

Immigrants and Refugees in Cities: Issues, Challenges, and Interventions for Social Workers

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The number and diversity of immigrants in cities have increased greatly in recent years. As social workers frequently work with immigrants, this article will focus on the following important topics: legal definitions, origins, employment, and health of immigrants and refugees, as well as micro and macro interventions in social work with this population. Micro interventions such as the *culturagram* for greater understanding and engagement of immigrant clients, as well as macro issues involving agency structure and government policies and laws will be explored. Advocacy continues to be an important tool for social workers to use especially with current challenging policies.

Keywords: immigrants and refugees; undocumented immigrants; immigrant health; culturagram

In urban settings, the number of immigrants is approaching 40% of the total urban population; thus, all social workers who work in cities are likely to work with immigrants (Chang-Muy & Congress, 2016). For example, in New York City, 37% of the population are foreign born, in Los Angeles 35%, and in Miami 40% (United States Census Bureau, 2010). Not only do large numbers of immigrants now live in major cities where immigrants have long lived, they are emerging in newer urban immigrant hubs such as Atlanta and Orlando. In addition to migrating to cities, many immigrants also have now settled in suburban areas (Suro & Singer, 2002).

There is increasing evidence that immigrants have enhanced the financial welfare of cities. Sectors such as small businesses, international import–export and finance, construction, and manufacturing have grown with the influx of immigrants into urban areas (James, Romne, & Zwanzig, 1998). Although many fear that immigrants have taken jobs away from native-born Americans, cities with large immigrant populations such as Miami (Loveless, McCue, Surette, & Norris-Tirrell, 1996), Los Angeles (U.S. Council of Economic Advisors, 1986), and New York (James et al., 1998; New York City Department of Planning, 2013) report that this is not true. An important example of this is New York City, where many

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immigrants work in construction, restaurants, and service occupations (New York City Department of Planning, 2013). Native-born Americans often do not take these jobs. Daniel Griswold, director of the Cato Institute's Center for Trade Policy Studies, in his 2011 testimony before the House Judiciary Subcommittee on Immigration Policy and Enforcement stated that if the 8 million jobs that undocumented immigrants have were held for native-born Americans, that many jobs would not be filled because many native born do not choose to work in these low-paying, often dangerous, jobs.

Another concern is that immigrants increase crime in urban communities. The truth is the opposite. Sanctuary cities that have very large numbers of immigrants as well as accepting policies have reported that there is less crime than in other cities (Ingraham, 2017). Immigrants have been seen as enhancing neighborhoods in New York City and Minneapolis and even leading to increased property values in Washington, DC (Wellstone International High School, 2017). As many immigrants live in cities and social workers see them in social service agencies, child welfare organizations, schools, substance abuse treatment centers, and health care facilities, it is most important that social workers know the issues and challenges that immigrants in urban environments face. How can we as social workers better understand immigrants and challenges they face? What efforts have social workers made and continue to make to increase their effectiveness in working with immigrant clients?

Our work with immigrants as professional social workers began when Jane Adams and others first opened Hull House to help poor immigrants adjust to life in a new country. Providing assistance to immigrants has always been supported by our professional Code of Ethics that stresses service to clients regardless of their class, nationality, religious background, and most recently immigration status, as well as incorporating culturally competent practice in working with clients (National Association of Social Workers [NASW], 2008). Over the years, there has been an evolution of what we perceive as appropriate practice with those from different cultural backgrounds. A century ago, the focus was to help newly arrived immigrants adjust to the standards and values of American society. This focus evolved into a culturally competent perspective of great understanding and appreciation of the diverse cultural backgrounds of immigrants and their positive contributions to American society (Congress & Gonzalez, 2012). The newest trend is that of cultural humility that proposes social workers should not approach clients from other countries with preconceived ideas of how people from specific cultures behave but rather continually learn from clients about their cultures.

