"Denver Loves Immigrants"?: Latinx Health Citizenship and Immigrant Incorporation in Urban Colorado

While Denver has long been a prime immigrant receiving community, the city's immigrant population has increased nearly 50% since 2000. Along with this growth, the city has emerged as a leader in the national sanctuary movement and in implementing municipal policies to protect immigrants. But can Denver and its immigrant-serving public healthcare institutions offset the "chilling" effects of exclusionary federal policies on Latinx immigrant health citizenship? In this paper, I answer this question by detailing preliminary ethnographic findings from research conducted with immigrants, health care providers, immigration advocates, and public officials in the Mile High City.

I. Intro Slide

I want to begin by telling you about a recent Wednesday in Denver that points to some of the actions taking place—and issues at stake—in immigrants' lives, health, and advocacy in the so-called Mile High City. This account will provide some ethnographic context for the recent research project on Latinx health citizenship that Sarah and I have recently gotten underway in Colorado, so I will segue from that ethnographic context to some very preliminary findings.

II. ICE office Photo

I'm standing with about 25 others across the street from the Immigration and Customs Enforcement (ICE) Denver Field Office in Centennial, a southern suburb of the city. We're hunched against the cold, our hands deep in pockets: we're friends, family, allies, and advocates of Jorge Zaldivar, who is about to enter the ICE office for his check-in, unsure if he'll be detained. His children and grandchildren cry and his wife Christina, a U.S.-born American citizen, looks simultaneously enraged and heartbroken as the group prays and offers Jorge their best wishes before he enters the ICE building. Jorge found out a day or so before that his stay of removal application was denied, so his fears of detention and deportation are even more intense than they have been at prior check-ins.

I know Jorge and Christina through my work with the American Friends Service Committee's (AFSC) Denver-based Not1MoreDeportation group—or NiUnaMás—which is a member-run support group for people in deportation proceedings. Unlike most immigrants with deportation cases in the United States who confront the process on their own, Jorge is well-connected with Denver's immigrant advocacy world. After 14 years and tens of thousands of dollars spent on immigration attorneys and fees, he and Christina are continuing to fight, but the night before each check-in they must prepare their children and grandchildren—and themselves—for the strong possibility that, like others they know in similar positions, Jorge might not come out of that ICE office.

III. Family Saying Goodbye Photos

Gabriela, the organizer who helps facilitate the NiUnaMás group, accompanies Jorge and Christina across the street and into the ICE building as the rest of the group watches, tears making warm tracks on many of our freezing faces. Another organizer suggests we sing "Amazing Grace," but no one knows the words, so we settle on "You Are My Sunshine." (The *New York Times* decided to follow Jorge's case, which is why I have these photos.) Some of us chat nervously, others watch the ICE office silently, praying. Gabriela returns to the group and texts with Jorge's lawyer to chart a path forward. Then, not 15 minutes after they had entered the building, Gabriela raises her fist and yells, "Woooooo!!!!" Jorge and Christina have emerged together. We all join Gabriela in cheering.

IV. Gabriela Cheer Photo

When they make it back across the street to us, Christina explains that the officer let Jorge go but told him to return in 30 days with his ticket to Mexico in hand, proving that he had planned his so-called "voluntary departure." There would, of course, be nothing "voluntary" about it. After staying collected the whole morning, Christina's face finally crumples. "Now I have to go home and explain all this to my children," she says, crying. "It's so fucking unfair that we have to go through this, time and time again."

V. NYT Piece

The *New York Times* piece came out a little over a week later, and Jorge's "final" check-in is scheduled for March 28. The family is working with attorneys to chart next steps and continue fighting the case, but their fears that Jorge may soon be deported remain strong, and, unfortunately, seem warranted given the current administration's deportation regime.

Through my work with AFSC and the Colorado Immigrant Rights Coalition, or CIRC, I have met dozens of people in similar situations, which to me reflect Denver's conflicted position as a site of immigrant welcome in the midst of heightened enforcement and increased deportations, as a site of conflicted incorporation in what Burciaga and colleagues call the "uneven legal geography of immigration" (2018:5).

