

“Because We Are Afraid”: voices of the undocumented in a new immigrant destination in the United States

Madeline Metcalf, Danika Comey, Deborah Hines,
Genesis Chavez-Reyes, Sally Moyce

This version of the article has been accepted for publication, after peer review (when applicable) and is subject to Springer Nature's AM terms of use, but is not the Version of Record and does not reflect post-acceptance improvements, or any corrections. The Version of Record is available online at: <http://dx.doi.org/10.1057/s41271-024-00475-4>

Accessibility Disclaimer:

For a more accessible version of this document, please submit an accessibility request form through the Montana State University Library website.

Original Research

“Because We Are Afraid”: Voices of the Undocumented in a New Immigrant Destination in the United States

Madeline Metcalf¹, Danika Comey^{2*}, Deborah Hines³, Genesis Chavez-Reyes¹, Sally Moyce²

¹ Montana State University, College of Letters and Science, Bozeman, United States

² Montana State University. Mark and Robyn Jones College of Nursing, Bozeman, United States

³ South North Nexus, Bozeman, United States

*Correspondence: danika.comey@montana.edu

Running Title: Immigrants’ Perceptions

Abstract

The purpose of this study is to explore immigrants’ perceptions of their daily lives in a state with anti-immigrant policies in the United States. Using snowball sampling, researchers recruited a sample of 30 Latino immigrants in southwest Montana. The research team conducted semi-structured interviews in Spanish and analyzed the data using thematic analysis. We identified four themes: difficulty accessing healthcare, frustration over the inability to obtain driver’s licenses, challenges related to employment, and desire to make a life in Montana. Fear permeated all topics. Lack of documentation presents complex economic, health, and social challenges that prevent immigrants from fully integrating into their communities. These are exacerbated in states that employ anti-immigrant policies. As Western states continue to experience growth in

immigrant populations, it is critical to develop policies to support integration and equitable access to health and social services.

Key words: undocumented, immigration, qualitative, anti-immigrant policies, challenges

Key messages:

- There are very little data about the health needs of the growing Latino immigrant community in the American West.
- Despite fear and challenges noted by immigrants, most wanted to build their lives in Montana.
- With the growing immigrant population, understanding how documentation status affects daily life is critical for public health professionals in creating inclusive policies and programs.

Introduction

Nearly a quarter of all immigrants living in the United States (U.S.) lack legal authorization and immigrants from Mexico and Central America account for 67% of the total undocumented population [1, 2]. The U.S. Hispanic population has increased steadily over the past decade. Passel, Lopez, and Cohn categorize Southwest Montana as a new immigrant destination [3], and Tolbert observes it is among places with an immigrant population of less than 5% but growing at

1 a high rate [4]. New immigrant destinations are more likely to have a larger proportion of
2 undocumented immigrants, which presents specific challenges related to an undeveloped
3 infrastructure, such as healthcare systems and social service agencies, without culturally and
4 linguistically appropriate resources [5,6]. The lack of translated documents, interpreter services,
5 and appropriate referrals for medical care, combined with exclusionary or criminalizing
6 immigration state policies, may make life difficult for undocumented immigrants and may
7 impact their ability to acculturate or participate in the mainstream culture [7,8]. Concerns about
8 deportation, anti-immigrant sentiments, fear of family separation, and exploitation from a lack of
9 government protections prevent undocumented immigrants from accessing existing services [8–
10 10].

11 In Montana, a rural state that borders Canada, a string of anti-immigrant policies
12 includes the banning of sanctuary cities, exclusion of immigrants from state licensure and social
13 service programs. Recently, Montana began to participate in a federal program implemented by
14 U.S. Immigration and Customs Enforcement (ICE) known as “287(g)” [11–14]. The aim is to
15 have local and state law enforcement aid ICE to “identify and remove” undocumented
16 individuals from the United States. In 2020, Gallatin County, Montana implemented the Warrant
17 Service Officer Model, part of 287(g), which trains and certifies local law enforcement to
18 perform roles of ICE [11].

19 Despite these policies, Montana has a longstanding history of Latino migration for
20 economic opportunities. In 1942, an executive order established the Bracero Program, which
21 permitted Mexican men to work in the United States, and in Montana, on short-term labor
22 contracts in response to the agricultural labor shortage [15]. While the United States has since
23 terminated this program, immigrants continue to arrive in Montana and surrounding western

states at high rates for employment opportunities within the service, construction, and agriculture industries [16].

