S. immigration court system (Figure 5). The judge assigned to an asylum case plays a large role in case outcome: Some judges in Arizona have over a 90% denial rate.[lviii]

Figure 5: Asylum Denial Rates by Nationality FY 2011-2016

Nationality*	Number	Percent Denied	Percent Without Attorney
All	125,066	49.8	18.7
China	33,944	21.8	4.4
Mexico	12,028	89.6	40.0
El Salvador	11,546	82.9	30.8
Guatemala	8,540	77.2	25.1
Honduras	7,350	80.3	35.6

Trac Immigration

The timeline for asylum decisions varies by country. An asylum seeker in the U.S. can wait as little as a few months to as long as three or four years. Present asylum trends in the U.S. can be seen in (Figure 6 and 7). The median wait time for an asylum decision in 2018 and 2019 was greater than 700 days. The overall average wait time for a decision has more than doubled since 1998 (133% increase).

Figure 6: Average Days Pending Cases Waiting FY 1998 - FY 2019

United States

Figure 1. Average Days Pending Cases Waiting, FY1998-FY2019
(to view values, mouse over any bar)
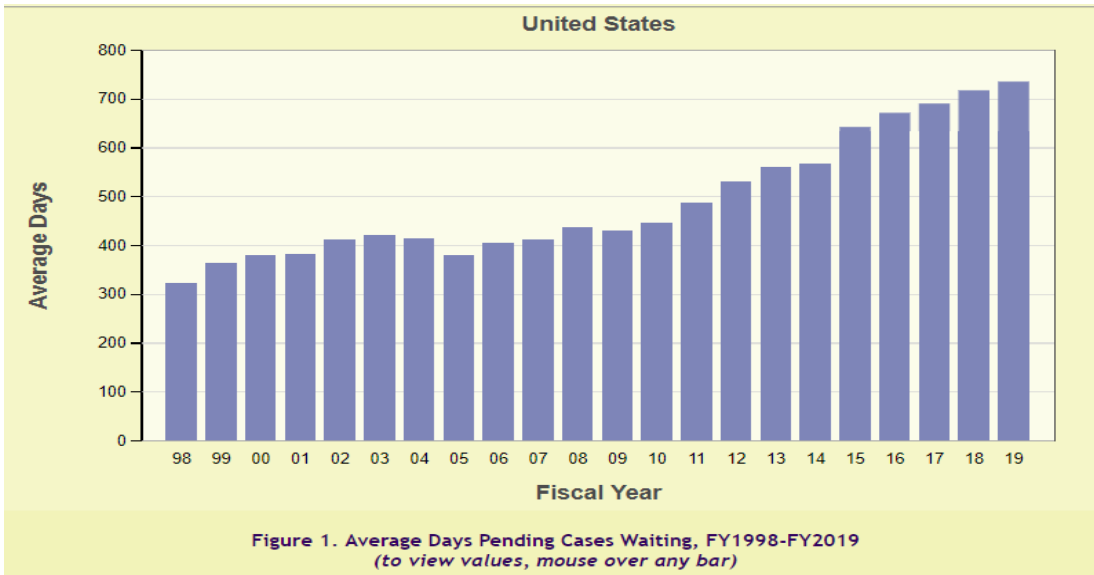
Trac Immigration - trac.syr.edu/immigration/

Figure 7: Percentage of Asylum Claims Approved or Denied 1996-2016

Percentage of Asylum Claims Approved or Denied
1996-2016

percent granted — percent denied

Department of Homeland Security - 2019
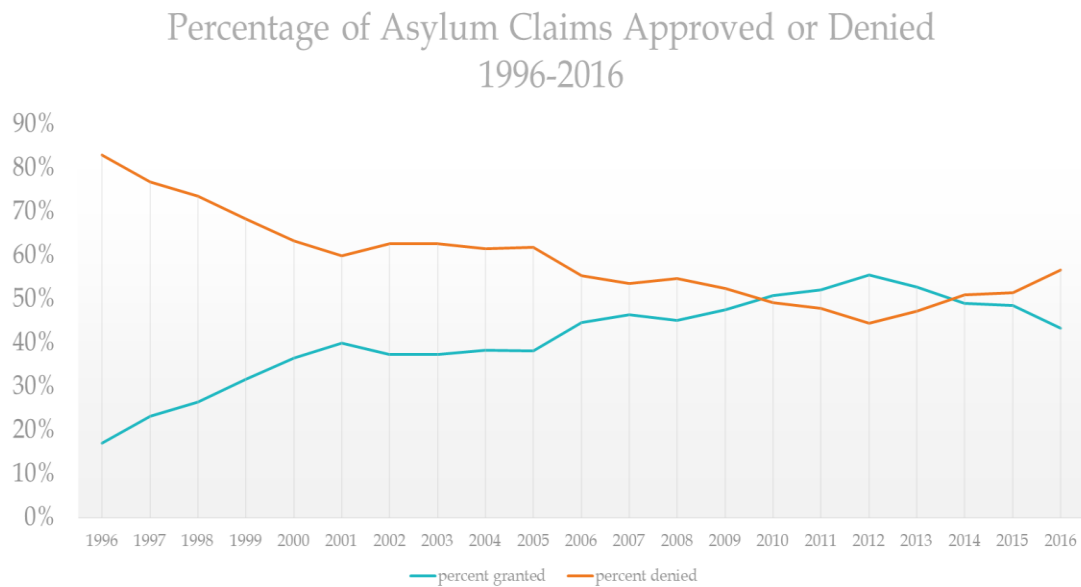
Interestingly, despite the fact that Arizona is now allowing for attorneys in Tucson to represent asylum seeker clients at Florence Detention Center hearings, Arizona does not have as a large of a delay in processing cases like in other states (Figure 8). The difference in status has a large impact on an asylum seeker's ability to reach positive health, self-sufficiency and integration outcomes.

Figure 8: Average Wait Time by State, FY 2019

Figure 2. Average Wait Time by State, FY2019
(to view values, mouse over any bar)
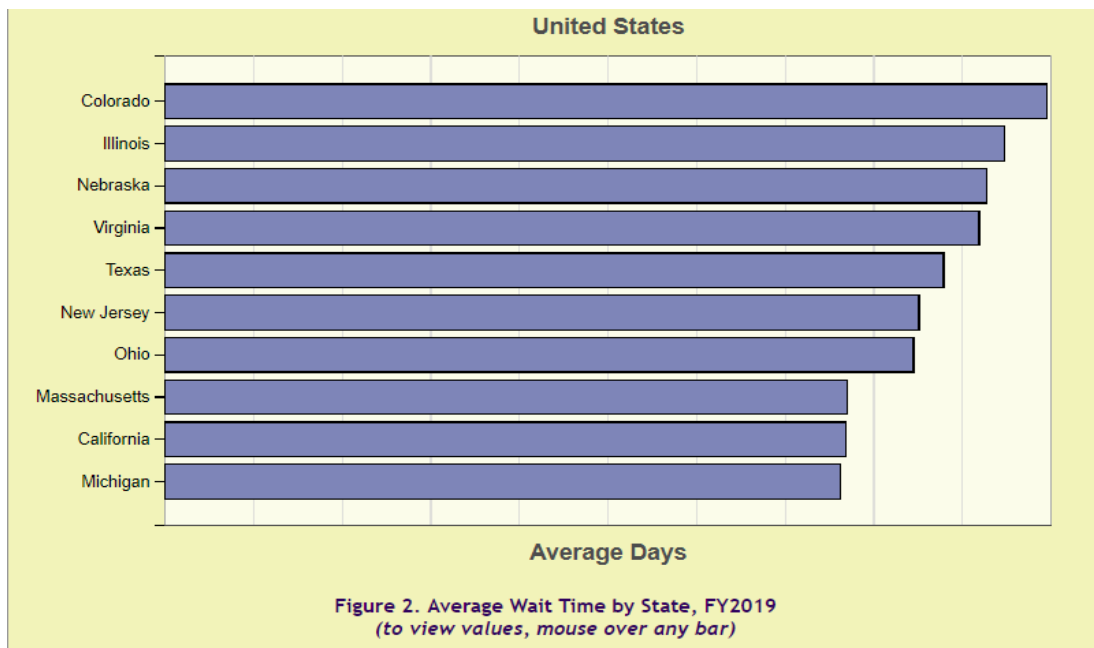
Trac Immigration – trac.syr.edu/immigration/

Trends in Arizona

Arizona Immigration Courts processed a record number of asylum case decisions for fiscal year 2019.[lix] Despite the spike in asylum applications, the average percent of approved asylum cases processed in Arizona has actually decreased over the last decade (Figure 9). Although asylum approvals in Arizona's immigration courts have risen from 74 approved cases in 2016 to 146 in 2018, the total number approved in 2018 is still

lower than a decade ago. Guatemala, Honduras and El Salvador have a lower asylum

approval rate compared to the overall average of all applicants.

Figure 9: Percent of Asylum Approvals in Arizona's Immigration Courts

Percent of Asylum Approvals in Arizona's Immigration Courts

Year	Percent
2007	49.7%
2008	34.2%
2009	27.0%
2010	27.1%
2011	23.0%
2012	21.4%
2013	19.3%
2014	20.0%
2015	22.3%
2016	24.3%
2017	22.0%
2018	15.7%
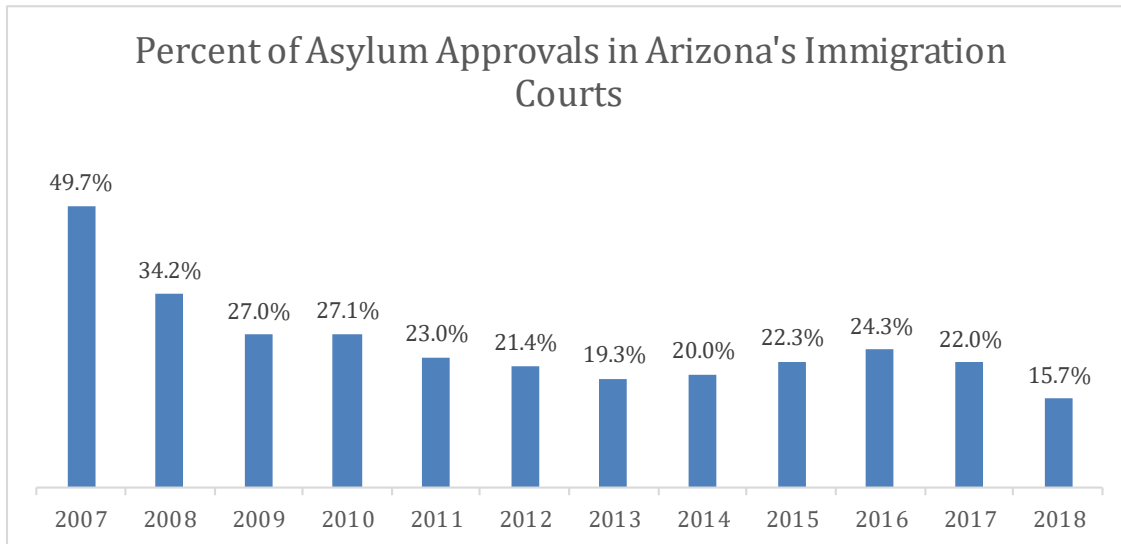
Source: Transactional Records Access Clearinghouse (TRAC Immigration)

While research and reporting indicate that many Central Americans have directly

experienced widespread violence including extortion, homicide, rape, and disappearance,

how Americans (including Arizonans) choose to define credible persecution shapes the

conversation about the health, self-sufficiency and integration outcomes of asylum

seekers within and outside of U.S. borders.

Definitions

Immigrant Status

In 2018, a "caravan" of over 5,000 people from Central America made it to the U.S.-

Mexico border. They set up a "refugee camp" on the Mexican side of the border while

they waited their turn to claim asylum in the United States. If they were classified as refugees, (which they technically can be based on the U.S.'s present definition of a refugee) they would be eligible for resettlement in the United States. The definitions that policymakers attach to persecuted and forcibly displaced immigrant populations has a substantial impact on their long-term health and economic outcomes.

A **refugee** is a person outside his or her country of nationality who is unable or unwilling to return to their country of nationality because of a well-founded fear of persecution on account of their race, religion, nationality, membership in a particular social group, or political opinion.[lx] **Refugees** have access to rapid-employment and case management services for 90 days after their arrival in the United States, and most refugees in Arizona can receive services for up to five years. Refugees are eligible for a Green Card (permanent resident card) one-year after their arrival in the U.S., and they can apply for citizenship five years after arrival.

An **asylee** is a person who meets the definition of refugee and is already present in the United States or is seeking admission at a port of entry.[lxi] Asylees can receive the same case management and employment services as refugees (once their asylum claim is approved). They are eligible for a Green Card one year after the approval of their asylum claim, and they can apply for naturalization four years after they receive their Green Card.

Asylum seekers apply for asylum at the U.S. border or port of entry, or they enter into the United States as an undocumented immigrant and then apply for asylum within the first year after arrival. Asylum seekers are not eligible for any public services, nor are they authorized to work until 150 days after the receipt date of their asylum claim.[lxii] Some asylum seekers may receive limited case management supports through the Office of Refugee Resettlements Survivors of Torture Program or the Department of Justice's Victims of Crime Act programs.[lxiii, lxiv] However, even when asylum seekers are eligible for these programs, they are still not eligible for public benefits. Asylum decisions from the U.S. executive branch can vary significantly. Some cases are processed within a few months, whereas others may take years. In 2018 and 2019, the average wait time was over 700 days.[lxv]

Asylum seekers become asylees after their asylum application is approved. Asylum seekers can then receive the same case management and employment services as refugees. Asylees are eligible for a Green Card one year after the approval of their asylum claim, and they can apply for naturalization four years after they receive their Green Card.

Unaccompanied Alien Children (UAC) are, "apprehended by the Department of Homeland Security (DHS) immigration officials are transferred to the care and custody of the Office of Refugee Resettlement. An Unaccompanied Alien Child can be an asylum

seeker, and some UAC have represented themselves in the U.S. civil immigration court system throughout deportation and asylum seeker claims.[lxvi]

According to the U.S. Department of Homeland Security, **Undocumented Immigrants** are, "Defined as all foreign-born non-citizens who are not legal residents. Most unauthorized residents either entered the United States without inspection or were admitted temporarily and stayed past the date they were required to leave. Unauthorized immigrants applying for adjustment to Lawful Permanent Resident (LPR) status under the Immigration and Nationality Act (INA) are unauthorized until they have been granted lawful permanent residence, even though they may have been authorized to work. Persons who are beneficiaries of Temporary Protected Status (TPS)—an estimated several hundred thousand—are not technically unauthorized but were excluded from the legally resident immigrant population because data are unavailable in sufficient detail to estimate this population." Interestingly, asylum seekers can actually enter the country "illegally" and still be eligible to apply for asylum; just as long as they apply (either affirmatively or defensively) within one-year after their arrival in the U.S.[lxvii]

Immigration Phases

Central American Migrant Phases: Central American asylum seekers go through four phases in their journey to becoming a U.S. citizen. The first stage is **emigration**, which includes individual experiences in their home countries that caused or contributed to their emigration. The **entry** phase is the second phase, and it includes travel to the U.S. and

entry into the U.S. The third phase is the **process** phase, which includes the time from when a Central American migrant has applied for asylum and is awaiting an asylum claim decision. The final phase is the **removal or permanence** phase, and this refers to when an asylum seeker is either removed from the U.S. or has been granted asylum status and they are a Lawful Permanent Resident, who has all the same access to benefits and employment as refugees and U.S. citizens, and has the right to apply for U.S. citizenship, or is given deferred status (sometimes called Temporary Permanent Residence), which enables the migrant to stay, but they do not have increased protections (this is not usually done on a case-by-case basis, rather to a group of people at the federal level by the U.S government). This dissertation will focus on the process phase, and it will highlight the challenges that Central American asylum seekers face in their home country and their entry into the U.S. because these factors play a pivotal role in their needs throughout their process phase. This study will not focus on the long-term integration outcomes of asylum seekers in the removal or permanence phase, but it will ask study participants what their long-term goals are in the U.S. if they were to receive asylum or have to return to their home country.

Health, Self Sufficiency, and Integration

Health: The World Health Organization expanded its definition of health to a person's well-being, not just the absence of disease, in the ratification of its 1948 constitution: "as a state of complete physical, mental and social well-being."[lxviii] In addition to this broad, globally accepted definition, this research study will also include the Center for Disease

Control's (CDC) Social Determinants of Health (SDOH) paradigm because it emphasizes the importance of improving the conditions and environments where people, live, learn, work and play to reduce health risks and improve outcomes.[lxix]

Self-Sufficiency: This study will broadly conceptualize self-sufficiency as the ability to maintain oneself without aid, [lxx] but it will focus more specifically, for measurement and assessment purposes, on the United States Department of Health and Human Service's Office of Refugee Resettlement (ORR) definition. ORR administers health and human service case management for refugees, asylum seekers and asylees through voluntary organizations across the U.S. Two agencies that receive this funding work in Phoenix, the International Rescue Committee and Catholic Charities. This research study will use the framework for self-sufficiency created by ORR.[lxxi] ORR's assessment form has thirteen categories (measured across four ordinal categories in a Likert scale). This dissertation will focus on physical health, mental health, English language, employment, and housing. In addition to this rubric, this dissertation will emphasize the importance of legal documentation to work in the U.S and the financial resources necessary to lead a life outside of poverty, despite legal employment constraints.

Integration is a heavily debated term among immigration scholars. One America, a non-academic praxis-oriented nonprofit in Washington State, describes immigrant integration as "a dynamic, two-way process in which immigrants and the receiving society work together to build secure, vibrant, and cohesive communities."[lxxii] Despite its non-

academic positionality, this nonprofit's definition of immigrant integration is backed by certain academic literature. The dynamic two-way process has two parts: the ability and capacity of immigrants to connect meaningfully and socially with the host population as well as a willingness to want to economically, socially and politically integrate; and the disposition and willingness of the host society to accept the positive and negative externalities associated with changes that come from the arrival of immigrants. According to Berry's four-part acculturation model (integration, separation, assimilation and marginalization), minority members usually gravitate towards integration strategy because of its inherent supportive benefits.[lxxiii] Integration is critical to improving mental health outcomes, especially among asylum seekers. One study published in Social Science and Medicine found that 80 percent of asylum seekers screened positive for mental distress on the validated mental health screener RHS-15, which is consistent with migrant stress, and loneliness, and identifying as LGBTQ was strongly associated with testing positive for mental distress.[lxxiv] More than two-thirds of the individuals in this study who screened positive for distress were interested in receiving mental health counseling (70%).

Dr. Dulce Medina's 2016 dissertation at Arizona State University analyzes data from a mixed-method study in Phoenix in 2009-2010. The study, *Immigrant Incorporation in the US and Mexico: Well-being, Community Reception, and National Identity in Contexts of Reception and Return* suggests that "life satisfaction varies by integration scores, a holistic measure of how immigrants are integrating into their communities accounting for

individual household, and contextual factors."[lxxv] Integration matters to the health and

well-being of immigrants and asylum seekers, and it is important to understand how

integration overlaps with health and self-sufficiency to better respond to their health and

self-sufficiency needs.

As this dissertation will show, many factors contribute to a society's willingness to accept

asylum seekers, including, but not limited to; how similar the immigrant group is in skin

color, race, culture and religion as the host population, how "legal" an immigrant's

arrival to the host country was, and how willing the immigrants are to adopting the host

country's culture and learning the native language (host populations are more likely to

stigmatize and ostracize immigrants when they believe that they are not committed to

assimilation.)[lxxvi,lxxvii]

This dissertation will focus on the following immigrant integration dimensions:

employment, physiological and psychological health, housing, legal and social services,

and the social integration of Central American asylum seekers within the host population

and among themselves. To document social integration, this dissertation will analyze the

unique lived experiences of Central American asylum seekers, how they have adapted to

life in the U.S., and their perceptions of how welcoming other Central American asylum

seekers and Americans are in Arizona, as well as their comfort level among Arizonans.

Integration is critical background information for this research because it undergirds how

comfortable and/or isolated asylum seekers feel, and this is quintessential to

understanding the pressing needs that asylum seekers face during entry into the U.S. and throughout their asylum application process phase (before their asylum claim is approved or denied). This dissertation will not assess the long-term results of economic, social and political outcomes of asylum seekers who have been deported, gained Temporary Permanent Status or received asylum in the U.S. These phases are further outlined below.

CHAPTER

3 MUNICIPAL RESPONSE TO IMMIGRANTS IN THE FACE OF
GLOBALIZATION, URBANIZATION AND ACCELERATED DISRUPTION

This chapter will synthesize and analyze existing theoretical and praxis-oriented literature about the history, context, and opportunities for municipal governments to respond to the needs of immigrants and asylum seekers. The goal of this section will be to clearly outline the contributing factors and response mechanisms available to municipalities to cultivate resiliency for both immigrants and host populations, and to analyze how these factors create a framework for conceptualizing where a city stands on the "acceptance continuum." This section includes the review of thirty municipal case studies from academic journals focused on migration and praxis-oriented literature outlining how municipalities have responded to the health, self-sufficiency and integration needs of immigrants and asylum seekers. This chapter will pay specific attention to Kagan's three municipal intervention frameworks and outline the factors that contribute to how municipal governments respond to immigrants throughout the twenty first century's "local turn" phenomenon. This chapter will conclude with a theoretical analysis of how cities can engage further through responsive local public policy measures, if they understand and appropriately address the "cycle of public policy inequity." This chapter will also address and analyze the following research questions: Why do cities choose to adopt policies and actions to integrate immigrants and asylum seekers, or why do they not? What factors explain differing levels of municipal response to these populations?

What does the continuum of response look like? How effective are these responses? What municipal models are considered best practice worldwide?

Migration to Urban Centers

Approximately half of the world's present population lives in an urban area.[lxxviii] Over the course of the next 20 years, experts predict that another 20 percent of the world's rural population will move to an urban area.[lxxix, lxxx] Since 1980, there has been an increase in the proportion of international migrants - those who live in a country other than their country of birth - from 2.3% to 3.4% of the total world population. There are now 258 million international migrants worldwide. It is more challenging to measure the number of migrants that are moving across borders each year. Countries that participate in the Organization for Economic Cooperation and Development (OECD) reported over five million entries, an increase of almost 25 percent since 2011.[lxxxi] Paul Collier, an economist at Oxford, predicts that migration flows will accelerate in the 21st century because as diasporas accumulate more migrants in host nations, immigrants are better positioned to send money to their families back home, which makes it easier for new migrants to have the financial capital it takes to join the diaspora in the host nation.[lxxxii]

There is an increase in global mobility and diaspora growth, but the increase in the number of forcibly displaced migrants in the world is alarming. In 2017, 68.5 million people were forcibly displaced due to persecution, conflict, generalized violence, human rights violations.[lxxxiii] Figure 10 shows the number of forcibly displaced people worldwide in 2017. Forty-million of all forcibly displaced individuals in the world are

classified as Internally Displaced People (IDPs), 25.4 million are refugees and 3.1 million are asylum seekers.

Figure 10: Number of Forcibly Displaced Worldwide
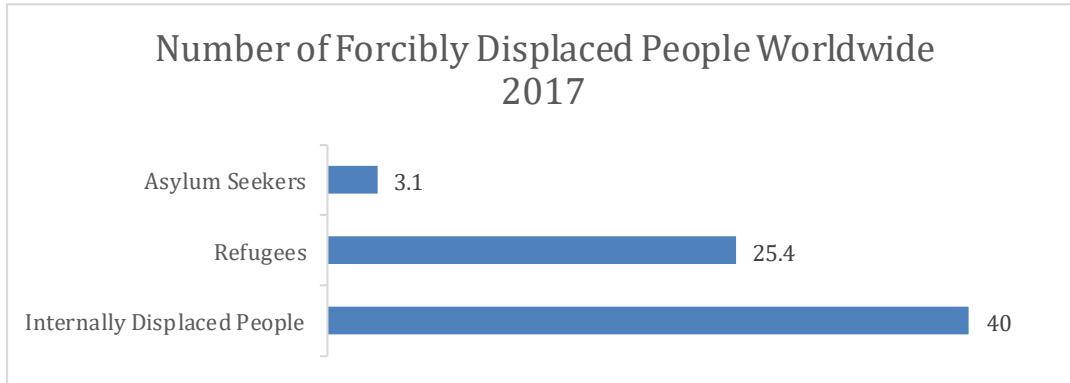
Source: UNHCR – Number of Forcibly Displaced People Worldwide

Present migration patterns are primarily an urban phenomenon as most migrants emigrate to cities. According to the United Nations Expert Group on Sustainable Cities, Human Mobility and International Migration, "Over sixty percent of refugees and about thirty-five percent of the internally displaced reside in urban and sub-urban areas. These numbers may go up to eighty-five percent in some cities."[lxxxiv] This trend is for good reason: Cities provide tremendous opportunities for individual income gain. Cities concomitantly benefit as they leverage a ubiquitous labor supply – albeit at the expense of migrants in some instances because their lack of legal status perpetuates illegality in capitalist economic relations.[lxxxv]

Many countries and cities have learned that immigrants can bring assets, new ways of thinking, and a strong work ethic to their economy – which is increasingly apparent in

high-impact, high-tech entrepreneurship.[lxxxvi] For example, in 2017, Canada announced the Global Skills Visa Program to expand and expedite the working visa process to bring in skilled workers from abroad. This allowed companies in major cities, like Vancouver, to hire and provide a working visa in two-weeks instead of the customary two-years.[lxxxvii] This mutually beneficial framework between immigrants and cities is well documented, and it can spur long-term economic growth: It is credited for the rise of major economies through urbanization,[lxxxviii] as immigration and industrialization are correlated both spatially and temporally.[lxxxix] Despite the advantages of the immigrant inclusion paradigm, municipalities are increasingly pressured to respond to the negative externalities associated with immigration. Three major examples of negative externalities are; increased demand for public services, increased competition for low-paying jobs,[xc] and decreased social cohesion.[xci] Community leaders, political constituents and municipal leaders are forced to tackle these issues, but they face additional challenges in explaining the balance between the short-term negative impacts associated with immigration against the long-term beneficial outcomes.[xcii] Municipal leaders, in particular, must find answers to tackle indigenous fears, reduced social solidarity and social capital,[xciii] while simultaneously trying to improve immigrant livelihoods in the short-run, so their cities can reap the long-term benefits of immigration.

Mass urbanization can create opportunities for economic growth, but it can concomitantly strain municipal resources. Benefits to host nations depend upon the size of the immigration flow, the age of the migrants and their pre-existing level of education.[xciv]

How municipalities respond to immigration flows plays a critical role in the long-term outcomes of the city, its inhabitants and the immigrant populations.[xcv] Scholars such as Zapata-Barrero, Caponio, Schiller, Caglar and Scholten describe this phenomenon as the "local turn." In their opinion, the "local turn" is the change in how immigrant integration is governed: moving from larger governmental bodies towards local governance structures.[xcvi]

The Confluence of Disruptive Urbanized Globalization and Displacement

Several macro-level global disruptors are rapidly changing the dynamics of the modern world, including but not limited to: highly-unequal distributions of wealth (especially since the end of the 2008),[xcvii] automation, big data and technological change, increased global interdependence and the rate of informational and policy flows,[xcviii] as well as, increased migration flows and continued urbanization.[xcix]

Saskia Sassen's research highlights how natural degradation and rampant income inequality has created a new paradigm where traditional conceptualizations of poverty and injustice do not capture the new truth, which is that expulsion makes life impossible. Sassen does not describe expulsion solely based on the normative definition of displaced populations, but as the expulsion from professional livelihood, living space, and biosphere, which makes their lives impossible to live.[c] Her argument enforces the idea that exploitation is gaining greater strength in areas and in households that are perennially disenfranchised and without access to present capitalistic modes of production that can

enable them to improve their lives. She attributes this change to the rise of global management strategies that are ever-focused on extraction and profit. In her 2002 book, *Expulsions: Brutality and Complexity in the Global Economy,* she cites the growth of global management and servicing activities has brought with it a massive upgrading and expansion of central urban areas, even as large portions of these cities fall into deeper poverty and infrastructural decay.[ci] At the same time, she shows that the complexity of global economic shifts makes it hard to trace the root cause of displacement, which makes it easier for the people who benefit from these extractions to feel responsible for the negative outcomes that "others" experience. This fact has severe consequences for rectifying present extractive and exclusionary public policies due to indifference and a lack of understanding and empathy.

In addition to these challenges, there is also the challenge of how to govern migration. In Sassen's, *Borders, Walls, and Crumbling Sovereignty*, article she describes a world in which migrants and the children of robust middle classes are rapidly losing economic ground and rights, which puts downward negative pressure on immigrants, which creates additional opportunities for acute exploitation of immigrants. She believes that a, "structural approximation coexists with heightened nationalisms and virulent antiimmigrant sentiment. The tragic effect is to obscure the fact that the source of this impoverishment and losses is a larger political economy, which has also hurt immigrants, both legal and not. We will not solve the immigration question if we do not address these larger losses."[cii] Many nations and cities unduly attribute economic and societal problems

to immigrants, instead of towards root causes, which, oftentimes, are the unrelated ramifications of a rapidly globalizing and development oriented neoliberal world. At the same time, the actions of developed nations are fueling additional emigration from developing nations due to ongoing historical precedent of resource extraction. These factors coupled with new rhetoric that has initiated rightward political shifts in several Western democracies such as Britain, Australia and the United States - towards pre-World War II governance philosophies rooted in protectionism and nationalism – is seeking to further criminalize immigration.[ciii] Right-wing political parties have been successful in latching onto fear-based scapegoating, blaming immigrants for problems they did not create instead of focusing on the deeper underlying issues – that people have lost faith in governmental institutions and first-world economies have less growth than in the past, and less return on their investments than in developing countries.[civ] Many of these issues are deep-rooted disruptors framed within the harsh realities of a mobile, highly-modernized global workforce.

As national governments in the Global North move towards protectionist public policies and laws, who will be able and willing to respond to immigrants' financial and health needs? There is a mutually beneficial relationship between cities and immigration, and it is well documented. The relationship can spur long-term economic growth: It is credited for the rise of major economies through urbanization,[cv] as immigration and industrialization are correlated both spatially and temporally.[cvi] Despite the advantages of the immigrant inclusion paradigm, municipalities are increasingly pressured to respond to

the negative externalities associated with immigration. Three major examples of negative

externalities are; a drain on public services, increased competition for low-paying jobs,[cvii]

and decreased social cohesion.[cviii] Community leaders, political constituents and

municipal leaders are forced to tackle these issues, but they face additional challenges in

explaining the balance between the short-term negative impacts associated with

immigration against the long-term beneficial outcomes.[cix] Municipal leaders, in

particular, must find answers to tackle indigenous fears, reduced social solidarity and

social capital,[cx] while simultaneously trying to improve immigrant livelihoods in the

short-run, so their cities can reap the long-term benefits of immigration.

Scholars such as Harald Bauder, emphasize the importance of sanctuary cities and safe

orderly migration. He even goes as far as to say that sanctuary cities are Democracy's last

stand against national anti-immigrant policies.[cxi] Rainer Baubock theorizes that the very

idea of urban citizenship needs to be reconceptualized. He contends, "urban citizenship

should be freed from constraints imposed by national and state-centered conceptions of

political community."[cxii] At the United Nations Expert Group Meeting On Sustainable

Cities, Human Mobility and International Migration there was a consensus that local

governments are in the best position to deliver the types of health and human services

that immigrant populations need, "local governments are best placed to respond to the

needs of migrants and refugees, given their proximity to their populations, their

knowledge of the local context and their ability to develop policies and programs,

mobilize partnerships and evaluate impact. In practice, local governments have also been

at the forefront of public service delivery, including, but not limited to, public housing, health, language, education, vocational training, and social, economic, political and cultural integration overall."[cxiii]

These macro-level factors indubitably play a role in each municipalities' final decision to intervene in immigration issues or not. Despite these factors, however, as a collective entity, municipalities are playing a larger role in immigration policies. Multi-level governance structures have traditionally focused on environmental, climate change, social cohesion, and higher education. In Europe, however, these multi-level governmental structures are being called upon to respond to immigration issues.[cxiv] Scholars such as Zapata-Barrero, Caponio, Schiller, Caglar and Scholten describe this phenomenon of increased service provision and coordination at the municipal level as the "local turn." The term "local term," is not, however, confined to purely academic dimensions of international migration debates, as the United Nations Sustainable Cities Human Mobility and International Migration Expert Group has adopted the term to describe the role that municipalities play in properly coordinated responses. One example of the "local turn's" impact on migration policy took place in France, where the *Politique de la Ville*, decentralized the migration governance model and pragmatically allowed municipalities to play a larger role in updating public infrastructure and housing for immigrants and improving their quality of life through public service delivery and coordination efforts.[cxv] This "local turn" is promising for urban centers that wish to be prominent and entrepreneurial in migrant integration issues and manage upwards to set

state-based models of immigration management. Cities can solidify and promote their policy agendas through many avenues, including: advocacy, the creation and formalization of horizontal and vertical governance layers to address key issues and city-to-city relations that lead to coherent, not contradictory, policy solutions, and local governments can play a key role in bottom-up development of governance in multilevel settings.[cxvi]

Factors that Contribute to How Cities Respond to Immigrants

Conceptually, there are many local, regional, national and supranational macro-level factors shaping immigrant flows and the subsequent responses of national, state and local governments worldwide. This discussion will break these factors into four parts: the acceleration of disruption, municipal characteristics, citizen values, and the immigrants themselves, especially in their racial juxtaposition to host populations and their present homogeneous or heterogenous racial status.

Municipal Interventions

As noted in the introduction, municipal interventions can be modulated into three dimensions; (1) Municipal Characteristics, (2) Citizen Values, and (3) Immigrants.

1. **Municipal Characteristics**: Present and future economic status, public safety and local, state, and national legal precedents

2. **Citizen Values**: Citizen and elected officials' values, socioeconomic and educational status, and racial homogeneity of the indigenous population

3. **Immigrants**: Attitudes, culture and racial makeup of the migrating group compared to the host population

These three factors frame the following discussion about why a municipality may or may not choose to respond to immigrants, and to what degree they decide to respond once they become involved.

Microeconomic theory asserts that individuals will not engage in an activity unless, "on the margin" they will receive a net benefit for their intervention.[cxvii] If the same economic rationale is applied to a municipal government's decision-making process, then the most financially compelling reason for a local government to engage with a new influx of immigrants is the opportunity to reach a net economic benefit. Additionally, labor force supply and market dynamics play a large role in a municipalities decision to support immigration. A municipality's labor needs play a large role in how accepting they will be towards immigrants. For example, Germany accepted over one-million asylum seekers in 2015 to meet its long-term labor needs.[cxviii] In contrast, if immigrants are not of working age and need an initial investment by the host society for healthcare, education, housing, public resources such as food vouchers, job supports or coordination of integration services, municipalities may be forced to deter immigration because of budgetary concerns. This constraint is more pronounced during economic downturns when individuals are actually more in need of public services.[cxix] One of the main reasons for

this phenomenon is that cities receive a lot of their revenue from sales taxes, which is a highly elastic source of revenue.

Municipalities are charged with funding and operating effective public safety institutions, most importantly through local police enforcement of laws and ordinances. Despite rhetoric that immigration increases crime rates, there is substantial evidence to the contrary.[cxx, cxxi] However, public safety is a key factor in why municipalities do or do not respond to immigrants because of perceived risks. If the general public of a city believes that immigrants increase crime rates, whether they are right or wrong, this will influence voter trends, political sentiment and political will towards immigrant groups. Depending upon how the public safety apparatus of a local government decides to work with immigrant groups can play a major role in the city's overall safety outcomes.

Municipalities can alienate, align with, or directly reach-out to immigrant groups in an attempt to cooperate. One case study in particular highlights the benefits of municipal cooperation with immigrant groups: The City of Los Angeles in 1970. To address high crime rates, Police Chief Mr. Daryl Gates removed his local police officers from federal immigration enforcement, leading to a reduction in crime and improved public safety. By working with local immigrant communities instead of conducting raids, the police department built rapport and trust with local communities.[cxxii] An antithetical approach to working with immigrant populations can be seen throughout Joe Arpaio's hard-lined approached to immigration as he created policies that extensively collaborated and

cooperated with Immigration and Customs Enforcement (ICE). Under Joe Arpaio's term

in office, he conducted raids and detained undocumented immigrants and U.S. citizens. In

a 2017 interview, George Gascon, former Police Chief of Mesa, outlined these

constitutional violations, and cited the fact that violent crimes and homicides went up in

many cities in Arizona, but not in Mesa. Gascon attributes this success to building

relationships with the community, "You don't want community members to be afraid to

report a crime."[cxxiii]

Citizen Values

Citizen and elected officials' values and the socioeconomic, educational and racial

homogeneity of the indigenous population play a role in how accepting a municipal

government will be towards immigrants. It stands to reason then, that "closed societies"

are more likely to be less accepting of immigrants, but, what makes one society more

closed-minded or intolerant than another? Many individual biases play a role in why

cultural prejudices develop, including, but not limited to, colonization and social history,

geopolitical influences, location, race, age, socioeconomic status, ability to work,

demographics and social values.[cxxiv] Each of these factors is part of larger ideological

debates, framed within political beliefs and discussions.