VI. Denver Loves Immigrants Photo

Indeed, stepping back a bit, the city of Denver (which is 13% foreign born, up 50% since 2000) has recently instituted city-wide policies protecting immigrant rights. Passed in 2017, the rather ungracefully named "Public Safety Enforcement

Priorities Act" prohibits ICE holds, prevents City of Denver employees from collecting immigration or citizenship status information, prevents the sharing of other information for purposes of immigration enforcement (the Sheriff's dept does still provide notices of release), and prohibits the use of city resources or cooperation with civil immigration enforcement, including prohibiting ICE presence in "secure areas or facilities."

Since 2005, Denver has also had an Office of Immigrant and Refugee Affairs, which is part of Denver's Agency of Human Rights. As its director put it in an interview, they are "engaged in policy exploration and development, advocacy, getting investment at the city level, and making the voice of the immigrant population a central part of these processes."

VII. Denver Welcoming Week & LDF

To that end, among other activities, Denver has an immigrant "Welcoming Week" with events promoting immigrant appreciation and incorporation; they hang the Denver Loves Immigrants banner on city buildings; the city has an Immigrant and Refugee Commission, and Denver's Mayor recently issued an Executive Order establishing an Immigrant Legal Services Fund, providing grants to non-profits to represent people in removal proceedings. The City has also given trainings and info sessions on the Public Charge rule, in an attempt to offset its chilling effect on immigrant utilization of public programs and health care.

As all of this indicates, Denver is—or at least is attempting to be—a welcoming place for immigrants, a place that makes explicit efforts to promote immigrant incorporation and resist restrictive federal policies.

Yet, despite these efforts—and even despite Denver's strong immigrant advocacy network and immigrant-serving infrastructure—of course Jorge does not feel safe in Denver, and nor do any of the NiUnaMás members or even their usually U.S.-born children. So, as many of us are asking in our papers, is it possible for localities to truly challenge exclusionary federal immigration policies and discourses? Is it possible for them to do so in a way that penetrates immigrants' lived experience and sense of belonging? Specifically related to health, how do policies and attitudes at different levels—federal, state, county, municipal, clinical or institutional, even neighborhood—interact and overlap to shape immigrants' healthcare access and symbolic sense of their place in the nation?

These are some of the questions Sarah and I are seeking to answer in our new project, and—spoiler alert—I don't yet have good answers.

I do know that however pleased immigrant advocates and immigrants themselves may be that Denver has pro-immigrant policies and programs, Denver is, like many other so-called "Sanctuary Cities," a city in a state that takes an inconsistent "patchwork" approach to immigration enforcement and protection. This "uneven legal geography" (again to use Burciaga et al.'s term) can lead to confusion, and, it seems, undermine the intentions of the protections for immigrants that *are* instituted on the more micro-local level.

Knowing this, CIRC, AFSC, and other organizations have been pushing for a more consistent, statewide policy that they're calling "Virginia's Law." And, as it so happens, it is to z Virginia's Law rally at the Colorado State Capitol that I head directly after Jorge's check-in on that cold Wednesday afternoon.

Virginia's Law, which has been largely shaped by an immigrant-led steering committee in collaboration with CIRC leaders and legislators, was named after

Virginia Mancinas, a "survivor of domestic violence who was turned into Immigration and Customs Enforcement (ICE) after she called the Garfield County Sheriff's department to report her abuser" (http://coloradoimmigrant.org/the-story-of-virginia-mancinas-virginias-law-hb18-1417/).

VIII. VA Law Movement Building Event

CIRC hosted a Virginia's Law "movement building training" in February, where organizers presented about the history of localized immigration policy and advocacy in Colorado. Passing Virginia's Law would be a significant accomplishment anywhere, let alone in a state that less than a decade ago was one of the most restrictive on immigration matters, with a notorious "Show Me Your Papers" law (S.B. 90) from 2006-2013 (Martinez and Ortega 2018). Now, the state has several progressive policies in place, such as licenses and in-state college tuition for undocumented immigrants, but Virginia's Law died in the House last year.