Little research focuses on the lived experiences of the undocumented Latino immigrants in new immigrant destinations, particularly in states with anti-immigrant policies. Little knowledge of how these lived experiences impact the lives on immigrants appears in the literature, including their experiences of stress, employment, ability to access services, and the expectations for their futures. We used a community-based participatory research approach to conduct a qualitative study to understand the perceptions of Latino immigrants with or without legal status about how their daily lives are impacted by documentation status in a state with hostile immigrant policies.

Data and Methods

Study Participants and Recruitment

The research team recruited a convenience sample of Latino immigrants living and working in southwest Montana via snowball sampling. Specifically, we engaged two Latino community members who approached potential respondents at their places of employment, homes, churches, and eateries. The research team met with interested participants for an interview, conducted in the respondent’s chosen location. Following each interview, we asked respondents to suggest referrals to other potential research participants. We gave each respondent a \$25 VISA card in appreciation for his or her time.

Data Collection

We used the Health Belief Model [17] to inform the creation of a semi-structured interview guide to facilitate the collection of qualitative data focused on the lived experiences of immigrant respondents in southwest Montana. We did not ask about the respondents’

immigration status directly. Bilingual and bicultural interviewers, trained in qualitative data collection and the ethical conduct of research, conducted interviews in Spanish between June and October 2021. We audio recorded these interviews, transcribed them verbatim in Spanish, and bilingual members of the research team translated them.

After each interview, the interviewers met to discuss potential bias and assumptions. We also reviewed the interview guide and made necessary changes, based on respondents' answers. The University's Institutional Review Board reviewed all study procedures and approved.

Data Analysis

We analyzed the data using NVivo Qualitative Analysis software concurrent with data collection. This allowed for a constant comparison technique and adaptation of the interview guide by the research team. Using thematic coding analysis, we employed a inductive coding methodology to extract themes from the respondent's answers [18]. The principal investigator assigned a sample of four, randomly selected transcripts to five researchers to review and code independently. All researchers read transcripts for familiarity then identified themes that emerged from transcripts. After we coded the samples, the research team met to discuss themes and created a final codebook that guided the analysis. All members of the research team independently read all transcripts and categorized responses according to the previously defined codebook themes. Consensus meetings and continual assessment of researcher bias allowed us to achieve trustworthiness.

Results

We conducted interviews with 30 immigrants (19 men and 11 women) before reaching data saturation. We identified four central themes: inability to access healthcare, inability to

1 obtain driver's licenses, challenges related to employment, and the desire to make a life in
2 Montana (Table 1).

3 *Fear*

4 Permeating these topics was the theme of fear. Respondents experienced constant fear of
5 deportation for not having legal documentation to live and work in the United States. This
6 created concerns about their health related to persistent psychosocial stress that, for many of
7 them, accompanied the arrival to rural Montana and acculturation. Most often, individuals
8 expressed worry about being deported while they were driving, believing that the lack of a
9 driver's license would be cause for deportation. The fear extended beyond driving into their
10 everyday life, creating constant distress with potential to impact other areas of health including
11 heart disease, high blood pressure, stroke, among others. This worry prevented many from fully
12 integrating into their new lives in Montana. Fears of deportation included concerns about
13 separation from children or losing everything they had worked for in the United States, though
14 some feared for their lives if they were to be returned to their home country. This constant fear,
15 worry, and stress weighed heavily on participants.

16 *Access to healthcare*

17 Immigrant respondents described how they were unable to access healthcare due to high
18 costs of care and a lack of health insurance. Despite the comparably high risk of injury in their
19 jobs in construction or in the service sector, employers rarely provided insurance. Respondents
20 specified challenges relating to purchasing private health insurance coverage due to their lack of
21 legal documentation as well as anxiety. They also described their fears, as Latino immigrants,
22 about attempting to use these services. They found it difficult to find health care providers who
23 would see them without insurance. Some noted that they were unable to cover the "high, high

costs of a hospital" (participant 12, male), while others feared the healthcare provider would report them to immigration. This often resulted in avoiding healthcare encounters.

A lack of documentation prevented respondents from making use of potentially available financial resources to pay for health services. In the state of Montana, persons without legal authorization, to live and work in the U.S. are not permitted to apply for financial assistance from the government or the health facilities, or for payment plans. Respondents told us that they felt compelled to lie about their legal authorization when presented with paperwork to complete. This often conflicted with their moral code, creating a situation where they felt they needed to be dishonest.

Driver's License

Respondents repeatedly mentioned the lack of a driver's license as a challenge, particularly because public transportation in this rural setting is limited. While some respondents had a license from their home country, Montana's law enforcement does not recognize these licenses. Respondents told us that other states provided means for undocumented individuals to obtain driver's licenses, but that Montana did not. This barrier created fear in most respondents.