According to Robert Putnam's research, however, some of these factors may be less

important once immigration hits a critical mass point, "In the short run … immigration

and ethnic diversity tend to reduce social solidarity and social capital. New evidence from

the US suggests that in ethnically diverse neighborhoods residents of all races tend to 'hunker down'. Trust, even of one's own race, is lower, and altruism and community cooperation rarer, with people having fewer friends."[cxxv] Regardless of how open a municipality may be towards immigration and its long-term positive benefits, it may be difficult to communicate these effects to the municipality's electorate in the short-run. This trend may even pose political problems for cities that want to enact open-minded policies that represent their values. This pattern may pose even more trouble for cities when they want to deem themselves a "sanctuary city."

Kagan argues that the very act of becoming a sanctuary city may be self-destructive to a city's ultimate goal of protecting and integrating immigrants. He says that a sanctuary city can unintentionally portray an image of defiance to the nation it belongs, and alienate potential electoral allies.[cxxvi] He argues that there are three rationales behind anti-immigration constituents at the local-level: xenophobes, demographic controllers, and legal processes. Xenophobes will always despise others, and therefore, they will never change their minds about immigrants. But demographic controllers and "legal immigrationists" are persuadable. Demographic controllers may feel overwhelmed when immigration takes place too quickly, or when there is lack of local control over the immigration process. A sanctuary city, by its very nature defies local control over policing, but to avoid alienating potential allies of the pro-immigrant cause, sanctuary cities might be better named, "Refuge City," or "Commune of Reception"[cxxvii] as they are in several countries around the world. The same is true for "legal immigrationists." They

do not want the law to be broken, and if it is, they want the individuals who broke the law to be punished. If a sanctuary city is illegally harboring undocumented immigrants who have broken the law, this goes against their beliefs, and therefore alienates them as potential voters for future pro-immigrant responses.

Immigrants

Immigrants range in educational attainment, job skills, cultural values and norms, language, health status, amount of time displaced, proximity and cultural dichotomy of country of origin compared to host country. There are many types of immigrant statuses (please see introduction for more information). Figure 11 illustrates one example of differing levels of immigrant education. It shows the highest level of educational attainment by refugees prior to arrival in the United States between 2012-2016. There is a large difference in their educational attainment from the general U.S. population, as almost thirty percent have no education.

Figure 11: Refugee Educational Attainment Before Arrival in U.S.

Refugee Educational Attainment Before Arrival in U.S. (2011-2015)
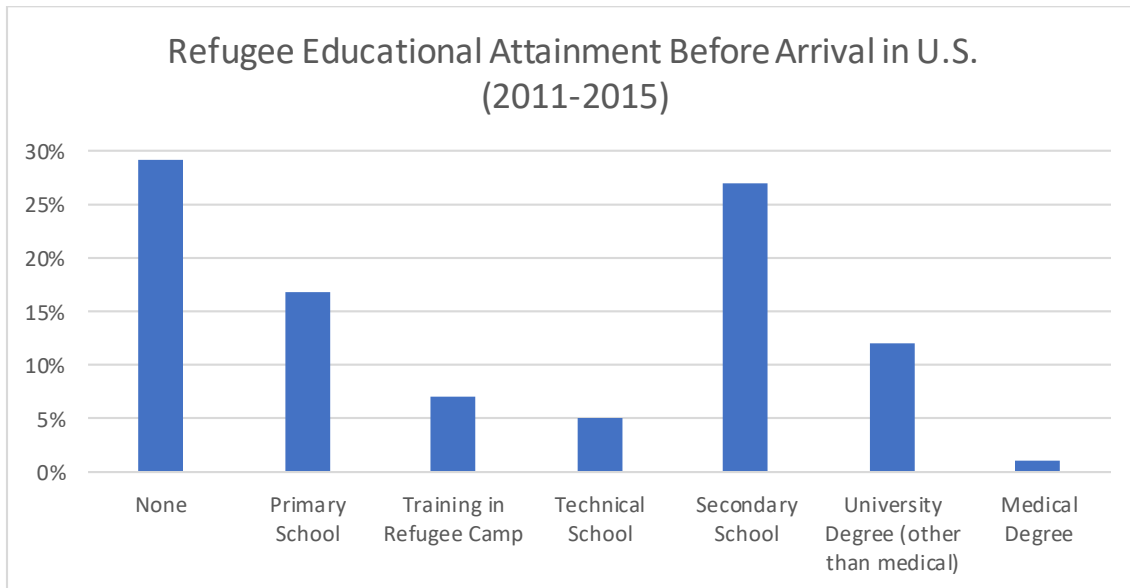
Report to Congress. Annual Refugee Survey 2016. N=2,482

Syrian versus Congolese refugees is a prime example of the extensive diversity between educational levels of immigrant groups, even among those that share the same immigrant status in the U.S. Syrians, for the most part, are highly educated, spent only a few years in refugee camps before they were eligible for resettlement, have some familiarity with western culture, and they are classified by the U.S. Census Bureau as "White,"[cxxviii] which plays a large role in socio-economic status in U.S. society. The Congolese, however, spent between 8 to 25 years in African refugee camps before resettlement began,[cxxix] they have little or no education, are further removed from western societies, and they are more likely to be discriminated against in the western societies where they are resettled due to the role their skin-color played throughout the history of mercantile colonialism.[cxxx] Modern news media outlets typify immigrant groups, but there is a large difference between immigrants even within the same immigrant status.

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Each immigrants' perspective of their new host country is formulated from their previous experiences. The same is true for cities' perceptions of immigrants. Immigrants pre-existing experiences and cultural paradigms necessitate individualized culturally and linguistically appropriate responses. Many of these needs can be addressed through the same public service provision that serves the host nations' indigenous population of similar economic status. Immigrants, however, have additional needs and barriers compared to indigenous groups. One of the major barriers that plays a pivotal role in integration is language. For example, asylum seekers in the U.S. primarily come from China, Honduras, Guatemala and El Salvador.[cxxxi] The predominant language for three out of these four groups is Spanish, which coincides with the almost 50 million U.S. residents who speak Spanish at home.[cxxxii] Immigrant and asylum seekers' needs undoubtedly vary, but what factors contribute to whether or not a city decides to address them?

Municipal Policy Approaches: Ethical Considerations and Theoretical Frameworks

What should cities do for immigrants? This question is inherently ambiguous, subjective, and it lacks an agreed upon empirical foothold for consistent measurement. Therefore, it can only be answered through philosophical, theoretical and moral arguments. Scholars and philosophers fall into four groups on this issue, (1) Duty to help the other, (2) Solve your own problems, (3) Net utility, and (4) Cultural unity.

For group one, philosophers hypothesize that there is an inherent duty to help the 'other.' In Patricia Smith's 1990 analysis, *The Duty to Rescue and the Slippery Slope Problem*,

she analyzes the deontological and teleological ethical standards that undergird an individual's positive intervention to help another person in their time of peril. She found that, "there is at least one universal positive duty: the duty of easy rescue."[cxxxiii] This humanitarian perspective is also backed by research by Rawls 1974, Walzer 1983, and Carens 2013, which states that humans have a moral obligation and ethical commitment to help those in need.[cxxxiv] Their research suggests that municipalities can and often will intervene on the behalf of immigrants if it is easy to do so.

Other scholars believe that individuals, immigrants in this example, should pick themselves up by their "bootstraps," and solve their own problems. This ideology is deeply embedded in the United States' ethos and capitalistic system, which is rooted in individually oriented interpersonal moral codes that guide social norms.[cxxxv] This approach would indicate that municipalities would refrain from any form of intervention to help immigrants, as they should fend for themselves and figure out how to survive without the help of others.

The third group, net utility, believes in a utilitarian response: intervene only when it creates more 'net utility' than without an intervention.[cxxxvi] This approach would indicate that municipalities would invest in immigrants if it created more good (measured as net utility by economists) for everyone, on average, in the municipality.

Group four believes that cultural unity will overcome preexisting attitudes and present economic conditions in an effort to welcome migrants. One research team from the

University of Washington and the University of California Berkley quantified individual attitudes towards immigrants in Europe. In their 2007 study, they empirically deduced that, "At the individual level, cultural and national identity, economic interests and the level of information about immigration are all important predictors of attitudes towards migrants. 'Symbolic' predispositions, such as preferences for cultural unity, have a stronger effect than economic dissatisfaction."[cxxxvii] Cultural unity and information about immigrants play a large role in how host societies and municipalities view immigrants and their subsequent response to their arrival.

There are, however, many layers of cultural biases, and theoretical intersectionalities, that undergird this four-part approach to our ethical understanding of how or why people in host nations or municipalities engage with asylum seekers. A prime example is racism, which is best conceptually defined by Critical Race Theory scholars, who see structural policies and institutions that systematically discredit, disserve and derail racial and ethnic minorities from opportunities for success. The United States built and amassed significant wealth through plantation economies built on slave labor, primarily African American, and racial prejudices continue in modern times. Most recently, large Black Lives Matter protests have taken place across the country after the death of George Floyd at the hands of police officers in Minnesota, that showcase unequal treatment of black Americans. There are still inherent subconscious and conscious biases and prejudices of White Americans towards non-white races across all four ethical stances, as some individuals in the U.S. still view others as inferior based on melanin alone. Another cross-cutting

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theme, which is a pillar of CRT, is interest convergence, and it plays a role in how cities and individuals think about, approach, and ethically consider working to help asylum seekers. Even well-intentioned people may only want to help others to the point that it makes sense for them financially, socially, intrinsically, etc. Therefore, the duty to easy rescue could easily be overshadowed due to the number of migrants and asylum seekers coming to the U.S.-Mexico Border during recent immigration surges. For example, easy rescue may feel possible when Americans conceptualize helping dozens or hundreds of asylum seekers, but when migration numbers are in the hundreds of thousands, as they were in 2019, it can feel overwhelming and out of control, which causes backlash, despite an individual's self-conceived desire to help the other. Deeply rooted belief systems are difficult to change, and the intersection of race and interest convergence can create further resistance towards one's "ethical" duty to help others.

With a Critical Race Theory lens, the following section will take the four disparate philosophical outlooks from above and discuss a framework for understanding how a municipality may respond to immigrants. Figure 12 describes a five-part "acceptance spectrum" that will help frame how municipalities think about immigration and their response to immigrants. It is not an all-encompassing model, rather a place to start thinking about municipal response mechanisms that will be discussed further at the end of this chapter. The acceptance spectrum model moves from the left to right, with the least accepting municipal immigration responses on the left and the most accepting on the right.

This model synthesizes literature from the following categories: (1) Duty to help the other, (2) Solve your own problems, (3) Net utility, and (4) Cultural unity - about municipal response into the following categories: xenophobic, fiscally conservative, pragmatic, humanitarian and open borders. These philosophical ideologies are intrinsically political, and the criteria for measurement; net utility, skills-based (survival of the fittest), equity, social justice, or inclusion for all, will always be subject to skepticism from those who prescribe to a different ideology. The five categories are not mutually exclusive. A city can be in more than one category at any given time, and as time passes, many cities transition to different categories, or add or subtract from their present level of acceptance.

Figure 12: Acceptance Spectrum
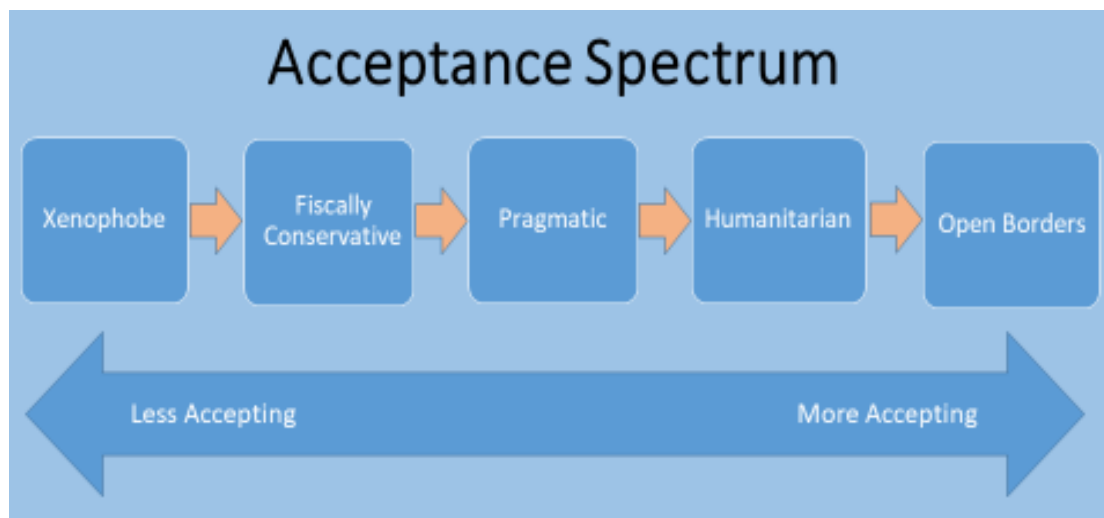
1. **Xenophobic** cities do not approve of immigration for anyone who is racially or culturally different than the majority of the residents in the municipality.

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Xenophobic cities, therefore, may not be entirely against immigration, just so long as the immigrants share similar attributes to the host population.

2. **Fiscally conservative** cities refrain from engaging unless its involvement will benefit the local population directly. This mindset stems from the ideology that the government should not increase expenditures. This group might believe in immigration policies that bring in immigrants with high-skills that can improve the well-being of the indigenous population, whereas they would be opposed to less educated immigrants who may need additional public resources.

3. **Pragmatic** cities engage when "net utility" can be increased "on the margin" for both the local and immigrant populations. These cities will accept immigrants up to the point that the arrival of immigrants creates a net benefit. Although this pragmatic category is similar to fiscally conservative, it is different in that cities can make decisions based on other criteria besides net utility for municipal and individual finances, but the city can increase its net cultural utility.

4. **Humanitarian** cities believe that there is an intrinsic duty to help others. These cities, most notably sanctuary cities, make additional efforts that may not be in the best interest of the indigenous population in the short-run to help immigrants attain basic necessities, such as clean water and food. Some cities go a step further and create special strategies and service delivery models that increase healthcare, education, social welfare services, as well as job supports to ensure their economic self-sufficiency.

5. **Right to the City and Open Borders:** cities believe that citizenship should be
    defined by where an individual resides, not their place of birth. This city
    advocates for status for all based on where an immigrant lives, not where their
    nationality paperwork originates.[cxxxviii] Although individuals in many cities may
    have an open border mindset, it is unlikely that a city would be xenophobic,
    fiscally conservative and open borders at the same time. A pragmatic city, on the
    other hand, would prescribe to this ideology if it made sense for both indigenous
    groups and the immigration population.

Many factors play a role in how municipalities respond to immigrants, and larger than
average influxes of asylum seekers, including but not limited to: economic, political,
geographic, cultural, social predilections of the existing electorate and prevailing legal
and public policy power structures. The five categories from the acceptance spectrum,
outline the basis for how municipalities will respond to immigrant issues in their
community when they receive bifurcated values and political messages from their
electorate.

At the root of the final decision to intervene is individual and societal values of the host
society. Cities with citizens who have higher tolerance for helping others without
expecting large individual net utility gains are more likely to accept immigrants and
asylum seekers, as they see a duty to help others, stemming from a sense of
humanitarianism. Acceptance of others who are different than the host society is also an

underlying challenge in any society, especially if their race is different than the majority of the host society. Immigrants and asylum seekers that come to the United States who are non-white, for example, confront additional tensions, stereotypes, and transgressions, not only because of their immigrant status, but their status coupled with their race. These racial biases are not clandestine, as they are used to create federal, state and local laws and public policies that fail people because of their race. Sound public policies can foster adaptation and integration of asylum seekers there are sustained individual efforts to speak out and vote out lawmakers who display racist sentiments and ill-will towards people who are different from themselves.

With these frameworks in mind, we will now analyze how municipalities can respond to immigrant arrivals. Municipalities have two options when immigrants arrive; do nothing or intervene, which can be further broken down into three categories: non-response, anti-immigrant, and three types of pro-immigrant responses. The following graphic (Figure 13) shows an overarching model for how a municipality can respond to immigrants.

Figure 13: Municipal Responses to Immigration
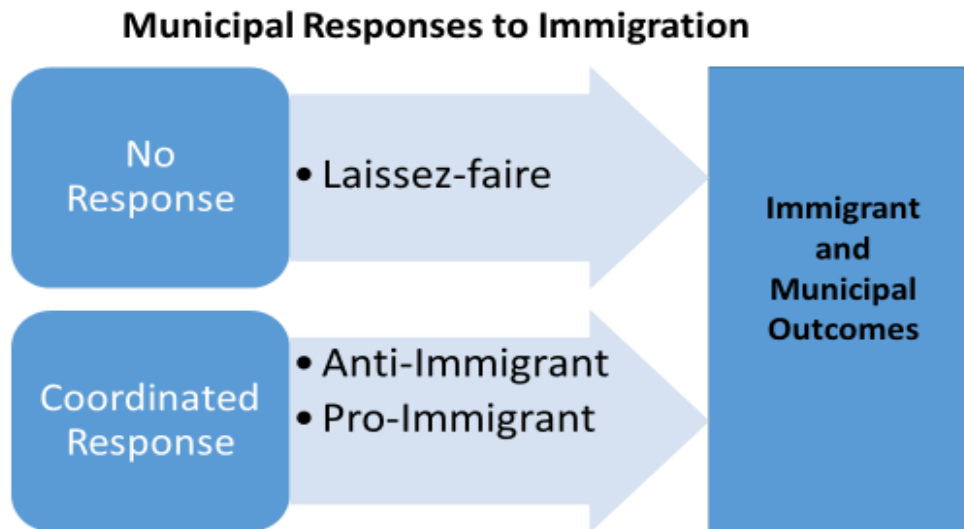
At the top left of the figure is a "no response." In this instance, a municipalities' response

to migration is rooted in *laissez-faire* governance, or a "let the free market take care of

the problem" response. At the bottom left of Figure 13 is the municipalities "coordinated

response." In this tract, cities intervene in immigration issues. For cities that choose to

intervene, interventions can be either anti- or pro-immigrant – ranging from overtly

welcoming and supporting of immigrants to castigation and expulsion. These

interventions take shape due to the values of the citizenry, the cities elected or non-

elected officials, the economic status of the city itself, legal precedents and the

socioeconomic, educational and racial homogeneity of the indigenous population and its

social positioning and juxtaposition to the racial makeup and attitudes of migrating

groups.

Due to the wide-variety of reasons why municipalities choose to intervene, response types can vary significantly, and they often present themselves publicly in rhetoric that is politically bi-polar, using heavily charged nomenclature. On one side, there is anti-immigrant sentiment that pushes for deportation, use of public charge (to decrease the use of public benefits) and no path towards citizenship. In the city of Beirut, forcibly displaced Syrians are not deported from Lebanon, but they are required to live in certain predetermined urban areas indefinitely, without any path towards citizenship. This causes immense hardship and leaves many Syrians without access to basic human necessities, including hygiene and adequate housing, nor the chance to create a prosperous future.[cxxxix] On the other end of the spectrum, there are formal, informal and ad-hoc committees established to create and improve direct programming specifically for underserved immigrant groups, as well as legal aid, employment training and free or low-cost health services. One example of a municipality's institutional approach to new immigrants comes from Amman, Jordan. The city of Amman created a Chief Resilience Officer position to assess and work with mass influxes of Syrian refugees. The Municipality Committee then hired Fawzi Masad to manage the increasing pressures on Jordan's public services. Jordan also created an extensive Community Resilience Plan that highlights how the municipality intends to address migration concerns while continuing to welcome migrants and advance its development goals.

Global scholars predict that global immigration will increase in the 21st century, and cities will continue to receive a greater proportion of these migrants. Cities have options, and they can choose their own level of involvement on immigration issues. If they choose to intervene, they can exclude or integrate immigrants into their local communities in a several ways based upon how they view and value scarce resources and their allocation.[cxl]

Types of Municipal Response: Case Studies from around the World

Cities have tough decisions to make when it comes to balancing immigrant and indigenous needs. This research has discussed what factors contribute to why a municipality decides to intervene in immigrant issues through the acceptance spectrum, but what do municipal responses look like in practice? The following section outlines three distinct response types; (1) Non-response, (2) Anti-immigrant and (3) Pro-immigrant, and provides case studies from cities around the world that have implemented these different strategies.

No Response

A non-response, or laissez-faire economic response,[cxli] ensures that market forces, political status-quo, and present national rules on immigration status will dictate the destiny of incoming immigrants and asylum seekers. This approach is used in cities like Hong Kong, China and Los Alamitos, California.[cxlii] These cities have deduced that there is not enough political will, net utility or humanitarian necessity for municipal

intervention on immigration issues. These cities, therefore, rely on free-market

economics to take care of any positive or negative externalities created by immigrants.

The decision to do nothing, however, is a decision in and of itself. Doing nothing can

make it more difficult for immigrants to reach self-sufficiency and integrate into host

societies. For example, in 2016, the International Rescue Committee in Phoenix[2]

conducted a research study that examined the educational attainment of over 300 refugees

who arrived in 2015.[cxliii] On average, the educational attainment of these immigrants was

some elementary school. Without job training, English language and budgeting classes

these refugees face upward mobility challenges, which increases their likelihood of

working in low-paying jobs and utilizing social welfare programs. Another danger of

non-response is a failure to acknowledge immigrants concerns and everyday reality,

which may create distrust among host populations, and creates opaqueness around

immigrant needs and immigration policy discussions. This is why many migration

scholars and the United Nations High Commission for Refugees refer to many migrants

as "invisible people" because their existence is not acknowledged by many people in host

societies, nor in their governing bodies.[cxliv]

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[2] The city of Phoenix is a limited response city for refugees and a non-response city for asylum seekers and other immigrant groups without protected status. Despite Phoenix's limited response, however, there are several nonprofit organizations, such as the IRC, that provide targeted humanitarian and economic development services for both immigrants with and without status.

Anti-Immigrant

Municipalities can take a multitude of actions to inhibit the number of immigrants that feel safe in their community. Examples include, raids of personal residences or places of work, collaboration with federal agencies within the Department of Homeland Security such as Immigration and Customs Enforcement, community watch programs, and asking questions about immigration status by police officers while carrying out routine duties. In 2006, the Pennsylvania town of Hazelton implemented local policies to make it more difficult for irregular migrants to rent housing or find or obtain employment.[cxlv] More recently, the Trump Administration is actively looking for all undocumented immigrants, not just criminals, in an effort to deport them.[cxlvi] This is a retrenchment to the "Secure Communities Act," which recruits local police to assist ICE officials in finding and removing undocumented immigrants, including migrant parents and their children.[cxlvii]

Further complicating municipal decision-making on these issues is the fact that national and state politics, as well as public support of immigration, has flipped back and forth from pro- to anti-immigration policies over the last 100 years. These changes include restrictive quotas for "inadmissibles" in the 1920s, the Bracero program (1942-1954) that allowed temporary work visas, the open-armed Refugee Act of 1980.[cxlviii] Since the Refugee Act, however, there has been a larger trend in the United States towards criminalizing immigration. According to Jennifer Ridgley's 2008 article on *Cities of Refuge* there have been three definitive moments in recent policy history that changed the landscape, "the passage of the Immigration Reform and Control Act (IRCA) of 1986, the

major federal immigration reforms of the 1990s, and contemporary security measures introduced in the context of the 'War on Terror.'" This high rate of immigration policy change may keep municipalities from deciding to intervene because they may feel like immigration is a national concern that is not to be arbitrated in municipal settings. Another reason that municipalities may not engage on immigrant issues is because they feel that immigration policy is a national security concern that does not necessitate municipal intervention. There have also been more recent anti-immigrant policy changes including the 287 G program, [cxlix] Migrant Protection Program (MPP), "safe third country," and denying the passage of all asylum seekers into the U.S. during COVID-19 even though transborder trade and commerce has restarted.

Pro-Immigrant

Cities that choose to help immigrants integrate into host communities share many characteristics, but there is no single trait that dictates a municipality's ultimate response to an influx of immigrants. The following section will discuss different municipal response types from around the world to see what trends and best practices exist for immigrant integration.

Some cities decide to respond directly to increased need in the following public service arenas: policing, public housing, health, language, education, vocational training, and social, economic, political and cultural integration. According to a 2017 convening of United Nations Expert Group Meeting on Sustainable Cities there are three dominant

trends in pro-immigrant municipal response: *proactive targeted approaches, networked approaches* and *institutional approaches.*[cl] The following discussion will highlight the differences between these approaches through municipal case studies.

Three Intervention Frameworks

Proactive Targeted Approaches

Proactive targeted approaches exist in cities on every continent. Two large-scale proactive targeted municipal public administration approaches can be seen in Anchorage, Alaska and Sao Paulo, Brazil. Brazil has a long history of multiculturalism, and it is a destination for many asylum-seeking migrants from the Americas. Much like the U.S., mass influxes of different immigrant groups continually test the ability of local, state and national government adaptation.[cli] Sao Paulo has the most migrants and refugees of any city in Brazil, and it has created a specific coordination office for municipal policies, facilitated a national conference on migrations and refuge, and created a report highlighting the needs of LGBTI refuges and asylum-seekers in their city. Despite the fact that Brazil, as a whole, has no hate crime laws nor public institutions for monitoring the occurrence of homophobic crimes and violence, they do include sexual minorities as a social group, and are therefore protected under Brazil's Refugee Law adapted from the 1951 Refugee Convention.[clii]

City size is not indicative of municipal response: While Sao Paolo has over 17 million inhabitants, Anchorage, Alaska's population is only 300,000 and it is equally devoted to

creating resilient communities through proactive targeted approaches. Anchorage works closely with the nonprofit organization Welcoming America, which helps the city integrate immigrants through promoting inclusivity, neighborhood and workforce development, English language training, and emergency services. The city's end goals are to, "Develop the skills, institutions, and infrastructure necessary to overcome chronic stresses (unemployment, homelessness, economic inequalities), acute shocks (floods, earthquakes, and fires), and systemic environmental challenges (climate change and energy use)."[cliii]

Inter-City/Networked Approaches

This approach creates and facilities collaboration between municipal networks pertaining to urban issues, including immigration issues. Many of the coalitions that have come from this inter-city approach utilize the United Nation's Habitat III's New Urban Agenda as a guiding framework.[cliv] Two examples of this type of multi-pronged municipal discussion can be seen in the formation of municipal networks in *South Africa's Cities Network* that works to promote good governance and economic integration of immigrants,[clv] as well as Turkey's *Union of Municipalities*, whose mission is to support the empowerment of local governments and their effective service provision, to safeguard their rights and interests, to strive for the strengthening of local democracy, to introduce them to recent developments and innovations at the global level, and to represent them in national and international platforms.[clvi] These collaborative efforts have helped

municipalities quantify the need and coordinate services for immigrant groups and to increase awareness about immigrants needs and opportunities for mutual development.

Institutional Approaches

As noted in the beginning of this chapter, the city of Amman, Jordan created a Chief Resilience Officer position to assess and work with mass influxes of Syrian Refugees. There is another institutional way in which cities can engage in coordinated institutional responses - by re-writing or creating sanctuary laws or becoming a sanctuary city - which usually means non-cooperation with federal authorities through local institutions.[clvii] Sanctuary cities have multiplied rapidly in the U.S. In 2012, there were only a few dozen, but in 2019 there were approximately 350.[clviii] Sanctuary city policies can also be more discreet than an outright declaration of an intent to provide sanctuary to immigrants. Some cities may choose to implement, "don't-ask-don't-tell policies" that ban municipal service agents from asking residents about their immigration status.[clix] New York, as well as many other sanctuary cities, were called into question in the national lime-light by the Trump administration in 2017 for refusing to cooperate with federal immigration agents. The Trump administration threatened to withhold federal funding from cities that refused to cooperate with federal immigration officials.[clx] To date, this threat has not been implemented. In addition to the varying institutional methods described, sanctuary cities may also provide medical, housing, education, job training and social services for crisis migrants, which is a combination of targeted and institutional approaches.

Lessons from Municipal Responses Around the World

Public policies for working with immigrants need to be consistent. Only through

consistent and equitable public policies can the negative externalities associated with

immigration be mitigated. This review showcases how different cities from around the

world can respond to increased immigration. Some of the cities were able to not only

create an advantage for the host society, but for the immigrants, as well. Solutions to

increased immigration vary depending on the level of governmental intervention (local,

state, or federal), and the goals and values of the host society. Local contexts do not

operate in vacuums, and it is important for national governments in both the Global North

and South to focus on improving governing bodies' abilities to build strong and

transparent institutions, increase peace keeping and reconciliation efforts, provide

necessary humanitarian aid for persecuted migrants, as well as build economic stability -

with the opportunity for wage gains for the lowest income earners.

Several policy response options exist for municipalities and nonprofits at the local level.

Reports such as Amy Pope's *Building More Resilient Communities*, the International

Organization for Migrations' *Migrants and Cities: Stepping Beyond World Migration*

report, the Migration Policy Institute, Jennifer Ridgely's *Cities of Refuge,* and the Global

Alliance for Urban Crises' *Adapting Humanitarian Action To An Urban World* highlight

a few examples of what local policymakers can do to improve responses to immigrants in

urban settings. A synthesized summary of these scholars' recommendations for cities that

wish to work with immigrants can be broken down into four categories (1) Networks and

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Partnerships, (2) Direct Service Delivery: Programs, Classes and Economic

Development, (3) Urban Planning, and (4) Disaster Relief and Humanitarian Aid.

Networks and Partnerships emphasize the importance of formalizing connections, networks and communications with other cities (local-local) and the national government (local-national, i.e., Europe's EUROCITIES) and joining global groups and coalitions to continue learning best practices such as the New Urban Agenda which seeks to improve access to tools and technical assistance through a network of municipalities that are working to create cities that are more livable, sustainable and inclusive. Scholars stress the importance of utilizing a multi-sectoral approach to immigrant integration. One example of this approach is Germany's multi-pronged response to Syrian refugees that provided immediate access to the labor market with concomitant vocational training, as well as governmental discussions that included the private sector in development of local response systems. Networks and partnerships can also incorporate elected leaders, policy officials and planners, and institutions that can strengthen urban resilience for immigrants in crisis during the migration process. These networked approaches can also increase research efforts about migration policy development, especially around the major determinants of migration flows and the needs of immigrants locally.

Direct Service Delivery through Programs, Classes and Economic Development.
Identifying economic opportunities within local communities and providing additional communication channels and referrals is recognized as a key to immigrant success. Cities

can provide funding for direct services targeted at immigrant groups, especially asylum seekers who have no access to public benefits, nor the ability to work. Cities can also invest in public goods and services ranging from daycares and community centers to water and sewer systems, as well as prioritize cash-based responses along with traditional economic development efforts. Some scholars believe in altering the ideological structuring of how we conceptualize cities and urban citizenship, which can be promoted through programs and projects that create city sanctuary policies that engender *grounded citizenship*, the idea that citizenship should be based on *inhabitance*, which would reduce fear in migrant communities and reduce criminalization stigma towards immigrants in host societies. Cities can also co-create cost-effective responses, especially for vulnerable people –through shelters, basic services and infrastructure, and adopt area-based approaches to programming and coordination that identify individual strengths and weaknesses and build on, rather than duplicate systems already in existence. Lastly, cities can ensure equal opportunities to skill-building classes like language or financial literacy by connecting with immigrant communities and inviting them to join alongside native-born populations as well as by providing classes on the laws and values of the host societies.

Urban Planning. Cities should recognize and acknowledge their influence and assume responsibility and leadership for creating a unified response to immigration flows and improving immigrant outcomes. Cities can strive to create resilient communities by developing the skills, institutions and infrastructure to overcome chronic stressors such as

unemployment and homelessness. Two ways to achieve these outcomes is through increased funding for inclusive urban planning that gives voice to immigrant communities, listens to their concerns, and then strives to socially include them through providing equitable urban land-use planning, housing and accessibility to transportation, and employment and economic development initiatives that engage local entrepreneurs.

Disaster Relief and Humanitarian Aid. Municipalities can coordinate efforts in crisis management, humanitarian assistance and development aid, by creating financial methods of burden-sharing, and tailor humanitarian response to urban context by developing shared assessments and promotion of joint analysis of key issues, and then adapt coordination mechanisms to local contexts.

These expert recommendations are from professionals in diverse fields (academia, urban planning, community resilience, and disaster relief), but they all have similar ideas about how to improve resiliency and inclusion of immigrants in urban centers. The difficult part of this process for municipalities then, is not what to do, but how to adopt these recommendations to their local municipal context and implement them based on the present strengths and weaknesses of their unique city. When deciding which approach to take, municipalities should ask themselves these key questions: How can we better understand immigrant needs' in our community? Which efforts will have the greatest impact based on our local strengths, present degree of engagement, and existing service

provision? How do we measure the effectiveness of our efforts to ensure that what we are doing is working?

The Cycle of Public Policy Inequity in Municipal Transborder Spaces: Social and Economic Borders of Non-Exclusive Exclusion

The findings from this research contend that the interaction of social inequality and economic disparity with public policy is not a cause-and-effect relationship, rather a cyclical self-reinforcing mechanism of inclusion and exclusion based on macro-level constructs that are best described by anthropological transborder scholars as the processes of modes of labor production and wealth distribution. This cyclical relationship exists because of ongoing battles for resources within and in-between material, spatial and psychological borders. This "Cycle of Public Policy Inequity", works as follows: The same public policies that created social inequality and economic disparity in the U.S. continue to influence who has access to social and economic capital, which further influences who is able to have a voice in the public policy making process and enact positive changes for their communities' benefit, which further supports Sassen's argument that marginalization and expulsion is on the rise.

To better elucidate how public policy is made, we will examine two different models of the policy making process. An "ideal" public policy model, and a second model that is a better reflection of how public policy is made in the U.S. The following figure shows the "ideal" way in which public policies are made in the U.S.:

Figure 14: "Ideal" Policy Process Model
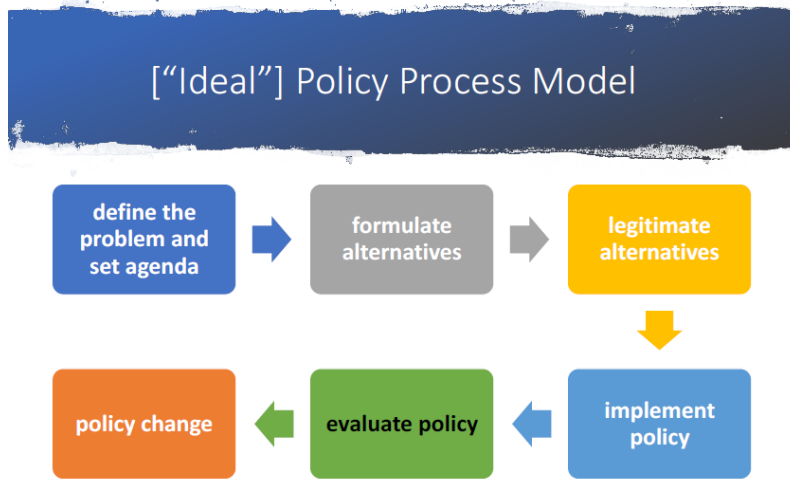
["Ideal"] Policy Process Model

define the problem and set agenda → formulate alternatives → legitimate alternatives

↓

policy change ← evaluate policy ← implement policy

Slide from Spiro Maroulis, Associate Professor, School of Public Affairs, Arizona State University

However, the reality is that public policy is usually made like this:

Figure 15: Actual Policy Making Process

Actual Policy Making Process

♦ Preferences In, Policies Out

Preferences → GOVERNMENT → Policies

Interest Groups

Institutions
•Congress, Parliament
•Executive Agencies, Ministries
•Judiciary
•Many state and local

General Public
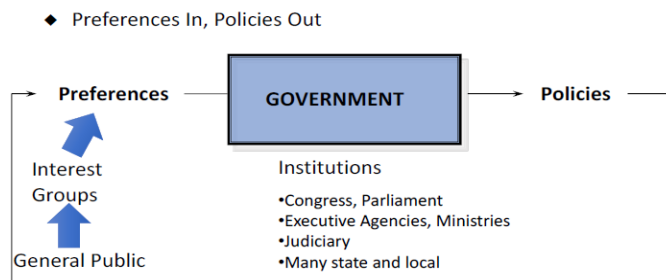
Issues emerge,
Interests (preferences) are formed, and
Information is transmitted to the
Institutions of government, where policy may or may not change.

