

Everyone Belongs Here Symposium

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UC Law SF

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Health Justice and Immigration: Symposium Calls for Action in Era of Uncertainty

Healthcare professionals, legal experts, and community advocates gathered at the “Everyone Belongs Here” symposium to discuss the intersection of health justice and immigration policy. The urgent call for systemic changes and individual action within an increasingly challenging landscape can only be answered through collective agency.

Opening Call for Justice-Centered Healthcare

Dr. Raul Gutierrez opened the symposium with a powerful declaration that "health justice requires action, rooted in fairness, dignity, and care." His introductory remarks set the tone for a day focused on practical advocacy, emphasizing that effective work in this field demands strong collaborations and usable tools.

"At the intersection of justice, you must be an effective advocate, cultivate strong collaborations, and equip your practice with usable tools," Gutierrez stated. Raul prepared attendees for an experience that would "ignite reflection, deepen awareness, and provide resources," while cautioning that participants might leave with more questions than answers.

The symposium's opening emphasized dismantling "hard, invisible systems" through collective action, with Gutierrez calling for "courage, connection, and collective imagination" to unite participants in their shared mission.

Culture and Care as Human Rights

Julie Kuwabana from the Center for Cultural Power reinforced the symposium's central theme by reframing care as a fundamental human right rather than a privilege. She reminded attendees that culture remains fluid and ever-changing, calling for a vision of care that uproots "conditional humanity" and creates transformative ripples in both communities and clinical spaces.

Kuwabana's presentation emphasized the importance of making space for cultural practices like "lullabies and ritual" within healthcare settings, implying that true inclusivity requires fundamental changes in how medical spaces operate.

Interdisciplinary Panel: National, State and Local Immigration Policy Updates

Karen Musalo, JD, delivered a comprehensive overview of national, state, and local immigration policy updates, acknowledging that "taking in information may feel like drinking from a fire hose." However, she emphasized that knowledge brings strength and power, urging attendees to "take back our power and fight back."

Musalo addressed the current administration's restrictive policies, including border closures and changing definitions of refugee status, while empowering attendees to "fight for what is just, struggle through the fight in solidarity, no matter what."

Medical Evaluations for Asylum Seekers

The session on forensic medical and mental health evaluations for asylum seekers, facilitated by Dr. Marianna Kong and Dr. Becky Brusca, highlighted the complex challenge of performing a thorough forensic medical evaluation while avoiding re-traumatization. The presenters emphasized that while seeking asylum is a human right, the burden of proof often falls heavily on the individual.

Key principles included building trust with both clients and attorneys, understanding legal strategies, and maintaining trauma-informed care practices. Building rapport and collaborating with an attorney during this time is paramount to understanding the attorney's strategy, for example, if the client claims to have suffered head trauma, a neurological exam and cognitive assessment may help explain memory challenges or current symptoms the client experiences. The session stressed the importance of informing clients about what to expect, empowering them to withdraw consent, and providing reassurance when appropriate, particularly during sensitive examinations.

ICE in Hospitals: Safety, Privacy, and Trust During Immigration Enforcement, Organized by Dr. Raul Gutierrez and Dr. Theresa Cheng

Dr. Raul Gutierrez and Dr. Theresa Cheng addressed the challenging issue of Immigration and Customs Enforcement (ICE) presence in healthcare facilities. Dr. Cheng, an emergency physician, outlined three critical steps for healthcare providers:

1. Know patient rights and maintain confidentiality at all times
2. Collaborate proactively to protect patient information
3. Develop clear physical plans distinguishing public and private spaces within clinics

The session provided practical resources, for example, "badge buddies" with concise reference material for clinicians to carry when encountering ICE personnel. Dr. Cheng reminded clinicians that any patient information in "plain view" loses constitutional protections. Not only was clinician planning suggested, but family preparedness planning was also discussed. She provided a resource from the ILRC, Immigration Legal Resource Center (<https://www.ilrc.org/resources/step-step-family-preparedness-plan>), and encouraged us to utilize the roadmap and consider the potential of deportation, what essential documents are necessary to have on hand. Clinical considerations included recognizing that detained individuals can present with higher acuity diagnoses due to delayed care and immigration-related stress.