The hope was that after Colorado's 2018 blue wave—we now have a Democratic state government trifecta—the legislature would be more amenable. So, with more than a slight glimmer of hope, we strategized in the movement-building training about how to ensure Virginia's Law would be heard and made law.

At the time of the training, immigrant advocacy leaders believed the Speaker of the House, a Boulder Democrat named KC Becker, was going to assign it to a kill committee. According to CIRC and other leaders, the legislature didn't want conflict with the new governor, who—despite being a progressive Democrat with a pro-immigrant record—has sworn to veto any so-called "sanctuary state" policies, using the well-worn excuse that they offer a false sense of security. CIRC and AFSC were determined to put the pressure on to ensure a more favorable

assignment so that Virginia's Law, which they were pitching as a bill to "ensure all Coloradans feel safe calling 911 for help and ensure safe schools, hospitals, and courthouses for all Coloradans," had better chances of making it out of the House.

IX. All Are Welcome Virginia's Law Event at Capitol Photos

At the Virginia's Law rally that afternoon, over 100 people holding white flowers and wearing white t-shirts with the words "All Are Safe" printed on them are gathered outside the Capitol. A number of Colorado-based immigrants share their stories, among them a high school DACA recipient (son of another NiUnaMás group member); several victims of domestic violence, one of whom said that due to immigration enforcement activities in the mountain town where she lives, she and her family "live in terror" ("vivimos aterrorizados") and are afraid to contact law enforcement for any reason. We also hear from local lawmakers—there are at least 13 present at the event itself—and a pediatrician who says protections like those in Virginia's Law are essential to ensure her immigrant patients and their children continue to get healthcare.

After the rally, we form two single-file lines and, holding our flowers, silently walk into the Capitol and encircle the building, in a peaceful show of support and insistence that our representatives consider Virginia's Law.

X. Enrollment Van/DH materials

The next day, I spend my morning on the "Health Access Express" Enrollment Van for Denver Health, the city's oldest and largest public hospital system that serves much of the Denver population. The enrollment van exists as part of the hospital's outreach to uninsured populations: Denver Health describes

itself as very "mission driven" in terms of providing healthcare regardless of ability to pay, and they want to increase access for all, including for the city's sizeable immigrant population.

The colorful van, staffed by an enrollment specialist and two community healthcare workers, is parked outside of a non-profit that serves immigrants and other community members in Denver's Swansea neighborhood, not far from the Sunnyside neighborhood where I've been conducting interviews with staff, providers, and Latinx immigrant patients at a Denver Health community clinic called La Casa.

Now, at the state level, Colorado has not taken many extraordinary measures to counter the federal government's exclusion of immigrants from healthcare. For example, while 14 states and DC decided to expand Medicaid to legal permanent residents with less than five years in the U.S., Colorado did not (USDHHS 2012). In 1983, Colorado created a statewide indigent care program (CICP) for the uninsured, but it explicitly restricts eligibility to lawfully present immigrants (USDHHS 1999).

So, safety net hospitals and Federally Qualified Health Centers play a huge role in providing care to immigrants who do not qualify for Medicaid, and Denver Health has its own sliding scale "discount" program for the undocumented population that makes not only primary but also specialty care relatively accessible.

In addition to this relatively generous discount program, the hospital engages in specific outreach to immigrants, including some post 2016-election triage efforts to encourage immigrant patients to continue seeking healthcare despite their well warranted fears about being picked up by ICE in clinics, about clinics sharing their personal information with ICE, or about the repercussions of using public programs

for adjusting immigration status down the road (due to the public charge rule). The hospital went so far as to create flyers reiterating their policies around these questions (pictured), and staff describe meetings and emails they received around that time that reinforced these messages.

More broadly, the clinics are staffed by predominantly Latinx and Hispanic Spanish speakers, many of whom are immigrants themselves or are from Denver and grew up going to the clinics as children. (It's important to note that the hospital also has a Refugee Clinic; I'm speaking mostly about efforts directed toward Latinx immigrants.) Scholars such as Marrow, Varsanyi, and Horton, among others, have illustrated how municipalities, institutions, and even public workers like health care staff can counter dominant discourses portraying immigrants as outside the bounds of national membership. So far I would argue that that is what is occurring at Denver Health.