Employment

Immigrants reported they came to Montana in search of employment opportunities. However, employment also created challenges for respondents. One such challenge was fear for those without legal authorization to work in the United States. Some respondents told us that they chose their jobs based on being able to work without documentation. All respondents reported having employment only in informal jobs without contracts. Working without formal contracts and legal documentation status created fear, anxiety, and worry among the participants.

1 Respondents also noted that they were aware of the precarious situation this placed them in,
2 including being paid less than citizen workers doing the same work. The absence of a contract
3 created opportunities for employers not to pay workers and several respondents mentioned
4 employers seizing this opportunity and not paying their workers.

5 Respondents mentioned their housing situation as a challenge that tethered them to their
6 jobs because landlords often asked for financial records or for people to pass a background check
7 to ensure no criminal record. Employers, however, sometimes provided housing to their workers,
8 so respondents often lived in employer-provided housing. However, participants noted that if
9 workers leave their jobs, they also lose housing. In addition, lack of legal authorization to live
10 and work in the United States prevented respondents from opening bank accounts or cashing
11 checks, so workers were often paid in cash. Respondents told us their employers often expressed
12 frustration about this method of payment, which was outside of their normal payroll activities.

13 *Hope for the Future in Montana*

14 Despite the fear and the challenges experienced by respondents due to a lack of
15 documentation, all study participants expressed a desire to stay in Montana. Their responses
16 indicate that they were keenly aware of the policies in Montana that prevent them from fully
17 realizing their hopes for a future in the United States.

18 **Discussion**

19 In this qualitative study, undocumented immigrants described how the lack of legal
20 authorization to live and work in the United States presents complex economic, health, and social
21 challenges that created stress and prevented full integration into a new community, such as being
22 able to find stable housing or secure a driver's license or navigate social and health services.

1 These challenges are exacerbated in states such as Montana that employ anti-immigrant and
2 exclusionary public policies in combination with an undeveloped infrastructure to support
3 growing minority populations, including lack of translation services and interpreters, challenges
4 getting to clinics, and inconvenient office hours [19]. Respondents overwhelmingly noted that
5 the inability to live and work legally in this state created a sense of fear and tension that
6 permeated their daily lives. Continual stress related to documentation status that we identified in
7 the study has negative impacts on immigrant physical and mental health [20]. Previous studies
8 suggest that undocumented Latinos who experience fear due to several forms of minority status
9 (including language, culture, documentation, socio-economic status) are at risk for increased
10 depression and anxiety [21,22]. This stress is directly related to the criminalization of immigrants
11 in state policies [23]. A previous study associated anti-immigrant policies with decreased
12 healthcare utilization among Hispanics [24], and this is consistent with our results. Respondents
13 reported that they did not seek medical care due to fears related to their immigration status and
14 the inability to obtain health insurance, resulting in immigrants having borne the full costs of
15 care and having delayed or avoided use of healthcare services.

16 The inability to obtain a driver's license in Montana differs from sixteen states in the U.S.
17 that currently offer licenses to undocumented immigrants [25]. Policies that provide
18 opportunities for immigrants to obtain licenses improve road safety for all drivers in the
19 community [26]. There is a positive economic impact, as well, as authorized drivers have
20 increased work productivity and work more shifts [27,28]. Previous research shows that
21 immigrants desire legal driver's licenses across states and across community types (rural, urban,
22 suburban) and experience the greatest difficulties in rural locations that often lack public
23 transportation [29].

Occupational exploitation of undocumented workers creates risks to personal safety, especially if housing is tied to employment [30]. Respondents in our study pointed to the threat of employers calling immigration officials if workers complained about working conditions. Immigration raids perpetuated by employers in other locations justify workers' silences about workplace abuses and beliefs that employers would call immigration authorities if workers do not cooperate on their terms. While none of the respondents in our study reported having experienced a raid while employed in Montana, they did highlight the fear of being separated from their families and children should a raid occur. This fear is common among many undocumented workers [31,32].

Limitations

While we attempted to gather a representative sample from the immigrant community in the region, the sampling method of using community members may have limited our reach. Therefore, findings cannot be generalizable to the immigrant population in southwest Montana. Although we tried to include the female perspective on being undocumented, the men in our sample made the statements that more effectively illustrated emergent themes and may be overrepresented in the results.

Conclusions

This is one of the few studies to investigate the impact of undocumented status on the daily lives of immigrants in a state with anti-immigration policies. We also present information about immigrants' fears and barriers that which health outcomes. New immigrant communities contribute to the social and economic vitality of diminishing rural populations, and despite the challenges noted by respondents, most wanted to build their lives in Montana. As rural western

states such as Montana continue to experience growth in minority and immigrant populations, public policies must be developed and adapted to support integration and equitable access to necessary health and social services.