Dr. Cheng emphasized clinical opportunities to consider in order to promote appropriate care for an extremely vulnerable population. She provided "clinical pearls" as follows:

1. Detainees and those who are fearful of being detained may come in with higher acuity diagnoses and delayed presentation due to acute or chronic illness and apprehension surrounding seeking outpatient care
2. Even in documentation, she encouraged us to consider stating that the client is, "ineligible for insurance" or facing "immigration stressors" in lieu of "undocumented alien"
3. Those who are targeted during this time may be presenting to the emergency department instead of their primary care providers because of the worry of detainment
4. Clinical opportunities to promote continuity of care, for example: providers could keep certain high risk patients admitted for completion of antibiotic therapy, ensure that discharge meds are in hand to avoid being out in public longer than feels safe, and potentially discharge them with a three-month supply of chronic meds

5. Organizing staff walkthroughs with training, for example, where ICE may wait (to speak with the leadership team) to ensure that others seeking care are not alarmed by their presence

Some questions that the organizers implored us to ponder were, “Why do we need more attention to this subject?” and “How can we enforce hospital policies with ICE, considering these stakeholders: patients, providers, staff, and security?”.

Support Letters for Patients – What are they and best practices Dr. Eleanor Chung, Julia Dietz, JD, Abigail Rich, JD and moderated by Dr. Zarin Noor

The session on support letters for patients, featuring Dr. Eleanor Chung, Julia Dietz, JD, Abigail Rich, JD, and moderated by Dr. Zarin Noor, provided practical guidance for healthcare providers writing legal support documentation. The panel emphasized consulting directly with clients' attorneys and remaining open to feedback.

Key recommendations included creating compelling narratives that contrast positive outcomes with potential negative consequences, incorporating observable evidence of "good moral character," and including relevant research citations to strengthen arguments. The session also addressed the importance of disclaimers when using institutional letterhead.

Conclusion: Reimagining Social Justice and Inclusivity by Keynote: Dr. Mamphela Ramphele

Dr. Mamphela Ramphele delivered the keynote address, challenging attendees to question fundamental assumptions about identity and systems of oppression. "To the extent that you allow them to define who you say you are, you will continue to be in subjugation," she declared.

Drawing on her experience during South African apartheid, Dr. Ramphele called for reimagining global systems and quoted Nelson Mandela: "It always seems impossible until it is done." She posed a critical question to attendees: "Are you prepared to liberate the person inside you that wants to do the radical work?"

Her presentation emphasized three key takeaways:

1. Reimagine the global system

2. Liberate the radical within yourself
3. Recognize and acknowledge your wounds

Dr. Ramphela explained that acknowledging wounds—both in oppressed communities and their oppressors—enables healing and reconciliation. She reminded us that "hurt people hurt people," and that recognizing fear as "irrational, but real" allows for solidarity based on worth, belonging, and dignity.

Moving Forward Together

The symposium ended with a clear call to action, emphasizing that meaningful change requires both individual transformation and collective effort. Speakers consistently reinforced themes of solidarity, courage, and the fundamental belief that healthcare and dignity are human rights that transcend immigration status.

In conclusion, participants left with a renewed understanding of their role in dismantling systems of oppression and building more inclusive, just healthcare environments. The symposium's title, "Everyone Belongs Here," served as a foundational principle for reimagining healthcare delivery in an interconnected world.

Vincent Tice

Community Mental Health

On September 19, 2025, during the Everyone Belongs Here Symposium, blue Williams, LMFT, SF Dept. of Public Health & William Martinez, PhD of the UCSF Dept. of Psychiatry & Health and Human Rights Initiative, shared a very high level overview of the challenges and barriers that many immigrant communities are facing when it comes to accessing healthcare and mental health services.

A small sliver of some of the barriers immigrant communities face are language differences, shifting immigration policies, economic uncertainty, ICE raids, and family separation can undoubtedly breed. These will undoubtedly lead to emotional strain that result in depression, PTSD, malaise, and even concerns of suicide. And these harrowing

problems are not just isolated to undocumented individuals, but to mixed status families, with both young children and teenagers vulnerable to marginalization and distress.