Slide from Spiro Maroulis, Associate Professor, School of Public Affairs, Arizona State University

These models help us see how unequal distribution of wealth, influence and power play a role in future public policy decisions as interest groups have the closest connection to policy makers due to their wealth and past influence. If we look at macro-level statistics

about the distribution of wealth in the United States, this second model appears to be even more accurate than the "ideal" model. According to a series of studies by Brookings Institute in 2019, "The share of wealth in the economy is increasingly owned by families in the top of the income distribution. The top 20 percent held 77 percent of total household wealth in 2016, more than triple what the middle class held. In fact, the top one percent *alone* holds more wealth than the middle class."[clxi] This economic indicator did not happen overnight, and the gap did not use to be this wide. What these trends shows is that some groups, usually high-income individuals and companies, have done an exceptional job keeping more profits to themselves, instead of having the wealth be redistributed. The statistics from Brookings do not show all of the pervasive effects of the "Cycle of Public Policy Inequity," such as social, cultural or familial effects, but it does prove a useful indicator for illustrating its effect on financial resources.

Extractive public policies create, and are re-enforced, by social inequality and economic disparities, which has negative consequences for marginalized communities. This is self-evident throughout the U.S.'s history. Many groups have been discriminated against since the founding of the U.S. including, but not limited to; Native Americans, African Americans, Latinos, Asians (During WWII) and their marginalization directly inhibited, and continues to affect, their ability to influence public policy (through awareness, advocacy, coalition building and lobbying) in sufficient numbers to incite positive change for their communities. This does not mean, however, that things will always be unequal, as public policy changes have improved outcomes for certain groups during different

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time periods (one example is the Civil Rights Act of 1964). The challenge then, is to find and implement public policies that help all people succeed. To get a better idea of the power of local public policy and what types of policies have been successful in decreasing social inequality and economic disparities, we will turn to a case study from Canadian municipalities.

Local public policy plays a large role in creating community resilience, as public policies have the ability to change individual and community outcomes. It is not logical or prudent, however, to assume that one silver-bullet policy will completely improve the health, self-sufficiency and integration outcomes for asylum seekers, but it is rather a host of policies that nurture and cultivate people to their fullest potential. Local policies can have a dramatic impact on asylum seeker livelihoods. In Canada, for example, there has been a drastic reduction in poverty over the course of the last 15 years.[clxii] Although there has been a concomitant macroeconomic uptick, it is not enough to explain the amount of people that have been lifted out of poverty. About 15 years ago, six Canadian municipalities and towns got together to build better communitywide collective impact structures so they could address poverty across sectors, instead of competing with each other for limited resources. The programs have had tremendous impact on poverty, and they have expanded to 72 regional networks, covering 344 towns. In line with Sassen's observations, this is a lesson and an approach that U.S. cities must learn if they are to effectively rethink inclusion by race, place of birth, and traditional social disenfranchisement and expulsion to alter its present modes of labor production and

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wealth distribution. Improving residents' financial security increases individual and municipal resilience,[clxiii] and could also directly affect asylum seekers mid- to long-term financial and social outcomes if they advance through the legal processing phase to the exit phase where they become an asylee and work towards U.S. citizenship.

CHAPTER

4 THE NEEDS OF ASYLUM SEEKERS IN PHOENIX, ARIZONA

Central American Migrant Backgrounder: Life in Central America

Central America is comprised of seven countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. However, the focus of the recent immigration debate in the U.S. stems from the emigration patterns from three countries from the Northern Triangle: El Salvador, Guatemala, and Honduras. Central America has a long history of autocratic rule, governmental corruption, extortion and violence against women.[clxiv] Many scholars assert that this is due to the institutions that were established by mercantile Spanish powers during colonialism: systems that were created to extract assets – which have prevailed over reformist efforts that have strived to create individual rights and enforce the rule of law – transborder theorists refer to this phenomenon as the mercantilist mode of production.[clxv]

According to the Centers for Disease Control, El Salvador, Guatemala, and Honduras are all suffering from significant healthcare worker shortages (including physicians, nurses and midwives), which means that many Central Americans have limited to no access for basic healthcare needs.[clxvi] In addition, many youths living in Central American countries grapple with vulnerabilities associated with high rates of crime and gang violence, including poor education completion rates, early pregnancy and limited employment opportunities. In 2017, only 47.2% of adolescents in Guatemala were enrolled in

secondary school.[clxvii] Dropout rates in El Salvador have risen significantly, with only

33% of youth completing high school.[clxviii] And in 2018, Honduras estimated around

900,000 children were out of school.[clxix]

This political and institutional atmosphere has led to elevated crime rates, primarily

associated with drug traffickers, gangs and criminal groups.[clxx] The United Nations Office

on Drugs and Crime (UNODC) conducted a Global Homicide Study (15), and according

to their research El Salvador had the highest murder rate in the world in 2017.[clxxi]

Figure 16: Central American Homicide Rates

Central American Homicide Rates in 2017 Compared to the United States

El Salvador	61.8
Honduras	41.7
Guatemala	26.1
United States	5.3

Per 100,000 People
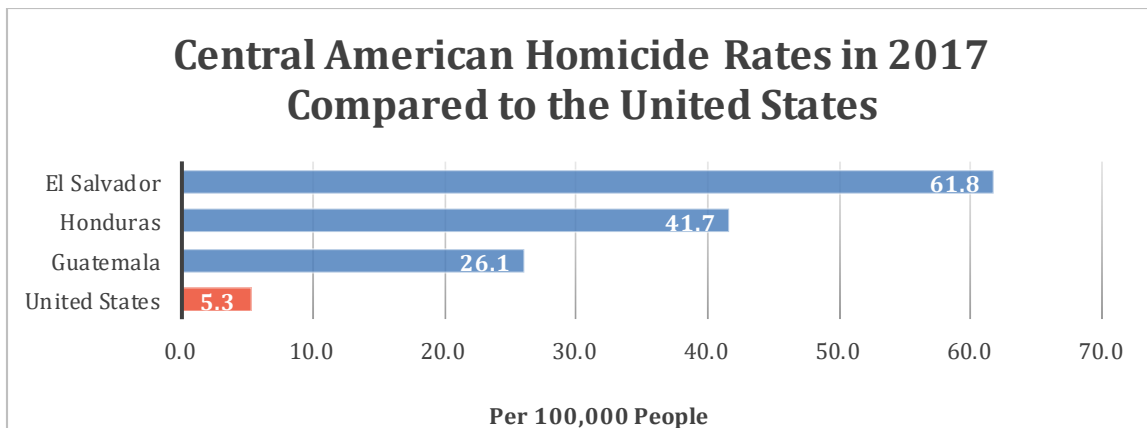
Source: UNODC Global Study on Homicide 2017

In El Salvador, the main source of income for gangs is extortion (not drugs), with 93% of

small businesses reported having to pay in 2016.[clxxii] According to reports from the

National Anti-Extortion Force, there is an estimated $390 million lost to gang extortion

annually.[clxxiii] Those who refuse to pay are threatened with violence or killed, while

others who cannot keep up with payments become internally displaced and forced to

move. In fact, 96.2% of displaced people cited gangs as the reason for abandoning their

homes.[clxxiv] Officials in both Guatemala and Honduras have struggled to regain public trust after widespread corruption. Investigations in 2015 by the International Commission against Impunity in Guatemala exposed more than 60 corruption schemes,[clxxv] implicating officials in all three branches of government and prompting the resignation and arrest of then-president Otto Perez Molina.[clxxvi] Meanwhile in Honduras, the Special Commission for Police Reform removed more than 5,000 police officers investigated for alleged criminal activities.[clxxvii] However, the commission later came under public scrutiny when an officer, promoted by the commission, was arrested for illicit association and money laundering.[clxxviii]

The Northern Triangle

Many interrelated factors contribute to an individual's decision to migrate from their country of origin including, but not limited to; crime, violence, corruption, mass poverty and direct persecution from governments and organized crime organizations. The three countries that comprise the Northern Triangle share one common thread: massive internal revolts against unequal distribution of land, wealth and power – funded and conflagrated by dominant imperial powers from colonialism, and the East and West during the Cold War. Each of the three countries in the Northern Triangle share similar narratives to other Latin American Countries in the twentieth century (Nicaragua, Colombia, Chile, etc.) due to the role that inequality and corruption played in inciting unrest, political turmoil, mass violence and higher than average homicide rates.[clxxix] From the 1920s through the 1990s, individuals in Northern Triangle countries faced massive governmental oppression and

financial hardship, which has led to an ongoing pandemic of poor economic, social and safety outcomes today.

Before Central America's series of intense and brutal civil and guerilla style paramilitary wars began in the 1970s, seasonal migration between Northern Triangle countries for agricultural work was commonplace.[3] The difference between before and after the wars was the quantity of immigrants and the response of host nations. During the region's most violent times - the late 1970s and 1980s – migration rapidly escalated.[clxxx] The violence that incited this movement was gripping, some estimates predict that hundreds of thousands were killed during the "time of mass terror",[4] and millions displaced both internally and across national boundaries.[clxxxi] The region did come together to try and curb the mass violence,[5] but despite a signed regional peace accord in the 1990s, violence continued to prevail in the region, especially in Honduras.[clxxxii] To better understand the present migration patterns of Central Americans, and what it means for asylum seekers coming to the U.S.-Mexico border it is crucial to understand the regions' socioeconomic and geopolitical history.

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[3] This is also true of the U.S.-Mexico border. During the early 20th century, Mexican day laborers worked in the Southwest of the United States without walls, patrols or security checks (begging the question if the 21st century has overemphasized the role of the political border to define a country of residence compared to what defined residency in American antiquity).

[4] Estimates vary based on source (with less conservative estimates provided by governments, and higher estimates from nonprofit and advocacy groups).

[5] Under the Reagan Administration, the United States did not support a peace deal.

All three countries in the Norther Triangle (Figure 17) earned their independence from

Spain in 1821, and the combined population of all three countries is 31,951,310 (Figure

18).[clxxxiii]

Figure 17: The Northern Triangle

Figure 18: Population of Northern Triangle Countries
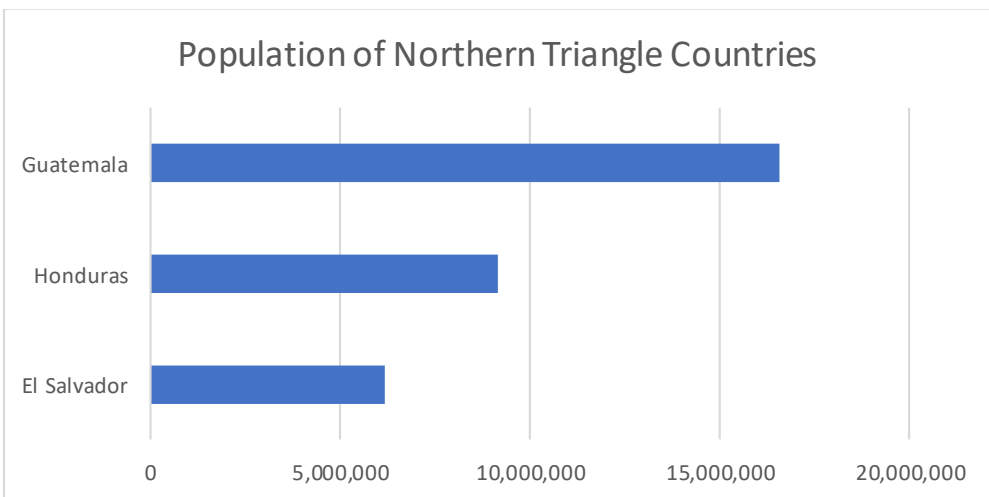
The ethnic makeup between countries varies significantly. According to 2014 estimates from the Central Intelligence Agency's World Factbook, El Salvador is comprised of mestizos 86.3% (mixed Amerindian and European), white 12.7%, Amerindian 0.2% (includes Lenca, Kakawira, Nahua-Pipil), black 0.1%, other 0.6% (2007 est.). The official language is Spanish and Nawat (among some Amerindians and the most prominent religions are: Roman Catholic 50%, Protestant 36%, other 2%, none 12%).

In Honduras, mestizos comprise a slightly larger percent of the total population: 90%, with Amerindian 7% and white 1%. Spanish is also the primary language, followed by Amerindian dialects. Hondurans are slightly less Roman Catholic 46% than El Salvador, but have a higher percent of protestant at 41%, and atheist 1%, other 2%, none 9%.

Guatemala has a much lower percent of mestizos 60.1%, and a significantly larger percent of indigenous ethnicities: Maya 39.3% (K'iche 11.3%, Q'eqchi 7.6%, Kaqchikel 7.4%, Mam 5.5%, other 7.5%), non-Maya, non-mestizo 0.15% (Xinca (indigenous, non-Maya), Garifuna (mixed West and Central African, Island Carib, and Arawak), other 0.5%. Although Spanish is the official language 68.9%, there are more unique dialects: Maya languages 30.9% (K'iche 8.7%, Q'eqchi 7%, Mam 4.6%, Kaqchikel 4.3%, other 6.3%), other 0.3% (includes Xinca and Garifuna). Guatemala also has a larger presence of indigenous Mayan religions in addition to the presence of Catholicism and Protestant religions.

Demographic metrics aside, all three countries are experiencing net negative migration (Figure 19). The country that is losing the most is El Salvador, with nearly eight times as many emigrants as immigrants.

Figure 19: Net Migration
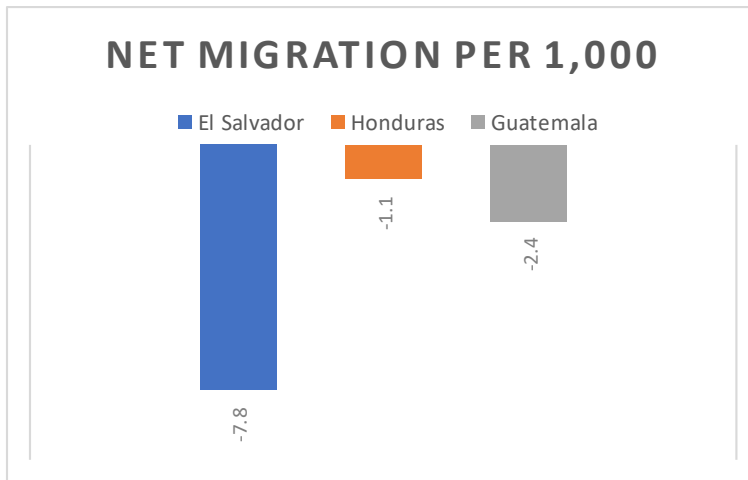
World Bank, 2018

In addition to the negative economic consequences associated with net negative migration patterns, there is already a substantial portion of each country already outside of the U.S. Many of these immigrants sends remittances from the U.S. to their home country. Starting in 2015, worldwide remittance flows to low- and middle-income countries, other than China, are larger than foreign direct investment.[clxxxiv] Northern Triangle countries are no exception: all three countries received billions of dollars in remittances: El Salvador ($5.5) Honduras ($4.7), and Guatemala almost double these amounts ($9.6).[clxxxv] Even with these high levels of remittances, all three countries have incredibly high poverty rates, which have disproportionately affected ethnic and religious minority groups. The majority of Guatemalan and Honduran residents live in poverty

(Figure 20),[clxxxvi] and the World Bank predicts that one in five individuals living in rural areas live in extreme poverty.

Figure 20: Percent of Population Living in Poverty
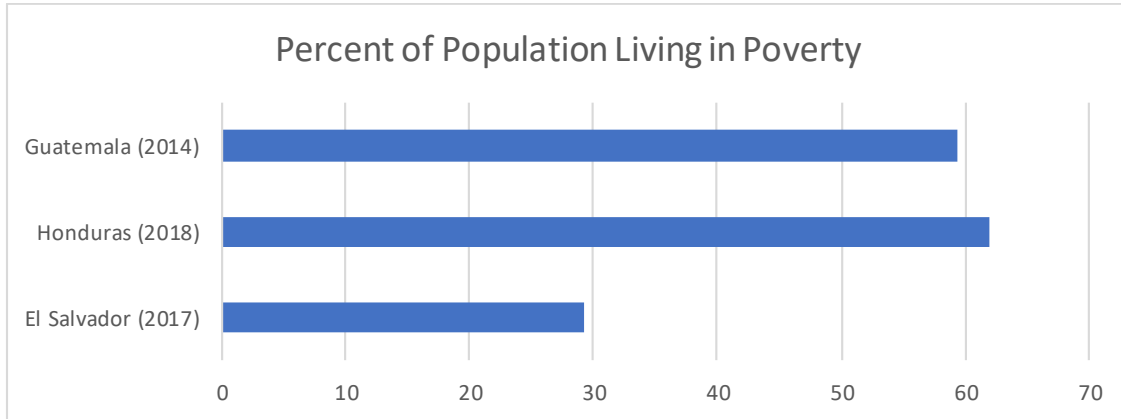
In addition to statistics about Central American Migrants (CAM) in their home countries (Figure 20), there is extant literature in the United States highlighting CAM demographics. There are many factors that host countries should be aware of when working with CAM and asylum seekers. According to the Cultural Orientation Resource Center there are two groups in particular that will need additional protections when they come to the U.S., "because many Central American immigrants originated from rural areas, an agrarian ideology that promotes patriarchy and machismo may create increased barriers for CAMs who are girls or young women. In addition, CAM refugees identifying as LGBT may have little social support and may require protection."[clxxxvii] As of 2018 there were approximately 3.4 million Central Americans living in the U.S. (Figure 21).

Figure 21: CAM Fast Facts in the U.S.

CAM Fast Facts in the U.S.
• 3.4 MILLION CENTRAL AMERICANS RESIDE IN THE UNITED STATES, REPRESENTING 8 PERCENT OF THE 43.3 MILLION U.S. IMMIGRANTS (MIGRATION POLICY INSTITUTE, 2018). • IN 2015, THE CENTRAL AMERICAN IMMIGRANT POPULATION WAS YOUNGER THAN THE OVERALL FOREIGN-BORN POPULATION BUT OLDER THAN THE U.S. BORN. THE **MEDIAN AGE OF CENTRAL AMERICAN IMMIGRANTS WAS 39 YEARS**— COMPARED TO 44 FOR THE FOREIGN-BORN POPULATION AND 36 FOR THE NATIVE BORN. • CAM EDUCATION LEVELS AND ENGLISH PROFICIENCY ARE LOWER THAN THOSE OF U.S. IMMIGRANTS OVERALL, **50% HAVE NOT FINISHED HIGH SCHOOL** (PEW, 2017) • DIFFERENCES BETWEEN REFUGEES AND ASYLUM SEEKERS CREATES **FEAR DUE TO LACK OF STATUS AND SCREENING BEFORE ARRIVAL.**

Central America's Shift Towards Liberation Theology and U.S. Foreign Policy

After Christian and Catholic churches in Latin America changed their stance on the role that disenfranchised groups should play in their own fate - from accepting authoritarian rule to a reliance on individual agency to improve their own livelihoods (Liberation Theology) - major revolts ensued in Central America during the 1970s and 1980s. It is important to note the theoretical constructs behind how, and why, Central Americans exercised their agency to stay or to leave Central America. Every individual has multiple identities, but in violent situations, how much agency do people really have over their decisions, when the alternative to fleeing may be death? Historically, the construct of

agency is absent from academic literature, but recently, there is broad debate about how much agency an individual has in their ultimate decision to flee a violent situation. Structural violence does not necessarily cause emigration from Central America, as research shows unequal effects on international migration patterns, insinuating that broader social and political conditions within particular countries may lead to decisions to leave.[clxxxviii] Furthermore, Dr. Margaret Dorsey's research suggests that even democratic nations with a strong rule of law can enact "constitution free zones" that allow law enforcement that can suspend individual rights, curtailing their ability to exercise their own agency in the face of strong-handed governmental interventions.[clxxxix]

Psychology scholars contend that agency originates in the individual, sociologists, on the other hand, believe that agency is not solely within the individual, as nobody lives in a vacuum: Society makes decisions that create a world that others have to respond to, and there is clearly less agency under certain circumstances, such as a lack of power, extreme poverty, or situations with latent structural violence.[cxc] The conceptualization of agency plays a role in how immigrants are received in host societies as the migrants can be labeled political or economic migrants based on the definitions that host countries create for the reason why immigrants left their home country.

At the same time that liberation theology took hold in Central America, foreign policy, both regional and worldwide, was playing a large role on the migration patterns of forcibly displaced Central Americans, some arguing that foreign policy was dictating

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other countries immigration policies.[cxci] Regional governmental response to the humanitarian plight of displaced groups in Central America faced contrasting political and economic considerations. According to Maria Cristina Garcia's book *Seeking Refuge*, "politicians feared that comprehensive assistance would encourage the refugees to stay permanently within their borders and increase resentment among nationals, who would have to compete with the refugees for jobs, housing and social services. The presence of thousands of dissidents and rebels could also potentially destabilize their own countries. Central American governments tried to discourage large-scale migration and isolated the refugees in rural areas from their populations centers, where they would draw as little attention as possible, and their movement and activities could be controlled."[cxcii]

Central America and North America, did not have a cohesive strategy for accepting, processing and providing services for displaced populations throughout the region.[cxciii] Ad-hoc responses were fueled by foreign policy interests in the region. For example, the U.S. referred to CAM as economic migrants because of its long-standing financial support of the Somoza government in Nicaragua. Although this association with Nicaragua appears tangential, it is crucial to understanding why CAM asylum claims have denied disproportionately at higher levels in the U.S. compared to most other countries. Despite the fact that the Somoza regime committed human rights violations against its people, U.S. companies were making a lot of money underneath Somoza's rule, and the U.S. financially rewarded them to keep the status quo. After democratic elections went to the Sandinista's, U.S. foreign policy was torn, so it supported both

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sides. Financial support went to contras (rebel groups) to fight the Sandinista's rule, and to the Sandinista's in order to win economic favors. The contras (and subsequent paramilitary groups) operated in rural areas and remote jungles, which quickly spread to other Central American countries in an effort to train and recruit fighters - thereby ensnaring the region in widespread warfare and militarization. This armament process was led by the U.S., with a key example being the Iran-Contra affair.[cxciv] Instability and weak governments ensued, which has led to the increasing role of crime organizations in CAM producing countries.

Reagan, in particular, pushed to continue militarizing the region and dismantling Latin American efforts to reach a peace agreement. Central American countries did reach peace accords in the mid-90s, but corrupt and ill-equipped governments left room for nontraditional forms of governance: gangs.[cxcv] Despite negative perceptions of gangs, they do serve a purpose: instilling law and order where there is none. The problem is that they usually stick around long after they are needed to instill law and order.[cxcvi] Through the end of the 20th century, the United States and Russia continued to finance and militarize the region, providing intelligence and tactical support for both Central American governments and insurgency groups that opposed their authority, in hopes of gaining control of power that would support their geopolitical views. According to Maria Cristina Garcia, one of the main reasons for exogenous efforts to militarize the region was the immense amount of wealth that was being extracted for dictators and oligarchs in the region (which is another prime example of abusive mercantile and capitalist modes of

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production and extraction) as well as foreign powers in a battle to win the Cold War. Central American countries, much like Nicaragua, became "banana republics" that generated incredible profits for the U.S. through the expansion of utilizing cheap labor for the benefit of the capitalist system, which prayed on weak governmental institutions and worker protections.[cxcvii, cxcviii] Once CAM mass migrations started moving towards the United States, each North American country (Canada, Mexico and the U.S.) responded based on the best interest of each State. Receiving countries never created a cohesive or coherent unified strategy for providing humanitarian aid or protections to CAM asylum seekers.[cxcix]

This brief synopsis of the geopolitical influences in the region provides a quick review of past and ongoing violence in the region, which provides a small insight into the backstory behind the U.S.'s modern-day perception of CAM asylum seekers as economic migrants – which is merely a continuation of the U.S.'s 40-year-old foreign policy decision to support its financial best interests in Central America (and to fight communism, according to Reagan). The problem with this mindset is that it does not consider the fact that many CAM asylum seekers face real and credible fears of persecution in their home countries. History continues to repeat itself today.

Journey, Detention, and Drop-off in Arizona
Most Central American Migrants, including asylum seekers, come to the U.S. by land. The 2,600-mile journey is fraught with peril, and migrants experience violence and

extortion along the way in Mexico and in the U.S. Some are subjugated and conned by illegal smuggling operations, known as "coyotes." According to Amnesty International, "Many of these men, women and children suffer assaults, robbery and abduction by criminal gangs. There are also reports of extortion and ill-treatment by police and immigration officials, and some migrants are killed before they get this far [reach the U.S. border]."[cc] For safety reasons, migrants have opted to travel in groups – which has caused immense anxiety among the U.S. electorate as migrant "caravans" come to the U.S. in droves. These "caravans" were a key topic, and political tool, in the 2016 general presidential election, and continue to be front page news on a regular basis.

In an effort to curb migration to the U.S. and decrease the backlog of asylum claims and the increased burden on Customs and Border Patrol (CBP) at the U.S.'s southern border, the U.S. has increased aid to Mexico to fortify its southern border. In June 2019 the Trump Administration threatened tariffs on all imports from Mexico to the U.S.[6] to force Mexico to increase security and arrests on their Northern Border so would-be asylum seekers cannot make it to the U.S. to file their claim. Concomitantly, the Trump Administration has tried to make asylum seekers wait in Mexico for the decision about their asylum claim under the MPP program.

When migrants reach the U.S. border and are caught illegally crossing the border, they are detained by CBP. Those who are released from detention until their asylum or

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[6] Which goes against the goals and pact of the updated North American Free Trade Agreement (NAFTA), which was signed by all three countries earlier the same year (2019).

removal proceedings court date are transported to Immigration and Customs Enforcement (ICE) for additional processing and release. In U.S. detention centers, migrants face extreme conditions. In 2018, children and families were put in cages,[cci] and wide-spread abuse has beleaguered the border patrol system for decades. Most recently, 22 immigrants died in ICE detention centers in 2017 and 2018.[ccii] Even when migrant youth are released from detention to the protection of the Department of Health and Human Services' Office of Refugee Resettlement (ORR), there have been many instances and reports that have found ORR's providers, such as SouthWest Keys, have exploited youths in their custody.[cciii]

There are two types of asylum requests, affirmative or defensive. An affirmative asylum request is when an individual presents themselves to an immigration officer either at a national border or from within the country. A defensive request is when an individual does not willingly present themselves to an immigration official, but is found by an immigration officer. Interestingly, an asylum seeker can actually enter into the U.S. illegally and then apply for asylum, and be a part of a legal process, just as long as they apply within one-year of their arrival in the U.S. Figure 22 shows approval rates by affirmative and defensive applications. In 2017, the asylum approval rate was 10 percent of the number of asylum requests made (all of U.S.) with 259,104 claims and 26,568 approvals.

Figure 22: Annual Grants of Affirmative and Defensive Asylum

Annual Grants of Affirmative and Defensive Asylum: FY 1990 to 2017

Thousands

Data exclude follow-to-join asylees.
U.S. Department of Homeland Security and U.S. Department of Justice.
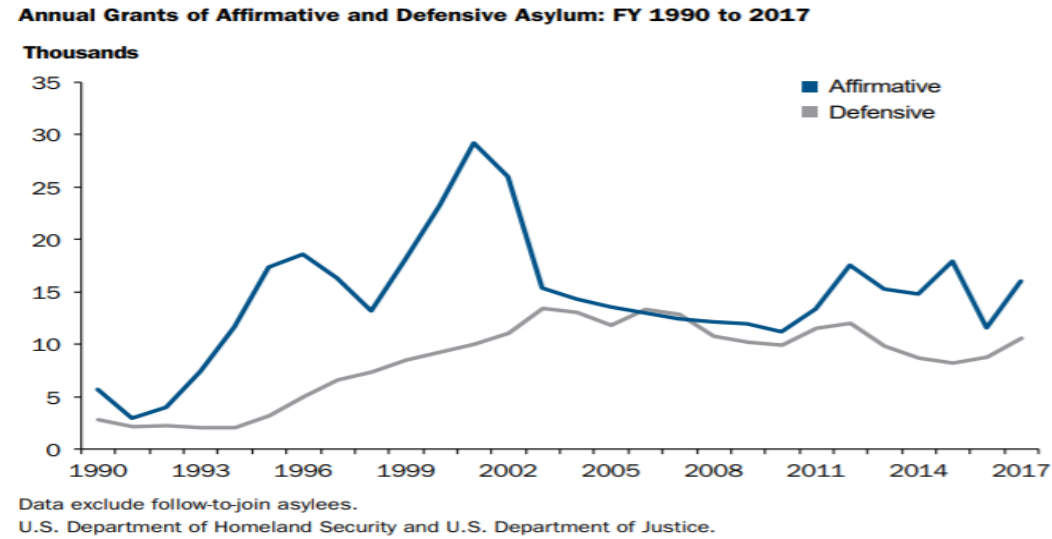
Despite recent surges of Central American Migrants at the U.S. border, illegal apprehensions by CBP are much lower than they were 20 years ago (Figure 23).

Figure 23: Illegal Apprehensions by Customs and Border Patrol 2000-2018
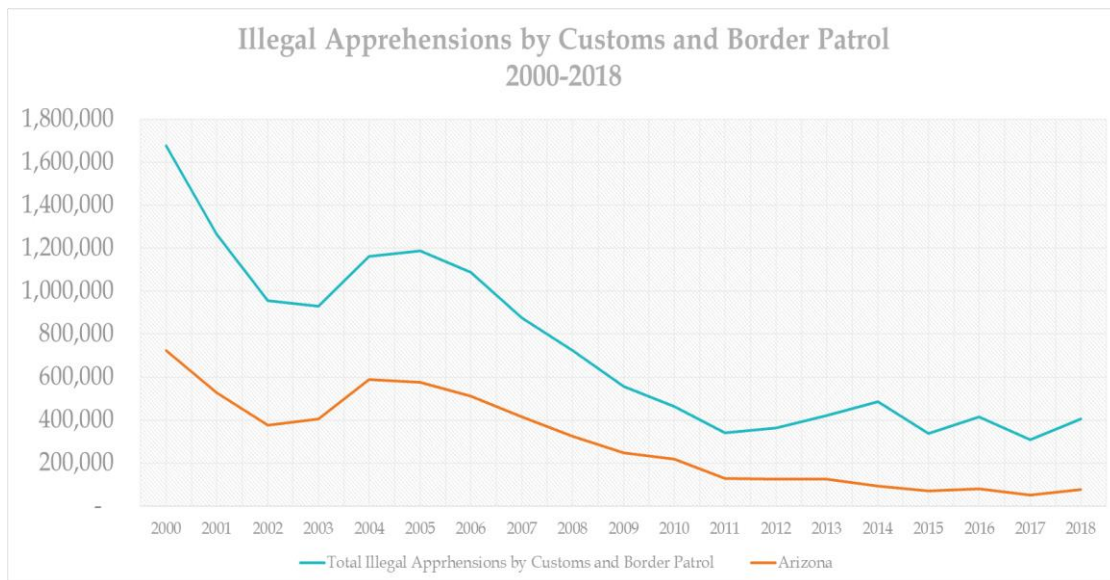
Customs and Border Patrol - 2019

After leaving ICE detention, asylum seekers are given a court date, and expected to show up to court for their asylum hearing. In the meantime, they are not allowed to attain legal employment, access any public benefits or health and human services that are available to lawful permanent residents. Many asylum seekers, especially in Phoenix, Arizona, are dropped off at Greyhound bus stations without money or a ticket and left to fend for themselves.[cciv] After 180 days in the country, asylum seekers are eligible to receive their Form I-766, more commonly known as their employment authorization card (EAD). In the communities where asylum seekers transition (move to other parts of the country, state or county where they were dropped-off by ICE) and where they ultimately reside, they face additional short- and long-term employment and social services support issues. Asylum seekers are also in need of legal supports, job-opportunities and housing supports.

Asylum Seekers' Needs Overview

The worldwide research community has not conducted representative research on asylum seekers, primarily due to the fact that their social marginalization makes them difficult to sample.[ccv] In 2013, one systematic review, *Asylum Seekers, Violence and Health: A Systematic Review of Research in High-Income Host Countries*, could only identify 23 studies with quantitative data about asylum seeker's health. What this report did show, however, is that many asylum seekers have experienced torture (men more than women) and sexual violence (women more than man) and asylum seekers that spend a greater duration of time in detention can augment (through an interaction effect) the effect of past

violence on the risk of developing depression symptoms.[ccvi] Further obfuscating the dearth of research about asylum seekers is context specific research, while there are ubiquitous mass displacements, and subsequent and disparate geopolitical reactions to these displacements worldwide. In Arizona, for example, there is limited scholarly research about asylum seekers' health, self-sufficiency and integration needs.

Despite the perceived similarity between refugee and asylum seeker statuses – and their subsequent social, health, economic self-sufficiency and integration needs, there are several key differences. The first is status: asylum seekers in the U.S. receive status the same way that a refugee does, they just apply for status at the U.S. border or from within the U.S. The main difference in status is that an asylum seeker does not yet have an approved asylum claim. Once an asylum seeker receives an asylum approval, they are granted asylee status, which entitles them to the same health services, social supports, and path to citizenship as a refugee. Before this time, however, asylum seekers may face increased challenges to self-sufficiency. A 2004 study in the Netherlands found that asylum seekers were significantly more likely than legal refugees to experience poor general health status, depression, and anxiety.[ccvii]

Between 2016 and 2017, the state of Arizona helped 7,939 refugees and asylum seekers resettle across the state. The refugee resettlement process considers the needs of those with acute or chronic medical conditions and the resources of the host community; however, there are no standardized procedures in place for providing asylum seekers with

medical care in the U.S. Refugees and asylum seekers face significant barriers in accessing care including inadequate insurance, language and communication difficulties, and navigating the complex U.S. health care system.

Physiological and Psychological Health

Forced displacement attributed to armed conflict is, "Directly linked to an increased burden of mental disorders in affected populations."[ccviii] Displaced populations can face harsh physical and mental conditions, and more acutely, finding access for them in a nascent post-conflict society is challenging. Without proper mental health resources immigrant students may suffer from increased dropout rates, resulting from symptoms such as posttraumatic stress disorder, isolation, outbursts, and feelings of inadequacy and depression. Despite the necessity of psychosocial and educational support in post conflict environments the literature on providing mental health programing in these circumstances has been conflicting and is often incomplete. In a meta-analysis conducted by Harvard's Psychiatry Review on post-conflict mental health interventions, it is noted that school interventions tend to have the greatest overall impact on PTSD and other psychosocial problems associated with war and displacement.[ccix] However, no one individual mental health intervention appears to secure optimal programmatic success for mental health recovery. Despite variances in the effectiveness of programmatic interventions it is commonly agreed that evidence-based practices are the most effective method in adapting programs to meet the needs of local cultures and contexts.

Refugee vs. Asylum Seeker Status and Health Needs

A refugee's asylum claim is processed overseas, so when a refugee arrives in the U.S.,

they are a legal permanent resident and have the ability to access all of the same

employment and social welfare assistance as a citizen of the U.S. Refugees do, however,

face many challenges when accessing culturally competent healthcare services in

Phoenix. There are two types of barriers for refugees: institutional and individual level.

Institutional challenges center around bureaucratic obstacles. An example of an

institutional challenge is obtaining health insurance. Refugees used to receive health

insurance for 8 months through the Refugee Medical Assistance program (RMA), paid

for by the Department of Health and Human Services.[ccx] This changed in 2014, and all

refugees in Arizona now apply for Arizona's Medicaid health insurance program,

Arizona Health Care Cost Containment System (AHCCCS) when they arrive. In Arizona,

it can take 45 days or longer to process Medicaid applications.[ccxi] Thus, many refugees

wait weeks to receive care. This is problematic and potentially dangerous if they arrived

with an acute condition. Further, like other Medicaid recipients, refugees may lose this

medical coverage if their household income reaches 130 percent of the federal poverty

limit.

Second, the U.S. healthcare system is highly complex. Adapting to the U.S. system requires

refugees to learn to coordinate appointments, understand the referral process and gaps in

coverage, apply for and utilize services that insurance covers, schedule and travel to

medical appointments, and find and utilize proper interpretation services.[ccxii] Refugees with

qualifying conditions can apply for Supplemental Security Income (SSI), however, many cases are denied because of difficulties attaining enough evidence of their disability due to a lack of proper medical documentation of their ailment in their home country.

Lastly, caseloads are too large for caseworkers at refugee resettlement offices. Despite the decrease in the number of arrivals, refugee resettlement case managers carry heavy caseloads due to inadequate funding. The recommended case load for a medical care coordinator is 17 active cases per social worker,[ccxiii] and present caseloads in Arizona refugee resettlement programs are much higher. Resettlement offices in Arizona need additional case management support in order to meet the demand for comprehensive healthcare coordination when a refugee first arrives because, according to Robert Moore, Deputy Director of the IRC in Phoenix, "demand for services by refugees and asylum seekers far outstrips our ability to provide those services."

Other barriers relate to accessing healthcare services involve individual exposure to western medicine practices. Many refugees have no experience with convoluted and managed care systems. Consequently, there are frequently misunderstandings concerning procedural details such as getting a pre-authorization for medical procedures and tests and who to call if their doctor declines their insurance. Long wait times, childcare, and navigation are also typically barriers that refugee populations face.[ccxiv] Additionally, the practice of routinely seeing health professionals for preventative care, as opposed to only when a person does not feel well, is typically a lifestyle change for refugee populations.