The purpose of this article is to enhance social workers' understanding and skills in working with immigrant clients. There are five main sections—the history of immigration law in the United States, legal definitions of immigrants, who immigrants are, interventions on the micro and macro level, and current issues and advocacy efforts.

HISTORY OF IMMIGRATION LAWS IN THE UNITED STATES

Although the United States was built by immigrants (and unless we are indigenous, we are all immigrants), the United States has had a checkered past in welcoming immigrants. The common perception of the United States is that this country has always welcomed the stranger, but in reality, the laws that govern citizenship have

always been very related to economic and social trends affecting the United States and the world. The first law about naturalization in the United States in 1790 enabled only “free White persons” of “good moral character” who had lived here for 2 years to apply for citizenship. In the 18th century, immigrants from all countries were accepted as the United States had much open land to develop, the need for more people to do this, and increased job opportunities for immigrants.

One of the most significant laws that formed the basis for our immigration law was the Fourteenth Amendment to the Constitution, which established *Jus soli* (citizenship by birthplace). There have been recent discussions about whether the United States should continue this policy, but changing it would necessitate a Constitutional amendment which is a very complicated process. A new amendment or decision to eliminate an amendment would have to be proposed by either two thirds of both Houses of Congress or by a constitutional convention called by two thirds of the State legislatures. It would then need to be ratified by three fourths of the states.

Laws of the late 1800s seemed to favor European immigrants as the Chinese exclusion act of 1882 and the Geary Act in 1892 and 1902 excluded Chinese laborers. In the 20th century the national immigration quota law (Emergency Quota Act, 1921) was passed based on the number of foreign born residents of each nationality living in the United States as of the 1910 census. As most of the immigrants who already lived here immigrated from Europe, the law effectively restricted immigrants from other countries. There was even an effort to limit where European immigrants came from as the Johnson Reed Act based on the 1890 census meant that many immigrants from Southern and Eastern Europe were excluded.

A very significant law passed in 1965 (the Hart-Celler Act) and reinforced in 1990 eliminated the national origin quota system and thus led to immigrants coming from many parts of the world. It established family reunification as an important principle in immigration law. Immediate family members are able to sponsor their relatives, and it has become the primary method by which immigrants are legally introduced into the United States. It is interesting to note, however, that immediate families are only considered to be nuclear families (biological mothers, fathers, and siblings) and do not include extended family members or informal family arrangements (Harvard University Library Open Collections Program, n.d.; Potocky-Tripodi, 2002).

In the 1990s and first part of the twenty-first century, there has been much discussion about the need for a comprehensive immigration reform law and occasionally proposals have been made to Congress, but no major reform law has been passed. As a response to the terrorist act of 9/11, the REAL ID Act of 2005 was passed which tightened regulations for those seeking visas or asylum, made it easier to exclude terrorists, and removed restrictions on building border fences (National Immigration Legal Center [NILC], 2015). Although currently, there might be more restrictions and delays on immigrating, for more than a hundred years, there has not been restrictions on national origin and there never has been a restriction that excluded immigrants of a certain religion.

A positive development occurred in 2015 with the much lauded Executive Proclamation by President Obama the Deferred Action for Childhood Arrivals (DACA) that enabled many children who had been born in another country but had spent most of their lives in this country to remain in the United States and work toward becoming naturalized citizens (Chang-Muy, 2016). The underlying

assumption was that these children were “innocent” that their parents had brought them at very young ages and they had never known any other country but the United States. Almost three-fourths of a million children have benefited from this proclamation (U.S. Citizenship and Immigration Services, 2016), but the prevailing fear is that the current federal administration will eliminate DACA.