A cultural disconnect adds to these struggles, as there is often a lack of sensitivity or awareness to the unique needs of marginalized communities. The current Western-centric Diagnostic and Statistical Manual of Mental Disorders (DSM) often misdiagnoses the root causes that afflict these individuals and the communities they make up. Therefore, it is vital for a trauma informed approach in order to address the factors that are most straining to these groups and also would place these within a broader context of structural inequalities rather than just viewing them in isolation.

Despite the aforementioned challenges, there is a resilience inherent to these communities that needs to be fostered. There are a number of tools that can be applied to support these marginalized groups and help to alleviate the struggles and mental tolls placed upon them. Some unique tools, requiring peers to serve as navigators, case managers, can all play a critical role in connecting these groups to the necessary resources. Additionally, culturally sensitive policies that can include sanctuary-like protections and telehealth can play an important role in support. The big question, however, is how to make such effective tools sustainable, particularly with funding being a primary concern for those working in such spaces.

Achieving lasting positive impacts to community health and well-being requires policy that puts equity and preventative care at the forefront. For one, advocacy plays a crucial role to ensure that immigration status is not a determinant factor in access to health and well-being services. Some existing examples that are worth learning from are school-based health centers. Whatever the efforts are, there is a need to move beyond the focus on the individual and rather explore methods of improving population health. This includes raising voices within the community and empowering these groups with tools and resources to aid them.

Forensic Medical & Mental Health Evaluation

On September 19, 2025, during the Everyone Belongs Here Symposium, Jennie Renn, LCSW and Mental Health Director at UCSF's Health & Human Rights Institute, led a workshop for healthcare professionals on trauma-informed mental and medical evaluations for asylum seekers. Leveraging her experience, Jennie highlighted several

methods to support the unique needs of immigrant communities which are often under overwhelming uncertainty and mistrust. Her workshop emphasized creating a compassionate yet practical framework to support the thorough mental and psychological evaluations needed for attorneys and their clients to seek asylum.

Jennie began by outlining essential first steps, which often involve initial consultations with attorneys. This early dialogue is important in identifying key focus areas while navigating legal requirements and can provide a baseline understanding of the client's lived experience. From there, once the client interview begins, Jennie stresses the importance of using clinical judgment and careful observation during these sensitive conversations, ensuring clients feel safe and supported. Participants of the workshop learned various strategies for observing and documenting behaviors for these medical-legal affidavits whilst also minimizing the risk of re-traumatization. This is an important call out, particularly when many clients can find it deeply painful to recall and share their trauma, especially to someone they are meeting for the first time.

There was great emphasis on trauma informed best practices to help participants navigate sessions with their clients. By carefully noting clients' affect, body language, and physiological responses, observers can gather insights and overall strengthen the credibility of asylum cases. Participants were trained in addressing critical concerns, such as building trust and managing suicidal ideation. Transparency early on was an essential component of building a relationship that would bear a fruitful dialogue. Some strategies that foster this are a focus on self soothing practices; such as breathing exercises, sensory grounding, and overall direct but considered guidance from the interview to their client.

The last part of the session opened it up to questions and the participants were curious of the cultural considerations that helped to reduce the risk of re-traumatization. Jennie acknowledged that for many asylum seekers, this process may be entirely unfamiliar and carry cultural stigmas. She encouraged interviewers to adopt small, intentional acts to build trust, such as asking clients to share their own personal self-soothing practices to ground themselves. These small yet meaningful gestures not only aid emotional regulation during the interview but also serve as a bridge to align the goals of achieving asylum with sustaining the client's well-being.

The workshop demonstrated the need for a tactful balance between professional accountability and profound empathy. It reinforced the value of a trauma-informed approach through practical steps and relationship-building, even if this may be the only chance for this interaction to occur. Overall, the session illuminated how healthcare professionals can serve as lifelines in otherwise isolating and disorienting bureaucratic processes. A fitting conclusion to the workshop's lessons and overarching mission is this: trauma-informed care is not only a necessity—it is a moral imperative in upholding the dignity and humanity of every asylum seeker.