Many refugees also do not speak enough English to communicate with their health care providers. Even if a refugee is literate in English or has access to a translator, they may not have health care literacy, which impacts their understanding of their health and treatment plans. Finally, refugees may not be familiar with adequate hygiene practices, and the variety of treatment options available in the U.S.

Asylum seekers, on the other hand, face all of the same challenges as a refugee, but they usually have a six to eight-month window when they first arrive where they receive no public benefits and are ineligible to legally work in the U.S., which may lead them to work illegally to survive. According to Rob Moore, Deputy Director at the International Rescue Committee, "In that six to eight-month period where an asylum seeker can't work, how is an asylum seeker supposed to, without working under the table, or without 'alternative employment' what are they going to do to survive? And that's a real concern. And I have a very strong concern for LGBTQ clients that come out with no resources and with … the prevalence of trafficking in Phoenix, they are very susceptible and vulnerable to trafficking, and trafficking networks. Finding solutions to these things is pretty critical."

Definitions dictate destinies: Asylum seekers are not afforded the same protections as other immigrant groups in the U.S., such as refugees, even though they have similar lived experiences – which creates unequal access to health services, employment and social engagement. The rationale for this treatment stems from the U.S. government's

classification of asylum seekers, which is based on which transborder populations it wants to include in and exclude from its present wealth redistribution model. Asylum seekers in Arizona are smart, capable, highly-adaptive, hardworking people who want to contribute to a society where they are safe. Although there can be upfront costs associated with healthcare, housing, and legal fees for asylum seekers, there can be powerful long-term impacts from successful asylum seeker integration, which can lead to positive transgenerational outcomes.[ccxv]

Status Change? U.S. Asylum Seeker Policies 1980s to Present

U.S. asylum seeker laws and policies have changed many times in the last 100 years. Central American migrants and asylum seekers have seen the greatest change in the last forty years. The Bush and Reagan administration sought to slow the flow of refugees who did not meet the strict definition of a refugee from the 1980 Refugee Act. Their efforts were successful up until 1990, when 90 percent of all refugee admissions from abroad came from communist or communist dominated countries.[ccxvi] These methods, however, did not go without controversy. The United Nations High Commission for Refugees (UNHCR) clashed with these U.S. administrations in an attempt to get the U.S. to accept refugees and asylum seekers based on the term "nonconvention refugee," which included refugees and asylum seekers that did not meet the strict definition of the term, but who fled their homes, crossed an international border, and were living in refugee-like

conditions.[7] In 1981, UNHCR charged the U.S. with not living up to its promise of non-refoulement: That no individuals would be forced to return to violent situations in their home countries. UNHCR, in particular, cited how the U.S. treated asylum seekers from El Salvador with a "systematic practice" of deporting Salvadorans home without fully adjudicating their individual claims.[ccxvii] UNCHR advocated for the U.S. to enact legislation like Extended Voluntary Departure (EVD) to protect Salvadorans. Despite the U.S.'s claim that it was taking in nonconvention refugees, the data paints a different picture during this timeframe: only 2.6 percent of Salvadoran asylum claims were successful, and 1.8 percent of Guatemalans.

Due to the fact that asylum seekers from Central America were less likely to receive asylum in the U.S. than other nationalities, the U.S. concomitantly experienced two changes to CAM protections in 1990. The first change involved a lawsuit with 80 religious and refugee assistance groups in 1985: *American Baptist Churches in the USA, et al., v. Edwin Meese II and Alan Nelson* (ABC lawsuit). This lawsuit's success enabled Salvadorans and Guatemalans in the U.S. to new adjudication processes with a newly trained corps of asylum officers to review their claims. Asylum seekers also were entitled to work authorization while they awaited a decision about their asylum case, and asylum officers were not allowed to consider prior asylum seeker denials, the petitioners country of origin, or the State Department's opinions or recommendations in their decisions, but

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[7] This discussion also brought about the delineation between a "political" refugee and a "displaced" refugee.

they were allowed to consider human rights reports from non-governmental organizations.[ccxviii] Concomitantly, the U.S. congress passed the omnibus Immigration Act of 1990, which created Temporary Protected Status (TPS) - a time-bound safety for immigrants in the U.S. – and over 200,000 Salvadorans applied. When TPS expired it was renewed as Deferred Enforced Departure (DED), which still allowed for Salvadorans to apply for asylum when their DED status ended. These changes allowed for Central American Refugees to apply for asylum – although they were major victories of the time, asylum approval rates still remain much lower for Central American countries than other nationalities that apply for asylum in the U.S.

In 1997, Nicaraguans sued the U.S. government in the landmark case *Nicaraguan Adjustment and Central American Relief Act*, to receive additional protections and were successful.[ccxix] The lawsuit helped Central Americans get their story out to the public and win sentiment for their cause of safe haven in the U.S. This is another example of how the Latino community can utilize its high-influence networks and news media to enact change for CAM. In the early 2000s, however, immigration was again criminalized after the 9/11 attacks on the U.S.'s eastern seaboard. More recently, the Trump administration is expected to discontinue TPS, a designation granted to immigrants from countries that have suffered severe hardships, for hundreds of thousands of CAM – meaning they will have to voluntarily return to their home country, stay in the U.S. illegally, or face deportation.

According to Garcia, most nations in the Americas preferred to refer to Central American Migrants (CAM) as "economic migrants because it freed them of any responsibility… the lack of protection offered by states, then, became one more means by which migrants became the victims and pawns of foreign policy decisions."[ccxx] In the 1980's, Ronald Reagan stereotyped CAM as economic migrants because the U.S. did not want to admit that the U.S. was militarizing the region (the U.S. was funding both the government in control and rebel groups that were threating to overthrow the government) or contributing to forced displacement because this would jeopardize the U.S.'s foreign policy in the region. Tragically, this narrative has remained unchanged, and the same typecast that emerged and enshrouded the Central American Migrant as an economic migrant in the 1970s and 80s continues today.[ccxxi] Within the next few years, nearly 350,000 immigrants from Northern Triangle countries will lose the legal right to live and work in the United States as a result of President Donald Trump's order to revoke their TPS. President Trump is also expanding construction of the wall along the U.S. southwestern border, and his administration has implemented many policies intended to deter previously persecuted migrants from seeking asylum, including criminally prosecuting all undocumented entrants and separating migrant parents from their minor children."[ccxxii]

Asylum Seeker Interview Methods

This study, per John Creswell's mixed-methods design, uses an explanatory design. The chronology of the research started with the analysis of quantitative data, which then informed the types of questions in asylum seeker interviews. The goal of the semi-

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structured, in-depth interviews was to better understand asylum seekers' individual and family healthcare needs, their self-sufficiency needs, goals while in the U.S., desire to naturalize, and gain perspective on their unique journey to the United States from Central America. A full Institutional Review Board (IRB) was completed and approved on March 14, 2019 and is on file with Arizona State University's department of Knowledge Enterprise Development (Appendix D). It includes asylum seeker interview questions and consents and recruitment materials. The questions were designed to better understand asylum seeker health conditions in their home country, how their travel to, and entry into, the U.S. affected their health, their present health status, and what health services they have been able to attend while in the U.S. The questions also asked basic demographic information, how participants feel about the way Americans have treated them while they are in the U.S. and their long-term goals and desire to naturalize in the U.S.

Semi-structured, in-depth interviews were conducted with asylum seekers based on referrals from the International Rescue Committee (IRC). IRC staff used an IRB recruitment script to recruit potential participants for the study. The IRC asked asylum seekers in their Asylum-Seeking Families (ASF) program, which is an extended case management program that can serve asylum seekers for an indefinite period of time. Ten participants were recruited for the study, and ten interviews were conducted with asylum seekers at the IRC's office in Phoenix in 2019. These interviews were not randomly selected, nor are they representative of the number of asylum seekers that are receiving

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services from the IRC in Phoenix, which means the results are not generalizable to the population parameter of all asylum seekers in Phoenix.

This dissertation will measure clinical health care outcomes by accessibility, availability, and adequacy by asking asylum seekers if they were able to access physiological and psychological care as well as attend physician recommended follow-up appointments. If they were not able to access care, the study would seek to find out what kept respondents from care, i.e., financial constraints, a lack of understanding of the healthcare system, transportation barriers, a fear of governmental authorities at healthcare clinics, etc.

The researcher conducted interviews at the IRC, in a manager's office with the door closed. There was a sound machine outside of the door, so that other individuals in the office could not overhear the interview. The researcher asked all participants if they consented to an audio recording of the interview, and all participants consented. All interviews were audio recorded and sent to TranscribeME for translation from Spanish to English. When TranscribeMe returned the text version of the interviews they were uploaded to NVivo for coding, analysis and reporting. The unit of analysis for this data collection method and analysis of this study was each individual asylum seeker.

The researcher coded all ten interviews in NVivo. The researcher did not use preexisting themes or codes (nodes) for categorizing interviewees responses. Rather, grounded theory techniques and inductive reasoning were used to highlight key themes and group

thoughts. Thematic coding led to five overarching categories and 13 sub-categories for a total of 181 references tied to direct comments from interviewees. The analysis was conducted through merging, overlapping and contradicting thoughts and experiences of individual asylum seekers. In addition to coded themes, the researcher incorporated longer, ethnographic-style quotes from asylum seekers to let the individual's stories speak for themselves, to refrain from the researcher summarizing and truncating the interviewees' full recollections. Findings were written as contiguous narrative integration; results from each research method were coalesced into a master narrative that will span the entire dissertation. The findings will be analyzed within the theoretical and empirical frameworks taught throughout the Transborder Studies program.

There are three primary reasons why the researcher chose in-person, semi-structured interviews as this study's research method: (1) Enrolling Participants (2) Researcher's local knowledge, cultural competence, and experience working with female victims of gender-based violence, and (3) Researcher's Spanish proficiency and outsider positionality.

Participant Enrollment

As is true with most studies about "invisible" populations like asylum seekers, there were sampling difficulties. Asylum seekers often avoid governmental entities, and are less engaged with political processes in host countries that the host population, which may make them less willing to participate in formal processes, such as research studies.[ccxxiii]

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This observation indicates that respondent-driven sampling, or survey sampling, may be more complicated and less reliable than sampling based on a referral method from a trusted local service provider that has trust and rapport with immigrant populations, such as the IRC. The researcher originally intended to conduct focus groups, but due to recruitment challenges through the IRC's case management program (it was challenging to get all asylum seekers to show up at the same time) the study switched to semi-structured in-depth interviews.[ccxxiv]

Researcher's Local Knowledge, Cultural Competence Trainings and Experience Working with Victims of Gender-Based Violence

The researcher is a Caucasian male, which may raise concerns about conducting interviews with Latina females who may be in a vulnerable situation and experienced tremendous hardship and violence. To address this concern, the researcher will outline his experience, trainings, and skills that qualified him to conduct these interviews. Before the researcher started this Ph.D. program, he worked at the IRC in Phoenix, Arizona for three years. His role was an intensive case manager, and he worked with 165 of the most complex refugee, asylee and asylum seeker physical and psychological arrivals each year. The intensive case management program was sponsored by the federal government's Office of Refugee Resettlement within the Department of Health and Human Services. The intensive case management program had five target areas: physical health, mental health, Victims of Gender Based Violence, Single-Headed Households (98% female caseload) and the Congolese. The researcher conducted 165 assessments a year with

incoming refugees, asylees and asylum seekers, the majority of them women. These experiences afforded the researcher pertinent background knowledge about the challenges and local circumstances that face asylum seekers and displaced populations in Arizona, as well as provided extensive training to working with women who have experienced violence and are in crisis situations. The researcher has extensive experience conducting assessments with refugees, asylees and survivors of torture and trafficking, and he took the following trainings and certificates while working at the IRC:

1. Mandated Reporter (State License)

2. Bridge to Safety Trainings: An IRC Headquarters training for working with victims of domestic violence

3. Responding to Gender-Based Violence in Emergencies (Certificate Program from the United Nations)

4. Refugee resettlement and intensive case management trainings for working with vulnerable displaced populations and conducting needs assessments and intakes with female clients

5. The IRC's mandated Cultural Competency Trainings

6. ASIST Suicide Prevention Training (Certification)

7. Extensive experience working with women in programs such as: survivors of torture, victims of crime and victims of trafficking

8. Stand up for Her Empowerment (SHE) – Working Group structured around meeting the needs of vulnerable immigrant women in Phoenix

Before each interview with a female participant began, the researcher informed the

participant that she did not have to participate in the interview if she was not comfortable

with a man as the interviewer. She was also reminded that if she was uncomfortable with

any question, she did not have to answer it, and that there would be no negative

consequences for declining to answer a question or stopping the interview at any time. If

a question seemed to bother a female, or male respondent, the researcher immediately

said they do not have to answer the question if they do not want to and prompted the

participant with another question. The main reason for this diversion technique, was to

reduce the probability that the respondent would be re-traumatized by telling their story

again if they were not comfortable.

Researcher's Spanish Proficiency and Outsider Positionality

The researcher understands Spanish at a fluent level and speaks at an advanced level, so

no interpreter was used during interviews. The researcher has experience conducting

interviews in Spanish. In 2016, he worked on a research project for the United States

Agency for International Development in Cartagena, Colombia interviewing

governmental and behavioral health officials about behavioral health access for

previously displaced youths. Due to his comfort with Spanish, the researcher did not have

an interpreter present for the interviews. The main reason for this approach is that

through his experiences at the IRC he noticed that interpreters often change the dynamic

of the interview and sometimes interfere with what an interviewee might have said if the

interpreter were not present. For example, interpreters are usually from the same racial,

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ethnic, or social community as the respondent, and their presence can often make the respondent uncomfortable. This can cause respondents to change their stories, refrain from fully answering the interview questions, or withhold information altogether for fear of losing anonymity, privacy and retribution from others in their community.

Findings from In-Depth Interviews with Asylum Seekers in Phoenix

To ascertain the health, self-sufficiency and integration needs of asylum seekers in Phoenix, the researcher conducted ten semi-structured, in-depth interviews with asylum seekers. The purpose of these interviews is to highlight the present health conditions of asylum seekers in Phoenix, Arizona and their ongoing physiological and psychological health and self-sufficiency needs. On the surface, Central American Migrant asylum seekers in Phoenix face similar challenges as asylum seekers in other parts of the U.S., however, Phoenix's unique local context plays a large role in asylum seekers ability to reach positive health, self-sufficiency and integration outcomes. U.S. federal policies and politics exert influence over how resilient of a humanitarian aid response the local community is able to provide based on local community needs, however, there is substantial work that the State of Arizona and local municipalities can do to support nonprofit service providers that assist asylum seekers.

The International Rescue Committee is a multinational humanitarian aid organization based in New York. It has a local office in Phoenix, Arizona. In 2018, the IRC Phoenix office received over 200 requests for services by asylum seekers at their office, and 168

asylum seekers received services. These figures do not include asylum seekers who have stayed in the IRC's Welcome Center, which is a transitional shelter for asylum seekers who are dropped off by ICE in Phoenix. Between July and November 2019, the IRC Phoenix served 1,015 asylum seekers through their Welcome Center shelter. Also, in 2019, the IRC established the Asylum-Seeking Families (ASF) program. The ASF program served 30 asylum seeking families in its first year (94 individuals) and the wait time to receive services was two weeks. Of the 30 families served in the program in Fiscal Year 2019, only eight had attorneys (27%).

Demographics and Table of Interviewees

Table 1 provides a demographic snapshot of the individuals interviewed in this study.

Table 1: Asylum Seeker Demographics

Country of Origin	Gender	Age	Ethnicity	Number of People in Home	Number of Bedrooms	How long in U.S. (Months)
Honduras	M	35	Latino	9	5	11
Honduras	F	44	Latina	5	5	11
Guatemala	M	53	Latino and Chicano	5	2	16
Honduras	F	25	Latina	3	Shelter	9
Nicaragua	F	26	Latina & Indigenous	5	3	11
Nicaragua	F	28	Latina (Indigenous)	3	Church	15
Nicaragua	M	31	Latino (Indigenous)	3	Church	15
Guatemala	F	36	Indigenous	4	3	12
Guatemala	M	42	Indigenous	5	5	8
Cuba	F	32	Latina	3	2	5

Forty percent of the individuals in this study were male and 60 percent female. The average age of participants was 35. Half of the participants identify as indigenous, and 80 percent identify as Latino. On average there were five people in the home with 3.5 bedrooms. Three individuals were living in a shelter or a church. The average participant has been in the U.S. for 11 months (Figure 24).

Figure 24: Time in the U.S.
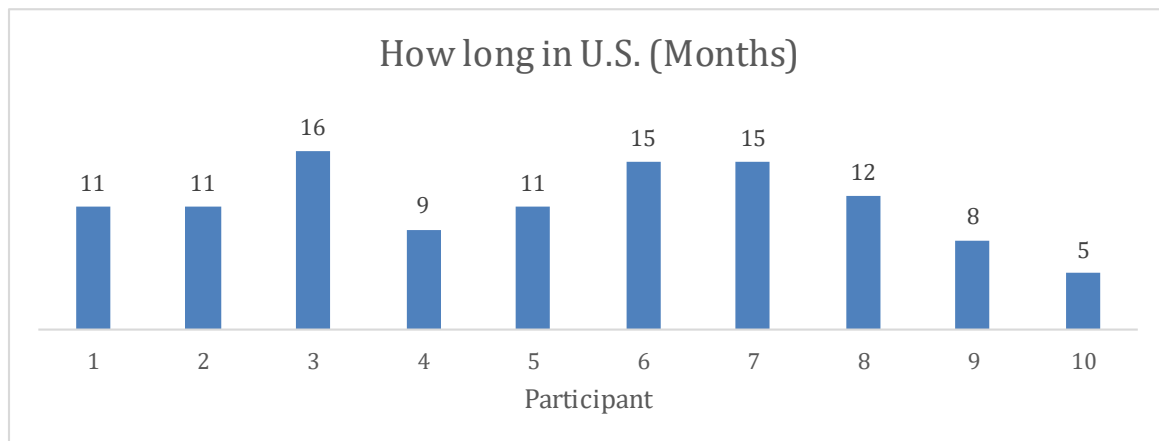
Two participants in the study had no schooling at all, five finished primary school (U.S. equivalent of elementary school), two had finished secondary school and one had finished three years of her university degree, but she did not graduate (this participant was from Cuba, but started her journey north in Central America). Three participants were from Honduras, El Salvador and Guatemala, and one was from Cuba (Figure 25).

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Figure 25: Participant Country of Origin
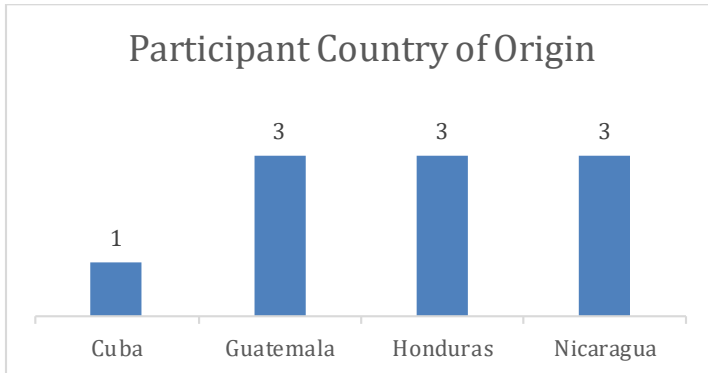
Nine of the 10 participants spoke no English, and one had a minimal understanding (Table 2). None of the individuals in the study had their EAD card (Employment Authorization Document). Six individuals were working, one woman's husband was working although she was not, and three individuals were not working at all and surviving through donations or by living with family members.

Table 2: English Proficiency, Education and Work Status

English Proficiency	Education	Working in U.S.	EAD Card
Minimal	Primary	Yes	No
None	Primary	Yes	No
None	Primary	Yes	No
None	Primary	No	No
None	Primary	No, but husband is	No
None	Secondary	No	No
None	Secondary	Yes	No
None	None	No	No
None	None	Yes	No
None	College	Yes	No

Individuals in the study cited a host of reasons why they came to the U.S., ranging from direct experiences with violence, corruption, domestic and gang violence, political opinion and personal financial situation (Table 3).

Table 3: Reason for Leaving Home Country

Main Reason for Leaving their Home Country
Corruption, Violence
Intimate Partner Violence
Violence, Corruption, Extortion
Intimate Partner Violence
Violence, Corruption
Violence, Corruption
Violence, Corruption
Violence (Gang), Corruption
Political Opinion, Financial
Political Opinion, Financial

Life in Central America

The following excerpts are taken directly from participants recounts of their experiences in Central America. Eight participants said they were directly exposed to violence in Central America. One man said that he has always had problems in his country. When he was five his father was assassinated in an armed conflict and his mother was violated by the Guatemalan military. By himself, he left for the capital, and he lived in Playa Grande, Santiago, Ixcan. He said he lived in constant fear of the conflict until the signing of peace agreement in 1996, but not long after, there was another conflict with Mara 18.

> *"So that's how violence is; we- me and my wife- put a food sale on the street and there the Mara came to extort us, they ask us for money every week, every week. There was also a neighbor, he was also asked, but what he did was to file a complaint, the week after, he was killed; So, we did not file a complaint because of fear. Then, later on, I filed a complaint, but really no, you can't see the result due to the condition in Guatemala, you don't see anything, neither the police nor anything, is like, the Mara continues to extort. So that's why I really-- like I have my little sons, my two daughters."*

This quote emphasizes the lack of protections available to individuals in Central America, and it highlights how state abandonment of sound law and order practices has

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led to widespread corruption and extortion of small businesses and families. This ties into theoretical transborder concepts, such as liberation theology and individual agency's role in the final decision to migrate, unequal access to business opportunities (modes of production) and systemic social inequalities and protections that stem from anthropological histories - recounted by Wolf in *Europe and the People Without History*, but also the inequities that were established in Central American countries through colonialism and neoliberalism that incite gross financial inequities.

Several women said that they were abused or in domestic violence situations, in their home country. One woman recounted her experiences with her husband.

"Because the problem I had, over there I had a lot of suffering with the father of the child, because he is an alcoholic, so I suffered abuse, blows, you can imagine; a person who has many vices, right? [A] woman suffers."

She went on to describe in detail, the night he tried to kill her. He told her to put on music and come into the kitchen, and he was waiting for her with a knife. Domestic violence exists in all nations; however, the United States is curtailing the ability of asylum seekers to use domestic or gang violence as criteria for asylum claims. The danger of these changes is that when there is a lack of transparency and justice (as noted in the quote above) where does a domestic violence survivor go to seek support if they cannot trust their own government?

These types of attacks were not limited to familial interactions, as many participants said that there were threats towards their family members. One participant said:

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"We arrived with luck, because we left everything, we left our vehicle on the border of Honduras, because they chased us that day. The day we left, we were chased at night in my house, they surrounded my house. There were two men who were going around my house, they were around and around, they had been around the house for weeks and I didn't know who they were. And then, a patrol arrived and wanted to arrest me because I filed complaints with the CIDH, CPIDH and human rights; Then, they realized and sent for my arrest. And one came and pointed me with an AK, in front of my younger children and I panicked, but they didn't take me because of my neighbors. They didn't take me thanks to my neighbors, because they made a scandal, noise, they were there, and they didn't take me.

So, that night I told my husband that there were two men, because they sent two men constantly, continuously to look for me. And to my husband they will show up on the road, my husband was followed, threatened. Even death threats to my family, to my uncles, all of us have received death threats. I have my brother and my mother, still in Nicaragua and it is a constant fear. Because my mother is alone, my house is alone, it's been a year since my house is abandoned and I believe that I will never, never return to my house, can you imagine. And I can't sell it either, because to sell my house I have to be in Nicaragua. I already lost that, because now the government says that the people who left our country and left their homes alone, they are going to take possession of it. We left the vehicle at the border, we came by vehicle and we cross the border, bus, after bus, after bus. We were in the mountain like three hours. Yes, we cross the mountain, we surrounded a mountain, we got lost and we got to-- we crossed the border there. After we crossed, we were asking for directions from point to point and that's how we arrived. We even passed a boat, we passed like a cliff, a puddle, in some-- what are they called? Little trucks that pull cows- I think it is- full of mud, without clothes. And people gave us charity, they gave us, we dressed in charity. We ate out of charity, because halfway we were robbed. In Mexico I still had good time there for charity, with a family that welcomed me, I was there for a while. Until I sent my brother to ask for loans and loans, and nobody lend him money because the situation was bad, nobody lend him money. And then, I sent my brother to go get loans and a friend who had a small business, he half lent him $100 and the other, so he went asking the church and all of them were able to gather a little bit of money and that's is how they send me, so I could come to the United States."

This dissertation's review of global migration literature shows that there is no one set of factors that will lead to emigration, but under the circumstances outlined in this participant's experience, their fear of violence from unknown actors caused them to leave all of their possessions, even though they would lose everything when they departed.

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Sassen's theory of expulsion highlights how it is impossible to continue living under existing circumstances, so some individuals have no choice but to flee. This quote also highlights the financial ramifications of leaving home without any savings or plan, and how costly the journey to safety can be, in physical, emotional and financial terms. Lastly, this quote shows how informal social networks bolster migrant's ability to reach safe haven.

Several individuals received threats from anonymous sources to pay them a ransom to continue their businesses. Fears of extortion were often well founded, one interviewee witnessed everyone who had received a threat letter killed, one interviewee's father was killed, and another interviewee's brother was killed.

"They threatened me, on May 1st they threatened me that if I didn't give them the 10,000 quetzales that my son, who is here, was going to pay the consequences. That same day I went to the Public Ministry, I knock on the police, on May 1st, I went to the Public Ministry, it was closed. They don't work that day, it was a holiday for all, the Public Ministry did not work. I only went to the National Police Station. They took my data and everything. Another day, I was always there, I got up early, at 4:00 in the morning I was going to sell my product, which was tomato that I planted there [inaudible], like that. And they came back to me again, I was going to breakfast when they called me again, it was 7:00 in the morning when they called me from a private-- public phone. That's when they told me again that if I didn't deposit that amount of money, that this was serious. And then, I got angry and closed my cell phone and they called me again, why didn't I answer the call, which was serious. and they called me again, why didn't I answer the call, this was serious. Then, I cut them off and turned off the phone and ate, but I already had breakfast, it was no longer quiet and that day I went to the Public Prosecutor's Office to file a complaint, I no longer went to the police, for another day. I already filed the complaint with the Public Ministry where-- and while being there, I told them, I showed them, I showed them the call and everything, and they told me, they took notes there and told me: "Well, we are going to investigate", but in Guatemala right now is hard, the situation is hard, currently, in actuality, the same, the police is involved in kidnappings, robberies, in everything, you can no longer trust your own authority. And they told me: "We are going to help you", but time went by and nothing happened, nothing, nothing so,

then the Public Ministry gave me a sheet where I put the complaint and everything, because. So, when I saw this was serious, the phone, what I did was remove the chip, because since everything was on the chip, removing the chip and I left the phone at home and not anymore. How about a few days, then to see, like a month, my family left, from where we live and went to another place, but really no more, to see them when they realized that I was arrested they said: "No, let's go back to the house because things have to be seen," and my family, my children started to work. And so far, no more, two months, more than two months, at three months I was already here, even here, here, when the Public Ministry arrived at the house, and they told my wife she had to sign, that I had to go because the police also came, that they hadn't been able to find the individuals that had called and told my wife that-- she signed that I wasn't there. But that was it, it came to that, they no longer investigated anything or nothing."

No, they returned. But to my brother-- my brother was working in a coffee exporter, he was security, and they threatened him, they threatened him, he had to give him an amount of money, and he lived alongside a drug colony, only that it's another-- that's it, let's see, it's another department. He lived in a colony next to that exporter, that's where he was. But he was threatened and threatened, and the employer owed 45 million, because he was not paying taxes, and he had-- as he is [inaudible] exporter, he has many coffee benefits, but that is the mere exporter, it is near the airport, after the Quetzal port where the ships arrive to load and since they closed, that company was removed, they cut off the light, there they closed the profits and the exporter, all to all that employer, and my brother stayed always taking care, taking care, even when I arrived here on July 26, when I arrived here, another day I talked with him, he came to see my dad, and we talked and everything, and he said: "Look at me they threatened me with death.

But on December 21st he was killed, because he did not give the money.

They took away a few guns he bought, they took away a gun, they took the shotgun, the shotguns of the other guardians, and they killed him, they gave him a tremendous death. So, the situation is hard, because on December 21st, the day of my birthday he was killed. Yes, it was hard for my Dad, right? And his children, he left three children, he left three children, the youngest who is 13, the other 17 and the other is 21."

Transborder theorists, such as Wolf, Weber and Velez Ibanez demonstrate how powerful the threat of a gun is in pushing income towards select groups, while governments concomitantly destabilize governments, which create uncertain environments for individuals who would otherwise seek support from governmental forces, but do not for fear of violence and retribution. This quote also points to the psychological and emotional toll that widespread violence and extortion have on Central American asylum seekers

when they are forced from their homes. This participant is also in charge of supporting her family, and her experience is a tribute to migrants' resiliency and their ability to overcome obstacles and forge on to "safer" destinations.

In several interviews, participants divulged that they informed the police about the violent threats sent to them by extortionists and gang members, but in each of these instances the government never intervened to help. Each of these participants also believed that police were receiving money to refrain from investigating their claim of potential violence against themselves or their families. In addition to security fears stemming from state abandonment, violence against family members had sustained negative physiological and psychological effects on participants.

"It's still happening, they follow people and kill them right there. They affect me emotionally, physically and still kill my Dad, The government of Nicaragua. I don't like to talk about this topic. I don't even want to remember it; I want to make it not exist. But I even have to remember it always."

Interviewer: If you don't want to, it is okay, I don't have to hear it.

"What's happening there. It all started on July 19-- 19, sorry, last year, on April 19 of last year, 2018. It began with a civic protest to help in favor of elders, because they wanted to take away the insurance from INSS, lower the elder's insurance. So, the young people from the universities went out to protest for the elders, that happened on the 18. On the 19 they went out to protest too, but the government didn't like it anymore. So, they began to give orders to the paramilitaries and to the people allied to the government, and to the National Police to kill the young people and there began the first dead. To this day they continue killing; there are more than-- when I came to this country, there were more than 700 dead and right now I think the number of dead has reached 1,000 dead. Because they have killed entire families and daily die beheaded. They are beheaded from their head, their parts, they take them prisoners in a jail known as Chipote; That's what they called it, people are tortured there. People that-- right now

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they say here in this country- they say, I'm not sure- I saw news they send 170 deported Nicaraguans, because they didn't grant them Asylum. So, they say that of those 170 that were send to Nicaragua, they only reported 19 and the remaining disappeared."

This quote shows the psychological toll that experiencing widespread violence has on expelled people. The participant almost relived the fear he experienced as he talked of the ongoing violence in the country and against his father, and this quote is an opportunity for host societies to support displaced populations in addressing their trauma with adequate and affordable mental and behavioral health services. On a larger scale, this quote shows how governments silence dissenters, the protestors, to retain their power and continue influencing national narratives through repression and limited abilities to enact freedom of speech.

One participant from Nicaragua said that their president is an absolute dictator and assassin, and that he is systematically killing dissenters and hiring support from Venezuelan hitmen to wreak havoc and violence in an attempt to scare off revolts and solidify his rule.

"That man has been killing people all year. Now the repression, if you walk with a blue and white flag, you will die, they will take you prisoner and they will hit you. For him-- our flag is a blue and white flag, two blue strips and one white and for him this is a crime, he hates what he sees with that."

Interviewer: "I heard that there are people from the Venezuelan government there too, is that true?"

"Yes, snipers and all that killing people. Almost all the dead there have been, all those who have killed in the course of the year, almost all have a bullet on the forehead or in the jugular or in the face, something like that, in that part; and a normal person, without training, will not have that accuracy to put a projectile."

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Interviewer: "And this is from the government?"

"It is the government. Yes, in fact over there when they were investigating the government, there were infiltrated people from Cuba, from Venezuela, snipers specialized in that, to kill people, the people He is ruling... They support each other.

That man is a dictator, he already has-- In the 80s He was the same and there had to be a war and there was an intervention for- The United States the same way had to help the opposition to be able to take him out because they couldn't stand it anymore; and now it's the same, it has been 13 years. He was at that time, there were 50,000 dead or something like that, there was a civil war, and now there is a bunch more dead, and again he has been in power for 13 years. So, he is someone, in Nicaragua's history, that man is a murderer completely. And I don't know how he does it to return to the power, because someone in his five senses would not vote for Him, it is difficult; But God willing someday will change, get out. Many people who, do not believe, is difficult, it is not easy to be out of one's country and restart life from scratch, not having at least a spoon, a plate; it's hard."

These quotes highlight the deterioration of Central American governments to protect their citizens. This destabilization was created, in part, by colonists, and foreign actors in the nineteenth and twentieth century. According to Weber, Central American governments were initially set up by the Spanish imperial regime to extract resources, and there was limited investment in building up governmental institutions or investing in their transparency and responsiveness to citizens. These same institutions still lack transparency and large-scale corruption exists. These governmental structures have also been influenced through ongoing internal struggles and foreign actors (such as the U.S. and Russia) as they have sought to further destabilize Central American governments to serve neoliberal purposes of extracting resources for world markets and increased profits. Tragically, and ironically, the U.S.'s role in this destabilization is playing a role in present migration patterns to the U.S., which the U.S. has failed to address based on the

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humanitarian covenants that it helped create since the formation of the United Nations protections of refugees established in 1951.

Pre-existing Conditions

Participants in the study expressed concerns about their physiological and psychological health. All of the women in the study said they would utilize behavioral health services if they were available, whereas the men were more reluctant. Individual psychological issues ranged from self-identified: trauma, PTSD, emotional distress and extreme anxiety. Most of this was due to a fear of governments and corrupt groups that had taken advantage of them in the past. Several women expressed concern that they kept reliving horrible events that happened to them in their home country and in their trip to the U.S. All participants found it incredibly stressful to have to live without income because it prevented them from seeking care, finding an immigration attorney and a safe and affordable place to live. Physical ailments ranged from swelling of the limbs, migraines, a child with a deformed knee, vision and dental issues, kidney problems and adults and children with high fevers and sicknesses.

One participant cited an ongoing feeling of depression from his experiences in his country and a new physical ailment – his hands hurt due to his experiences as a day laborer:

"You always have some pressure due to the situation you have to live. But some physical problems, sometimes not used to working so hard sometimes."

This participant was working without an EAD card, and without legal protections it is

easy to see how migrants can be forced or coerced into insalubrious and unfair working

arrangements propagated and supported on the tenants of structural legal factors that

reinforce inequity and uncertainty for those who, as Judith Freidenberg said, are not

deemed "worthy of inclusion."

One participant expressed a serious need to get her child to a dentist:

"I wanted a medical insurance for my children, for my eldest son. Because over there, I took him to the dentist and he never wanted to go down to get his bad teeth extract. So, over there they are not interested, they don't care, they would say: "no, this kid is too stubborn, to stubborn. No, I don't take kids like this, I won't touch this kid", I took him to a different place, "no" than was fine. And even paid because when I arrived and took it to be paid: "no, it is very risky", then they didn't touch him. So, his teeth have been deteriorating and he is getting perched teeth. So, I wanted to take him to the dentist so they can pull them out, because now I tell you I will trick him so they can get them all out. But no, I don't have a way to take him, because here-- over there I took him, and they didn't want to work with him and here he wants to go but he can't because he doesn't have money or medical insurance for that. Yes, I have been with the other boy very sick, it's been about 6 days that he is sick, very sick."

This quote shows the inability of the healthcare system in both the participants native

country and in the U.S. to meet the needs of a child with dental issues. Proper dental

hygiene has been shown to improve long-term health outcomes, especially when proper

dental care is accessed in childhood.[ccxxv] The dearth of dental care has long-term negative

impacts for the child and the society which will eventually have to support the emergency

care concerns that the individual might incur.

One participant has a daughter with a knee deformity, and he said that the deformity

causes his daughter significant pain. Fortunately, the IRC helped her to schedule a

medical appointment:

*"One of my daughters has knee problems, she was born with an impediment in her knee.
But now days she is getting a lot of pain. So, thank God here they provided me with a
doctor, right now the doctor is checking it."*

It is important to note that this support did not come from a governmental entity, but a

nonprofit entity that helped the participant get his daughter in to see a doctor. This lack of

local governmental response and engagement with asylum seekers is a continuing

challenge in Phoenix.

Many participants left in a hurry, without bringing anything they would need for their

journey to the U.S.