While I've found some subtle negative constructions of undocumented immigrant health-related deservingness from staff members here and there, as far as I can tell relatively early on in the project, their efforts to outreach to immigrants and ensure they feel comfortable seeking care have paid off.

Enrollment specialists so far have not reported a significant chilling effect on immigrant healthcare seeking or dramatic Medicaid drop-offs, and for the most part the patients I have interviewed have extremely positive accounts of their interactions at the clinic.

And this holds for patients who arguably would have good reason to discontinue their medical care For instance, and relating back to Jorge's story, ICE staked out two of my participants' homes (Mari and Cati), breaking into one of

them without a warrant, and both women's husbands were eventually deported as a result.

Another two participants are mired in complicated legal and immigration proceedings themselves that certainly impact how they—and their largely mixed-status families—comport themselves and contribute to experiences of chronic worry, restraint, fear, and insecurity.

Yet, so far in my fieldwork at the Denver Health clinic, the "phenomenology of 'illegality'"—or of being an immigrant more generally—does not seem to include a strong sense of health-related undeservingness on the symbolic level or even a pragmatic chilling effect on immigrants' healthcare utilization. Granted, I am just beginning my interviews with the non-clinical/community sample, so I expect this to change somewhat.

However, I am optimistically theorizing right now that a series of factors specific to Denver and to Denver Health may overlap to counter the health havoc wreaked by what Kline (2017, 2019) calls "pathogenic policies."

But, of course, the fewer pathogenic policies on the books, the better—especially since the healthcare and immigrant advocacy infrastructures outside of the Denver metro area leave much to be desired.

X. Virginia's Law's Demise

So (and sorry to close on a negative note), the apparent demise of Virginia's Law in this past week—especially after so much hope that it had a chance—is particularly disappointing. For the immediate future, it seems Colorado may be left with its patchwork microlocal approach to immigrant enforcement and protection –

and we will continue to delve into how such inconsistency plays out in the subjective lives and health of immigrants and their families.

[[CIRC and its Virginia's Law Steering Committee decided to escalate their pressure on House Leadership to introduce the bill, and their Facebook post directed at the Speaker of the House apparently burned whatever bridges had been made, and as of now it looks like the bill has no chance of being heard]]

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Now it looks like, at least for the moment, Colorado will be left with what most states have: an inconsistent "patchwork" approach to immigration enforcement and protection that can lead to confusion, and, it seems, undermine the intentions of the protections for immigrants that *are* instituted. Indeed, a growing body of literature examines what Burciaga et al. call the "uneven legal geography of immigration" (2018:5) and "the devolution of immigration enforcement to localities" (2018: 6), delving into how such inconsistency plays out in the subjective lives of immigrants and their families.

Scholars such as Marrow, Varsanyi, and Horton, among others, have illustrated how municipalities, institutions, and even public workers like health care staff can counter dominant discourses portraying immigrants as outside the bounds of national membership. So far I would argue that that is what is occurring at Denver Health.

It is still too early to tell, but I think it possible that these micro/clinic-level efforts toward immigrant incorporation in healthcare are countering the otherwise "pathogenic policies," as Kline calls them, coming from the federal and state governments.

who were concerned about the risks of sharing information or being apprehended by ICE when seeking medical care. Indeed, Denver Health has been working for a long time to earn the trust of Denver's immigrant community, and, as far as I can tell relatively early on in the project, their efforts have paid off.

long before these explicit materials encouraging immigrants to continue seeking medical care, Denver Health had worked hard to earn the trust of Denver's immigrant community, and after the 2016 election, the hospital administration sent out information to staff and providers, and their marketing and outreach team as far as I can tell so far, it has paid off. –but has it countered broader notions of undeservingness??

Those who have had negative experiences tie them to the quality of medical care or, in one case, to a sense of being judged for addiction, but they do not report having been made to feel undeserving due to their immigration status.