LEGAL DEFINITION OF IMMIGRANTS

Often times, terms such as *immigrants*, *refugees*, and *undocumented individuals* are used interchangeably, but there are important differences that affect social workers’ work with clients. *Immigrant* is used broadly to describe any person who has left his or her country of origin to travel to a new country. Individuals with specific refugee status are those that have fled their countries of origin because of fear of persecution relative to race, religion, nationality, membership of a particular social group, or political opinion and by United Nations (UN) charter have protection within their adopted countries (United Nations High Commissioner for Refugees, n.d.). An increasing number of immigrants have had to flee their countries of origin because of environmental disasters or war, but they have not been granted special refugee status. In addition to protected status of refugees, it is possible for immigrants once they have arrived in the United States to seek asylum because of fear of what would happen if they returned to their countries of origin. The United States has signed with other countries around the world the 1967 UN protocol to admit refugees who have been forced to migrate because of fear of persecution (Congress, 2012b).

The immigration policies and practices in the United States are very complex (American Immigration Council, 2014). Although different countries have different citizenship requirements, the United States grants citizenship by birth (“jus soli”) or naturalization (Chang-Muy, 2016). Thus, all children of an immigrant family who were born in the United States are American citizens. Many families have mixed status with U.S. citizen children and undocumented parents. The United States also grants citizenship by naturalization and many immigrants are naturalized citizens. The United States immigration laws support family reunification and immediate family members can sponsor relatives to get “green cards” and move toward citizenship. The number of immigrants in the United States with green cards is estimated to be 12.6 million (Balbuena & Batalova, 2011).

A third category is loosely referred to as undocumented which is inaccurate as many immigrants have documents but not documents acceptable in the United States. It is estimated that there are 12 million undocumented people in the United States, many of whom live in urban areas. New York City reports approximately 1/2 million undocumented persons. However, it is challenging to obtain an accurate estimate of the number of undocumented people because of their need to stay hidden to avoid deportation (New York City Department of Planning, 2013).

WHO ARE THE IMMIGRANTS?

One out of every six people in the United States or 41.3 million people are foreign born (Camarota & Zeigler, 2014). These immigrants come from 146 different

countries (Congress, 2016) with no single country of origin sending most immigrants. Although some believe that almost all immigrants come from south of our borders, in reality, only 60% of foreign born in the United States come from these top sending countries; only five of which are south of the United States:

1. Mexico (29%)
2. China (5%)
3. India (5%)
4. Philippines (4%)
5. El Salvador (3%)
6. Vietnam (3%)
7. Cuba (3%)
8. Korea (3%)
9. Dominican Republic (2%)
10. Guatemala (2%; Center for Immigration Studies, 2012)

These are national figures, but different cities may have large number of immigrants from specific countries. For example, the 3 million immigrants in New York City come from a larger number of different countries than from the nation as a whole.

The latest 2013 report of *The Newest New Yorkers* provided by the New York City Department of Planning indicates that the largest immigrant group in New York City continues to hail from the Dominican Republic, with 380,200 residents throughout the five boroughs. China follows with 350,200 residents. The ranking of the city's two largest immigrant populations has held since 1990, however, a change may be on the horizon because Dominican population growth in the last decade was 3%, compared with 34% for China. If these growth rates continue, the Chinese would likely be the city's largest immigrant group in the next few years. Immigrants from Mexico (186,300 residents) moved into third place, with a 52% increase over the last decade, and were followed by Jamaicans (169,200) and Guyanese (139,900)—Ecuador, Haiti, Trinidad and Tobago, India, and Russia round out the top 10 groups. Thus, the foreign-born in New York City in 2011 have diverse origins that are different from national statistics (New York City Department of Planning, 2013).

The age of immigrants is younger than the general population. In 1990, one out of every eight children lived in an immigrant family; in 2010, it was one out of every four children (Migration Policy Institute, 2015). Do immigrants come individually or with their families? Some may arrive separately, but the ultimate plan both in terms of government policy as well as family preference is unification. This has led to an estimated 4 million mixed status families with parents who are undocumented and U. S. citizen children (Passel & Taylor, 2010). There is much anxiety in these families that parents may be deported. During the last administration, with the reality of DACA and the possibility of DAPA (Deferred Action for Parents of Americans and Lawful Permanent Residents), there was hope that families would not have to face separation, but at the time of this publication, DAPA was never implemented and the future of DACA is uncertain.