*"We left with nothing, just with the clothes we had on. Because we, for example, decided
to leave on a Saturday- I think we left- and on Saturday night they say they came to
ransack the house, and came to look for us with a weapon, and the whole patio with
police and armed people, and since they didn't found us, they left. And now, thank God
they didn't burn the house, because they had already burned many houses. And thank
God they didn't decide to burn the house we left there. But if we had been there, they
would have taken him, they would have tortured him, who knows what they would have
done there, and to us, well, also, don't know what would happen; but God who is with us,
warned us, made us feel, that we left at dawn, and they arrived that same day at night."*

This quote exemplifies the immediacy of fight or flight decisions that needed to be made

by asylum seekers in order to survive. Participants had homes, careers, close families,

and positive social relationships, but in moments of extreme fear, they decided to

completely uproot their lives and seek safety and security elsewhere. From dental

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concerns to physical disabilities and mental health concerns, some asylum seekers are in need of additional healthcare services in their home country, during transit to the U.S., in detention, and while they are in the asylum seeker process phase. One of the main reasons they do not receive healthcare is because they belong to a group that is classified as undeserving of the distribution of wealth created from taxation associated with each nation's mode of production. This is not a unique phenomenon among asylum seekers, as individuals in the United States have differing level of access to healthcare and insurance based upon the state they live in. Even prior to the Affordable Care Act, adults over the age of 24 who were unemployed were ineligible for healthcare coverage. People who are not allowed access to healthcare is a real-life example of the theories exposed by anthropologists and transborder scholars regarding how the distribution of wealth is allowed, which is usually governed by the same powers that oversee how goods and services are produced.

Travel to the U.S.

Most participants paid for assistance (a coyote) on their journey north. One man paid his life's savings 70,000 quetzales ($9,089 dollars) to bring his family over the U.S.-Mexico border. On the journey northward, almost every participant reported that they, or a family member, became very ill when traveling through Mexico. One man, when asked about how the journey north went, said:

> *"Well, it was very frustrating. Yes, frustrating, we slept several days like this-- like two days we slept in the sand, so, in the middle of a great mountain, desert, there was no*

water, we drank water with-- we drank a very yellow, yellow water, it had some fat 'small animals in the water', I do not know if you know what they are, that throw in the old water when the water is old, they throw these 'small animal in the water, it had little ones and big ones, and we filled the bottle and put them here so that the animals were strained here, but he didn't want to drink water, but finally he did drink because he couldn't stand his throat. And I felt bad."

This participant's experience with drinking unsanitary water underscores how desperate asylum seekers can be to survive as they journey north, and it also points to the exigent healthcare needs they might experience throughout their travels, and the importance of quality medical care in U.S. detention centers and in communities across the U.S. after their arrival. All respondents said the trip to the United States was exhausting, expensive and perilous. One man had to pay multiple individuals and organizations throughout his journey:

"The journey was hard because they transported me through different stages. It took me 18 days on the road to get here to the United States... It was hard. It cost me 38,000 quetzales. Because we had agreed 35 with the coyote, but when got to the border he charged me more."
Because the drivers of the cars are there, in a little car, in a pickup, but they put a handrail, and they put 35 people, one on top you, in there one sits on him and then another; well-conditioned and all day and all night and the we arrive at a place to eat, and they give us a misery of food, but all muscle cramp the journey continues again, and there are times that-- here it took four days and four nights to get to Puebla, because along villas and mountains and a-- hard roads, because you can have the luxury to travel on the street, because there is migration and all that, and yet, there are checkpoints where one is detained, but the coyote was paying the Federal to-- let us pass

Yes, and everything is money. I arrived to Puebla, from Puebla to Mexico City, they had me 2 days in Mexico City, in days to (inaudible) 2 more days and from there to Monterrey 2 more days to Reynosa, in Reynosa another 5 days, scorching heat, there was no air conditioning in the warehouse, there was only four of us, until it was full of us to get us out in a little car like a taxi, seven people to hand us over to the mafia, they pay the mafia and what the mafia does is take us across the river, it's hard."
Interviewer: "Is it worth to be here or not?"

"The sacrifice one make's it's worth it, and it makes you value, well what it is."

This asylum seeker experienced monetary extortion from a human smuggling operation, and since he had no mode of recourse, he had to pay the additional money demanded to stay safe.

This unequal and uncontrolled power dynamic plays out in smuggling rings across the U.S.-Mexico border and plays a part in human trafficking. This quote also points to the inhumane and overcrowded conditions that asylum seekers and migrants face when paying passage through coyotes (human smugglers) to come to the U.S. Although he said that it cost him a tremendous amount of money and hardship, he believes the investment and the sacrifice is worth it to come to the U.S. Female participants said travel through Mexico was the worst part of the trip, and two female participants said they did not want to talk about their experiences at the border. Several individuals said that they were held hostage on the Mexican side of the border:

"When we were imprisoned there inside the border…sleeping there in the open and the child crying and all the boys there, my God. I don't want to remember that, when we were imprisoned there, thankfully it was 48 hours … No, being there lodged at the border when we arrived, normal, waiting to leave. But in there, prisoner, that was bad."

This woman's quote shows how powerless migrants are as they travel, and how they lose all of their abilities to make choices that would normally enable them to defend themselves. All of these experiences showcase the complex and perilous issues that surround transborder spaces, as they are not only places of exchanges of commerce and peaceful movement of people, but dark and nefarious forces of power inequity that

creates violence and extortion. Each of these stories highlights an inherent safety inequity caused by extreme power and wealth imbalances that enable extortion of migrants. Coyotes run a business of smuggling humans for profit. Smuggling networks exist along the U.S.-Mexico border because there is sufficient demand for a better life inside the United States. This demonstrates anthropological theories of push and pull: it is not only violence that causes people to flee their home country, but the promise of something better that pulls them towards physically moving to improve their lives in hope of better opportunities elsewhere. The hardship that these asylum seekers went through to come to the U.S. highlights how strong "pull factors" can be in where migrants eventually settle.

Life in the U.S.

Most participants spent time in detention, ranging from a few days to several months. U.S. detention centers have been cited for a litany of abuse cases throughout their existence, especially during migrant waves, such as the dramatic increase in arrivals in 2019.[ccxxvi] Since the beginning of the Trump Administration, there has been an increased federal movement to build and privatize additional detention centers, which has led to soaring stock prices for companies that build and operate private prisons in the U.S.[ccxxvii] Although the child separation policy was denounced by the American people, and ultimately stopped, there are still instances of child separation taking place, even after the video of a child in a cage without their parents in a Texas detention center was leaked to the media and went viral in August 2018. One participant, a mother, was separated from her six-year-old son for three months:

"It was a bit difficult because when I arrived, I was separated from my son for three months. I was in detention, my son was in a shelter, in New York."

Interviewer: "And how did you get together?"

"It was when they let me out of detention, it was July 26 when they reunite me with my son."

Interviewer: "But he is okay now?"

"Yes, thank God yes, although it was a little traumatic, but thank God with the help of the social worker here we have already got better, (inaudible) [IRC caseworker], they have helped me. We have been enrolled in clinics, and thank God it is much better, and when he went to school, he is already much better, yes."

Her comment about how traumatic the experience was on her son points to the long-term consequences that child separation policies can have on children and their families. This quote also raises critical ethical issues about U.S. public policy and its ghastly approach to humanitarian aid for displaced persons. She also said that the treatment at detention centers varied greatly, sometimes she was treated well and other times very poorly:

"Since I was in six detentions, there were detentions where they treated me well, detentions where they treat me badly. I was at a detention I believe in San Luis, Colorado, I think - no, yes. Well, yes, I think is called San Luis, that's where they treat us– I was nine days lying on the floor in a room, all with dirty clothes, with the same clothes. And then I was transferred ten days to a detention where people have yellow clothes, I was there ten days. Then they send me to Colorado, I was there all the time in Colorado. After that they send me to Florence, I was also there like three days."

Interviewer: "And how did they treat you in Florence?"

"There well, yes, there well. There I was in Colorado, and they sent me to another detention called Santa Cruz, I think, or I don't know what the detention they sent me is called, there too, they didn't treat me badly. But I was there one day and one night. Afterwards, where I spend more time was in Colorado, there in Colorado. There they gave us everything, they wash our clothes, I was there almost more than a month. And then they send me to Texas, I was eight days in Texas, and that is where they brought us together with my son, in Texas."

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U.S. detention centers have a litany of documented offenses ranging from intimidation to physical abuse. This participant's experiences with the U.S. detention system shows how inconsistently consistent each detention center can treat their prisoners. This differential treatment is indicative of the U.S. governmental response to asylum seeker immigration and is also seen in how CBP and ICE offices respond in different parts of the country. It can also be seen that time in detention can have long-standing effects on individual mental health status, as the participant cited the fact that her son was still traumatized for several months after he had been separated from her.

After detention, participants are faced with trying to find employment to survive without having legal permission to work. Asylum seekers are faced with an inconsistent consistency, they are legally allowed to stay, but they cannot work. This unfortunate policy creates an opportunity for opportunists to take advantage of asylum seekers. Several individuals in this study said that they were paid infrequently or less than the minimum wage:

"That's what I would like. What happens is that this is very unstable. For example: One day I clean a house and two or three pesos, imagine. I would like to have something steady every day. That's what appears. It's like a little from time to time, but it's not enough. Okay. They don't pay much. They don't pay much, they pay little. And since it is sporadically, no ... (I get paid) eight more or less."

This participant's experience receiving less than the minimum wage in Arizona points at the lack of protections that asylum seekers receive in the U.S. even though they are working through a legal process to seek personal safety. It also highlights the inherent

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contradiction in U.S. rhetoric: Americans want everyone to financially contribute

(through taxation), but asylum seeker immigration policy puts asylum seekers at risk of

having to work illegally for survival, which also perpetuates the same power dynamic

they faced when being smuggled into the U.S.: No power of recourse, and a lack of

personal and financial safety. Another participant said that he has found temporary work

as a landscaper:

*"Right now what I do is get landscaping work, gardening. (But) just for a while, for days,
because since I don't have papers, nobody wants to give me work, yes, it's a while. Then,
those little dollars they give me, let's say, because I go to the house like that, to cut the
plants, fix them for someone, so that little bit of money I gather, because I help with the
food here, for my daughter in school and I have one who just graduated in my country
Honduras, and I have a nine year old there too, so the little that I can send serves them, if
I send 50 dollars for two weeks this is more than 1,000 lempiras there."*

This quote highlights how inconsistent work puts asylum seekers at risk of severe

financial instability. By letting asylum seekers live in the U.S. without authorization to

work during the process phase puts asylum seekers at risk of extortion. Sadly, however,

working illegally in the U.S. has been normalized since substantive immigration reform

has not transpired in decades, and there are over 11 million undocumented immigrants in

the U.S. Black market labor puts asylum seekers at risk, and if asylum seekers are within

a legal process, they should be granted legal documentation to work the same day they

file they asylum claim. Immigrants' ability to legally work in the U.S. is supported by

many host populations, especially in the U.S. as one of the driving forces behind

animosity towards immigrants in the U.S. is the fact that immigrants broke the law to

come to the U.S., which asylum seekers by their very nature and immigrant classification,

did not do. These responses also show how resilient asylum seekers can be and how

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dedicated they are to their families, by working extra jobs and sending remittances back to their families, which is a trait that continues to make immigrants and asylum seekers more likely to start their own businesses, send their children to higher levels of schooling and innovate in the workplace than native born populations.[ccxxviii]

All participants said that the inability to work legally created a fear and stress that was hard to put into words. The mental hardship that it puts on individuals and families appears to have direct impacts on their overall health.

"At times with stress because I still can't work, and you know how much things cost here in this country. I want to work right now, wherever, it's easy to stress, and even more so with a child here, it's difficult."

The inability to work caused this participant immense mental distress as he wants to legally work to provide for himself and his family.

Participants had mixed experiences with American citizens. One man said that he had a great experience with a man who wanted to hire him full-time and said that as soon as he had his paperwork he could come back for work. Other participants said that some people were incredibly kind to them, whereas others found them to be racist and unwelcoming, which created additional health stress. One male participant said:

"Thank God for the people, the gringos I came across, that I have met, they have treated me the best they can. They see that I don't-- there's even a gringo, we were talking, one day he gave me work to help him, and he said: "Well I don't give you more work because you don't have papers and I don't want problems." But, he said: "Yes, you are good to work, and I would like for you to get papers to work here."

This experience highlights supply side economics, and the fact that there is a fundamental need for physical labor in the U.S. that is not being adequately met with present supply – which is often fueled by cheap transborder labor. Although this "gringo" said he would like to get the asylum seeker papers to legally work in the U.S., the participant did not say that the individual would support him through his asylum-seeking process. One woman shared three different stories about how terrified she has been for her life in Arizona, which has severely impacted her mental health.

> "[Americans] Have treated me well, but people I know, they are not so American, because there are Americans who (laughs) are racist, well, they treat us badly."

Interviewer: "Have you encountered racist Americans here?"

> "Yes. at the church we were going, well I'm still going- a little group comes, and they say: 'out of here, out, out, out', they shout at us: 'out' and one day they even took out a gun. They took out a gun. Then I went out-- outside the church, they didn't come in and the police arrived.

> Then, I went to a park, the only time since I been here that I went to a park. That I went to the park because I was bored, stressed. And it's a very nice park they have told me the name is César Chávez on 35th and Baseline. So, I went, and I was very happy, not even 20 minutes went by and my husband says: "Let's give the children water." And then he says: "Sara, we better go." There's a lot of fuss, there are a lot of "morenitos" (black people) there were a lot of morenitos (black people) drinking liquor, and they were very-- they were already crazy, I think. So, I said 'let's go then.' I don't know, I took the child out of the stroller and put him (inaudible) when-- at that moment a shooting takes place. I come traumatized from there, to receive bullets here, I say 'Holy God!' Look, that day I even fainted. 'They hit me,' I said, because I felt they got me, because the girl behind me fall. And I said: 'They hit me' and I fell, but I was not hit, it was the one behind me that was hit. And we ran and ran, there is a large lagoon, I was going to the lagoon. If they don't catch me, I think I would have drowned in the lagoon, I don't even know how deep it is, of anguish. And that day I called the police, out of

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fear, terror I called the police. I called and the police arrived, and they pick up the wounded. And look, I won＇t go to a park again because of that, because of the shooting that arose; I＇m traumatized. So, I＇m at the super － with what happened in Texas, there was a shooting.

I don＇t go to Walmart, I＇m afraid to go to Walmart. When they give Walmart cards, I send my husband and he says, ‘What do you want?＇ And I say: such a thing. But for me, it＇s a fear to go there. An if I＇m there⋯or if I go there and he says, ‘Come on, come on, come on,＇ come on, but I＇m like that, I＇m like that. Because I don＇t even remember what I＇m getting, I forget what I＇m getting, thinking about what I＇m getting, I＇m like, careful they can kill me, I have to be ready and like that, do you understand? One has to walk-- I don＇t know, it＇s ugly, I feel like my life is already ruined, I feel like psychologically my life was ruined. I have been told: ‘Breathe, inhale＇, exercise, after exercise, after exercise. And I spend a week well and then I get insomnia again. Then is 1:00 in the morning, 3:00 in the morning, the next day arrived 6:00 in the morning and I didn＇t sleep. And during the day I feel like going to sleep for a while and I can＇t because of the children, so I have a good time⋯like if I don＇t sleep. Like if day and night were the same.＂

This woman's experience underscores the constant anxiety that asylum seekers face while in the U.S. Since her arrival in the U.S., she experienced a shooting at a municipal park, blatant racism in a church, and a fear of even entering a Walmart. She lives with constant trepidation that she has let down her guard, and that someone will kill her or family. Her statement, "*I'm like, careful they can kill me, I have to be ready and like that, do you understand? One has to walk-- I don't know, it's ugly, I feel like my life is already ruined, I feel like psychologically my life was ruined,*" directly reflects what Sassen's theorizes about how expulsion from professional livelihood, living space, and biosphere makes migrant's lives impossible to live. This woman's story points to the need for anti-anxiety tools and potential behavioral health supports, but also the nature and context of

local thoughts, attitudes and reactions to migrants, in Phoenix.

One woman, who was living in a shelter, said it is not so much that she has experienced racism, but that living in crowded spaces can create hostilities:

"And the truth is, because sometimes people are a bit racist with us, with Latinos, so sometimes it feels ugly to be here, really."

Interviewer: "Are you treated well here?"

"No, the problem is the environment where we live, because when you live with more people, well it's more difficult, it's not like when you have your own space, yes, it's like more difficult. Racism doesn't matter, but when you have to be like in a shelter, it does affect you because you have to live with more people, and we don't like someone or maybe a person doesn't like you."

Overcrowded spaces cause additional tensions, and when individuals are living in tight quarters with limited resources, it can cause additional barriers to cooperation and teamwork.

These participant experiences show how integration into local communities markedly depends upon individual experiences and interactions. Integration is a dynamic two-way process, and some participants had encounters that made them think optimistically about how they might be accepted into U.S. society when they had their work permits, whereas others experienced frightening encounters that have traumatized them to the point where they avoid public spaces and live with continual fear of Americans. The woman who was afraid to enter a Walmart, also said that she does not think she will ever fully trust Americans. She also said she is suffering from isolation and constant neurosis and fear.

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Several female participants felt the same way, indicating that they feared going into public, and this caused them to further isolate themselves.

> *"Experiences? Here, I really don't have much experience, because I don't go out, you know. Only on the weekend I work at a house and so on."*

This woman's self-mandated isolation creates additional barriers to integration as social contacts are important to personal relationships and professional opportunities. First impressions and interactions across transborder spaces have lasting effects on perceptions and behaviors towards other cultures, but even within social groups from Central America there were instances where participants felt abandoned by their own national, racial and ethnic communities. One family from Nicaragua said that their Nicaraguan community had no interest in helping them since they came to the U.S. Another man said that a Mexican threatened to call Immigration and Customs Enforcement (ICE) on him during a pick-up soccer game. Ethnic Community-Based Organizations were also accused of not being as engaged in helping participants acclimate, adapt and integrate to life in the U.S.

Despite community supports, almost all participants believed that the law and order in the U.S. is excellent, and it was one of the "pull factors" that brought them to the United States.

> *"The corruption in Guatemala. What I like here are the laws."*

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Safety is a key concern among asylum seekers, and all participants referenced law and order as one of the driving factors for wanting to come to the U.S. Other participants referenced safe, decent and affordable housing as a top concern for participants who were not living with their family in the U.S. One man accepted poor living conditions because he was accustomed to living in worse conditions:

"No, I have searched and searched (lawyer), but no. I found one they said is cheap, he charges more or less. That he helps like giving you low quotas, but I have not aligned myself to retain him. But we are thinking about how to reduce something or go to a smaller place, but they don't give us a place in a studio, they say they are cheaper. They don't give us room because we are too many with children. I have been in worse places so I can accommodate myself, I have slept in floors. Since I left my country in December, I went through so many things until February that I half settle into something, do you understand me. So, I wouldn't feel bad in a little place, that's how I live."

This quote highlights two key points. First, a lack of affordable legal services leaves many asylum seekers without proper legal representation during their asylum claim. Second, it shows how poor housing opportunities generate apathy for improved living conditions, even though safe, decent, and affordable housing is critical to health and educational outcomes.[ccxxix]

Nine of the ten participants said that although the journey was a terrible experience, it was worth it. However, one woman said if she could do it all over again, she would not have left:

"Well, I think that if I had to come again I wouldn't. Because it is very difficult to come without money, to come alone on your own, because it's very difficult, well not for me because I'm an adult, but for my children, they are small."

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This woman's experience shows that in spite of the persecution she faced in her home country, she wishes she would have stayed home to avoid the financial and physical peril that she and her family went through. This is a powerful statement for host populations to understand: Many asylum seekers are not here to reap the economic benefits of the U.S., but rather, they are trying to find somewhere safe to live – which according to this quote, enforces the idea that the U.S. is not a safe place for asylum seekers.

Legal Fears

When asked about their biggest fears, most participants main concern was not being able to stay in the U.S. Participants had many fears, but several reoccurring themes were: not being able to find a lawyer, asylum denial, deportation, a general fear about what will happen to them if they are sent home due to the direct fear of the violence and persecution that await them. One woman recounted her profound fear of having to return to Nicaragua:

"Yes, after they were deported, because if one is deported-- my fear is that if I am deported from this country and arrive in Nicaragua, once you set foot off the plane, you no longer know about your life, if you live or no longer live. If you will spend a lifetime being tortured or right then and there, they give you a death warrant, because right now they have killed entire families. So that is my fear to return to my country and with my kids; That's why I came, for them, they are so small. And I also came because of the case on June 23 everything was peaceful, in our neighborhood everything was peaceful. And the protests were burning down the bars in downtown, we were not that far away. But in our house, everything was quiet, everything was positive, we didn't think it was going to affect us, the protests or something. But we were always in favor of the protests because they were peaceful. Young people always, always, always, to this day continue to protest but without weapons or anything. But the government doesn't like it, because the current government is a corrupt person, is a dictator, allied with the government of Venezuela, Maduro. Even more, there are people from Venezuela who are in Nicaragua, Venezuelan army is in Nicaragua, posing as Nicaraguans and killing people.

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So, on the 23rd one day as usual, we were locked in our house because nobody would go out; but my Dad had to go to work, because he had to work because he had my Mom and had to support her. And the work was already-- the economy was bad, he had to leave because he had expenses to pay. And that day he went to shopping because he sold cattle, bought and sold. And they did wait for him and the other two who were going; he was killed, a shot in the jugular with a 47 and the other two were taken hostage. And I didn't know that... I didn't know, I wanted to know if it was true that he was dead that day. And I went to the scene and found two trucks full of – armed, paramilitaries, sent by the Rico – that's how they call him, the City Mayor. And we just went by, didn't mind them and they were even shooting and everything. My brother went through the bullets, so he could remove my dad's body. But I still return, believing there was justice, and I went to the police with my husband to file a complaint. And that day we were attacked, and I find the two kidnapped at the police, I found them. No one knew they were there, just knowing they were kidnapped by the same police. Because the order given, there were policemen, there were paramilitaries and there were hooded civilians. And they kidnapped and didn't have another place to put them but the police, they have them there and they had an order to kill this people in the afternoon at 6:00.

But God sent me to that place, and they didn't die either, just my Dad, only my Dad died. Because I told the wife that he was there, I told her he was there. Because we got hit by the police to get us out; We were going to file a complaint and we were attacked by the police. So, I warn him, and all the people and the priests unite, to take out the two people, but they already had the death warrant. That's why this people are in the United States, one of them is in the United States. The one ... is in the United States and I don't know if she got asylum already, I don't know where she will be.

Because the earth swallowed her and that's fine because I know the fear, because we came and nobody knows where we are, we don't leave traces of where we came from, nothing.

Because my fear still is that they are following me, following me, I dream that they get me, that I'm deported, it is-- Constant. In Nicaragua they are rude. So, my fear is going to Nicaragua and have that rudeness done to me and so I was talking to (the IRC). Well at night I dream that I was deported, and I was running to you, because you grabbed me, hey. And I saw so much rudeness done to me, that I only remember and trauma, like if it was real. And look, and then I couldn't find ... you know what?

This woman's traumatic experience with violence and the death of her father in

Nicaragua creates an immense and paralyzing fear of being sent back to Nicaragua. Her

fear stems from the unfettered violence and primal fear of the inability to avoid unsafe

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situations. Her quote also emphasizes how asylum seekers can be, "swallowed by the earth," which scholars call "invisible populations" that go to incredible lengths to avoid interactions with formal institutions for safety concerns. This paradigm is one reason efforts by municipal governments to integrate asylum seekers can be so challenging because many have no interest interacting or integrating with host populations or formal organizations.

Research shows that legal representation by an immigration attorney, dramatically improves the chances that an asylum seeker will be granted asylum, which is especially true for Central American migrants. Many participants felt like their inability to afford a lawyer caused them significant stress, and many live-in constant fear of deportation. As discussed in Chapter 3, if asylum claims were classified as civil instead of criminal, all asylum seekers would have access to an attorney, but present public policies are unlikely to move immigration courts out of the Executive Branch of the U.S. federal government. Despite these challenges, one man kept a positive outlook:

> *"Well, if they don't give me permission to stay here, yes. That's a bit difficult, but hey, let's try (laughs)."*

This lighthearted comment highlights the spirit of several two participants who had accepted their lack of control over their environment, but embraced it through humor.

Goals

Asylum seeker participants have a wide variety of goals for themselves and their families. The most frequent goals mentioned were living in peace, having protection and security, learning English and new skills, going to school so they can improve their wages, obtaining legal and stable employment, improving their health outcomes, creating a better future for their children, saving enough money to help their family and bring some family members to the U.S., help others, and one man said he wanted a house. One man said:

"Live nothing more, I want to live, that my children grow up. Work to support myself, you know, the same, the usual routine, work. I would like to help people, but I don't know how. Sometimes I want to help people, because as I had so much help from people, I say, maybe in the future. I don't know if you are allowed to be here and have a business like that, help someone, give employment. Or be able to help those organizations where they need people to help pack things; because they tell me there are organizations that need people to volunteer to help."

This asylum seeker described the dream that many Americans have, raise a healthy family, support themselves and give back to their community. This desire to give back and contribute to society are prime examples of why asylum seekers can be tremendous long-term assets to a host nation. Another participant said that there was nothing more important to him than protection:

Interviewer: "What is important for you? Here. What do you want?

"Protection because, it's hard in my country."

Every participant shared this sentiment, one of the driving forces behind why they chose to come the U.S. after their displacement was safety and protection by the government, which ironically does not extend to asylum seekers during the asylum process phase.

One man had already downloaded an app to learn English because he knows this is the

trick to a better life in the U.S.

"Well, to start whatever we can get, obviously. Because you can almost say I don't have
preparation with studies, I don't have enough preparation. And that I can speak English.
Right now, what I'm doing is on my phone, I got an app on my phone and I'm learning
[English]".

A desire to learn English is a sign that asylum seekers are interested in integration, even

if it is financially motivated at first. One man only wanted the right to work legally in the

U.S.

"Work, and as I say, if I get the papers here, live here, and I work too, spend money here
for taxes, so they can see that we don't come just to get money and send it to our
country."

This participant wanted to show that he could be self-sufficient and contribute to U.S.

society without needing public benefits. He wanted to prove that he was a worker, and

that he was only here to work. One woman shared the same sentiment about work, *"Life*

is good, because working you get everything."

All participants that brought children to the U.S. said that they wanted them to have a

better life than they had, and they want them to go to school, so they can succeed.

"I want to stay, but hey it's not up to me. At the end, work, give my children a better life,
studies if I can."

There is limited research on the educational or economic outcomes of the offspring of

asylum seekers, however, Rumbaut's research on immigrants in California explores the

relationships between factors that facilitate or derail mobility of immigrant children.

Participants with children who are still in Central America expressed a state of depression with having to live without their families. They said they want their children to have a better future here in the U.S.

> *"If they gave me the papers and gave my asylum to be able to bring my daughters, my wife, because I tell you that's the hardest thing there can be, to have your children away. Is like having your heart broke in two, because you love your children no matter what.*
>
> *Not being able to be in her graduation. Graduating right now from what we call Kinder, I don't know what you call it here. So, all this is hard for us. But I say, this is what we get because we came here, but we come thinking of a better future. Look, it's her, she's five years old."*

The desire to reunite with family is presently under pressure by the U.S., as family reunification has been vilified as "chain migration," which dehumanizes the individuals who wish to reunite with their family. This quote also shows the individual hardship that parents face when they must separate themselves from their family to make a living. One man's goal is just to live in peace:

> *"For now, I really don't have goals, I want to redo my life in that-- to learn a trade again, what's the use? Not knowing anything to do, and live in peace, in peace, is all one-- is all that a human wants."*

This quote underscores how this young man's life has been completely turned upside down, and even goal-setting seems like an elusive foreign concept. His only desire is to survive, live in peace, and start his life over. This comment echoes the remarks of many other participants who want safety and security in order to make their new displaced lives worth living. As Sassen observes, this experience is the culmination of global financial structures that exclude many from opportunities, and push those without access into

further poverty and despair. Despite the hardship and adversity, several participants shared a spirit of optimism:

"Maybe one day life will be a little better, because at the moment, maybe not, maybe it's not so good. But some day yes."

This participant's remark demonstrates their desire to build a better life fortified on the belief that the future will be better than the past. These dreams are, arguably, similar to the American Dream, and it is the confluence of these similar ideologies from dissimilar people that could bring forth a shared prosperity in the U.S. Present global civil discourse about migrants and migration patterns, however, is decisively negative in recent years, especially pertaining to how developed countries describe and depict migrants and migration patterns from less developed countries.

Experiences with the U.S. Healthcare System

Participant experiences with the U.S. healthcare system varied greatly. One man received medical care in both Atlanta and Phoenix. He has ongoing kidney problems, but despite the fact that he does not have medical insurance, or money, he was seen by a doctor in Arizona, completed his lab work, and has an appointment scheduled to find out the results.

Several asylum seekers presented with physiological issues that necessitated healthcare services when they arrive in the U.S. Some participants applied for sliding-scale medical care, usually with the assistance from their caseworker in the ASF program. Many of

these individuals are still unable to pay for the medical services they need. One man said

he will never take a government service for two reasons. He said he doesn't want to be a

burden on the U.S. and because he is afraid of public charge rules.

> Interviewer: "If there was a clinic here that would give you free health, such as an appointment with a doctor, free. Would you do it?

> *"As long as the government is not in charge, because you see that—"*

> Interviewer: "No, it would be like a donation."

> *"Because you see what Donald Trump said, that-- for the charges. All who had charges. You know that, I don't know if it is racism, but from what I understand and I have scrutinized, Donald Trump's mother entered as immigrant, his real mother is an immigrant."*

This quote is of particular importance in Arizona, as public charge rules have caused

many Latinos to drop their Medicaid coverage for fear of public charge, even if they are

still eligible for benefits. Arizona has a history of harsh rhetoric and fear mongering

towards Latino immigrants, which will be discussed further in the next chapter, and these

effects are most likely compounded as asylum seekers in Arizona feel extra pressure to

stay away from law enforcement, healthcare facilities and Arizonans in general. Other

participants were not as fortunate when trying to access care in the U.S. One woman took

her child to a local Emergency Room and waited for four hours before going to a

Walmart to try over the counter medications for her child.

> *"The other time the girl got sick and I took her to the hospital, but that hospital didn't treat her⋯we arrived at 6:00, and at 10:00 at night I went back to the house because she had a lot of fever and they didn't take care of her.*

> *I left with her because I didn't have-- I hadn't applied for AHCCCS. But now I talked to (an IRC staff member) and she gave me an address and a phone number so I can make an appointment at a place where I can apply at a low cost.*

"We were there, and the girl had a high fever and was shivering with cold, the room where we were waiting was very cold. I returned with her and went to Walmart to look for that medicine for the fever and for the infection, and there was, and I gave it to her and thank God she got better."

This quote highlights the inadequacy of the U.S.'s president healthcare system to meet the needs of immigrants, which is theoretically outlined by Friedenberg, Wolf, and Sassen. Many asylum-seeking participants were in the same position as this individual who was unable to access care, putting them in a position where they had to rely on over-the-counter medications when they were unsure if they would be sufficient to help them feel better. Another negative externality associated with a lack of medical coverage is large hospital bills. Several participants had to go to an emergency room or urgent care, and they now have outstanding debts.

"He got fractured, he got fractured in a crib, he threw himself. He threw himself from the crib in the morning, because he wanted to sleep there, in the crib. That day he wanted to be in the crib, in the crib and so we lay him down in the crib, we wanted to please him. But in the morning, he thought he was on the bed and got up and threw himself and fractured his little arm, here; So, that's why he received the emergency AHCCCS."

Interviewer: "Has he gone to the doctor again to find out what's going on or he just went?"

"No, he had a follow-up, he had a follow-up I gave 100 dollars for the consultation. And I'm still paying, I'm paying the rest that way, I still pay it. I still pay like 600 dollars, still. I give them installments, when I have some left."

For asylum seekers who have recently arrived in the U.S., $600 per installment is a large sum of money, it is approximately half of a fair market rent apartment in Phoenix, which puts some asylum seekers with outstanding medical bills in a financially disadvantaged position. Of the participants who went to the hospital when they arrived in the U.S, most

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cited the trip through Mexico as one of the reasons they had to seek professional medical care.

> "I had to take my child, after I arrived, a few days later because due to our journey he was very weak, you go through a lot and he fainted here. He passed out, vomited everything. He was too weak, and I had to take him to the emergency room, to the hospital. To the Children's. There, they treated him very well, they put the medicine he was carrying and right away he got well."

> Interviewer: "And have you returned to a doctor?"

> "I treat him at a program that is free – currently is free – asthma, because he suffers from asthma. I don't remember the acronym of that program; There is a doctor that works like on a bus, there. He consults like that and goes through different places. And he saw my boy there, he treated him, and prescribe a medicine that is very expensive in this country and I say, I'm very grateful for all that, because for example the boy does physical education and gets fatigue, and fatigue, imagine. In that program they attend to him and he has all the medicine for the entire year. So, every three months they send him the medicine."

This participant's child was so sick that the parent had no choice but to seek medical care. After she took her child to an emergency room, she received ongoing care through free asthma treatments that are not available to all asylum seekers. Limited healthcare financing and community supports means that nonprofits and charities are filling the void left by governmental laws that preclude access to care for "less than deserving groups," even though they have permeated physical transborder spaces and are, ironically, part of a legal process in the U.S. One woman complained of intense migraines and swelling in one arm.

> "My problem here was that when I was here for about four months, I laid down in a hammock in a corridor that the house has. And they can explain how a screw got loose and the hammock fell off. Then I hit with my brain here in the --- and from that blow, from that blow I haven't been well in my head. Because in Honduras I have already hit my

head, but after this blow I feel that I'm not well, cause when I'm cleaning up, I feel that I get dizzy, I have to hold on."

Interviewer: "And have you gone to a doctor here?"

"No, nothing, because I don't have access to anything here, you can't."

Interviewer: "And, obviously if there was an option here to see a doctor, free. Would you do it or not?"

"I would do it. I would do it gladly, because when she told me about health, well, I felt very happy and said: Is God providing something? As I told you, I feel this way, my head is bad and I believe I forget everything, yes, I forget everything."

What this woman is describing is continued brain injuries, but she knows that she will be unable to access affordable care, so she remains in an unhealthy and in potentially dangerous state because this is the status quo in the U.S. This inability to access healthcare services is built on a structural set of laws and popular mindsets in the U.S., which show immigrants how unwanted they are based on their eligibility for health, and employment, opportunities. In addition to her neglected health status, she said she that even more than health insurance for herself, she wanted it for kid so they could see a doctor. *"Sometimes if you get a cold or get sick with something, an allergy, well you need it."*

One mother was sick during her interview, and she said her child was also very sick at home.

"I had fever and the throat."

Interviewer: "After being detained?"

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"Right now. And I still left him sick at home. He doesn't have fever anymore; it's been three days he doesn't have fever. But he has sores in his mouth. I have a syrup I bought him, it seems that is helping because-- I made a decision and said: I will have to take him to the doctor, even if they send me a big bill, because I see his little mouth and doesn't eat, he doesn't want to eat, only milkshake that I make.

Covid-19 has shown the world how interconnected our health outcomes really are, and it is difficult to see the advantage of keeping adults and children unhealthy in the U.S., as this is a waste of human talent and opportunity that can raise the quality of living for all immigrants and Americans. These experiences show the importance of quality care when asylum seekers first arrive in the U.S. Timely health interventions can put individual asylum seekers and their families in a position to work and contribute to society (if they are given permission to work). Participants with children expressed a deep desire to obtain health insurance for their children, but they did not want to enroll them in anything that would jeopardize their chances of receiving asylum. In addition to physical ailments, all of the women that participated in the study said they would see a psychologist or psychiatrist if given the opportunity. One woman said she had a constant fear that she has not been able to shake since she left Nicaragua.

"I have been with psychologist; I have been with (IRC staff member) who is a therapist. And I'm still going to keep coming to the therapies, but I believe this is something that not even with therapies can't be cured. This is things that I go around and walk with fear, I'm in a house and I have fear. And I close the windows, and the doors and I'm still in fear, it's a fear that doesn't leave me alone. Do you understand me? It's something that constantly follows me, "don't go there, don't turn around and look because they are going to kill us" I don't even go to a park, just locked up, locked up, locked up."

This quote is an unfortunate reminder of the long-standing anxiety and fear that can stem from repeated traumatic experiences. Even with professional culturally appropriate

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behavioral health services asylum seekers can feel petrified of living a life where they interact with others without sever apprehension – which can cause further isolation and fear. Another female participant had similar experiences with anxiety:

"There are days I have anxiety attacks, I'm full and I continue, I continue, I continue, I continue, I continue, I continue, I continue, I continue, because lately I have gained so much weight. Anxiety and anguish because desperation gets a hold of me, gets a hold of me-- Look, I'm here with you I'm fine and suddenly if I start thinking about things or something comes to mind and I already (inaudible) to everything, I remember everything and the anxiety, the anguish starts. I get a tremor: I don't want to be here, I want to get out of here, I don't want to be there, I don't want to be sleep, I don't want to be awake, and I can't find a way to calm myself. It's something-- it's an ugly thing, I don't know if you've felt it, but when I feel that, I feel that: look, I wish I was dead, because I know that dead, I don't feel that. Yes, I have a year with this problem, without sleeping, without sleeping. I went to a psychologist that helped me a lot."