Availability of data and materials: The data that support the findings of this study are available from the corresponding author upon reasonable request.

Funding: The authors received no funding for this study.

Conflicts of interest: All authors declare they have no conflicts of interest to report.

References

1. Budiman A. Key findings about US immigrants. Pew Research Center. 2020;20.
2. Lopez MH, Passel JS, Cohn D. Key facts about the changing US unauthorized immigrant population. 2021;
3. Passel JS, Lopez MH, Cohn D. US Hispanic population continued its geographic spread in the 2010s. 2022;
4. Tolbert J. Health Coverage and Access to Care for Hispanics in "New Growth Communities" and "Major Hispanic Centers". Henry J. Kaiser Family Foundation; 2006.
5. Negi NJ, Maskell E, Goodman M, Hooper J, Roberts J. Providing social services in a new immigrant settlement city: A qualitative inquiry. *American Journal of Orthopsychiatry*. 2018;88:16.
6. Marrow HB. Hope turned sour: second-generation incorporation and mobility in US new immigrant destinations. *Ethnic and Racial Studies*. 2020;43:99–118.
7. Abrego LJ, Schmalzbauer L. Illegality, motherhood, and place: Undocumented Latinas making meaning and negotiating daily life. *Women's Studies International Forum*. 2018;67:10–7.

- 1 8. Bailliard A. Laying Low: Fear and Injustice for Latino Migrants to Smalltown, USA. *Journal*
2 *of Occupational Science*. 2013;20:342–56.
- 3 9. Vargas Bustamante A, Fang H, Garza J, Carter-Pokras O, Wallace SP, Rizzo JA, et al.
4 Variations in healthcare access and utilization among Mexican immigrants: the role of
5 documentation status. *Journal of immigrant and minority health*. 2012;14:146–55.
- 6 10. Cabral J, Cuevas AG. Health inequities among latinos/hispanics: documentation status as a
7 determinant of health. *Journal of racial and ethnic health disparities*. 2020;7:874–9.
- 8 11. U.S. Immigration and Customs Enforcement. Delegation of Immigration Authority Section
9 287(g) Immigration and Nationality Act [Internet]. 2022 [cited 2022 Sep 22]. Available from:
10 <https://www.ice.gov/identify-and-arrest/287g>
- 11 12. McKanders K. The Subnational Response: Local Intervention in Immigration Policy and
12 Enforcement. In: Bender SW, Arrocha WF, editors. *Compassionate Migration and Regional*
13 *Policy in the Americas* [Internet]. London: Palgrave Macmillan UK; 2017 [cited 2022 Nov 8]. p.
14 33–52. Available from: https://doi.org/10.1057/978-1-137-55074-3_4
- 15 13. Mastrangelo D. Montana governor signs bill banning sanctuary cities [Internet]. *The Hill*.
16 2021 [cited 2022 Nov 8]. Available from: [https://thehill.com/homenews/state-watch/545936-](https://thehill.com/homenews/state-watch/545936-montana-governor-signs-bill-banning-sanctuary-cities/)
17 [montana-governor-signs-bill-banning-sanctuary-cities/](https://thehill.com/homenews/state-watch/545936-montana-governor-signs-bill-banning-sanctuary-cities/)
- 18 14. Nerison K. Montana Joins Lawsuit to Stop Dangerous Biden Administration Immigration
19 Policy [Internet]. Montana Department of Justice. 2021 [cited 2022 Nov 8]. Available from:
20 [https://dojmt.gov/montana-joins-lawsuit-to-stop-dangerous-biden-administration-immigration-](https://dojmt.gov/montana-joins-lawsuit-to-stop-dangerous-biden-administration-immigration-policy/)
21 [policy/](https://dojmt.gov/montana-joins-lawsuit-to-stop-dangerous-biden-administration-immigration-policy/)
- 22 15. Chavez HL, Partida MG. Research Guides: A Latinx Resource Guide: Civil Rights Cases and
23 Events in the United States: 1942: Bracero Program [Internet]. Library of Congress; 2020.
24 Available from: <https://guides.loc.gov/latinx-civil-rights/bracero-program>
- 25 16. Pohl K. Minority Populations Driving County Growth in the Rural West [Internet].
26 *Headwaters Economics*; 2017 Aug. Available from: [https://headwaterseconomics.org/economic-](https://headwaterseconomics.org/economic-development/trends-performance/minority-populations-driving-county-growth/)
27 [development/trends-performance/minority-populations-driving-county-growth/](https://headwaterseconomics.org/economic-development/trends-performance/minority-populations-driving-county-growth/)
- 28 17. Hochbaum G, Rosenstock I, Kegels S. Health belief model. *United states public health*
29 *service*. 1952;1.
- 30 18. Hsieh H-F, Shannon SE. Three Approaches to Qualitative Content Analysis. *Qual Health*
31 *Res*. 2005;15:1277–88.
- 32 19. Jacquez F, Vaughn L, Zhen-Duan J, Graham C. Health Care Use and Barriers to Care among
33 Latino Immigrants in a New Migration Area. *J Health Care Poor Underserved*. 2016;27:1761–
34 78.