Kassandra Williams

Legislative Advocacy

This session made the case for sustained engagement across policy, fiscal, and administrative venues—not just one-off bill days. Carlos walked through how to brief new legislators on immigration status nuances, line up witnesses for policy committees, and navigate suspense files in fiscal committees where many bills go to wait and ultimately die. Carlos showed how budget advocacy can unlock funding, shift priorities, or even carry policy changes when stand-alone bills falter. Practical tactics included crafting district-specific talking points, scripting public comments, organizing office visits with clear roles and leave-behinds, and using digital toolkits to mobilize quickly. Carlos stressed building regional hubs to coordinate local actions, timing Sacramento visits around the January budget release & May Revision and aligning with partner coalitions. Above all, he urged advocates to change the narrative in media by neutralizing scapegoating during fiscal stress and keep new candidates accountable on immigrant health commitments.

Your options for getting involved spans public comments, direct actions such as rallies and sit-ins, and digital pushes with turnkey toolkits and tagging. For local district and Sacramento office visits: identify your member; research their influences, donors, priorities, and electoral risk; email the scheduler with who/what/when/where/why and a crisp “ask”; assign roles (facilitator, storytellers, notetaker); bring leave-behinds; and follow up with thank-yous, FAQs/calls-to-action, and intel for partners. Timing matters: organize

extra efforts after the January budget release and the May Revision; place op-eds (ghost-author if helpful); use the spring lobby day and available travel stipends to get folks to Sacramento. Strategically, balance state and local plays via large coalitions and regional hubs so county officials feel pressure too; keep candidates on the record now, with an eye to upcoming changes in statewide leadership.

Community Mental Health: Advocacy, Partnerships & Policy for Culturally Responsive Care

Clinicians and advocates outlined how acculturation stress, language barriers, legal uncertainty, discrimination, and family separation elevate risks for depression, anxiety, PTSD, suicidality, and psychosis among immigrants. They critiqued DSM-driven misdiagnosis when context is ignored and called for trauma-informed, healing-centered, and population-level approaches that do not force a diagnosis to unlock care. The panel detailed the cascading harms of raids—sleep disruption, economic shocks, child parentification—and the need to respond at both individual and community scales. Solutions included linguistically accessible services, participatory co-design with immigrant-led organizations, mutual training between providers and community leaders, and building social connectedness through safe community spaces. Policy asks focused on coverage regardless of status, funded trauma-informed training, family-unity measures, and sustainable financing for peer and navigator roles. The message: design with communities, not for them, and invest in prevention as seriously as treatment.

Immigrant Family Preparedness Planning for All Ages: Tools to Support Children, Parents, Older Adults & Caregivers

Panelists offered concrete planning tools for children, caregivers, and older adults, emphasizing legal, logistical, and health checklists that are updated and shared. They compared options—verbal agreements, caregiver’s authorization affidavits, guardianship, advance health care directives, and powers of attorney—stressing capacity, agency, trust, and practicality over one-size-fits-all answers. For adults, they underscored the urgency of appointing decision-makers while capacity is intact to avoid court intervention, and of documenting where critical records and medications are kept. Providers were urged to raise the topic gently, use trauma-informed language, and avoid charting immigration details that could be discoverable. Special guidance addressed harm-reduction planning

for people who use drugs or do sex work, including storage of Narcan and contacts for support. Across scenarios, the advice was to plan early, rehearse roles, and connect families to legal help and community toolkits.

Paula Pavlova

This past week, I had the pleasure of attending the Everyone Belongs Here Symposium and as someone who comes from an immigrant family, I was thrilled and excited to be there. Especially in this moment, there is a heightened sense of anxiety that must be met with community, solidarity, and allyship. The event felt inviting, participatory, creative, and ultimately – rooted in healing.

The event began with breakfast and social interactions that were palpably needed by everyone in attendance. There was an overwhelming sense of unity and commitment from everyone involved. It was inspiring to see so many people working together to address issues that are deeply personal to most everyone in the room. However, this evident desire to impact change and maintain an energy that ran true to the mission started to fracture with the first Q&A of the day.