As Sassen observes, some individuals are forced into desperation in their expulsion. This woman's ongoing anxiety attacks are a painful travesty, and her fear and tension were palpable in her interview. This level of worry and nervousness need to be addressed outside of nonprofits and churches that are working to help people recover and rebuild their lives.

Several participants were also in need of dental and vision services. Even if these asylum seekers were to receive asylum and get onto Arizona's Medicaid, the Arizona Health Care Cost Containment System (AHCCCS), dental and vision services are not included for adults, so these needs would still be unmet. One participant had a rotten tooth that was causing a lot of pain. One man said he is need of new glasses. His daughter also has

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difficulty seeing and he wants to get her glasses, but he doesn't have the money to get

them yet due to his present financial situation.

"I have to find a way to save, because yes, I tell you, I'm sending money to my daughters
there too. I have to find a way to save because I have to change my eyeglasses, because
in Honduras when the doctor gave me the glasses he said: "You only have to wear the
glasses for one year." It has been already more than a year. So, I have to save to buy new
glasses.

My daughter, yes, my daughter tells me: "Dad, I'm going to need your help to buy some
glasses too, because sometimes at school I don't see the letters very well. My daughter
the one in Honduras, the youngest, you saw her and told me she was pretty, I also did
what I could to buy her glasses. My wife works there, she works there, and I work here,
with little as I say. Sometimes I have to go hungry every day, for that little bit they give
me, maybe they give me 20 dollars, ten dollars, I'm accumulating to buy food here and to
help them there."

Even simple things like glasses, which many U.S. nationals take for granted, are a stretch

for asylum seekers, who need access to employment and financial healthcare support

mechanisms so they can begin their path towards self-sufficiency.

Detention: Health and Family Separation

Participants were provided different levels of care in U.S. detention facilities. Care of

asylum seekers ranged from nonexistent to violent and abusive. Overall, participants said

that their physical and mental health outcomes worsened while they were in detention.

One woman said:

"Because in that jail, look, people go through tragedy, cruelty. Women are raped, and
with men they use broomsticks, bats to raped them. All that rudeness."

Rape and human degradation in U.S. detention centers are well-documented, but this

woman's direct experience with these grotesque and inhumane practices shows the

human side of these state sponsored atrocities. The mother who was separated from her six-year-old son described, in detail, her experiences in the other detention centers she visited.

"Then, I moved to Utah, I was in Utah. And I was critical from Utah to (inaudible). After I left that detention center, I left in critical condition. I left with cloths on my skin, full of rashes all over my parts; because I spent ten days without taking a shower, dirty, with the same clothes. And after that I got a sore throat, I had fever, I was sick ten days, critical – hey – this was serious, serious. I don't even know how I got up, because they gave one pill and another pill and that's how I was healed. Look, I would describe it bad. Mental and physical too."

These experiences put faces to the documented physiological and psychological forces exerted by ICE in U.S. detention centers.

Key Themes: Health, Self-Sufficiency and Integration Needs

The major difference between individuals in this study and the majority of asylum seekers in Arizona is that individuals in this study have had access to case management and financial support services that come with enrollment in the IRC's ASF program. Several participants said that there are so many asylum seekers in Arizona that have no idea that these services exist, and if they did, they would definitely use them. One participant said:

"I do know a lot of people who are asking for asylum as well."

Interviewer: "Are there other people who do not have access to these programs?"

"Yes, because there are people who doesn't know."

Interviewer: Many people or a few, or-- ?

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"Almost everybody, nobody knows. At least this program here, no. I think they go another way, through a church, I don't know."

These interviews are not a representative sample of all asylum seekers in Phoenix, and there are many asylum seekers who may need additional health, self-sufficiency and integration supports.

Through these interviews, the study finds that present physical healthcare needs are sometimes met through emergency department admissions and referrals to sliding scale healthcare services by case workers in the International Rescue Committee's Asylum-Seeking Families program during the process phase of an asylum seekers integration (applied for asylum, but yet to receive a decision). Mental and behavioral health service needs are less likely to be met, especially for women who would like to speak to a professional about their traumatic experiences in Central America, their trip through Mexico, detention in the U.S. and their often-marginalized lives in the United States.

Through the entry phase into the U.S., this study found that Central American asylum seekers spent an average of 18 days in transit to the U.S. and paid an average of $5,600 for their journey. Every individual said that the trip northward through Mexico was the worst part of their journey, and the women repeatedly reported that it was a traumatic experience – especially at the U.S.-Mexico border. Many of the individuals got sick on the trip, especially the children, as they ate very little food and had no choice but to drink

contaminated water. At least one individual in every family that was interviewed became sick on their journey.

In detention facilities, there were poor conditions, and one woman reported that child separation was still taking place. Nine interviewees said they needed physiological or psychological healthcare services, and the one in individual who did not need medical care for himself needed glasses for his daughter and a knee surgery for his other daughter. Interviewees expressed feelings of depression, anxiety, PTSD, and trauma from their experiences at home, through their travel to the U.S., in detention or from their experiences in Arizona. Interviewees also expressed need for primary care physicians (primarily for when their children get sick), specialist appointments for chronic conditions, dental and vision appointments, and medication coverage. Every woman who was interviewed reported that they would be willing to speak with a mental health provider if they could afford the service.

In the U.S., participants faced additional stressors. A lack of money, adequate housing, access to healthcare, food and legal support were the most heavily cited causes of concern. Every participant has had at least one family member that required healthcare attention in the U.S. (most of these visits were at an Emergency Room). All participants had food insecurity concerns. Eight rely on churches or nonprofits, such as the IRC, for food donations, one gets food from the restaurant where he works part-time, and one individual receives food stamps (participant from Cuba). Eighty percent of the

individuals in this study do not have an immigration attorney for their asylum claim. All interviewees cited a constant fear of deportation, and only two asylum seeking interviewees had legal representation (both were provided pro-bono through the Florence Project). Asylum seeker goals ranged from receiving asylum, living in peace, being with their family, working and gaining the skills they need to improve their life so they can provide educational opportunities for their children and be with their family.

Although it was divulged in the interview process that one participant was from Cuba, and not Central America, it has led to an interesting finding. She was economically persecuted in Cuba, and traveled through Central America to Mexico to enter the U.S. She experienced violence at the U.S.-Mexico border and said that she is still traumatized by it, but overall, she reported less stress while in the U.S. Cubans have access to benefits (like refugees) when they arrive in the U.S., and the knowledge that she had about her ability to access health services and financial supports, despite her lack of English, put her in a position of greater control and certainty than all of the interviewees from Central America. This theme is integral to the hypothesis of this study, a lack of access to resources creates immense barriers to positive health, self-sufficiency and integration outcomes in Phoenix, Arizona: Borders and immigrant categories dictate who has access to security and safety. The issues facing asylum seekers in Phoenix affirm larger macro-level factors that are driving increased disruption, displacement and discontinuity in the lives of individuals and families that operate in informal unregulated economies. It also underscores how asylum seekers have to circumvent present formal global management

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policies to survive in the informal economy, creating an unequal, cyclical and inter-generational power disparity in the SWNAR.

In summation, the biggest challenges facing asylum seeking families in this sample are:

- Access to primary care physicians, prescription medication and behavioral healthcare

- Financial stability and work authorization

- Access to adequate food and basic needs, especially for asylum seekers who are not staying with family or friends

- Legal work authorization

- Long term housing, especially for asylum seekers living in shelters

- Legal representation through pro-bono or sliding scale fee immigration attorneys

CHAPTER

5 PRESENT GOVERNMENTAL AND NONPROFIT RESPONSE TO ASYLUM SEEKERS IN PHOENIX, ARIZONA

This chapter will analyze the City of Phoenix's response to asylum seekers by reviewing existing resources, public policies, programs, committee/stakeholder groups, and the present service provision of local nonprofit organizations. In addition to a review of available resources, the findings from this study's community leader interviews will be presented to better understand on-the-ground realities and challenges that face the City of Phoenix's asylum seeker response. This chapter will highlight the pressing need for additional data to inform evidence-based practices and programs and conclude with a theoretical discussion about how consistently inconsistent governmental actions reinforces exclusionary transborder forces and structural inequities outlined by the tenants in Critical Race Theory. Public Policy recommendations are included in Appendix H.

Rationale Behind Anti-Immigrant Sentiments: Critical Race Theory

Critical Race Theory (CRT) asserts that there are racist policies at work in the U.S. that subordinate and disenfranchise certain groups of people in an attempt to maintain the status quo.[ccxxx] These issues have been brought to the forefront of the American psyche in 2020 due to the murder of George Floyd by police officers in Minneapolis, Minnesota. Another layer to CRT is interest convergence, which stresses, "racial equality and equity

for people of color will be pursued and advanced when they converge with the interests, needs, expectations, and ideologies of Whites."[ccxxxi] These perspectives underscore the subjugation of non-white races and ethnic minorities, viewing them from a deficit perspective instead of as knowledge producers and assets that can be valuable to the future economic, social and cultural capital of the U.S. These frameworks can be directly applied to the experiences of Central American asylum seekers in the U.S., as they are categorized as Latino by the Census Bureau, and they are often viewed by main-stream politics and policies as deserving of the same treatment as other Latinos.[ccxxxii] According to M., Lynn, "Essentialism is the belief that all people perceived to be in a single group think, act, and believe the same things in the same ways,"[ccxxxiii] which creates a distinct challenge for immigrants in the U.S. as they have to mobilize and create dialogue that embraces cultural citizenship in the U.S.'s dominant White culture without contradicting their values or being directly compared to Whites' and their culture. The thoughts and ideas of Latinos, therefore, are expressed and acted upon in Latino "socially produced spaces," which are often outside of the principal structural hegemonies that dominate U.S. law and policy (some scholars describe social spaces as spatialization or third space).[ccxxxiv] The success of Latinos, both newly arrived, and U.S. citizens, is their ability to mobilize and create dialogue that embraces cultural citizenship in the dominant White culture about who Latinos are and their inherent value and values, without being compared to other Latino groups nor directly to Whites' and their culture. Arizona, in many ways, is no different than the broader U.S. cultural context in this regard. It does have a reputation, however, of acute hostility towards minorities and immigrant groups of

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non-white descent, especially Latinos. According to Kristina Campbell, this was most notable, when in April 2010, "The world was taken aback not only by the State of Arizona's brazen attempt to regulate immigration at the state level, but also by the means it authorized for doing so."[ccxxxv] These perspectives subjugate non-white races and ethnic minorities in Arizona, viewing them from a deficit perspective instead of as knowledge producers and assets that can be valuable to the future economic, social and cultural capital of the U.S. The underlying problem with these mindsets is essentialism, which leads to stereotypes and racism.

How cities respond to individual and structural racism in host populations depends on overarching municipal attitudes and values. Michael Kagan argues that there are three rationales behind anti-immigration constituents at the local-level: xenophobes, demographic controllers, and legal processors. Xenophobes will always despise people who are not of the same race and ethnicity as themselves, and therefore, they will never change their minds about immigrants from different racial, ethnic or cultural backgrounds. But demographic controllers and legal processors are persuadable. Demographic controllers may feel overwhelmed when immigration takes place too quickly, or when there is lack of local control over the process – which leads to the "hunkering-down" effect described earlier by Robert Putnam. For those who believe in legal processes, there is a strong desire to abide by the law the way that it is presently written, and if it is broken, those who broke it should be punished accordingly. A sanctuary city, by its very nature defies local demographic control and legal process. It

defies local demographic control through overriding policing policies enforced by the national government. To avoid alienating potential allies of the pro-immigrant cause, sanctuary cities might be better named, "Refuge City, or "Commune of Reception"[ccxxxvi] as they are in several countries around the world. Sanctuary Cities also defy citizens who believe in legal process because if a sanctuary city is illegally harboring undocumented immigrants who have broken the law, this goes against their belief in following the law, and therefore alienates them as potential voters for pro-immigrant responses. Additional factors that contribute to local attitudes and behaviors towards immigrants, outside of the three outlined by Kagan, include: the local population's past experiences with immigrants, the number of immigrants from a particular ethnic, racial, or nationality as well as the degree of cultural difference between the accepted norms of the host society and the immigrant group, the host society's overall perceptions of immigrants in relationship to their own economic success and the economic success of the state and municipality they live in, and the immigrants' age, educational attainment, English literacy and job-skills.

Arizona's Response to Latino Immigrants

Despite Arizona's progressive beginnings,[ccxxxvii] the state has moved towards a proactive anti-immigrant government. In 2010, the Arizona State Legislature sponsored and passed SB1070 (the controversial show-me-your-papers law), which allowed state enforcement of federal immigration laws prior to a U.S. Supreme Court ruling striking it down. And in 2015 and 2017, the Arizona state Legislature drafted legislation that threatened to sue

Refugee Resettlement Agencies if they resettled refugees in Arizona, as well as halt resettlement indefinitely. Despite these external pressures, it is important for researchers and practitioners to understand the extent immigrant groups' economic self-sufficiency, as well as how public policy shapes these individuals' fears, desires, aspirations, and what implication this has on their desire to integrate into local societies in Arizona. Republican Governor, Doug Ducey utilizes a pro-growth response to immigration issues in the state, which has decreased the quantity of Arizona's anti-immigrant legislation. His stance is that new damaging laws against Arizona's Latino community are detrimental to Arizona's economy. Most recently, the House Concurrent Resolution 2027 has gone beyond negative legislation to welcomes refugees.[ccxxxviii] Governor Ducey has a business comes first mindset. He campaigned on a promise to bring his experience running Cold Stone Creamery to the state of Arizona.[ccxxxix] This commerce first mantra has increased inclusivity since the era of SB1070. This is not to say that similar racist sentiments do not exist, but they have not been as active in submitting new legislation along the same guidelines.[8] Governor Ducey also takes great pride in the trade relationships he has built with Mexico, especially with the pro-business governor of Sonora, Claudia Artemiza Pavlovich Arellano, which has led to an increase in trade.[ccxl] Despite these accepting and positive political changes, in 2019 Governor Ducey stood beside Vice President Mike Pence and said, "I'm not proud of this dangerous poison that's coming across our

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[8] This did not prevent Arizona representatives in U.S. congress from voting to increase security screening measures on oversees refugee processing centers after the Paris attacks in 2015. This caused many refugees to lose their approved status – moving them to the back of the resettlement line.

southern border," to a large crowd in Southern Arizona in reference to the immigration 'crisis' on the Arizona-Mexico border.[ccxli]

This double rhetoric causes local service providers, like refugee resettlement agencies, to act with caution. Arizona's refugee, asylum seeker and asylee service providers often operate under the radar, due to a well-founded fear that political attention to their work may have negative consequences on future programming. For example, most people do not know how many refugees are resettled in Arizona, let alone where they are coming from.[9] Due to external political pressures on immigrant service agencies, it is important for researchers and practitioners to understand the importance of these nonprofit and governmental agency's determination to help immigrant groups reach economic self-sufficiency, so that the general public can be aware of the public policies needed to help immigrant groups thrive in the U.S. Present immigration policies are changing rapidly, and national sentiment towards immigrants may alter immigrant integration and naturalization patterns. These immigration policy changes, along with Arizona's immigration stance will have a long-standing impact on future immigration to the state and on the mindset of immigrants already in Arizona.

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[9] In Arizona, the top five highest resettled nationalities Phoenix over the last ten-years: Iraqis (3,758), Burmese (3,124), Somalis (2,013), Congolese (1,970), and Bhutanese (1,289). (Arizona Refugee Resettlement Program. Department of Economic Security).

The City of Phoenix: Structure, Supports and Immigrants

The land where the City of Phoenix presently sits was originally settled, and cultivated through an elaborate canal system, by the Ho Ho Kam between 700 A.D. to 1400 A.D.[ccxlii]

As the U.S. government pushed its way west through North America, Jack Swilling, originally a confederate soldier, came across a parcel of land that is now four miles east of the present city. He wanted to name the city Stonewall, after Stonewall Jackson, but Phoenix was ultimately decided upon Phoenix as the official name on May 4, 1868 when the Yavapai County Board of Supervisors formed an election precinct because the City was to rise from the ashes of the ancient Ho-Ho-Kam ruins. Phoenix is unique in that it was one of the first cities in the U.S. to adopt the progressive council-manager form of government in 1913, but it's rapid growth since 1950 may be what it is best known for in the U.S. In the last seventy years, Phoenix has grown from 17.1 square miles and a population of 106,000, which ranked it the 99th largest in the U.S., to over 500 square miles with a population of more than 1.4 million, 6th in the country. Phoenix is now a corporate and industrial hub and it continues to grow year-over-year. The City of Phoenix's website cites how engaged its population is in its governance: "Since 1950, the residents of Phoenix have shown their faith in city government by approving bond issues totaling about $3.5 billion for necessary improvements in urban facilities and services. The 1988 Phoenix bond election, which authorized the issuance of more than $1 billion in bonds, is one of the largest general-purpose municipal bond elections ever."

Phoenix's environment and climate (one of the five "C's" of Arizona) has made it a prime location for westward expansion and increased domestic and international immigration in modern times. Phoenix continues to grow today, and it sits in the middle of the nation's fourth largest county (in terms of people, and fifteenth in size).[ccxliii] Phoenix's governmental structure is called a council-manager plan. The council-manager plan has three main positions - mayor, council members and city manager. Phoenix is governed by a democratically elected Mayor. The present Mayor is Kate Gallego. The City of Phoenix has eight council members elected by the people on a non-partisan ballot by a council district for four-year terms. According to the City of Phoenix's website, the mayor and council members set policy for the city.[ccxliv]

The City of Phoenix provides services directly related to health, self-sufficiency and integration supports with an estimated budget expenditure of Community Development $244,911,000 (17% of the total budget) and Community Enrichment $314,877,000 (22% of the total budget) for the 2019-2020 budget period (which includes specific line items for housing, neighborhood development, community and economic development, human services, and planning and development.[ccxlv] As a note, although the City of Phoenix provides some health services, the majority of direct healthcare services are delivered through Maricopa County's Department of Public Health through oversite from the Arizona Department of Health Services. Phoenix offers services for domestic violence survivors, victims of trafficking, and sexual assault and violence, among others. In 2019, the City of Phoenix supported the IRC's efforts to open a "Welcome Center," for asylum

seekers in transit after they were dropped off by ICE, by clandestinely fast-tracking documents for the approval of the temporary shelter.

Phoenix has a large Latino population (42.5%), and over 300,000 of its inhabitants are foreign born (19.6%). In 2016, the Migration Policy Institute estimated that there were 226,000 undocumented immigrants in Arizona.[ccxlvi] Based on Putnam's research, it is a plausible hypothesis that due to high proportions of Latinos in Phoenix and the dramatic increase in Latino immigration, some White Phoenician residents may feel overwhelmed with the number of Latinos and undocumented immigrants in their community.[10] Anti-immigrant sentiment in Arizona may cause additional problems for integrating Latino immigrants in the future because Arizona's dominant white culture could feel even more threatened by large-scale demographic shifts already underway: Latinos will continue to represent a greater share of the total population.[ccxlvii] This matters for future immigration policy in Arizona because power dynamics and political representation will transition to a Latino majority around the year 2050.

According to the American Community Survey's 2017 five-year estimate, there may not be a need for low-income workers in Phoenix: Only 27.8 percent of the population has a college degree, which is lower than the national average, 30.9 percent, and approximately 61 percent of full-time year-round workers make less than $50,000 a year. This plays a role in how the dominant White culture views incoming Latino immigrants. According

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[10] Putnam's hunkering down effect, discussed on page 16.

to the U.S. Census Bureau, Central American Migrants are classified as Latino, and they have lower educational attainment and total income than the average U.S. citizen.[ccxlviii] Additionally, the average salary in Phoenix is only $40,021, which is also below the national average of $45,809. The average age of Phoenicians is 33.3 years, compared to Arizona's average and the U.S. average 37.8, meaning it has a young workforce that will sustain itself financially for longer than the rest of the nation.

Phoenix has many high-skilled immigrants. According to the American Community Survey five-year estimates, in 2017, there were 537,000 full-time workers over the age of 16. Of the 133,000 who are foreign born, 24 percent made more than $50,000 a year. Of the foreign born, those who naturalize make more money than their non-citizen counterparts (Figure 26).[ccxlix] Despite these numbers, there are no services targeted directly towards attracting or retaining high-skilled immigrants in Phoenix.[ccl] This does not mean that individual companies do not have corporate policies that encourage foreign work visas, but it showcases a dearth of engagement with immigrant groups even at higher income levels.

Figure 26: Immigrant Income by Citizenship Status

Income in the last 12 months by citizenship status, Phoenix, AZ, 2017
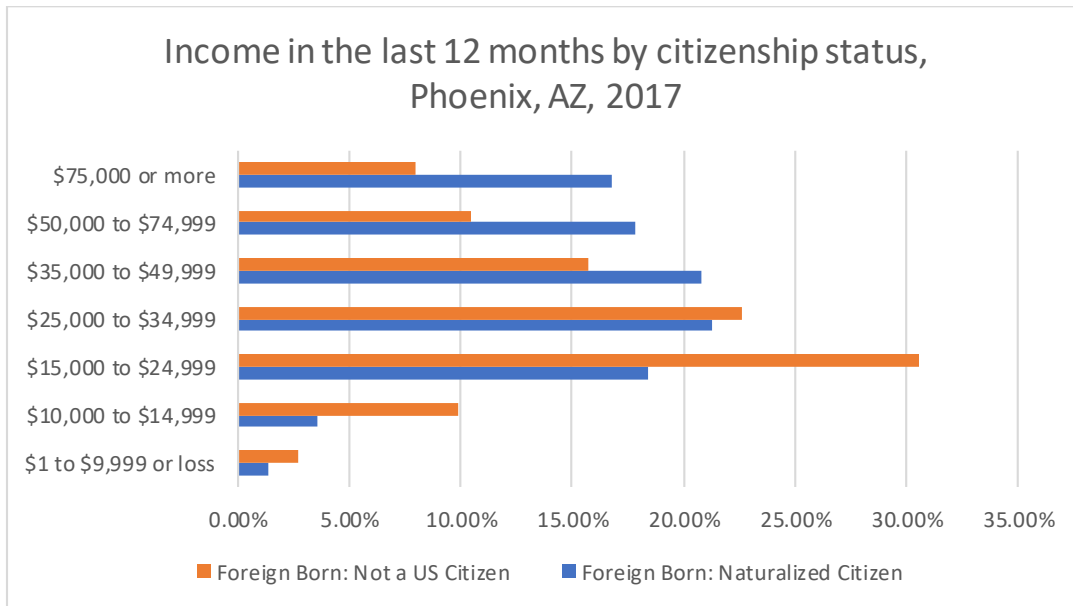
2013-2017 American Community Survey 5-Year Estimates, Phoenix, Arizona

How visible are immigrants in Phoenix? Jamie Winder argues that institutional visibility of immigrant populations is a precursor to urban "incorporation" because "if immigrants are not institutionally visible to government or nongovernmental organizations, immigrant abilities to make claims to or on the city as urban residents are diminished … and because immigrants can become institutionally hard to find and, thus, plan for in the city."[ccli] Winder also argues that politically, municipal response will depend on which party can make the immigrant a constituent. In addition to Winder, Menjivar and Arzubiaga contend that immigrants of Latino descent are not strategically integrated into Arizona's larger dominant culture. Phoenix, however, has shown that it can be a welcoming community for immigrants who have legal status, such as refugees or survivors of trafficking. One example of these efforts is the city's support of Arizona's

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four refugee resettlement agencies (The International Rescue Committee, Catholic Charities, AIRS, and Lutheran Social Services), and direct service provision to refugees through public housing opportunities and employment resources. Its response to undocumented immigrants and asylum seekers, however, is limited to non-existent.

Nonprofit Social Service Response to Asylum Seekers in Phoenix

The primary way that nonprofits in Phoenix support asylum seekers is through legal education and counsel, documentation, research, public policy, and advocacy. According to Arizona 2-1-1, Arizona's resource website for social services and programs, there are 36 nonprofits that can serve immigrants and asylum seekers in Phoenix, and Find Help Phoenix says there are 21.[cclii] Of all of the organizations listed, there are 28 non-duplicated governmental offices.[ccliii] Other major supporters and key stakeholders for asylum seekers in Phoenix include, Living United for Change in Arizona (LUCHA), Puente Movement, Chicanos Por La Causa, Uncaged, the four refugee resettlement offices in the state, and the Florence Immigrant and Refugee Rights Project.

In Phoenix, there are several local nonprofits and churches that provide educational classes, health and human services and basic needs supports to asylum seekers. Local programs include, but are not limited to: health services at Federally Qualified Health Centers, Dignity Health's Peppertree Clinic in Phoenix, a network of churches for housing and food resources, refugee resettlement agencies that sometimes provide services for asylum seekers, and occasional pro-bono attorney services through the

Florence Immigrant & Refugee Rights Project. These support systems provide the groundwork for immigrant integration, but according to interviews with community leaders, highlighted in the subsequent section, many nonprofit providers and church leaders feel that they are becoming complicit with disruptive and counterproductive national immigration policies. They feel that their local support networks are providing services that the U.S. national government should be providing, making local communities a band-aid for short-term humanitarian relief instead of a bridge to long-term integration.

Phoenix does provide some services for documented immigrants, such as refugees. It can provide rental assistance to refugee families that are facing eviction. Phoenix also offers subsidized housing and job training programs that provide appropriate translation to immigrants with less-common languages and dialects.[ccliv] The City of Phoenix hosts community educational events for immigrants and forums on Immigrant and Refugee Community Safety that addresses know your rights and navigating the court system. The City of Phoenix also has a select list of resources for refugees including referrals to language literacy classes and job supports, [cclv] but it does not mention services for asylum seekers on their website, nor acknowledge their circumstances.

In comparison to many cities in the Southwest, Phoenix is absent from the debate about the treatment of, and service provision for, asylum seekers, and it provides limited services for low-income immigrants (please see a full discussion of this topic in the

following section). For example, there is a stark difference between how the City of Tucson and the City of Phoenix respond to asylum seekers that is worth noting. The U.S. sanctuary city movement began in Tucson, Arizona in 1984 in the Southside Presbyterian Church in Tucson, Arizona. Reverend John Fife harbored "refugees" (actually only classified as migrants by the U.S. government) from Central America, primarily from El Salvador and Guatemala, because the Reagan Administration was financing both sides of Central American wars and militarizing the region, but the administration also refused to recognize CAM as refugees.[cclvi] The City of Tucson, to this day, is still welcoming of immigrants and asylum seekers. In 2019 it openly supported spending $530,000 to house migrants in Tucson,[cclvii] and in 2019 its Mayor, Regina Romero said that protecting immigrants goes "hand in hand" with her ultimate goal of expanding the city's' business relationships across the border.[cclviii] Despite the involvement of several local nonprofits and churches, Phoenix plays a limited role in asylum seeker integration efforts. The question then becomes, if the sanctuary movement started in Arizona, why is it so hard for cities like Phoenix to acknowledge or aid asylum seekers? This trend, however, may be changing since the beginning of the COVID-19 pandemic, as the City of Phoenix revised their Strategic Coronavirus Plan to include $3,000,000 for refugees and asylum seekers.[cclix]

Community Leader Interviews

Methods

This study conducted fourteen semi-structured, in-depth interviews with key community leaders in Phoenix, Arizona, between February and April 2019. The interview questions are listed in Appendix C. Interview questions, consent and recruitment scripts were approved by Arizona State University's Internal Review Board. The key themes discussed in the interviews included: the needs of asylum seekers in Phoenix, present City of Phoenix response and service provision for asylum seekers, the government and nonprofit administrative gaps and needs for assisting this population, and the potential strategies, coordination efforts and supports that could bolster Phoenix's involvement in assisting asylum seekers. Interviewees included church leaders, nonprofit organizations, academics, journalists as well as two responses from government officials (one in the City of Phoenix, and one in ICE). The researcher used a respondent-driven sample. For recruitment, the researcher first reached out to the Executive Director of Catholic Charities refugee resettlement program, who is an ongoing partner with Arizona State University. At the end of the interview, the researcher asked her who else would have key insights on working with asylum seekers in Phoenix. Based on recommendations, community leaders were selected based on their subject matter expertise concerning Phoenix's response to immigration. More specifically, the criteria used to select these individuals was based on their knowledge of Phoenix and Arizona's history, for example, past and present public policies and social service delivery systems for asylum seekers. Interviewees were asked questions based on their experience and job position. All but

two governmental employees and elected officials that were asked to participate in the study declined to be interviewed, including Immigration and Customs Enforcement

Officials, City of Phoenix staff, and the Mayor of Phoenix.

So, why should Arizonans care about the lack of legal representation and long-term detention of asylum seekers, immigrants and children if immigration law and policy changes are being made at the federal level, not at the state level? In an interview with Dr. Evelyn Cruz, she said: "Where a society goes with their immigration policy is dependent on how they see that immigrant population fitting into their economy and society. And since SB1070 (Arizona's 2010 show-me-your-papers state legislation, most of which was struck down by the U.S. Supreme Court), there has been a realization that more often than not immigrants are interwoven into our society and our economy. Immigrants can be a foundation for economic growth, so it is important to ensure their civil rights are protected so they can feel a part of our community and invest their effort in the betterment of us all."

Findings from Community Leader Interviews

This section will synthesize responses from interviews with community leaders in the City of Phoenix. The full IRB, list of interviewees and questions are in the Appendix. During my research, I sought to learn more about the nuances of the City of Phoenix's engagement and future goals in integrating asylum seekers. I contacted, all City Council Members, several high-level City of Phoenix Administrators, as well as requested an

interview with the Mayor both through email and in-person, and I was unable to get an

interview. Only one person from the City of Phoenix responded to the study's request for

an interview. The individual worked in the public information department. She declined

to be formally interviewed but answered a few questions about Phoenix's involvement

with asylum seekers. Furthermore, the City of Phoenix's website only has one direct

reference to asylum seekers, and it is from a June City Council Meeting. The following

excerpt shows the City of Phoenix's direct engagement with asylum seekers in Phoenix:

City Council Report
Date: 6/27/2019
Summary
Ms. O'Connor and Ms. Erie requested that the City provide a designated drop-off area, basic services and shelter at an intake center to asylum seekers released by Immigration and Customs Enforcement (ICE) during the summer months. The City of Phoenix is actively engaged with the non-profit and faith-based community to help study this complex issue, provide advice and assist in developing solutions that will benefit all stakeholders. When requested, heat respite supplies have been provided through the City's Heat Relief Program. At this time, Council has not authorized dedicated financial resources or facilities to this effort. In addition, the City does not have facilities suitable for an overnight or day respite center without displacing existing City programming or requiring significant time and money for rehabilitation of the facilities. The City will continue to look to community experts and coordinators providing services to asylum seekers to determine how best to support this ongoing need.[cclx]

Despite this commentary, the City of Phoenix did, however, clandestinely fast-track the

necessary paperwork and ordinances to help the International Rescue Committee create a

"Welcome Center" for asylum seekers in Phoenix.[cclxi]

There are four types of asylum seekers during the entry and process phase in Arizona.

Individuals in detention, roughly 3,000 in Arizona,[cclxii] those who out-migrate after they

are released from ICE custody, and those who choose to settle in Arizona or move to Arizona from another state while they await a decision on their asylum claim. According to Gloria McCarthy, Children's Program Director at the Florence Project in Arizona, there is no local legal support from the City of Phoenix or Tucson. "Some cities in other states have pro-bono legal services paid for by cities, but this is not the case here." The Florence project gets its funding from foundations and donors only.

When asylum seekers are released from Customs and Border Patrol (CBP) they are transferred to ICE custody. ICE can only hold these immigrants for 20 days due to legal precedent set by Flores Settlement Agreement, which arose out of *Flores v. Reno*, a 1987 California case.[cclxiii] Many asylum seekers move to other U.S. states while they go through the asylum process. According to Ellie Hutchinson, Community Outreach and Development of First Church UCC, the City of Phoenix provides no services to asylum seekers that are dropped off by ICE. According to Hutchinson, the need for temporary and short-term housing and medical services is immense, and nonprofit and church service providers need an additional coordination position to facilitate ICE drop-offs because the present system causes havoc for both asylum seekers and local service providers. Over thirty churches in Phoenix provide services to asylum seekers that are dropped-off by ICE. They have set up showers, donation drives of food, hygiene kits and medicine, and provided $20 cash to asylees who are leaving Phoenix to connect with family or friends in other parts of the country. Of the 32 churches or nonprofit organizations that have been working with ICE to help asylum seekers, 14 have stopped

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volunteering to support this immigrant group because the demand for their help far outstrips their capacity. First Church UCC has openly discussed halting its support for asylum seekers in Phoenix because according to its Conference Minister, Dr. Reverend William Lyons, "It's honorable how many people have stuck up for migrants. People want to help, but ethically we are complicit."

Prior to October 2018, ICE would give families transportation guides, call family members that might be able to assist migrants or take them in and provided $20 cash and a meal before they dropped migrants off – now they do not. ICE's lack of a coordinated system for drop-offs creates an ad-hoc communication that is chaotic. According to Lyons, "ICE doesn't play fair. And there is a structural attempt to break the faith-based response. ICE consistently changes drop-off locations, drops off more individuals than they say they are going to, and they still drop-off migrants directly at the greyhound bus station." These uncoordinated efforts make it difficult for churches to prepare, and several non-church service providers said that ICE does this intentionally, so they can avoid public attention and get around being blamed for poor migrant outcomes.

Despite the fact that ICE offices are mandated by the same federal government policies, they have a lot of latitude in how they carry-out their work. For example, in Albuquerque there is consistent communication between churches, municipal government and ICE to coordinate health, housing, legal and transportation support. In San Diego, the same thing happens, but in an even more organized fashion, they have a

single point of services model, where migrants and asylum seekers can get all of the information they need, and this is done in conjunction with ICE. According to Lyons, "Phoenix is unengaged." ICE claims that they do not have the proper resources to continue their previous activities because CBP is delivering migrants to their custody later than they used to. Quantitative data can reinforce these anecdotes. The University of Syracuse hosts a website called TRAC Immigration, which is a nonpartisan, nonprofit data research center that houses important reports and statistics about U.S. deportation trends. TRAC's 2019 deportation data demonstrates that there is a ten-fold difference in the rate of deportation depending upon where the immigrant lives.[cclxiv] The City of Phoenix is within Maricopa County and it hosts the largest rate of deportations per 1,000 unauthorized immigrants (Figure 27).

Figure 27: Deportation per 1,000 Unauthorized
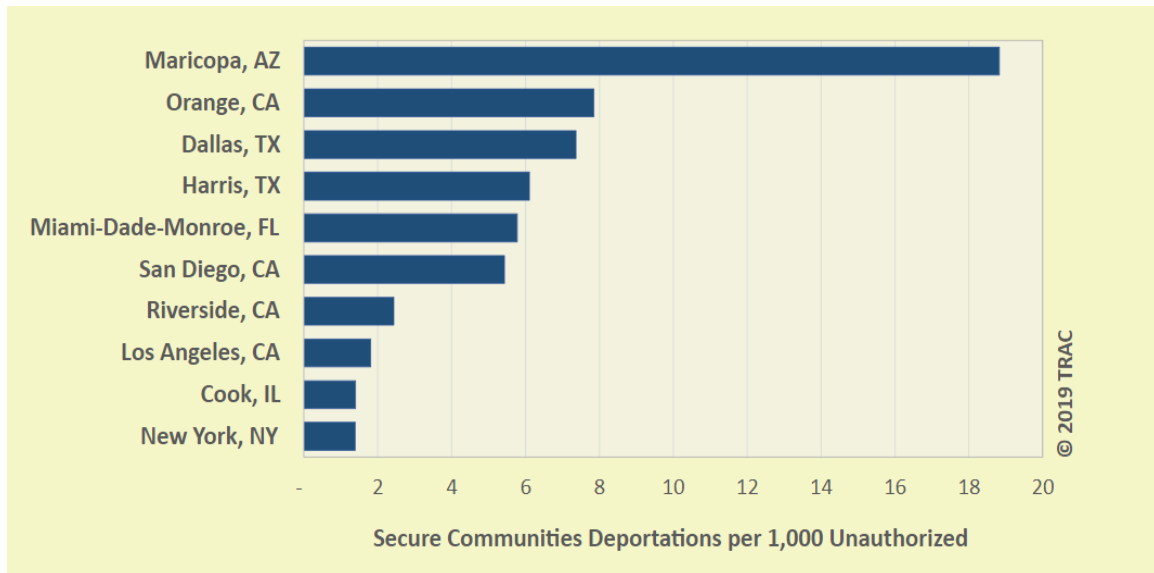
TRAC Immigration 2019

ICE's Arizona leadership representatives declined to be interviewed for this study. They did, however, send a written response to the interview inquiry: "The sheer volume of family units crossing the border has overwhelmed ICE's limited transportation resources; combined with a requirement to detain these individuals for no more than 20 days, the agency has no option but to expeditiously arrange for their release." ICE also sent the following information about the number of family units released by each Area of Responsibility (Regional Office) from 12/21/18 to 3/20/19.[11]

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[11] The nomenclature used by ICE is interesting. Individuals are referred to as units, instead of families or people.