And Colorado also was one of the 34 states that chose not to provide state-only funded health care to other categories of immigrants excluded under PRWORA, Colorado did not.
At the state level, Colorado has mostly reiterated the federal government's exclusion of many immigrants from health

care. For example, PRWORA devolved to states the decision of whether to use state funds to cover legal permanent residents with less than five years in the U.S. through their Medicaid programs. While 14 states and the District of Columbia chose to do so, Colorado was one of 36 that did not (USDHHS 2012). While 16 states and the District of Columbia chose to provide state-only funded health care to other categories of immigrants excluded under PRWORA, Colorado did not. Finally, under the Children's Health Insurance Program Reauthorization Act of 2009, states could receive federal funding to provide Medicaid and/or the Children's Health Insurance Program (CHIP) to lawfully residing children and pregnant women—even to legal permanent residents who had been in the U.S. for less than five years. Colorado was one of 18 states that did opt to provide Medicaid to lawfully residing pregnant women, but 17 other states provided CHIP to lawfully present children as well (USDHHS 2012). Moreover, in 1983, Colorado created a statewide discount program for its low-income uninsured residents, the Colorado Indigent Care Program, yet the program explicitly restricts eligibility to lawfully present immigrants (USDHHS 1999).

The Colorado state policy climate strengthens portrayals of undocumented immigrants—as well as recently-arrived legal permanent residents—as largely "undeserving" of public health care benefits. However, discourses and policies regarding immigrants' "deservingness" of citizenship and of publicly-funded health care vary at the local level as well. A robust literature has explored how, in the absence of comprehensive federal immigration reform, municipalities and states increasingly intervene in the realm of membership policy by making undocumented and liminally legal immigrants eligible for health care benefits (Marrow 2012; Marrow and Joseph 2015), for municipal IDs (de Grauuw 2014), and for state drivers' licenses (Varsanyi 2010; Varsanyi et al. 2012). Pointing out that immigrant incorporation occurs in specific localities (Ellis 2006; Ellis and Almgren 2009; Marrow 2009, 2011), this body of literature highlights the role that municipalities (Marrow 2012; Varsanyi 2010; Varsanyi et al. 2012) and public workers—whether school teachers, social workers, or health care workers (Jones-Correa 2005; Marrow 2009, 2012; Horton 2004, 2006)—may play in countering dominant discourses that portray immigrants as outside the bounds of national membership. While municipalities and local health care workers are greatly constrained by the broader federal climate of health care exclusion within which they operate (Marrow 2009, 2012; Marrow and Joseph 2015), they nevertheless help shape conceptions of immigrants' "deservingness" of local membership and public benefits at the local level.

Ariana, one of the community healthcare outreach workers,
-interestingly, despite the fact that some of my interviewees, particularly those who are undcouemtned, express feelings of fear and uncertainty related to their or their family members' prior interactions with police and ICE, I have not found a sense of undeservingness… related to a lot of factors, like having Latinx,

So far in my interviews with Latinx immigrant patients at one of Denver Health's satellite clinics, I am finding that both the city (including official city policy and the general immigrant-serving infrastructure) as well as the clinic itself seem to be having success in countering much of the anti-immigrant sentiment that my interviewees report seeing on Spanish-language news, for example, but that this is (unsurprisingly) somewhat dependent on their documentation status and prior interactions with law enforcement and ICE.

For instance, and relating back to Jorge's story, ICE staked out two of my participants' homes (Mari and Cati), breaking into one of them without a warrant, and both women's husbands were eventually deported as a result. Another two participants are mired in complicated legal and immigration proceedings themselves that certainly impact how they—and their largely mixed-status families—comport themselves and contribute to particular phenomenological experiences of chronic worry, restraint, fear, and insecurity (c.f. "critical phenomenology of 'illegality'" (Willen, Horton, Duncan, Kline, etc.).

Yet, so far in my fieldwork at the Denver Health clinic, the phenomenology of 'illegality'—or of immigrant status more generally—does not seem to include a strong sense of health-related undeservingness on the symbolic level or even a pragmatic chilling effect on immigrants' healthcare utilization. Granted, I am just beginning my interviews with the non-clinical/community sample, so I expect this to change somewhat.