I accepted the invitation to write about this event with enthusiasm and joy. And before I share any further, I think it is prudent to note – I am a birthright citizen. My mother gave birth to me two weeks after she arrived in the states on a B1/2 visa. I have fielded conversations about the “legitimacy” of my citizenship my entire life and I have no memory of ever living unaware of my “status” compared to many people in my community who were undocumented or waiting on citizenship, sometimes for decades. I have felt personally attacked by the agenda this administration is gleefully putting forward and I would be lying if I didn’t say that I go to sleep most nights wondering if tomorrow will be the day someone questions me about my citizenship again or worse – forcibly.

The day began with an overview of history, the current state of the courts contesting this administration’s “mass deportation” agenda, noting both judicial successes and failures that have serious implications for people living under these structural challenges, turned outright attacks. Considering all of this, I was completely unsurprised to hear the vehement

concern in the speaker's voice when she asked her question. The inquiry was posed by the woman leading the harm intervention training and workshops within the symposium. With sincerity and bravery, she asked an important question most of us were probably thinking on some level – whether consciously or unconsciously. It was a simple question, really, and essentially asked: “what do I say now?”

The entirety of question included the following: “Prior to this administration, in my trainings, I would highlight staying with the person until authorities arrived because San Francisco is a “Sanctuary City” and no harm would come to them, but now, with this administration’s attack on sanctuary cities, I don’t believe this to be true anymore. What do I say to them now?”

The answer she received was not an answer. It was a capitulation to a system that has proven unable to protect the most vulnerable among us, time and time again. Above that, it is a system that was designed to do the exact opposite – most recently confirmed in the Supreme Court decision to federally reinforce racial profiling.

As she described, historically, she taught people within her workshops to wait for help from authorities during interventions of drug overdoses by administering Narcan. Now, with the most recent developments from the Supreme Court – which essentially gave the government carte blanche to interrogate anyone who may “look” foreign – she was righteously concerned and seeking direction that would keep her community safe while saving the lives of others. I looked around the room immediately to see everyone’s reaction and it was evident who could feel the urgency and who could not. It was visible on their faces and felt deeply in an inaudible a collective gasp for air only someone who has felt their identity so vehemently attacked could possibly espouse.

This may not be what anyone reading this wants to hear but white America needs to find a way to come to terms with the fear living in too many people right now. We all must find a way to meet the emotional needs of the moment because that sense of validation is not only directly linked to mental wellbeing and our overall sense of health but also the foundation of a sense of belonging. Basic answers that point to the courts which have repeatedly failed us will not suffice.

I share this reflection with caution. I know how it may be received but at a time where fear of reprimand ranks higher than fear for your life – I feel it prudent to share this perspective.

To this day, white guilt and acquiescence to it supersede any genuine collective desire for structural change, let alone support.

The answer she received was the same answer many of us within the immigrant communities are absolutely and expectedly tired of hearing: the courts, the courts, the courts. Anyone who comes from a totalitarian background, and especially anyone who may have fled to this country seeking asylum, knows vividly and with sometime exquisite detail – the courts, under certain specific social conditions become “kangaroos,” and these kinds of questions function, in essence, like a litmus test...

Do you get it or not? Do you understand the daily repercussions of feeling like you don’t belong and how that impacts our health? Legislation and courts aside, these systems are comprised of and created by humans who desperately need to connect with their humanness.

And most importantly, does the person hearing my strife understand the cost? And the answer is, for most white Americans who have enjoyed multiple generations of general stability and no wars on our soil, they don’t. And that’s not any of our faults but it is our responsibility to properly meet the moment that has been building to this crescendo for generations. The consistent deferral to the courts is a tacit example of how we are missing the mark on what it means to belong.

The courts are not our source of belonging... we, the citizens and how we treat, take care of, and hold space for one another are. And to defer a question of safety at a time when our government is disappearing people is not only callous, but also shortsighted.

Laudably, because she was unsatisfied with the answer she received originally, she asked the question again when the speaker changed to a panel. This panel was on “Persuasive Framing: Advocacy for Immigration Justice.” There were three panelists and one moderator. The answer did not change. And it was felt by more hopelessness amongst the audience but held together by one strong, significant message from one of the panelists who, despite constant the efforts to return to the toxic message of immigrants equating to criminality, was able to break through the noise by reenforcing our commonalty in our regular human behaviors, endeavors, and goals most people have.