Table 4: Number of Asylum Seekers Released by ICE, Southwest 12/21/18 - 3/20/19

City	Number of Family Units Released
San Diego	11,000
Phoenix	18,500
El Paso	31,500
San Antonio	47,500
Total	**108,500**

ICE's response is consistently inconsistent, and they justify their actions based on constant change in the number of arrivals and federal immigration policy. For example, there has been a litany of newspaper articles that document the fast-changing immigration policy since the initial wave of CAM during the Obama Administration in 2014. Most recently, U.S. asylum-seeker policies have changed, asylum seekers can no longer claim domestic or gang violence as a part of their credible fear of persecution application.[12] Other major changes include, but are not limited to: (1) Asylum Seekers are forced to wait in Mexico for a decision on their asylum claim, and the process is becoming even more difficult for potential applicants (2) There has been an increase in the number of migrant detention camps and immigration courts on the U.S.-Mexico border (3) The Trump Administration struck a deal with Guatemala to take would be asylum seekers who are deported from the U.S. if they passed through Guatemala during their journey north.

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[12] Despite the fact that the gangs in many Central American countries are the ones carrying-out widespread violence with impunity, due to governmental corruption, inaction, and inability.

Many of ICE's changes, however, are not directly influenced by these changes, including' ICE no longer providing money to asylum seekers when they are dropped off at bus stations, homeless shelters and churches in Arizona and ICE no longer providing phone calls or help with travel arrangements. Lutheran Social Services, a nonprofit service provider in Arizona, approached ICE to try and create a coordinated system so that they could effectively respond to the needs of asylum seekers that are being dropped off. Despite the fact that this type of arraignment exists in other states, ICE backed out of the agreement before it was signed. Rev. Lyons points out that New Mexico has a dialogue between ICE and nonprofit and church providers, "They don't have a divide and conquer mentality like they do in Arizona." Rev Lyons also commented on consistent inconsistencies in ICE's response, "*There is an implicit bias by ICE field officers, and regional offices have a lot of latitude in how they carry-out their work, which leads to great inconsistency." He compared Phoenix's response to that of Albuquerque and San Diego*. Albuquerque, which is a sanctuary city, pays for busses to bring asylum seekers from Las Cruces to the city where there are more services. In San Diego, there is a single point-of-entry for legal and health and human service providers.

In response to ICE's internal policy changes in Arizona, there has been extensive outpouring of nonprofit and church support for asylum seekers in Phoenix. Esther Duran Lumm is the Co-Chair for Uncage and Reunite Family's Coalition, a grassroots organization that advocates for the rights of asylum seekers. "We want to change the policies that are being practiced by our federal government. Uncaged is a grassroots

organization that is frustrated with how legal asylum seekers are treated and the separation of families." She added, "We want to make sure that once families are placed in detention centers, they are treated humanely and safely. There are too many instances of malnutrition, poor medical care and physical and sexual abuse." Esther also brought attention to the fact that far more families were separated than originally reported by the Trump administration. "We also want to address the fact more than the 2,500 originally reported family separations were actually separated. We are concerned that there were thousands and thousands more before that one. We need to make sure that they don't say that it's too much trouble to reunite these kids with their parents – because it's kidnapping."

There are several organizations in Arizona that provide legal support to asylum seekers. One of these groups is the Florence Project. Golden McCarthy is the Children's Program Director at the Florence Project in Phoenix, and in her interview, she said, "Individuals should have the right to an immigration attorney. In our present immigration model, they have to find one, the asylum law system in the U.S. is not a public defender model." McCarthy added that the Florence Project, much like the more nationally well-known organization, American Civil Liberties Union (ACLU), is an organization with finite resources that provides legal representation and Know Your Rights Trainings based on donations. She said that the demand for their services far out-strips their present abilities, and that outside social and financial support is encouraged. "We would love it if the City

of Phoenix would commit to investing in asylum seekers and supporting their economic viability."

After facing federal legal challenges, asylum seekers and asylees who choose to stay in Arizona or move to Arizona face additional challenges. As this paper has discussed, Arizona has a history of hostility towards immigrants, especially those who are not of Anglo-Saxon decent.[cclxv, cclxvi] In 2018, refugee resettlement offices reported that the number of asylum seekers requesting services jumped from 200 to 300 percent in their Phoenix and Tucson offices. According to Rob Moore, Special Populations Manager at the International Rescue Committee, "So in that six to eight-month period where an asylum seeker can't work, how is an asylum seeker supposed to, without working under the table, or without 'alternative employment,' what are they going to do to survive? And that's a real concern. And I have a very strong concern for LGBTQ clients that come out with no resources and with … the prevalence of trafficking of Phoenix, they are very susceptible and vulnerable to trafficking, and trafficking networks. Finding solutions to these things is pretty critical."

According to Joanne Morales, Director of Refugee Programs at Catholic Charities, asylum seekers need the basics, "I think we want to see people have access to the real basic things and build up through community supports." She says that many asylum seekers have no idea what their rights are when they come to this country, "or what they are eligible for as they go through the [asylum] process." She believes that, "housing is

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the biggest issue, they [asylum seekers] are staying at a church or with friends, or they don't have medical insurance, or they want help getting a job, but they are not eligible for refugee services."

James Garcia, is a freelance journalist, and he believes that, "We should be sympathetic to Central American Migrants, we contributed to this, we should be welcoming." But beyond sympathy, he emphasized the importance of asking the fundamental questions, "Do we need immigrants?" He believes that the U.S. will need more immigrants than it presently has as the U.S. population ages, "There are migrants that we need to absorb, especially considering slower migration patterns from Mexico. All jobs are suffering deficits. Yuma, industry leaders will point blank tell you that they need workers, and the lack of labor is hitting their bottom line." Garcia believes that Arizona has a lot to share about the failures that the U.S. might encounter if they continue with their anti-immigrant rhetoric and public policies, "Arizona has already lived through Trumpism. We already went through the national debate during SB 1070. We should be sharing our lessons learned with the rest of the country. We damaged our reputation and severely wounded our economy. It has taken us almost a decade to come back. These lessons should be included in the federal conversation. Arizona should be a leader; we should have a voice because we were ground zero for this issue."

Joseph Garcia, Executive Director of Chicanos Por La Causa's Action Fund, said that local governments may have no choice but to engage on the asylum seeker issue, "At this

point in time, it appears municipal governments will have no choice but to make some hard decisions – both politically and pragmatically speaking – regarding asylum seekers and asylees and how they integrate into their new communities. That's because thousands of asylum seekers are being dumped into cities and towns by Immigration and Customs Enforcement without regard to an overwhelmed local system being able to handle them." Due to the size of the need in Arizona on a range of health, self-sufficiency, integration and legal needs of these groups, these response mechanisms are relatively limited. Nonprofit organizations that serve asylum seekers in Phoenix face an uphill battle due to limited resources and public and political support for this immigrant population.

Community leaders outlined similar asylum seeker needs as the self-reported needs reported by asylum seekers in their interviews (almost reaching saturation). There were several reoccurring themes in community leader interviews about the needs of asylum seekers: safety and housing support, especially for asylum seekers who do not have family or friends in the U.S., pro-bono or heavily reduced legal services, free know your rights trainings, access to legal employment and financial services, as well as medical services – especially for individuals who recently arrived from Mexico or who were released from low-quality detention centers. Community leaders pointed out several deficiencies in the City of Phoenix's response, including, a lack of engagement on the issue and poor to non-existent coordination efforts for supporting asylum seekers who were leaving ICE custody (transitioning from the entry phase to the process phase), a lack of community resources and awareness about local resource gaps, a lack of

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acknowledgement and advocacy for asylum seekers, highly politized news media coverage that does not accurately portray asylum seekers, and a failure to accept asylum seekers as they are often thought of or categorized as economic migrants.

Asylum Seeker Outcomes During the Process Phase, the Social Service Tipping Point, and Mid- to Long-term Data Challenges

The City of Phoenix is a collection of governmental departments and their administrative personnel, political space, community and nonprofit organizations, churches and complex systems of social relations. The interplay of the conflict, negotiation and accommodation of these divergent and convergent modalities creates the space where asylum seeker integration can take place. Phoenix's political and administrative bodies make up on some of the factors that contribute to asylum seeker integration, as asylum seekers are also accepted or rejected by citizens, neighborhoods, nonprofits and church entities, and since integration is a complex two-way process, the strength of asylum seeker communities and individual desire to integrate also play a role in asylum seeker integration outcomes.

Presently, the City of Phoenix has little-to-no programmatic, networking or structural components in place to improve asylum seekers' health, self-sufficiency and integration outcomes. Therefore, the central question becomes how voluntary associations, nonprofit entities, and churches fill service gaps for asylum seekers in Phoenix. Non-municipal service groups contribute to asylum seeker integration, but there is little publicly

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available data on asylum seekers medium- and long-term outcomes. This problem exists because Phoenix, much like the United States, has farmed out health and human service responsibilities to private social service agencies. This trend has been in effect since the 1970s when "new federalism" was created by the U.S. Congress with the end goal of downsizing the federal government's control over the direct provision of community services.[cclxvii] This led to a dramatic increase in the number of 501c3 nonprofits entering the public sector to fill the void left by waning governmental services. These "quasi-governmental" nonprofit service providers face service coordination challenges and have a difficult time evaluating their work and measuring their mid- to long-term outcomes because data is not shared across entities.[cclxviii]

Phoenix's disengagement from asylum seeker outcomes reflects a disregard for institutional responsibility allocated to it – a responsibility that other cities in the SWNAR are actively working to bolster (San Diego, Las Cruces, Tucson, etc.). Inaction is acquiescence to the whims of political and administrative governmental bodies, such as ICE and the State of Arizona. Arizona has also stood as a bastion of anti-immigrant rhetoric and policy. A large-scale example of the U.S.'s failure to protect asylum seekers can be seen in Canada's recent federal ruling by federal justice Ann Marie McDonald that Canada will no longer recognize the U.S. as a safe country for asylum seekers if U.S. governmental changes are not made by January 2021.[cclxix]

Nonprofits and churches provide a host of health and human services to asylum seekers, including but not limited to: "know your rights trainings," employment services (once an asylum seeker has their EAD card), financial management classes, health care coordination and English language and healthcare orientation classes. But, as outlined above, there are many difficulties in measuring mid- and long-term health, self-sufficiency, and integration outcomes of asylum seekers in the U.S. and Phoenix. There is scant knowledge and literature about this topic for asylum seekers that are still in the process phase, and additional research needs to be conducted to analyze asylum seeker outcomes in aggregate (many organizations do not conduct any form of follow-up with asylum seekers after they receive initial services).

There are a few nonprofits in Phoenix that follow-up with asylum seekers while they are in the process phase. The International Rescue Committee is a key player in this space, and it offers long-term case management services for asylum seeking families and it operates a Welcome Center, that serves newly arrived asylum seekers who do not have safe or stable housing options. The IRC works with a cadre of other nonprofit health and human service providers, as well as churches, businesses and governmental actors to help asylum seekers reach self-sufficiency. The IRC tracks the number of referrals they make for asylum seekers, but they do not capture enrollments in all services. There are individual case notes recorded by each case worker that works with asylum seekers in Phoenix, however, this is large amounts of unstructured qualitative data that would require a team of researchers to evaluate individual enrollments in services and to track

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and evaluate mid- to long-term outcomes. Some refugee programs track long-term outcomes like opening bank accounts, employment placements, integration into schools and home purchases, but again, this is not conducted for many refugees, let alone, asylum seekers.

Asylum seekers have a different path, says Daniel Bloch, asylum seeker coordinator at the IRC's headquarters in New York, as there is less pre-processing of asylum seekers compared to refugees. Many asylum-seeking families that have arrived within the last year have bounced around in Migrant Protection Protocol (MPP) courts – some receive services in Tijuana (a testament to the interconnectivity of health through transborder spaces and regions outlined by Friedenberg and Lugo) and some even are denied asylum in Tijuana, but are looking to appeal their case, and they need an attorney. The time that asylum seekers spend in the Welcome Center is sometimes only a few days, but the case management services offered are comprehensive and long-term for those who need it. The IRC does not "close" cases per say, opting for the term "soft case closes", so that if an asylum seeker experiences a crisis they can come back for services. For example, during COVID-19 the IRC saw a resurgence of cases coming back asking for supports. There was "lots of re-engagement," said Daniel, "Follow-up varies by individual, as some asylum seekers reach self-sufficiency and then do not return to the IRC for services. However, there are others, especially since the onset of COVID-19 that have returned for services and stayed enrolled in services longer due to the fact that their livelihood has deteriorated to the point that they need additional supports."

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Cinthia Valenzuela, asylum seeking family's caseworker at the IRC in Phoenix, believes that post detention plans by federal governmental actors have evaporated, and many sponsor families in the U.S. are struggling and don't have the capacity to take in more adults. She believes that people are in more desperate shape, need more long-term supports, as many families are staying in the Welcome Center longer. Some have been there for over three months now, "Caseloads are maxed out, it's a very difficult time, and there is presently a two-week waiting list for enrollment in the ASF program." She also acknowledged the fact that the IRC needs more short- and long-term supports and resources and the ability to track what is happening with asylum seekers and their outcomes.

Quantitative data for asylum seekers is scant, however, interviews with IRC case managers, coordinators and national asylum seeker officers indicate that asylum seeker integration outcomes are largely mixed. For example, Cinthia said that integration outcomes vary case by case, as successful integration depends on access clients have to the community, "There are stark differences between community and shelter living outcomes … their ability to integrate is completely day and night. They have a secure case worker in shelters, and resources, but integration actually makes life harder for them because they don't have the opportunity to become part of regular activities, sports, and kids do not learn English as fast. When they are in the community, [they] participate in other social groups, and adults find jobs easier – cleaning doing yard work, word of

mouth is how they find jobs. Outcomes are very different." Cinthia also believes that

asylum seekers are afraid to join society because of rhetoric in Arizona and the news.

Public charge law, in particular, has made all of Cinthia's clients very worried about it,

and lot of her clients changed their minds about receiving direct services even though

they were recommended by the ASF case management program. The quantitative data to

reinforce Cinthia's observations are, however, difficult to find. According to Daniel,

"lots of clients move or change phone numbers, and we try to conduct evaluations at 30,

90 and 180 days, case management can go for years, and it's hard to keep track." Since

there are no federal funds for asylum seekers, they are not protected, and all services that

the IRC provides are paid for out of their unrestricted funds. This presents a challenge for

tracking long-term outcomes because when IRC systems are overstretched in every

dimension, it is difficult to justify investing in ongoing research and evaluation efforts

when all extra funds are devoted to supplying basic human needs support to new arrivals

(the Welcome Center still has 60-70 arrivals a week as of August 2020). Beyond

immediate supports and case management, Daniel said the IRC knows where asylum

seekers move within the U.S. while they await their asylum claim decision, which helps

paint a broad picture of the asylum seeker experience, but, what the IRC needs is a data

hub, since there are thousands of asylum seekers in Phoenix, who are all accessing

churches and other partners to find sponsors without any point of coordinated care.

Daniel believes that Phoenix is not a well-connected city, and asylum seekers lack of

knowledge about resources hurts them. The IRC works with many community partners,

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including Saint Vincent de Paul, PATCH health clinic, Valleywise, etc., but according to Khue Paige, IRC Supervisor, every time they engage a partner, they usually outstrip their available services. For example, Saint Vincent de Paul had a stock of over-the-counter medications that the IRC used for their clients, PATCH health clinic was helping out asylum seekers, but ran out of capacity, and Valleywise's (formerly Maricopa Integrated Health System) Mike Dough tries to provide clinical services, but does not have the resources to meet asylum seeker demand. Khue also points out that many asylum seekers go through churches or other community partners to find sponsor families, but the fact that the community is not well-connected hurts asylum seekers' knowledge of available resources because "asylum seekers are 'an invisible group,' it is sometimes detrimental that they access resources instead of creating their own networks." When it comes to employment resources and future employment outcomes, Daniel believes that USCIS layoffs and furloughs will only extend the amount of time before an asylum seeker can receive their work authorization – and many families in the ASF program have already been waiting for over six months for their EAD card. According to Cinthia Valenzuela, "once asylum seekers get their work authorization it changes everything," because they are able to legally work and support themselves. Integration is not only tied to a desire to integrate; it is heavily dependent upon economic self-sufficiency.

How Engagement by the City of Phoenix Could Support Community Organizations
According to Daniel, Phoenix is different than other southwest cities. He offered three concrete examples of other cities on the north side of the SWNAR that provide additional

services for asylum seekers that make a big difference. The city of San Diego gives asylum seekers access to the state's electronic benefits system for food and health insurance. Dallas has started a new promising trend towards a public defender model where the city partners with the VERA Institute to provide funding for attorneys to support asylum seekers in their asylum claims, especially during deportation proceedings. "What is interesting, is Dallas has historically been unfriendly towards immigrants, but this goes to show that there is plenty of good will in the city and a desire to do good work." New York City provides free municipal ID cards that allow asylum seekers an official form of ID, which enables them to open a bank account and enables asylum seekers to travel statewide, and it is recognized nationally, so asylum seekers can travel between states. Daniel thinks that if the City of Phoenix were to do any of these things it would really help asylum seekers mental health and the odds of asylum approval.

According to Cinthia, the City of Phoenix is verbally supportive, but financially they do not help out. She said, "the Welcome center is in the flight path, and they don't want to put money in the flight path. The county, moves too slowly, so the IRC is trying to approach asylum seeker issues from a refugee health perspective." Nonprofits have a tall task as they are continuously asked to fill the void created by decreased governmental services while facing their own budgetary concerns. Nonprofits are continually asked to pick up the "slack" when governmental agencies do not invest time, energy and resources into education, public health and economic self-sufficiency. Nonprofits face their own bottom-line and have to compete with other social service agencies for donor dollars,

which takes up a substantial amount of time, energy and resources that could be going to beneficiaries. The mantra, "do more with less" exists in the nonprofit health and human service provider sector, and as COVID-19 persists, there are serious concerns about how much longer nonprofits can continue to fill the role created through federal, state and municipal abandonment of asylum seekers.

Cinthia believes that the City of Phoenix is, "quite conservative in its response to asylum seekers because of people's political stance in Arizona. It would be great if the City of Phoenix would get more involved, but I don't see them being more proactive than what they've already done." She added that the City of Phoenix has no mechanism for providing representation for asylum seekers, and Arizona is a black hole of resources, "It is so difficult to get the city to engage on asylum or immigration of any kind. It has to do with political atmosphere in the state. Other states are more welcoming to immigrants, it's just something we don't have here." The City of Phoenix did reach out to the IRC and Catholic Charities to assist refugees and asylum seekers during COVID-19, but, when they reached out, they didn't reach out directly to asylum seekers – and the documentation necessary to receive financial support was documentation that asylum seekers do not have, an I-94 (only refugees and asylees have this paperwork). "The City of Phoenix has a lack of understanding of asylum seekers, and the complexity of asylum seeker issues – and without understanding, there is no progress." Cinthia added, "It would make a huge difference if City of Phoenix was hands on, if they were able to provide

housing, it would make a huge difference, a stable safe place increases quality of life, and not having to move every month would take a lot of stress off of families."

U.S. Governmental Response: Consistently Inconsistent

The structural makeup of the U.S.'s legal immigration system allows room for individual discretion by immigration judges and regional ICE offices. This structural decision-making model creates consistently inconsistent results for the outcome of asylum seekers' claims, especially in Phoenix and other transborder cities. Systematic variability allows the U.S. judicial and administrative systems to operate without accountability to the overall trends regarding the sum of individual asylum decisions by judge or collective aggregates. These consistent layers of inconsistency create unintended consequences, which create real-life health, self-sufficiency and integration implications, which sets the stage for how municipal governments and local nonprofits can react.

U.S. immigration laws leave room in court cases for individual judicial discretion and regional autonomy of Customs and Border Protection (CBP) and Immigration and Customs Enforcement (ICE) – which is useful for judges, border patrol and detention operations and asylum seekers – as there is no one-size-fits-all immigration case. However, are some bad actors within the immigration court system curtailing dignified and appropriate humanitarian response? Individual judges and regional ICE operators alter rules to meet their individual biases, which creates consistently inconsistent results,

even though all of the judges and governmental officials should operate under the same rules and guidelines.

Despite the international legal protections outlined in the section, "Protections for Central American Asylum Seekers in the U.S." there are gross inequities in these systems. For example, the website TRAC Immigration collects data about asylum claim decisions by individual judges. In Arizona alone, there is a wide variance in approval rates. In the city of Phoenix, Judge LaMonte S. Freeks had a higher denial rate of asylum seekers compared to the national average (64.2% compared to 57.6%), whereas his counterpart (also in Phoenix) John W. Richardson denied only 14.7% (the average denial rate of all judges in the Phoenix area was 43.5% from 2013-2018).[cclxx]

There is limited literature about why these consistently inconsistent decisions exist in governmental decision-making processes. In 1990, Galliagan found that, "discretion is inherent within any decision-making system and can arise as a direct product of rules, not just as a result of their absence."[cclxxi] In 2003, Leanne Weber highlighted different types of discretion that exists within all decision-making systems using a model from Schneider.[cclxxii] She found that rule tightening alone may not produce the desired effect on decision-making.[cclxxiii] Schneider argues that rights are the most important way to diminish discretion.

Inconsistent judicial decisions and judgments create layers of inconsistency within government systems. The ramifications of individual discretion have unintended consequences, especially if judicial latitude is wide, which can fundamentally undermine the structures that protect individual rights. If judicial variance from the average (judged in comparison to peer judges)[13] is commonplace, it can breed a structure of decision-making that is consistently inconsistent based on the biases of individuals within the system itself. These layers of inconsistency can eventually bread immunity for actors within the system because without clear standards for evaluating individual judge's decision-making, government leaders will face a difficult task of holding individuals responsible for their decisions – which is even further complicated by bad-faith actors. If left unchecked, this acute amorphous accountability system can create wide-spread inequities in governmental decision-making systems. For example, there is room built into the immigration system for individual discretion by immigration judges, but the opportunity for humanitarian discretion (which is arguably the main reason for having asylum process in the first place because otherwise governments could just deport everyone they didn't like without trial) can be skewed or beleaguered by certain judges. More specifically, there are some judges that see similar cases as other asylum judges, yet they consistently deny asylum cases at much higher rates than their peers, some over 90 percent of the time.

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[13] The reasons for individual variation have epistemological roots in multiple disciplines: psychology, sociology, behavioral economics, each with their own name and perception for the root of the problem; stereotypes, common practice, spoken an unspoken norms, etc.

Immigration court systems could add additional legal protections, judicial protocols with a better definition of "a fear of persecution," and judicial reviews of asylum court cases to improve consistency across immigration court cases. But, to some degree, inherent bias and discretion will indubitably exist in all governmental decision-making processes – there is too much variance to control for all individual variables and biases. So, how can asylum seekers receive consistent and fair treatment if the present immigration system does not demand it?

A real-life example from Phoenix, Arizona highlights how actions from individuals outside of these governmental systems can protect asylum seekers despite the convoluted phenomenon of consistent inconsistency. There are several organizations in Phoenix that provide pro-bono, or reduced, sliding-scale fees for representing asylum seekers in court. As we described earlier, adequate legal representation improves the probability of receiving an asylum approval. So, why are there so many asylum seekers in Arizona, specifically the Florence Court System, that do not have legal representation? One employee at the Florence Project, said, "a letter of support from the City of Phoenix would go a long way in helping us protect asylum seekers … presently, the City of Phoenix does not acknowledge that there is a problem." To address the unequal treatment of asylum seekers in both federal decision-making processes, outside actors must first understand that there is a problem.[14] In addition to well-defined rights and access to legal

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[14] The Mayor of Phoenix declined to be interviewed for this report, and would not provide a comment about asylum seekers in Phoenix.

aid, there will need to be concomitant scrutiny on the systems that are supposed to make decisions for vulnerable groups in Arizona. Increased documentation by outside actors (news media, academics, etc.) and advocacy by local and transnational groups will need to take place to ensure that safe-guards and rules are put in place and that they are followed – so that asylum seekers are afforded due process and legal representation. Individual discretion reaches further than the U.S.'s judicial system. ICE also has wide latitude in how it operates across state lines. Despite the fact that ICE is a federal department, with a strict set of rules and code of conduct, it can establish different protocols and actions across transborder spaces and in each of its regional or state offices that can exert undo violent and exclusionary forces that create chaotic and uncoordinated responses like the present humanitarian response system in Phoenix.

Recent Events: Political Polarization, Public Policy Changes and COVID-19
Political debate over immigration policies and mass migration has left the public asking themselves if asylum seekers are truly escaping persecution or just simply exploiting legal "loopholes" in order to obtain citizenship in the U.S. Often the term "economic migrant"[cclxxiv] is used to refer to people who migrate in order to find work and economic opportunity, as a justification for turning away asylum seekers. The Trump Administration, in an attempt to deter asylum seekers from Central American countries, is implementing new federal rules for asylum eligibility.[cclxxv] Effective July 2019, this policy will require migrants entering through the southern border to first apply for asylum in a "safe third country" which they have traveled through on their way to the U.S. Only immigrants who have been denied asylum in another country or have been victims of

severe human trafficking are eligible to stay in the U.S. while their asylum application is processed. This change is a deviation from existing international human rights law that says that individuals around the world have the right to seek asylum in other countries.[cclxxvi]

U.S. Attorney General William Barr stated, "The United States is a generous country but is being completely overwhelmed by the burdens associated with apprehending and processing hundreds of thousands of aliens along the southern border."[cclxxvii] In June 2019, U.S. House Democrats proposed reinstating previously withheld aid to Central America countries in an effort to stabilize the region and avoid further mass migrations.[cclxxviii] Recent news reports have indicated the U.S. Department of Homeland Security head, Kevin McAleenan, is expected to formally announce the United States plans for reinstating roughly $150 million in aid to El Salvador, Guatemala, and Honduras.[cclxxix] U.S. House of Representatives' Speaker Nancy Pelosi has publicly come out against new immigration policies like the "safe third country" rule, referring to the policy as a "shameful" approach to the treatment of migrants.[cclxxx] While Democrats in general have taken a more humanitarian lens to the issue, even Democratic presidential candidates are divided over how to most effectively approach issues surrounding immigration policy.[cclxxxi]

The onset of COVID-19 also adds additional health concerns for asylum seekers, as no new cases are being processed as the asylum process has been deemed non-essential,

despite the fact that commerce and cargo continue to cross the U.S.-Mexico border. The MPP program has been stopped and asylum seekers are forced to wait in Mexico without court dates. The Trump Administration also implemented new rules in June 2019 that undermine the asylum seeker process by speeding up asylum procedures, which make it significantly more difficult to receive asylum.[cclxxxii]

According to the City of Phoenix's 2020 city council budget decision, the 2020-21 budget is one like no other, as in March the City had $28 million surplus to a $26 million budget deficit within one week of the Trial Budget. The proposed balanced 2020-21 General Fund budget is $1,425,500,000.[cclxxxiii] This is one of the most challenging things about municipal finances, as they heavily rely on sales taxes revenue, which is highly elastic (usually with a two-month lag, so COVID-19 will continue to cause financial hardship if there are continued COVID-19 flareups in Phoenix). These budgetary realities have serious implications for the City of Phoenix's future financial investment in asylum seeker needs. In addition, COVID-19 has been shown to disproportionally impact minorities, and individuals with chronic health conditions. Asylum seekers are particularly vulnerable to morbidity related to COVID-19, as all participants in the asylum seeker interviews were either doubled-up with family or friends, or living in shelters. Additionally, at least one member of five of the interviewee's families had a chronic health condition, which has been linked to increased mortality from COVID-19.[cclxxxiv] The importance of asylum seeker health, self-sufficiency and integration has never been more important in Phoenix.

DISCUSSION: INTERDISCIPLARY TRANSBORDER THEORY IN ACTION:

OPPORTUNITIES FOR PHOENIX TO IMPROVE ITS RESPONSE TO ASYLUM

SEEKERS

This dissertation analyzed the work of an interdisciplinary cadre of scholars: anthropologists, transborder theorists, urban planners, sociologists, public policy scholars, and practitioners, as it pertains to asylum seeker outcomes in Phoenix, Arizona. This discussion will synthesize and discuss this dissertation's findings from an accelerated global disruption in transborder spaces framework and outline potential policy options that can begin the process of undoing structural cycles of public policy inequity with the City of Phoenix's present response to the health, self-sufficiency and integration needs of asylum seekers during the legal process phase.

Asylum seekers in the U.S. face incredible hardships as they are not able to work or access benefits programs, which put them at an increased risk of marginalization, exploitation, isolation and mental health issues (Siriwardhana, Ali, Roberts, Steward). Some sociologists, such as Hardeman, Medina, Arzubiaga, Lynn and Milner, posit that societies racial constructs, level of interest convergence and net utility influence the health outcomes of minorities, which can also apply to how and why local governments will or will not respond to the needs of asylum seekers (outlined in the acceptance spectrum in Chapter 3). Asylum seeker health and self-sufficiency outcomes are easier to measure than their social integration, but through analyzing multiple layers and

dimensions of asylum seekers' experiences during the process phase, this study found that small nuances, such as personal connections in host societies play a large role in which asylum seekers successfully integrate while their asylum claim is pending a decision. Among asylum seekers who do not have family and friends that can act as their sponsor there are increased challenges, and worse health, self-sufficiency, housing and integration outcomes, but there is still significant variance from one asylum seeker's health outcomes compared to the next.

This dissertation's findings show that many asylum seekers' health, self-sufficiency and integration needs are not being met in Phoenix, even when asylum seekers are in targeted case management programs that provide advocacy, social supports and health care coordination. Many asylum seekers in Phoenix do not have access to basic necessities, including food, and they often rely on pro-bono services from nonprofits and/or churches. All nonprofit service providers and church leaders reported that the demand for their services far outstripped their, and their partners and community's, ability to supply those services. Central American asylum seekers lack permanent legal status, the ability to work for the first six to 12 months in the U.S., and access to adequate public benefits, which has negative health, self-sufficiency and integration outcomes for asylum seekers in Phoenix. An asylum seekers uncertainty about their immigration status creates additional fear and engenders isolation, marginalization, as well as puts them in increasingly vulnerable situations.

Borders create inherently enigmatic paradigms: they are made of nothing, yet they fundamentally comprise our perceptions of reality. They are nothing because they are figments of political cartography, and they are foundational to our concept of reality because they construct ownership, territory, individual life trajectories, and global power dynamics. Resources are scarce, and borders are created to delineate who can access them. This process is predicated on the cycle of public policy inequity, which reinforces unequal power dynamics and subsequent decisions about who is eligible for what benefits created through inclusion. Sassen's view of global cities and present migration patterns engenders the notion that future disruptions (technological, environmental, financial, and globalization and urbanization) will only accelerate inequality. In her view, global management firms will continue to utilize technology to advance knowledge for certain groups, but will also continue to add to economic and social disenfranchisement, which limits positive health, self-sufficiency and integration outcomes of excluded groups. This framework applies to Central American asylum seekers as they are transnational migrants who are directly affected by increased disruption and forced them to flee their homes in search of safer lives.

Presently, the City of Phoenix provides clandestine verbal support to asylum seekers through nonprofit agencies and churches, but it does not invest money in supporting asylum seekers. The City of Phoenix is unsuccessful in integrating and protecting asylum seekers because, according to community leader interviews, it is not a high-level strategic priority, which is indicative of Wolf's theoretical construct about humankind's disinterest

in redistributing resources from the profits generated from mercantilist and capitalist modes of production to people who are racially or ethnically different. The City of Phoenix also has an ill-defined and incoherent data plan, a lack of political will for change and a racially motivated or disinterested populous in Arizona, founded on long-standing destabilization of Central America for business interests, and refusal to acknowledge or accept them as refugees or asylum seekers (Garcia).

I contend that municipalities in transborder spaces, such as Phoenix, should take responsibility, and have a duty to easy rescue (outlined in Chapter 3), to assist asylum seekers during the process phase when they lack legal, economic and health protections. Based on findings from interviews in this study, the City of Phoenix is presently not ready for the effects of accelerated disruption and subsequent migration that will continue to take place under Sassen's depiction of global cities. The lack of municipal response in Phoenix indicates that Phoenix is not only not ready to adapt, it does not intend to act, which places increased burdens upon nonprofits and churches by forcing them to fill in for lacking humanitarian response by governmental actors. Phoenix's non-response to asylum seekers creates additional chaos and disruption that encircles the convoluted and oppressed livelihoods of many asylum seekers in Phoenix.

An immigrant's closest social protection is their community, and the closest political conduit to their community is local government, which is one of the reasons why Dr. Baubock believes municipalities need to reinvigorate the idea of urban

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citizenship.[cclxxxv] Phoenix has a duty to, and can, increase its involvement in integrating immigrants by formalizing and fortifying its local response mechanisms. There is both a theoretical and praxis-oriented body of literature pertaining to lessons learned when integrating immigrants into local communities through municipal efforts. Theoretically, scholars posit that a municipality has two choices, respond to influxes of immigrants or do nothing. Not responding is, in-and-of-itself, a choice because even though a municipality takes no action, it is an indication of the municipality's values. For those municipalities that act, and try to integrate immigrants, there are several approaches. According to a 2017 convening of United Nations Expert Group on Sustainable Cities, there are three dominant trends in pro-immigrant municipal response: *proactive targeted approaches, networked approaches* and *institutional approaches.*[cclxxxvi] The *proactive targeted approach* is when municipalities provide services, coordinate efforts, and promote knowledge about immigrant groups at the direct service level that interacts with the migrant and/or promotes local collaboration. As we outlined in Chapter 3, praxis shows examples of cities that have taken proactive targeted approaches (Sao Paulo, Brazil, and Anchorage, Alaska). Networked approaches include intentional collaboration between municipal networks to bring awareness, quantify need, share successes and challenges, and coordinate services to improve immigrant outcomes. Two examples of this model are South Africa's Cities Network and Turkey's Union of Municipalities. *Institutional approaches* are declarative statements about how a municipality will respond to immigrant needs; i.e., by re-writing or creating sanctuary laws, or becoming a sanctuary city - which usually means non-cooperation with federal authorities through

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local institutions.[cclxxxvii] Sanctuary cities have multiplied rapidly in the U.S., and there are varying degrees of defiance against U.S. immigration enforcement ranging from outright defiance and non-cooperation with U.S. officials, to more subtle "don't-ask-don't-tell policies" that ban municipal service agents from asking residents about their immigration status.[cclxxxviii] There are now over three hundred sanctuary cities in the U.S.[cclxxxix]

The City of Phoenix can make changes to its present response to asylum seekers by engaging in networked, and low-cost targeted approaches outlined by the United Nations, Baubock and Bauder, Zapata-Barrero, and Scholten in the "local turn." It should also avoid becoming a sanctuary city in the short- to mid-term because it would upset the White majority in Phoenix, who have strong assertions about the importance of legal immigration (Kagan). I argue that it is counterproductive for Phoenix to become a sanctuary city at this moment in time because a recent representative statewide poll of all Arizonans found that; only 36 percent of Arizonans believe that it should be easier for immigrants to come to Arizona, 35 percent feel unsafe because of undocumented immigrants coming to the state, and only 27 percent of Republicans agree with the statement, "Most migrants arriving at the U.S.-Mexico border have a credible fear of persecution."[ccxc] These results indicate that Arizona, as a representative whole, is still anti-immigration. Furthermore, Michael Kagan studies municipal reactions to immigration, and his research shows that the very act of becoming a sanctuary city may be self-destructive to a city's ultimate goal of protecting and integrating immigrants. He says that a sanctuary city can unintentionally portray an image of defiance to the nation it

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belongs and alienate potential electoral allies.[ccxci] Robert Putnam also conducts research on these issues, and his work highlights how individuals respond to new influxes of immigrants in local communities in the U.S., and in his 2006 Johan Skytte Prize Lecture he said, "In the short run … immigration and ethnic diversity tend to reduce social solidarity and social capital. New evidence from the U.S. suggests that in ethnically diverse neighborhoods residents of all races tend to 'hunker down'. Trust (even of one's own race) is lower, altruism and community cooperation rarer, friends fewer."[ccxcii] If Phoenix were to become a sanctuary city it could stoke existing fears of the indigenous population and go against the desires and beliefs of the majority of Arizonans and Phoenicians, and it could create further hunkering-down of the local population, which might insight further fear and resentment of immigrants and asylum seekers. The irony of Kagan's theory about individual's beliefs in legal immigration and perceptions of asylum seekers by Arizonans is the fact that asylum seekers are actually going through a legal process while they are awaiting their asylum claim. This misunderstanding stems from a lack of public knowledge by Arizonan's citizenry about the differences in immigrant status/classifications (especially between asylum seekers and undocumented immigrants). To change this dynamic, large-scale targeted communication efforts are needed to inform the public about the difference between asylum seekers and other immigrant categories. The proactive targeted and networked approaches, therefore, are pertinent to Phoenix in the short-term.