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City

-Strong immigrant-serving infrastructure and advocacy community, including a sanctuary ordinance and a dedicated office at the City level.

-Options (though still not great) for public transportation, given fears around driving/apprehension and difficulties getting licenses

Clinic

But I also expect inconsistency across the state, due at least in part to what Burciaga et al. call "uneven legal geographies," the patchwork approach…

-b/c of consistency, longstanding welcome

These and other undocumented folks in my sample would—again, not surprisingly—not call police were they to witness a crime, they say, and very much fear winding up in the same situations as their partners did.

So far these types of fears have not, however, prevented participants from seeking healthcare at the Denver Health clinic where I'm working.

This fear of interacting with law enforcement is, of course, one of the main impetuses behind the creation of Virginia's Law. Indeed, if Virginia's Law or similar policies *had* been in place at the state level, Jorge and others I know would probably not be mired in painful deportation cases, never knowing if they'd emerge from their latest check-ins. Many of them entered immigration proceedings due to minor traffic violations or legal misunderstandings and if police, sheriffs, and jails were legally prohibited from holding immigrants for ICE—or notifying them of their jail releases—DHS would probably not be pursuing them.

For Cati and Mari, whose husbands were apprehended by ICE in

Instead, an inconsistent "patchwork" approach to immigration enforcement and protection that can lead to confusion, and, it seems, undermine the intentions of the protections for immigrants that *are* instituted.

All of the immigrant interviewees—whose documentation statuses run the gamut—are residents of Denver, for example, yet few have heard of the "Public Safety Enforcement Priorities Act" or know whether the city or clinic staff with whom they interact are allowed (or required) to share their immigration information with ICE.

Regardless of their documentation status,

there is (unsurprisingly) confusion around what the actual rules and policies—both regarding immigration and healthcare—actually are.

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-The clinic has taken steps to reassure patients (for example, about information sharing and the Public Charge), but staff themselves of course cannot be totally sure about

And several of them have had direct and painful interactions with law enforcement and ICE that then help shape their interactions with those

-like the two events above, one where a father is criminalized and in serious risk of being separated from his family, and one in which a strong immigrant advocacy community is coming together to create a more coherent and consistent set of policies in the state

- INTERACTION BETWEEN FEDERAL AND LOCAL POLICIES, ENFORCEMENT, HEALTHCARE

XI.

I: Yo digo que yo me debo de portar bien para que yo pueda tener atención médica. En primer lugar, portarme bien y que me ayuden con la con la atención por que es muy cara. Y en segundo lugar no es país de nosotros.
W: Mmmmm hmmm
I: Y con que nos ayuden es suficiente no portarnos mal para que nos puedan ayudar. Por que no somos de aquí y no nos portamos mal pues no nos van a querer ayudar
W: Hmm
I: Yo pienso en lo mío. No se en la de no se en otras personas.
W: Y como
I: Pero cada quien piensa diferente. Yo pienso de un modo puede a ver otras personas que piensan muy diferente a mí.
W: ¿Como qué?
I: Que quieren hacer lo que ellos quieren como si estuvieran en su país y no

XI. Virginia's Law's Demise

CIRC and its Virginia's Law Steering Committee decided to escalate their pressure on House Leadership to introduce the bill, and their Facebook post directed at the Speaker of the House apparently burned whatever bridges had been made, and as of now it looks like the bill has no chance of being heard. [Add brief mention of whatever other information I can gather about what happened]

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A related vein of work reveals how localities and local institutions act as sites of immigrant incorporation or exclusion, helping to shape notions of deservingness

investigate how different constructions of health citizenship at federal, state, and local levels *interact and overlap* to mediate the pragmatic and subjective dimensions of immigrants' health-related deservingness.

→impacts on deservingness, healthcare citizenship.