What type of employment do immigrants seek? In an urban setting like New York City, immigrants make up 47% of those employed in all major fields with construction and service having the highest numbers (New York City Department

of Planning, 2013). Nationally, most immigrants work in agriculture, landscaping, construction, food, and human services. Previously, many immigrants worked in agriculture; however, in urban environments, they are more likely to be employed in construction, restaurants, housekeeping, or childcare. On the positive side, for immigrants who have skills and education, companies are able to provide work visas for foreign workers. Those with minimal skills and education who are not documented and lack social security numbers have difficulty securing regular employment with benefits.

Why Do Immigrants Come?

Push-and-pull factors (Congress, 2016; Lee, 1966) have long contributed to people's decisions to migrate. Over the years, multiple macro and micro push factors affect people's decisions to migrate. On the macro level, social political wars and conflict in their homeland, as well as poverty and famine may force many to make a decision to migrate. Some are forced to migrate because of natural disasters—hurricanes, earthquakes, cyclones, tsunamis, volcanic explosions—although man-made disasters such as war and destruction of homelands also contribute to decisions to migrate. Likewise, there are pull factors because migrants usually are attracted to countries where they feel they may escape the adverse war or poverty in their homelands to find a place where they will be safe, have a place to live, sufficient food to eat, and educational opportunities for their children. Furthermore, on the micro level, family and personal reasons also contribute to people's decisions to migrate. Some leave their homelands to escape challenging, conflictual family situations, such as preference for other siblings, or step parent conflicts. Many migrants are influenced by learning from others who have preceded them about the advantages of living in the United States. Mobile phones and Internet communication has increased the ability of those in host countries to hear more from relatives who have already immigrated to the United States.

A current trend is that of transnationalism as many immigrants continue to connect with their homelands. If they are documented or their children are U.S. citizens, they may frequently travel back to their countries of origin. The availability of air travel allows for more frequent contact, in addition to Skype, cell phones, and e-mail permit frequent virtual contact. Frequently, immigrants may send ongoing remittances back to impoverished families in their homelands (Congress & Chang-Muy, 2016).

Where Do Immigrants Live?

In some urban areas, immigrants live predominately in certain sections. This is true in New York City where particular locations have many immigrants from the same home communities. Although there may be clusters of immigrants from the same countries of origin in certain sections, in general, immigrants usually live in low-rent sections throughout urban areas. Those who are undocumented commonly live in very overcrowded conditions. A housing challenge for immigrants has been gentrification that often forces immigrants with limited income outside of their usual neighborhoods (Gibbons & Barton, 2016). Public housing even for those who are documented also has not been a used resource for immigrants (New York City Department of Planning, 2013).

Challenges and Stressors for Immigrants

Education. Although many immigrants see educational opportunities for their children as a major advantage of migrating, immigrant children and their parents may still have difficulty accessing adequate education. Education in the United States is theoretically available for all children through 12th grade, but there are many barriers that prevent immigrant children from accessing free adequate education. Parents with limited education and language skills may have difficulty exploring different educational options and completing required paperwork for school entry. Furthermore, because of economic demands for work, they often are not able to participate in parent–teacher conferences or raise money for special programs and trips for their children. There is often a divide in that parents may view their children as having achieved much in understanding and navigating two languages and cultures, although school personnel may program their children for special remedial education (Ortiz-Hendricks, 2013). School social workers play a critical role in assisting immigrant families to navigate an often complex U.S. education system.