We, immigrant communities and their kin, are regular people. We want regular things. Like – safety, access to education, clean air, the freedom to love and be loved, and pursue a life that aligns with our ideals, morals, dreams, and visions for our future. The theft of that vision and the willingness to point to a system that has only ever failed us instead of signaling to any form of moral, personal, obligation to protect our neighbors is the antithesis of a message of belonging. And certainly not the goal of the organizers of the event who, from the beginning, attempted to set the stage for a space of healing in a world hell-bent on harming. The panelist who emphasized this perspective extensively, repetitively, and consistently returned to the message that – immigration is and immigrants are normal, regular people who want regular things.

Ultimately, the intentions of the symposium were pure and attempted to create a space of comfort, highlighting the potential possible when we center immigrant voices. It also portrayed an excellent example of how institutional complacency is the most effective tool in quelling both dissent and progress. Ironically, the speaker who answered this question and imparted this feeling likely holds a genuine sentiment for progress and belonging. She was not trying to offer a dissatisfying answer but implicitly, it occurred. This implicit bias informs so much of the context of the moment we all find ourselves in currently and it will require a humbling from all of us in the face of these challenges to solve it. As a student reporting on the day, my takeaway is simple: even in an institution dedicated to the practice of law, we must also practice humanity and find ways to build in a sense of safety on an interpersonal level if we are ever going to achieve it on a judicial or legislative level.

In honor of this sentiment, I will end my reflection with the same question, posed rhetorically of course: “What do we do now?”

Rachel Sadler

The Everyone Belongs Here symposium brought together healthcare providers, organizers, and community members to share wisdom, guidance, and resources to support access to healthcare for immigrant communities. The work of the day was also centered on culture, with art installations and musical performances curated by the Center for Cultural Power

serving as touchstones throughout the experience, including a stirring musical performance from Synaptic Synapses at the opening of the event. Immediately, it was clear that the atmosphere was intended to be collaborative and would provide many opportunities for sharing experience and expertise. “This is not a lecture hall,” Raul Gutierrez reminded attendees at the opening keynote. “This is a community space.”

From there, Karen Musalo presented an overview of how Trump policies are impacting humanitarian protections for migrants. In this segment, many disturbing changes to immigration policy were discussed, including the Trump administration’s suspension of refugee resettlement, the expansion use expedited removal, and increasingly effective immigration enforcement. While this section of the program painted a bleak picture of the current situation, Musalo emphasized that the intent here is to define the landscape of what is happening clearly to more effectively organize for change. Said Musalo, “I hope the message is that with knowledge and strength comes strength and power, and the ability to fight back.

In the morning breakout session “Coalition Initiatives for Immigrant Health”, facilitator Raul Gutierrez and panelists Alicia Fernández and Kei Yamamoto discussed how to create, join, and maintain coalitions across groups to organize for immigrant justice. Fernández, Director of UCSF Latinx Center of Excellence, emphasized the importance of leading with your identity, “because we all come with our own biographies and histories.” She shared her story of building coalitions during the height of the COVID-19 pandemic with trade unions and community groups in the East Bay to provide education and testing, and to build a clear set of data that would illustrate the disparate impact the pandemic was having on the Latinx community. Yamamoto, Senior Policy Engagement Manager for the California Pan-Ethnic Health Network, discussed the importance of inviting in all voices and welcoming disagreement, and staying true to the essential question: what do you want to do that you cannot do without that other coalition member, and vice versa? By the end of the session, participants were eagerly asking to share contact information with each other, hoping to build more collaboration and coalition across their institutions.

In two afternoon sessions, “Support Letters for Patients” and “Accessing Public Benefits, experts in both fields explained best practices to healthcare providers, social workers, and other community workers. In the Support Letters presentation, presenters Eleanor Chung, Julia Dietz, and Abigail Rich explained the role support letters play in immigration

proceedings, what makes a support letter effective, and how healthcare providers can approach drafting a support letter. Above all, speakers emphasized that consultation between attorneys and doctors should happen when drafting these letters wherever possible. During the Accessing Public Benefits panel, Benyamin Chao of California Immigrant Policy Center gave a thorough overview of planned changes to public benefits eligibility. One critical takeaway was to encourage undocumented adults in California to enroll immediately if they need healthcare, as an undocumented adult enrollment freeze is planned for the Medi-Cal program soon.