At the state level, Colorado has mostly reiterated the federal government's exclusion of many immigrants from health care. For example, PRWORA devolved to states the decision of whether to use state funds to cover legal permanent residents with less than five years in the U.S. through their Medicaid programs. While 14 states and the District of Columbia chose to do so, Colorado was one of 36 that did not (USDHHS 2012). While 16 states and the District of Columbia chose to provide state-only funded health care to other categories of immigrants excluded under PRWORA, Colorado did not. Finally, under the Children's Health Insurance Program Reauthorization Act of 2009, states could receive federal funding to provide Medicaid and/or the Children's Health Insurance Program (CHIP) to lawfully residing children and pregnant women—even to legal permanent residents who had been in the U.S. for less than five years. Colorado was one of 18 states that did opt to provide Medicaid to lawfully residing pregnant women, but 17 other states provided CHIP to lawfully present children as well (USDHHS 2012). Moreover, in 1983, Colorado created a statewide discount program for its low-income uninsured residents, the Colorado Indigent Care Program, yet the program explicitly restricts eligibility to lawfully present immigrants (USDHHS 1999).

The Colorado state policy climate strengthens portrayals of undocumented immigrants—as well as recently-arrived legal permanent residents—as largely "undeserving" of public health care benefits. However, discourses and policies regarding immigrants' "deservingness" of citizenship and of publicly-funded health care vary at the local level as well. A robust literature has explored how, in the absence of comprehensive federal immigration reform, municipalities and states increasingly intervene in the realm of membership policy by making undocumented and liminally legal

immigrants eligible for health care benefits (Marrow 2012; Marrow and Joseph 2015), for municipal IDs (de Grauuw 2014), and for state drivers' licenses (Varsanyi 2010; Varsanyi et al. 2012). Pointing out that immigrant incorporation occurs in specific localities (Ellis 2006; Ellis and Almgren 2009; Marrow 2009, 2011), this body of literature highlights the role that municipalities (Marrow 2012; Varsanyi 2010; Varsanyi et al. 2012) and public workers—whether school teachers, social workers, or health care workers (Jones-Correa 2005; Marrow 2009, 2012; Horton 2004, 2006)—may play in countering dominant discourses that portray immigrants as outside the bounds of national membership. While municipalities and local health care workers are greatly constrained by the broader federal climate of health care exclusion within which they operate (Marrow 2009, 2012; Marrow and Joseph 2015), they nevertheless help shape conceptions of immigrants' "deservingness" of local membership and public benefits at the local level.

in my recent interviews with immigrants, healthcare staff and providers, and local leaders for our new research project on Latinx health citizenship have revealed, there is a great deal of confusion

In my experience, it's hard for many immigrants and advocates themselves to keep up with what policies apply where, let alone people for whom local immigration policy is not a central concern. Indeed, this issue is part of what literature on "crimmigration" and "legal geographies

As part of our new research project on Latinx health citizenship and local

-Complicated and conflicted landscape of local policy, and how this impacts ability to provide and receive healthcare.

I. CPR Article re: Federal Lawsuit

Our new governor, Jared Polis (along with our Attorney General (Phil Weiser)), is suing the federal government for withholding grant money on the basis of the Public Safety Enforcement Priorities Act. Polis wasn't the strongest 2018 gubernatorial candidate on immigration issues, but does have a record of some pro-immigrant policies and activities as a Congress member and as a philanthropist – he created New America Schools for immigrant and undocumented children, for example.

And he once exploded on the U.S. House floor in a passionate defense of H.R. 15 immigration reform legislation and in defense of people in deportation proceedings hoping to be heard on the floor.

II. Polis on House floor defending H.R. 15, "Border Security, Economic Opportunity, and Immigration Modernization Act of 2013"

You can see why CIRC endorsed him and why organizers and immigrants alike hoped he would continue his pro-immigrant record.

- A few vignettes to set the stage for some of the ethnographic context
    - Virginia's Law Action/Rally
    - Jorge's check-in (?)
    - La Casa clinic/DH enrollment van

- What are main findings so far, and what immigrant stories would be good to show those findings?
    - Claudia and Marti, perhaps, who are somewhat dialed into imm advocacy and who have a clinical home, but who still experience fear/apprehension due to their partners' experiences with ICE (both raided at their homes). Also Nelly and Ramona to perhaps lesser degrees.

Contrast with Concepcion, Maria Re