Health and Health Care. In looking at the health of immigrants, a longitudinal approach is often helpful (Congress, 2012a; Congress, 2013). With immigrants, it is especially important to adopt a three-stage approach. First, the social worker could explore: What were the health conditions of immigrants before migrating? Did they suffer from significant food deprivation or malnutrition? Did they receive health care before migrating? In terms of behavioral/mental health, did immigrants experience any traumatic events caused by war or natural disasters that led to their decision to migrate? Immigrants especially those from rural environments may have limited understanding of mental health symptoms and may be reluctant to seek any treatment. A second stage for the social worker to explore is the transit experience. For some immigrants, the transit experience may be very simple and involve only a long plane ride. Others may experience a dangerous desert or water crossing that may have both physical and psychological health consequences.

Furthermore, the social worker must focus on immigrants' current health issues. The physical health of urban migrants may be compromised by dangerous employment such as high-risk construction (Chen, 2015) or environments with continual exposure to chemicals such as nail saloons (New York State Department of Health, 2016). The question has also been raised on whether immigrants are healthier when they arrive than after years of living in the United States? The healthy immigrant phenomenon suggests that immigrants often arrive healthier, but their health and the health of their children may deteriorate the longer they live in the United States (Fennelly, 2007; McDonald & Kennedy, 2004). Because of a high carbohydrate diet and lack of available exercise in urban areas immigrants are at risk for developing diabetes and/or hypertension (Cho, Frisbie, Hummer, & Rogers, 2004; Goel, McCarthy, Phillips, & Wee, 2004). Instead of placing the blame on immigrants for not taking proper care of themselves, it is important to look at environmental factors that contribute to poor health outcomes for immigrants in urban areas. Food deserts in poor communities as well as the lack of recreational facilities may play a role. Also accessing health care in a very complex system where access is based on documentation and employment may prevent many immigrant families from securing adequate health care in the United States.

Do immigrants have access to health care facilities for prevention or is it only after serious disease symptoms have emerged? Do immigrants live in communities where there is continual risk of violence? Undocumented immigrants are usually not able to access health care except for emergency situations. Even immigrants who have “green cards” or are naturalized citizens often have not been able to take advantage of health care. With the advent of the Affordable Care Act (ACA), only 14% of those born in the United States were without health insurance, however, 21% of foreign-born Hispanics who are American citizens lack health care (Krogstad & Lopez, 2014). Language differences and education have been suggested as barriers to many legal immigrants receiving health care.

An area rarely addressed is immigrants’ experience with migrating from a warmer climate to a colder one. Many immigrants migrate from countries with much higher temperatures to cities with much colder weather. The change may require both physical and psychological adjustments. Also, there may be additional financial burdens for poor immigrant families who for the first time must purchase winter coats and boots for growing children.

Psychological Stress. Psychological risk factors often affect migrants, and the aid of social workers is urgently needed. Different cultural beliefs and values about child rearing and marital relationships may produce increased family conflict. Immigrant children may want to be independent, although parents, fearful for their children’s safety especially in a strange country, may insist that children stay close to home. There may be the expectation that children, especially daughters, come home after school to help with housework and care for younger siblings (Congress, 2011). Sometimes, marital conflict emerge when women are more able to find employment such as childcare and house cleaning that do not require legal documentation and men remain unemployed. This has been linked to an increase in alcohol abuse especially among Latino men (Galvan & Caetano, 2003).

A major psychological stress that many immigrants also experience is prejudice and discrimination. Anti-Middle East attitudes may be very apparent in many neighborhoods where immigrants live. The United States unfortunately has a long history of racism, and the darker skin immigrant may encounter racial prejudice for the first time. Even if there is no major evidence of discrimination, micro aggressions can still negatively affect immigrants’ experience in urban America (Sue, 2010).

RECOMMENDED MICRO AND MACRO INTERVENTIONS

Micro Intervention—*Culturagram*

Social workers in urban areas whether they work in a government, for profit, non-profit, or private agency are likely to work in direct practice with immigrants. Clinical work with immigrants requires greater understanding of individual immigrants, their families, and their unique cultures because generalizations about immigrants based on their immigrant origin without taking into account their unique history perpetuate bias and prejudice against specific immigrant groups.