The City of Phoenix falls into multiple buckets on the immigrant acceptance spectrum. There are undoubtedly citizens that fall into each of the five buckets outlined in this paper, but the city's response to asylum seekers, overall, is a mix of fiscal conservatism and pragmatism. Phoenix's direct service provision for asylum seekers is limited, but the City is beginning to provide limited supports in the last two years. There is no documentation within the City of Phoenix's City Code that provides direction about how to work with asylum seekers. According to a Public Information Officer for the City of Phoenix, there are no services offered by the City of Phoenix directed towards individuals who are not considered residents (since this interview Phoenix has helped the IRC create a Welcome Center and allocated CARES Act funds to support refugees and asylum seekers). As interviews from this study show, many community leaders believe that Phoenix and the State of Arizona is unengaged with asylum seekers and their needs. This fits within the theoretical narrative of transborder scholars who have outlined the gross inequities and injustices that have befallen Latinos and Latino immigrants and asylum seekers near the border. In addition, Arizona's past is filled with substantial anti-Latino immigrant sentiment, and this study's interviews with community leaders align with sociological frameworks and Critical Race Theory, which highlights how consistent inconsistencies (especially across races), lack of public funding, and the passage and reinforcement of unequal laws and public policies have systematically alienated and suppressed Central American asylum seekers and other groups at multiple stages through displacement and the entry, process and exit stages.

If Phoenix decides to fully-engage and respond to the needs of asylum seekers, it will most likely refrain from contributing large amounts of tax dollars specifically for direct services to support asylum seekers. However, there are an abundance of ways that Phoenix can improve outcomes for asylum seekers without monetary support. If the City of Phoenix wants to further engage with assisting asylum seekers, there are a host of pro-immigrant intervention strategies that it can choose to start implementing. Starting with low-hanging fruit, Phoenix could strengthen its response by adapting and utilizing networked approaches, offering advocacy and awareness as well as providing information and coordination efforts. And to refrain from upsetting the local electorate, Phoenix should start with small to mid-scale activities and set realistic and feasible goals that can build up to larger response mechanisms over time.

If Phoenix can create the necessary political will, it can enact changes that can aid asylum seekers and local populations through four key response mechanisms: (1) Acknowledgement, Advocacy and Coalition Building, (2) Information and Coordination, (3) Legal Support, (4) Direct Services: Health, Housing, Policing and Human Services.

First, the City of Phoenix can create strong networks with other municipalities and local service providers to increase awareness. A few examples of this network approach that utilizes an ad-hoc institutional response could be internal task forces and working groups as well as external collaborations with other municipalities which have the potential to bring together powerful stakeholders that can enact change. Through these networked

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approaches, the City can exert upward pressure on policy makers that can help create and support sustainable humanitarian policies at the state and federal legislative levels. Recognizing what asylum seekers have been through is the first step, and then advocating for them will help bring together multiple organizations and stakeholders that can provide the necessary foundation for their success. Through these efforts, Phoenix would also be fostering a future partnership with immigrant groups that could spur integration of asylum seekers and other immigrant groups.

Second, the City of Phoenix can focus attention and staff time on creating informational partnerships and coordination supports for community stakeholders and providers. Through shared communication channels, service providers such as nonprofits, churches, healthcare and housing as well as national immigration agencies such as ICE, can work together to understand the breadth of the need for all parties involved. Through networked connections and the facilitation of information surrounding ICE's drop-off policies, it can potentially improve outcomes for asylum seekers without having to directly spend taxpayer money on large bureaucratic response systems. A coordination office within one of Phoenix's churches or nonprofits could significantly lessen the burden of haphazard migrant drop-offs by ICE. Phoenix's involvement can bring key stakeholders to the same table and help community-embedded organizations, nonprofits, churches and businesses together to better prepare for the arrival of asylum seekers and immigrants dropped-off by ICE. The City can also wield its political influence to increase

research efforts to raise awareness and inform evidence-based practices across nonprofit and church providers that work with asylum seekers in Phoenix.

Third, the City of Phoenix can stress the importance of due process and legal rights for asylum seekers both in Arizonan detention centers and in Phoenix. Additionally, it can support philanthropic pro-bono immigration attorneys and groups like the Florence Project by raising awareness, openly discussing the needs of asylum seekers and providing letters of support for these groups and immigration attorneys that provide legal services for asylum seekers. This would technically be considered a targeted approach, but since Phoenix will not be spending money on the actual implementation of the program, they would be acting as a network convener and advocate, so no financial resources would be required.

Lastly, the city can help community organizations organize efforts to provide direct support services such as health, housing, policing and human services. Phoenix can leverage its connections (and ideally its financial resources) to help nonprofits and churches coordinate their targeted interventions. These networked responses can also usher Phoenix towards building a community resilience strategy that fortifies response mechanisms for present and future asylum seekers.[ccxciii] For a full list of policy options that could be used to meet the needs of asylum seekers within the political, cultural and socioeconomic context in Phoenix, Arizona, please see Appendix H.

Cinthia Valenzuela, a caseworker at the IRC in Phoenix, believes that these changes, "Would make a huge difference if City of Phoenix were hands on, if they were able to provide housing, it would make a huge difference, a stable safe place increases quality of life, and not having to move every month would take a lot of stress off of families." Findings from interviews with community leaders in the study show how the City of Phoenix has not been an active official participant in working to improve health, self-sufficiency and integration outcomes for asylum seekers. The City of Phoenix's, and surrounding municipalities in Maricopa County's, inaction on asylum seeker issues creates a service vacuum that is presently filled by community-based organizations, churches, and nonprofits. One community leader said that, "Arizona is a black hole for resources," and that churches and nonprofit providers are "ethically complicit," for putting together patchwork health and human service band-aids over intentional misinformation and subterfuge by ICE, and a lack of coordination and leadership by local governmental officials and leaders in Phoenix. The degree to which these providers engage with asylum seekers depends greatly on governmental involvement, for if the government were fulfilling the needs of asylum seekers there would be less demand for additional health, human services, and economic supports by the nonprofit and church sectors. This lack of established governmental services and supports hinders asylum seeker health, economic and integration outcomes (outlined in chapter 5). Other cities on the U.S. side of the SWNA provide targeted services and supports for asylum seekers (San Diego, Albuquerque, Los Angeles, etc.), and if the City of Phoenix were to adopt more asylum seeker "friendly" policies asylum seekers could benefit on several fronts:

increased access to health and basic needs supports, additional opportunities for economic and social integration, less fear and improved mental health outcomes, and if the City of Phoenix were to take on an advocacy role, asylum seeker issues would receive additional awareness and potentially empathetic opinions and responses from the general public and policy makers.

Recent increases in immigration flows to the U.S. from Central America fundamentally changed the way that the U.S. processes, accepts and integrates asylum seekers in the U.S., which has often been at the expense of the legal and humanitarian rights of asylum seekers. These recent responses are not different from past U.S. governmental actions that seek to repress and exclude certain groups to opportunities for success (another example of the cycle of public policy inequity), which reinforces historical exclusionary practices framed and discussed by transborder anthropologists. Canterbury's, *Capital Accumulation and Migration*, equates neoliberal theory and migration in his argument, "migration is merely used to strengthen the imperialist-centered model of accumulation in furtherance of the global expansion of capitalism, thus contributing to capital accumulation from migration processes."[ccxciv]

Transborder Studies provides an avenue for antithetical-narratives to the U.S.'s past and present anti-immigrant narratives about Central American asylum seekers, and it exists to re-conceptualize present transborder migration patterns from the lens of the political ramifications from the U.S.'s foreign policy decisions regarding Central American

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nations that have propped up dictators and oligarchs to ensure continued profits for U.S. companies (Garcia). Even when nations agree to peace accords, governments can still find ways around providing safeguards for asylum seekers by changing immigrant classifications, protections, and legal institutions that are necessary to enforce humanitarian laws and aid, which has direct ramifications for how local governments craft unifying or divisive public policies that incentivize asylum seeker success, health, and integration.

This interdisciplinary analysis of asylum seeker outcomes and municipal response in Phoenix demonstrates how transborder scholars can utilize theoretical diversity of thought to explain portions of each asylum seekers' individual experiences, outcomes and governmental responses: This interconnected approach unites disparate theoretical threads and is the future of social science research as the world is only becoming increasingly complex. In a democracy, individual and societal values dictate how a municipality will respond to asylum seekers by describing who is worthy of becoming an included transborder transplant, and who should be excluded. The cycle of public policy inequity, introduced in Chapter 3, explains why it is critical for transnational advocacy groups, researchers, nonprofits, Non-Governmental Organizations (NGOs), and human rights advocacy groups fulfil their role as truth seekers and governmental watchdogs because only through documenting atrocities and holding governments accountable will human rights be valued, upheld and sustained throughout all levels of governmental leadership and by proxy, enacted and enforced through public policies and laws that

instill equality, consistency, and justice. As this dissertation has shown, municipal response is of the utmost importance, as the "local turn" will put local governance at the forefront of the battle towards positive health, self-sufficiency and integration outcomes for asylum seekers who will continue to be displaced at record levels because of unequal, exclusive, and accelerated global disruption (Sassen). It takes time to change individual and societal values, but through increased awareness, knowledge, documentation, research, and advocacy; inaccurate, racist and counterproductive narratives, beliefs, values, and actions can be changed.

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APPENDIX A

POINTS OF INTERDISCIPLINARY INTERSECTION

POINTS OF INTERDISCIPLINARY INTERSECTION

This dissertation is intrinsically interdisciplinary. It incorporates scholarly research from disparate theoretical fields, anthropology, sociology, urban planning, global development, public administration, and public policy. This project is also tied to the Refuge Health Partnership, a local grant that assists refugees and asylum seekers with access to medical care. It is funded by Dignity Health Hospital and the results of the study have direct implications for public health policies in one of Phoenix's largest hospital systems. There are inherent benefits and challenges to cross-cutting scholarly and community-embedded research. One major limitation is that the research does not squarely fit within the theoretical confines of one scholarly discipline, and the new research endeavor must formalize and explain definitions of key concepts, highlight disjunctions in the existing literature and ensure that scholars with dissimilar training and backgrounds are aware of the basis from which the new inter-disciplinary research and theory originates. The significant advantage of this type of research endeavor is a new lens to look at the world. In the instance of this study, this benefit, in large part, can be attributed to the foundation and structure of the School of Transborder Studies degree program, as it enables diverse, cross-cutting faculty and students to design new theories and approaches to re-examine omnipresent and ongoing border issues. The study, along with a host of other studies from fellow students in the program, will foster new and innovative ways of researching and evaluating increasingly pressing transborder issues along the U.S.-Mexico border, international borders around the world, and imagined borders that humans create within

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the confines of their own nation's borders. As Albert Einstein once said, "We cannot solve our problems with the same thinking we used when we created them."[ccxcv] I believe the multi-faceted transborder approach to research will be the next iteration of cross-disciplinary thinking we need to solve complex social, economic and health problems, and I hope this study can aid in breaking down present information silos between Central American asylum seeker outcomes and local public policy actions in Phoenix, Arizona.

APPENDIX B

POSITIONALITY STATEMENT

POSITIONALITY STATEMENT

My name is David Schlinkert. I am a 36-year-old white male from Rochester, Minnesota. Neither of my parents were wealthy when they started their careers, but both my mother and father studied in medicine, and my father went on to become a general surgeon at the Mayo Clinic. Our family moved to the Mayo Clinic in Scottsdale, Arizona in 1988.

Despite the incredibly long and stressful hours associated with the life of a surgeon, my father's career path enabled our family to live a privileged life. I grew up in a suburb with the majority of my classmates being other Whites. I played sports year-round, did well in school and spent most of my time with family and friends. I always loved to travel, and my mom would always take my two brothers and I on road trips throughout the U.S. (my parents separated when I was eight). But, when my mother took my brothers and I to Europe after my senior year of high school, I felt an uncontrollable urge to continue traveling, so I could learn more about the world was really like – instead of just what I had read about it.

I started my undergraduate degree in the Walter Cronkite School of Journalism and Mass Communication at Arizona State University's Tempe Campus in 2003. After "fitting in" and being popular in high school, I found college a weird place, and I contemplated quitting on several occasions so I could work a few service industry jobs and save enough money to see the world, volunteer, and make a difference. My dad talked me out of this idea several times, by advising me, "the more you learn, the more you can eventually help," which is probably part of the reason I'm still going to school and enrolled in this Ph.D. program.

As soon as I finished my undergraduate degree, I worked at a golf course and at two restaurants to save money for my first trip. I backpacked through Europe for three months until I ran out of money, but the traveling itch had not been soothed. I came up with a ten-year plan to do all of the things I dreamed of: go to the Olympics in Beijing, learn to surf in Australia, hitchhike through New Zealand, volunteer, travel from Argentina to Arizona by bus, learn Spanish, learn to Sail, and visit as many museums as possible. Although I set out to see the world to check of primarily hedonistic "bucket list" items, I quickly learned two things about the world that will forever be with me:

- There is incredible structural inequity between the haves and the have nots that is far more pronounced around the world than what we see in the United States.

- The world is a beautiful place and people will go out of their way to help a complete stranger – even in places where the U.S. government warns U.S. citizens not to go.

After seven years, I had checked every box on my bucket list, and I realized it was my turn to give back to the incredible international community that had been so kind to me and taught me so much. I came back to Arizona, mainly to be close to my family, and turned down a high-paying job to become an unpaid intern at the International Rescue Committee, a refugee resettlement agency in Phoenix, Arizona. I learned even more about the world in this job than I learned as a traveler. I forged lasting friendships with individuals from places I had never been - Ethiopia, Iraq, Cuba, Nepal, Burma, the Democratic Republic of Congo and Iran. They taught me meaningful lessons about patience, understanding and the power of humanitarian

aid. I also learned more about the structural inequities that exist in Phoenix, especially for refugees and asylum seekers. I knew I needed to know more, so I enrolled in a Master's Master of Public Administration degree while I worked at the IRC for three years.

I was then accepted into the United States Agency for International Development's Global Development Research Lab, where I conducted research on behavioral health access for previously displaced youths in Colombia's school system. This experience was my first foray into international research, and it felt like a great blend for me as it incorporated all of the things I enjoy, knowledge, diversity, variety, motion and informing better decisions through evidence-based research in the pursuit of making the world a better place.

After I returned from this research position, I married my smart, kind and worldly fiancé, and started working at ASU's Morrison Institute for Public Policy. My time at Morrison Institute has been invaluable, and I have had the privilege of working with senior editors, publishers and analysts that have taught me how to conduct better, more rigorous, research. After six months on the job, I knew I needed to know more, and enrolled in this Ph.D. program in the School of Transborder Studies.

I choose my dissertation topic based on my experiences at the International Rescue Committee. For years I saw asylum seekers live a life of danger and marginalization because they lacked access to legal employment, and health and human services. I realize that the nature of this statement is also an inherent limitation to my research study because I was once

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an advocate for asylum seekers. However, by understanding where I come from, and what I believe in, I can clearly document the limitations of my study, which will improve the study's validity by reducing my personal bias. I believe in developing every person to their fullest potential because only then will we have a society that we can be proud of, one where everyone has a fair shot at the future they want to create for themselves. I, therefore, have a bias towards humanitarianism and human development. In Arizona, this may set me up to be perceived as someone who leans left on the political spectrum, but I argue that it is only through the full development of all people that we can bring out the best in our society.

It may also be argued that my privilege and standing may affect the responses of the asylum seekers interviewed in this study. However, I have had extensive training and experience working with vulnerable asylum-seeking populations from other countries, and I feel that I would not have conducted these interviews had I not felt confident that I was fully equipped to work through the dynamics of interviewing someone who comes from a vastly different background and experiences than my own. A full list of all of my credentials for conducting interviews with vulnerable populations can be found in the previous section under "Asylum Seeker Interviews."

APPENDIX C

LIST OF COMMUNITY LEADER INTERVIEWS

LIST OF COMMUNITY LEADER INTERVIEWS

Joanne Morales, Director of Refugee Programs, Catholic Charities

Robert Moore, Special Populations Manager, The International Rescue Committee

James Garcia, Freelance Journalist and former member of the Hispanic Chamber of Commerce

Golden McCarthy, Children's Program Director, Florence Project

Anonymous, Public Affairs Officer, Immigration and Customs Enforcement (Written Statement)

Esther Duran Lumm, Co-Chair of Uncage and Reunite Family's Coalition

Joseph Garcia, Executive Director, Chicanos Por La Causa

Three Interviews with First Church UCC in Phoenix
      Rev Dr. William Lyons, Conference Minister
      Ellie Hutchinson, Community Outreach and Development
      James Pennington, Pastor

Evelyn Cruz, Clinical Professor of Law, Sandra Day O'Conner College of Law

Cynthia Valenzuela, Caseworker, International Rescue Committee

Khue Paige, Survivor Services Supervisor, International Rescue Committee

Danny Bloch, National Coordinator, Asylum Seeking Families Services, International Rescue Committee

APPENDIX D

IRB APPROVAL LETTER

IRB APPROVAL LETTER

ASU Knowledge Enterprise Development

APPROVAL: EXPEDITED REVIEW

David Schlinkert
Public Policy, Morrison Institute for 480/496-0327
David.Schlinkert@asu.edu Dear David Schlinkert:
On 3/14/2019 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Refugee Health Partnership - 2019
Investigator:	David Schlinkert
IRB ID:	STUDY00009728
Category of review:	(5) Data, documents, records, or specimens, (7)(a) Behavioral research
Funding:	Name: Dignity Health, Funding Source ID: MID0002623
Grant Title:	
Grant ID:	
Documents Reviewed:	• St Joseph IRB review letter.pdf, Category: Participant materials (specific directions for them); • St Joseph Letter of Support.pdf, Category: Participant materials (specific directions for them); • MOU, Category: Other (to reflect anything not captured above); • refugee primary health care survey.pdf, Category: Recruitment materials/advertisements /verbal scripts/phone scripts; • RHP - refugee recruitment script - DS - revised 2018 for 2019 study.pdf, Category: Recruitment Materials; • Asylum Seeker Focus Group and Interview Questions.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Data Request - DES - Refugee Resettlement.pdf, Category: Measures (Survey questions/Interview

	questions /interview guides/focus group questions); • Asylum Seeker health care - consent final_DS - Focus Group.pdf, Category: Consent Form; • Asylum Seeker health care - recruitment scrip_DS.pdf, Category: Recruitment Materials; • Policy and Administrator Interview List and Questions.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Community Leader Interviews - consent final_DS (1).pdf, Category: Consent Form; • Community Leader Interviews - recruitment script_DS.pdf, Category: Recruitment Materials; • RHP - refugee consent final_DS - revised from 2018 for 2019 study.pdf, Category: Consent Form; • HRP-503a-RHP Protocol - 2019_SocialBehavioralV02-10-15 (4).docx, Category: IRB Protocol; • Final Grant and SOW.pdf, Category: Grant application; • Precious%20Bennett.pdf, Category: Vitaes/resumes of study team; • Asylum Seeker health care - consent final_DS - Interview.pdf, Category: Consent Form; • NIH human subjects training - Kovacs, Category: Other (to reflect anything not captured above); • Final Grant and SOW.pdf, Category: Sponsor Attachment; • HIPAA Authorization Form.pdf, Category: Consent Form; • Precious Bennett_CITI Program Report.pdf, Category: Non-ASU human subjects training (if taken within last 3 years to grandfather in); • refugee primary health care health data collection.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);

The IRB approved the protocol from 3/14/2019 to 3/21/2020 inclusive. Three weeks before 3/21/2020 you are to submit a completed Continuing Review application and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of 3/21/2020 approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the "Documents" tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the

INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator cc:

Barbara Klimek Elizabeth Mody David Schlinkert Melissa Kovacs

APPENDIX E

ASYLUM SEEKER INTERVIEW QUESTIONS

ASYLUM SEEKER INTERVIEW QUESTIONS

Demographic Questions

Country of Origin

Gender

Age

Ethnicity

Marital Status

Number of People in the Home

Time spent in a camp (If applicable)

Time in US

English Proficiency

Educational Attainment

Employment Status

Personal Experiences: Before, During and After Migration Questions

1. What was it like in your home country?

2. Why did you decide to come to the United States?

3. How did you pay for your journey to the United States?

4. Can you tell me a little about your journey to the United States?

5. What has your experience been in the United States?

    a. Do you have many interactions with American citizens?

   i. If so, what is it like, how do they treat you?

   ii. Do you feel welcome in the United States?

6. Do you plan on living in Arizona? If so, for how long?

  a. (Do you plan on moving to another state?)

  b. If you could, would you return home?

7. What are your dreams and goals while you are in the United States?

8. What is important to you?

  a. How would you describe your community?

  b. What places are important to you?

9. What is your biggest need in the United States?

10. What is your biggest fear in the United States?

Health Questions

1. Please tell us about your current state of health.

  a. How would describe your health today?

  b. What are your current health concerns?

  c. What are you doing to address these health concerns?

2. Please tell us about your health before coming to the US

  a. Did you have health concerns before being resettled?

  b. Did you seek help for these health issues?

  c. Did you receive the help you sought?

  d. Was the help effective in resolving your health issue?

3. Please tell us what your experience has been with health care since you came to the US?

    a. Did you come here with an existing health issue?

    b. Did you tell the resettlement agency about it?

    c. Did they help you with it?

    d. Did the help effectively resolve your health issue?

4. Tell us about a time that you have been to the doctor in the US

    a. What did you go for?

    b. How did you make the appointment?

    c. How did you get to the office?

    d. Was the visit helpful in dealing with your health issue?

5. Please tell us about what it is like to see the doctor

    a. What are the positive experiences you have had with health care?

    b. What are the negative experiences you have had with health care?

6. Have you had any challenges obtaining or keeping health insurance?

7. Have you had any challenges obtaining or keeping health care appointments?

8. Have you had any challenges communicating with your health care providers?

9. Have you had any challenges doing what your health care provider has recommended for you?

10. Has your experience with health care changed over time the longer that you have been

in the US?

11. What would make health care better for you?

    a. What would make it easier for you to access health care?

    b. What do you want health care providers to know about your health?

    c. What could doctors do for you that would help?

    d. What could resettlement agencies do for you that would help?

    e. What could your ECBO do for you that would help?

12. Are there any other issues related to your health, accessing health care,

communicating

    with your health care professionals, or having health insurance that you want to tell

us

    about?

Economic Self-Sufficiency and Housing Questions

1. Do you have enough money to eat everyday?

2. What is your living situation like (Do you live with friends or family, or are you on a couch or in a shelter)?

3. If you could get three things to help your economic self-sufficiency, what would they be?

Desire to Naturalize Questions

1. If you could return home, would you?

2. Do you desire to naturalize (become a U.S. citizen)?

3. Do you know what steps you need to take to naturalize?

4. What obstacles do you see to naturalization?

Consents
Focus Group
Title of research study: Refugee Health Partnership

Investigator: David Schlinkert, policy analyst, ASU, Morrison Institute for Public

Policy

Why am I being invited to take part in a research study?

Because you are 18 years old or older, and you are an asylum seeker in Arizona.

Why is this research being done?

Many asylum seekers face challenges in accessing health care, finding a job and

integrating into the U.S. This study is attempts to better understand these challenges, so

that we can improve health care, job opportunities and civic engagement for asylum

seekers and asylees.

How long will the research last?

This research project will last one year. It will require a 60-90 minute focus group.

How many people will be studied?

We expect about 10-20 asylum seekers will participate in this research study.

What happens if I say yes, I want to be in this research?

If you agree to join this study, you will be asked a series of questions about your perception of your health, your access to health care, your ability to stay healthy; as well as your educational background, desire to work and how welcome you feel in the U.S. and your desire to naturalize in the future. We will not use your name, contact information, or identify you in the research in any way.

What happens if I say yes, but I change my mind later?

You can leave the research at any time it will not be held against you.

What happens to the information collected for the research?

Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. However, complete confidentiality cannot be guaranteed in focus groups due to the group nature of the discussions.

The results of this study may be used in reports, presentations or publications but your name will not be used. The information gathered for this study will be kept for 5 years in a locked office at ASU on a password-protected computer; however your name and any personal details will not be kept.

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Who can I talk to?

If you have questions, concerns, or complaints, talk to the research team, David

Schlinkert (602)-496-0327 or david.schlinkert@asu.edu.

Research has been reviewed and approved by the Social Behavioral IRB. You may talk to

them at

(480) 965-6788 or by email at research.integrity@asu.edu if:

- Your questions, concerns, or complaints are not being answered by the research

team.

- You cannot reach the research team.

- You want to talk to someone besides the research team.

- You have questions about your rights as a research participant.

- You want to get information or provide input about this research.

By signing below you are agreeing to be part of this research:

Signature of participant   Date

Printed name of participant

Signature of person obtaining consent   Date

Printed Name of Verified Interpreter (If Necessary)

Signature of Verified Interpreter (If Necessary)   Date

Name and ID Number of Professional Telephonic Interpreter   Date

(If Necessary)

Interview
Title of research study: Refugee Health Partnership

Investigator: David Schlinkert, policy analyst, ASU, Morrison Institute for Public Policy

Why am I being invited to take part in a research study?

Because you are 18 years old or older, and you are an asylum seeker in Arizona.

Why is this research being done?

Many asylum seekers face challenges in accessing health care, finding a job and

integrating into the U.S. This study is attempts to better understand these challenges, so

that we can improve health care, job opportunities and civic engagement for asylum

seekers and asylees.

How long will the research last?

This research project will last one year. It will require a 60-minute in-depth interview.

How many people will be studied?

We expect about 10 asylum seekers will participate in this research study.

What happens if I say yes, I want to be in this research?

If you agree to join this study, you will be asked a series of questions about your perception of your health, your access to health care, your ability to stay healthy; as well as your educational background, desire to work and how welcome you feel in the U.S. and your desire to naturalize in the future. We will not use your name, contact information, or identify you in the research in any way.

What happens if I say yes, but I change my mind later?

You can leave the research at any time it will not be held against you.

What happens to the information collected for the research?

Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. The results of this study may be used in reports, presentations or publications but your name will not be used. The information gathered for this study will be kept for 5 years in a locked office at ASU on a password-protected computer; however your name and any personal details will not be kept.

Who can I talk to?

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If you have questions, concerns, or complaints, talk to the research team, David

Schlinkert (602)-496-0327 or david.schlinkert@asu.edu.

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Signature of person obtaining consent   Date

Printed Name of Verified Interpreter (If Necessary)

Signature of Verified Interpreter (If Necessary)   Date

Name and ID Number of Professional Telephonic Interpreter   Date

(If Necessary)

Recruitment Script

REFUGEE HEALTH PARTNERSHIP

RECRUITMENT SCRIPT

I am a researcher (or a graduate student under the direction of David Schlinkert) at Morrison Institute for Public Policy at Arizona State University. I am conducting a research study to understand asylum seekers health, economic self-sufficiency and integration needs in Arizona.

I am recruiting individuals to share their experiences and stories with us. This entails us asking you a series of questions about your health, education, housing and future economic and civic engagement desires in Arizona. We can ask you these questions in a focus group setting, with 10-12 of your peers or in a one-on-one interview setting.

You must be 18 and older, and an asylum seeker in Arizona in order to participate in this study.

Your participation in this study is completely voluntary. If you have any questions concerning the research study, please call David Schlinkert at (602) 496-0327.

APPENDIX F

COMMUNITY LEADER INTERVIEWS AND SITE VISITS

COMMUNITY LEADER INTERVIEWS AND SITE VISITS

Community Leader Interview Questions

1. What is the biggest challenge in working with refugees, asylees, asylum seekers and economic migrants?

2. What are the biggest health, economic, status and protection, access to services and naturalization barriers for these groups?

3. What have you see be successful in working with these populations?

4. What are the best practices for working with these groups?

5. What would you like to know about these populations?

6. What are the knowledge gaps in the field?

7. What do you need from other public entities to make your job easier?

8. Is there an immigration crisis?

9. What administrative changes would make it easier to assist asylum seekers in accessing services and receiving temporary status?

10. In your opinion, what does effective immigration reform look link in Arizona?

11. Do you think that municipal governments should be playing a role in helping these populations integrate?

12. Do you think that Phoenix is doing a good job in working with immigrants?

13. What best practices have you seen in working with seeing how other municipalities work with these populations?

14. What else could Phoenix to do help these groups in the immediate, mid- and long-term?

15. Do you think that additional offices are needed to coordinate these types of efforts?

16. Does Arizona's stance on immigration hurt it's economic future?

17. Do you think that asylees should receive temporary status immediately upon their arrival? (So they don't have to wait 6-18 months without protections and the ability to work?

    a. How hard would it be to implement this locally?

18. What does effective immigration reform look like in Arizona, in Phoenix?

19. What municipal policies could improve immigrant health, economic self-sufficiency and integration?

20. What municipal policies can have the biggest impact for these groups?

21. In your opinion, what regional, state or national policy changes would make it easier for immigrants to integrate into U.S. society?

22. How can the community improve its coordination to better serve these groups?

23. What do you need from other municipal and nonprofit actors in this space?

24. What influence does municipal government have on Arizona's state policies and legislation?

25. Should Phoenix, or any other city in Arizona become a sanctuary city? (And why or why not?)

26. What can U.S. citizens do to get involved or voice their opinion on the issue?

27. Is there anything else that you would like to add, is there anything that I didn't ask that you think is important to this research?

Consent
Title of research study: Refugee Health Partnership

Investigator: David Schlinkert, policy analyst, ASU, Morrison Institute for Public Policy

Why am I being invited to take part in a research study?

Because you have been identified as a key community leader with knowledge about refugees, asylees and asylum seekers in Arizona. (All participants will be 18 years of age or older)

Why is this research being done?

Many asylum seekers, asylees and refugees face challenges in accessing health care, finding a job and naturalizing once they enter Arizona. This study is attempting to better understand these challenges, so that we can improve health, economic self-sufficiency and naturalization rates for these populations.

How long will the research last?

This research project will last one year. It will require approximately 60 minutes of your time. We will ask you about your experience with these populations and the

present local response systems that help these groups integrate in Arizona –

specifically the Phoenix Metropolitan area.

How many people will be studied?

We expect approximately 30 community leaders will be interviewed for this

research study.

What happens if I say yes, I want to be in this research?

If you agree to join this study, I will ask you a series of questions about the present

local/municipal service provision for these populations, and the challenges and

opportunities that exist for future policy action. I will use your name for direct

quotes in this research study unless you indicate that you want your interview to be

anonymous. I will audio-record our conversation, unless you do not want to be

recorded.

What happens if I say yes, but I change my mind later?

You can leave the research at any time it will not be held against you.

What happens to the information collected for the research?

The results of this study may be used in reports, presentations or publications. The information gathered for this study will be kept for 5 years in a locked office at ASU on a password-protected computer.

Who can I talk to?

If you have questions, concerns, or complaints, talk to the research team, David Schlinkert (602) 496-0327 or barbara.klimek@asu.edu.

This research has been reviewed and approved by the Social Behavioral IRB. You may talk to them at

(480) 965-6788 or by email at research.integrity@asu.edu if:

• Your questions, concerns, or complaints are not being answered by the research team.

• You cannot reach the research team.

• You want to talk to someone besides the research team.

• You have questions about your rights as a research participant.

• You want to get information or provide input about this research.

By signing below you are agreeing to be part of this research:

Signature of participant   Date

    Or Verbal Consent if interview is over the phone

Printed name of participant

It is okay to use my name

Initial

It is okay to videotape

Initial

Signature of person obtaining consent   Date

Recruitment Script

REFUGEE HEALTH PARTNERSHIP

RECRUITMENT SCRIPT

I am a researcher (or a graduate student under the direction of policy analyst, David Schlinkert) at the Morrison Institute for Public Policy at Arizona State University. I am conducting a research study to understand refugee, asylee and asylum seeker health needs, economic prospects and naturalization rates of these populations in Arizona – specifically the Phoenix Metropolitan area.

I am recruiting individuals to share their experiences with these groups and the present and future service provision at the local/municipal government level. I also want to know what potential policy solutions and interventions you think could better serve these

groups. If you agree to participate, I will ask you series of questions that will take approximately 1 hour.

You must be 18 and older, and a community leader to participate in this study.

Your participation in this study is completely voluntary. If you have any questions concerning the research study, please call David Schlinkert (602) 496-0327.

APPENDIX G

OUTSTANDING QUESTIONS AND NEXT STEPS FOR RESEARCHERS

OUTSTANDING QUESTIONS AND NEXT STEPS FOR RESEARCHERS

For the City of Phoenix to respond effectively to the unique needs of asylum seekers, and to inform the public about the issues they face, additional research must focus on the reasons why asylum seekers do or do not find the health, educational and job training resources they need, so they can economically and civically integrate. I believe the next steps for research in my field are:

1. Representative qualitative and quantitative research that re-writes the SWNAR and global migration narrative from migrants' perspectives.

2. A quantitative clinical study that looks at the efficacy of pro-bono health services in reducing health burdens among immigrant communities, and its impact on emergency department utilization and costs.

3. Theoretical research that links transborder theories with behavioral economics, to better understand what types of immigration reforms are more likely to gain traction with people who have anti-immigrant sentiments.

    a. For example, a study could look at the attitudes, behaviors and actions of individuals who fall into Kagan's three buckets of opposition to immigration: xenophobes, demographic control, and legal processors to see what immigration policy changes they might be most amenable to.

4. Conduct robust scientific evaluations of immigrant outcomes in municipalities that are working to integrate asylum seekers.

5. Establish transborder research partnerships with Mexican Institutes to better understand the implications new immigration rule changes such as safe third country and Migrant Protection Program (remain in Mexico policy) on asylum seekers.

   a. Specifically, the outcomes of asylum seekers forced to stay in Mexico while they await their asylum court date. Preliminary research shows that there is an increase in absenteeism, which raises human rights concerns.

6. Further examine the inequity of asylum proceedings based on immigrants' nationality and their ability to obtain legal representation.

   a. Study the presently unequal rate of asylum approvals vs. denials of asylum seekers in the Migrant Protection Program compared to asylum seekers in traditional asylum seeker court proceedings (some of this research is already underway).[ccxcvi]

7. Study the proximate underlying structural factors that contribute to anti- or pro-immigrant responses to asylum seekers by municipal governments on the U.S. side of the SWNAR (Albuquerque, San Diego, Los Angeles, El Paso, Phoenix, etc.) to better understand how these cities coordinated and collaborated architecturally to meet the health, self-sufficiency and integration needs of asylum seekers.

APPENDIX H

FOUR WAYS THE CITY OF PHOENIX CAN SUPPORT ASYLUM SEEKERS

FOUR WAYS THE CITY OF PHOENIX CAN SUPPORT ASYLUM SEEKERS

Acknowledgement, Advocacy and Coalition Building

- Recognize the important role that asylum seekers can play in Phoenix and facilitate community discussions about how to best respond to their needs, while highlighting asylum seekers' strengths and assets.

- Create inter-city partnerships with cities on both sides of the U.S.-Mexico border, and partner with cities that have robust approaches for working with asylum seekers.

  o Travel to and strategize with other U.S. immigrant friendly cities in the Southwest like San Diego and Albuquerque.

  o Participate in national and international immigration policy debates.

- Submit a letter of support for asylum seekers to the Arizona Legislature and the Governor's Office.

Information and Coordination

- Assign staff time to help coordinate asylum seeker humanitarian response post ICE drop-off.

- Advocate for a position in the State government, specifically in Arizona's Department of Economic Security's Refugee Resettlement Office.

- Develop an inter-agency and private sector working group with representatives from the City of Phoenix to proactively identify areas for including asylum seekers based on economic opportunities, local infrastructure and political will.

- Encourage research and public policy partnerships with universities, newspapers, media outlets, and think-tanks to increase the general public's understanding of asylum seekers' histories, needs, and the barriers they face when attempting to integrate in Phoenix.

- Increase mutual exchanges of knowledge and include asylees in urban agenda setting and planning to ensure asylum seekers, refugees and asylees receive equal access to services like transportation, urban land use, and employment services.

- Join the New Urban Agenda, a nonbinding agreement to make cities more livable, sustainable and inclusive.

Legal Support

- Support organizations that provide pro-bono legal services by improving awareness, and, if financial resources exist, create a legal protection fund that can pair attorneys with ethnic community leaders to provide outreach, education and legal support to asylum seekers in detention and in the City of Phoenix.

- Appoint special advocates for asylum seekers to help them understand the U.S. immigration system.

- Facilitate, and provide free spaces for, "Know Your Rights" trainings for immigrants recently released from detention in Phoenix.

Direct Services: Health, Housing, and Human Services

- Assist the faith-based and nonprofit response to asylum seekers by working with ICE to formalize asylum seeker drop-off policies.

- Provide additional coordination support for short-term housing solutions for asylum seekers that do not have family or friends in Phoenix, and are therefore homeless.

- Help healthcare providers that provide free or sliding scale services find additional funding, and share their successes with asylum seekers, encouraging other healthcare provider to follow-suit.

- Advocate for pro-bono health services, and fund health services that specifically serve asylum seekers.

- Conduct and share health research that shows the financial advantage of providing pro-bono healthcare at health clinics instead of through costly emergency department admissions.