- 1 20. Mann-Jackson L, Song EY, Tanner AE, Alonzo J, Linton JM, Rhodes SD. The health impact
2 of experiences of discrimination, violence, and immigration enforcement among Latino men in a
3 new settlement state. *American journal of men’s health*. 2018;12:1937–47.
- 4 21. Hatzenbuehler ML, Prins SJ, Flake M, Philbin M, Frazer MS, Hagen D, et al. Immigration
5 policies and mental health morbidity among Latinos: A state-level analysis. *Social science &
6 medicine*. 2017;174:169–78.
- 7 22. Lopez WD, Kruger DJ, Delva J, Llanes M, Ledón C, Waller A, et al. Health Implications of
8 an immigration raid: findings from a Latino community in the Midwestern United States. *Journal
9 of immigrant and minority health*. 2016;1–7.
- 10 23. De Trinidad Young M-E, Wallace SP. Included, but deportable: a new public health
11 approach to policies that criminalize and integrate immigrants. *American journal of public
12 health*. 2019;109:1171–6.
- 13 24. Friedman AS, Venkataramani AS. Chilling Effects: US Immigration Enforcement And
14 Health Care Seeking Among Hispanic Adults: Study examines the effects of US immigration
15 enforcement and health care seeking among Hispanic adults. *Health Affairs*. 2021;40:1056–65.
- 16 25. Mendoza G, Polkey C. States Offering Driver’s Licenses to Immigrants. *National Conference
17 of State Legislatures*; 2021.
- 18 26. Lueders H, Mumper M. Driving while unauthorized: Auto insurance remains unchanged
19 when providing driver licenses to unauthorized immigrants in California. *Journal of Risk and
20 Insurance*. 2022;
- 21 27. Amuedo-Dorantes C, Arenas-Arroyo E, Sevilla A. Labor market impacts of states issuing of
22 driver’s licenses to undocumented immigrants. *Labour Economics*. 2020;63:101805.
- 23 28. Rubalcaba JA-A, Juárez M. The Economic Costs Associated With the Removal of Driver’s
24 Licenses for Undocumented Immigrants in New Mexico. Albuquerque: University of New
25 Mexico <http://healthpolicy.unm.edu/node/1037023>. 2016;
- 26 29. Philbin MM, Flake M, Hatzenbuehler ML, Hirsch JS. State-level immigration and
27 immigrant-focused policies as drivers of Latino health disparities in the United States. *Social
28 Science & Medicine*. 2018;199:29–38.
- 29 30. Moyce SC, Schenker M. Migrant workers and their occupational health and safety. *Annual
30 review of public health*. 2018;39:351–65.
- 31 31. Lopez WD, Collins KM, Cervantes GR, Reynosa D, Salazar JC, Novak NL. Large-Scale
32 Immigration Worksite Raids and Mixed-Status Families: Separation, Financial Crisis, and
33 Family Role Rearrangement. *Family & Community Health*. 2022;45:59–66.
- 34 32. Collins KM, Novak NL, Godinez GE, Shull TL, Lopez WD. The repercussions of large-scale
35 immigration worksite raids on immigrant women: results from six rural communities. *Journal of
36 Community Practice*. 2022;30:128–42.

1

2 **About the Authors**

3 **Madeline Metcalf**, BS, is a Research Assistant at Montana State University, College of Letters
4 and Science, Bozeman, Montana, USA.

5 **Danika Comey**, MPH, is a Research Lead at Montana State University, Mark and Robyn Jones
6 College of Nursing, Bozeman, Montana, USA.

7 **Deborah Hines**, BS, is the Director and Founder of South North Nexus, Bozeman, Montana,
8 USA.

9 **Genesis Chavez-Reyes**, BS, is a Research Assistant at Montana State University, College of
10 Letters and Science, Bozeman, Montana, USA.

11 **Sally Moyce**, Ph.D., RN, is an Assistant Professor at Montana State University, Mark and Robyn
12 Jones College of Nursing, Bozeman, Montana, USA.