Social workers who work in urban environments continually strive to be culturally competent. But how can one understand cultural differences with immigrants from so many different backgrounds? For example, one social worker who worked

at Bellevue, a major hospital in New York City, reported that one day she saw clients from over 10 different countries and asked how could she possibly know and understand all of their cultural backgrounds. Because five of them were from different Latino countries in South America, she first thought that that was a similarity, but then realized that with the exception of a common language there were many cultural differences among Latino immigrants. It is helpful for the social worker not to approach an immigrant from a specific cultural background with preconceived ideas about this immigrant but to learn from the client. Cultural competence is important for social workers, however, a cultural humility approach where social workers learn from clients rather than approaching clients with preconceived cultural understandings of different groups is now seen as a more useful way to engage clients from different cultural backgrounds (Ashford, 2008).

One direct service intervention, the *culturagram*, has been useful in helping to understand and engage immigrant families (Congress & Kung, 2009). Using the *culturagram* avoids stereotyping people according to specific cultural traits and introduces the concept of cultural humility so that social workers can learn from clients (Ashford, 2008). This family assessment tool focuses on the following ten factors:

- Reasons for immigrating
- Length of time in the community
- Legal status
- Language spoken at home and in the community
- Health beliefs and access to health care
- Impact of trauma and crisis events
- Contact with cultural and religious institutions, holidays, food, and clothing
- Oppression, discrimination, bias, and racism
- Values about education and work
- Values about family—structure, power, myths, and rules

See Figure 1 for an example of the paper drawing that is used for the *culturagram*. Understanding all of these elements in a person's culture can be helpful in engaging the client in a nonjudgmental way because each immigrant can share his or her unique history. Also, this information can lead to decisions about treatment interventions, for example, finding out the client's legal status can suggest the need for a referral for legal assistance.

While completing the *culturagram* with a family, it becomes apparent that each person is very unique. For example, a foreign born immigrant who becomes a citizen and has lived in the United States for many years is very different from an undocumented immigrant who recently arrived. In addition to greater understanding of the immigrant client that emerges in completing a *culturagram*, the social worker also becomes aware of the multiple identities of each client. Intersectionality issues such as social economic class, religion, education, sexual orientation, and age in addition to cultural differences also impact work with immigrant families. For example, there are many social economic class differences as well as religious and educational differences among clients. Although many immigrants may be poor, this is not true for all. There also may be a difference in sexual orientation that is important to consider especially in a family that may have very traditional beliefs about family

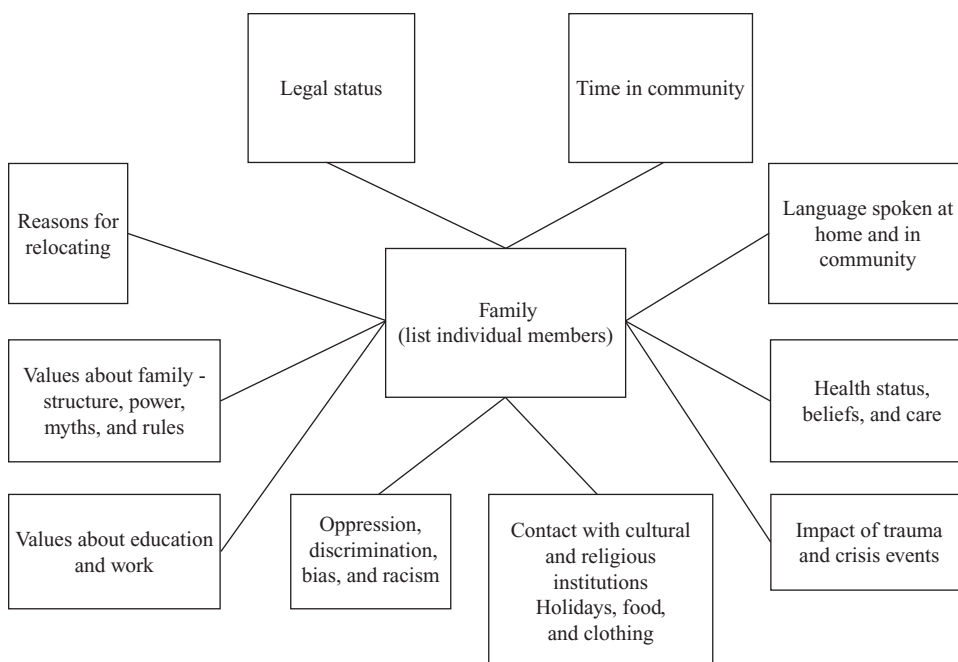


Figure 1. Culturagram.

and appropriate roles for men and women. Age differences may be significant. Even though it is commonly believed that the younger the immigrant, the more quickly he or she will become assimilated to life in a new country, each immigrant has a unique experience in terms of assimilation. Because some immigrants have been here for many years, these older immigrants may be very assimilated. An interesting example of this occurred when a social work student concerned about being culturally sensitive planned a Feast of Three Kings Day on January 6 in her agency that serviced many older Latina women. The event was not that well attended and the student learned that although the seniors knew about this holiday, it now had minimal importance in their lives as most had lived in the United States for many years.

Macro Intervention—Agency

Agency structure and regulations, governmental policies, and laws can affect the well-being of immigrant clients. Many social workers work with immigrants as agency administrators. Even if a social worker does not have direct responsibility in developing agency policy and procedures he or she can advocate for what will be most beneficial for immigrants by making agencies a safe and engaging place for immigrants. Social workers in direct practice and/or administration can assess how welcoming their agencies are to immigrants. Are there bilingual bicultural social work staff members in the agencies? Although the number of bilingual social workers has grown, there is still a great need for more professionally educated bilingual social workers in urban settings. A promising initiative in New York City is the

development of the Latino Social Work Coalition and Scholarship Fund whose mission is to educate more bilingual social workers to work with immigrant clients.

Does the agency have a structure and practice that welcomes or rejects immigrants? For example, one agency only let the identified immigrant/client enter into the agency and refused entry to her sister who accompanied her. An outpatient health facility was critical of a family that brought empanadas for the children to eat while their mother came for further testing for a serious medical problem. In another agency, there was no signage in Spanish and only a lone security guard at the end of a long dark corridor (somewhat frightening for an undocumented immigrant fearful of deportation!). All social workers can take a role in looking closely at the structure and procedures in their agencies that may be positive for immigrants and then if necessary advocate for creating a more immigrant friendly agency environment.

Local, State, and National Policies and Laws. A major challenge agencies and health care facilities face is providing services to immigrants who do not have financial means. Poor immigrants who are naturalized citizens or have green cards, can access social service, food, housing, and health facilities, but may not know how to do so. There is some evidence that immigrants even those who are naturalized citizens have not taken full advantage of available health care (Krogstad & Lopez, 2014). Social workers have an ethical responsibility to educate immigrant clients about available resources and to advocate for an increase in these resources. The most serious challenge, however, continues to be to meet the needs of undocumented people who could benefit from health and social services. Although social workers have an ethical responsibility to provide service regardless of immigration status, agencies may have differing policies and options for helping those who are undocumented. Social workers can function as advocates to expand coverage to all immigrants both within and outside of their agencies.

Fortunately, many urban areas have instituted policies and procedures that can benefit undocumented immigrants. For example, New York City has passed legislation (Local Laws 982 and 989) to protect undocumented immigrants from harsh deportation procedures. The New York Police Department and Department of Corrections are barred from providing immigration officials with information about those arrested or dismissed for minor crimes (Schwarz, 2013). Through issuing ID cards, New York City, as well as other cities such as Los Angeles and Phoenix with large immigrant populations, have provided opportunities for immigrants regardless of legal status to take advantage of city resources. These IDs enable immigrants to obtain basic identification cards as well as entrance to recreational and educational programs and events throughout the city. Another significant support for undocumented immigrants is that although they are not covered by Medicaid or Medicare and only receive health care on an emergency basis, some cities and states now provide special programs to increase health care coverage for undocumented immigrants.

CONCLUSION

In the beginning of 2017, the immigration laws and policies in the United States seemed to be long overdue for evaluation and reform. At the time this article was written, we seem to sit on “a darkling plain” (Arnold, 1851). Although the immigration

laws have always demonstrated varying degrees of accepting immigrants, the trend has been toward greater inclusion which is evident in the current diversity of nationalities and religions of immigrants. Because restrictions based on national origin were lifted more than 100 years ago and the United States has never had restrictions related to religion, social workers are very concerned about current Executive Orders that would limit immigrants entry into the United States based on national origin or religion. The NASW (2008) social work code in Section 4.02 addresses very clearly discrimination based on national origin and immigration status:

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

There has been much public outcry about the current Executive Proclamations that might result in many deportations that would have far-reaching negative psychological and sociocultural effects. A program of mass removals would not only detrimentally affect the mental health of children in mixed status families who remain in the United States but also negatively affect the housing market and the gross national product (Warren & Kerwin, 2017).

One of the disturbing recent Executive Proclamations has focused on the barring of Muslim immigrants from entry into the United States. Since the order, there has been a major outpouring by many experts from different fields about the accuracy of the current Administration's assertions, as well as the unintended consequences of such an action (Shane, 2017). Many from the legal community have questioned the legality of Trump's Executive Order that seems to go against both the agreed upon UN doctrine on refugees, as well as United States Immigration laws, and thus, federal judges have moved to block the execution of this order (NILC, 2017).

Although the Executive Order seems to favor only Christians from Middle East countries entering the United States, there has been a very vociferous negative response from the Christian religious community (Goodstein, 2017). And what has been social work's response? The NASW issued a statement saying that Trump's Executive Order that excluded Muslims was "inhumane" (NASW, 2017). Many social work professionals and students participated in demonstrations like the Women March in Washington, New York, and other major cities around the world, as well as protests against Trump's new Executive Order that restricts Muslim immigrants' entry to the United States (McGurty & Frandino, 2017). Social workers are determined that our disdain of the current policies should not end with a few demonstrations. Immediately after the Washington March, social workers and students were involved in the postcard campaign whereby all social workers and students were asked to participate in the 10 actions in 100 days campaign with the first action being to send postcards to their senators calling for their support of policies that matter to us as social workers.

Advocacy has always been an important part of the social work profession. The NASW Code of Ethics advises social work to advocate for programs and policies that promote the well-being of all people. Recent government policies that promote discrimination and exclusion is not in keeping with our beliefs about recognizing the worth and dignity of all people. Because of the current threats to all that we believe

in, it is necessary to be strong and use advocacy more than ever. These are some guidelines that can help strengthen and increase our advocacy efforts.

1. Educate all social workers and students about the current threats to social work values and ethical principles.
2. Join advocacy campaigns like the postcard initiative to educate legislators about issues that promote social justice for all and are important to social workers.
3. Join with other groups who share similar beliefs about the current Presidential Executive orders.
4. Continue to participate in nonviolent demonstrations to bring ongoing attention to these issues.

There is much uncertainty about the future, and social workers have an ethical responsibility to advocate for policies that provide equal opportunities for all immigrants. Social workers have had a long history of advocacy work, and protecting the rights of immigrants and their families who live in our cities is of major importance. Regardless of field or type of practice all social workers can be advocates as advocacy work can occur on many levels—working with individual clients, as well as internally within agencies and externally to change local, state, and national policies and laws that will benefit all immigrants. Because so much is now at stake, it is more important than ever that all social workers, as well as students and clients, participate in advocacy efforts.

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