In the final panel for the day, the panelists struck a note that was both serious and hopeful. Panelists Carlos Alarcon, Bill Ong Hing, and Luis Enrique Bazan reminded the group about the importance of not complying in advance and standing with each other in times of uncertainty. Mamphela Ramphele, South African activist and co-founder of the Black Consciousness movement, closed out the day by reminding all in attendance that self-liberation is a key part of this work, inviting all to ask this question: “Are you prepared to liberate the person inside of you who wants to do this radical work?”

This event was co-sponsored by UCSF/ UC Law Consortium, The Center for Cultural Power, The UC Berkeley School of Public Health, the UCSF Center of Excellence for Immigrant Child Health and Wellbeing, and the UCSF Health and Human Rights Initiative. To access resources to help make healthcare settings safer and more inclusive for immigrants and refugees, please visit everyonebelongshere.net.

Hanny Rednic

The *Medicolegal Partnerships in Immigration Law for Health Justice Symposium* brought together physicians, policymakers, community leaders, legal advocates, and students like myself around a common goal: advancing immigrant health justice through knowledge, accessibility, and advocacy.

The day began not with policy, but with music. *Encanto*'s soulful performance of the Lullaby Project filled the room with warmth and melody. Their message, “flourish, be well, and live again” captured the spirit of the gathering. For many immigrant families, lullabies are not

just songs of love but of survival, carrying strength across borders and generations. The call to “flourish” mirrors the immigrant journey: leaving one’s homeland, confronting uncertainty, and striving to rebuild a safe, healthy life in a new place. The performance was a reminder that advocacy is centered around stories of resilience.

I had the pleasure of attending two insightful workshops meant to equip participants with tools for action. In Legislative Advocacy for Immigrant Justice, Carlos Alarcon from the California Immigrant Policy Center underscored that passing a bill is only the beginning and lasting change comes when laws are implemented and communities can truly access the benefits and feel the impact of change.

He outlined practical strategies: researching legislators’ priorities, donors, and voting records before visits; assigning roles like facilitator, storyteller, and note-taker; tailoring messages to local needs; and practicing delivery. Inside the meeting, advocates should bring clear agendas, notepads, and leave-behinds and most importantly; the courage to share personal stories that bring issues to life. The work continues after the meeting through follow-ups, calls to action, and coalition-building.

He reminded us of the power of our voices, professionals such as doctors and lawyers bring important and relevant perspectives to policymakers. Tools like *FindYourRep.com* and the *Capitol Codex* were shared to help participants identify policymakers and stay engaged.

The workshop further emphasized the power of budget advocacy. Budget cycles create opportunities to secure funding, elevate priorities, and introduce policy shifts which is sometimes more effective and timely than moving a bill through multiple committees.

In the afternoon I attended Accessing Public Benefits 101 with policy expert Benjamin Chao. He framed our current plight in historical context. From the New Deal to 1990s welfare reform, immigrant communities have often been excluded from social safety nets. Today, eligibility remains fragmented by age, disability, immigration status, income, and residency—leaving families to navigate complex, overlapping rules.

Chao pointed to ongoing threats, such as proposals that would exclude millions of U.S. citizen children from tax credits if their parents file taxes with ITINs, or restrict healthcare subsidies for lawfully present immigrants below the poverty line. Yet protections exist:

mixed-status families can apply for benefits on behalf of eligible children as “non-applicants,” without disclosing their own immigration status or Social Security number.

Data privacy surfaced as another urgent concern. Ongoing litigation challenges the practice of sharing Medicaid and ACA enrollment data with DHS and ICE. While a preliminary injunction has halted this practice, uncertainty lingers—underscoring the need for vigilance in protecting immigrant communities seeking care.

By the close of the symposium, one theme was impossible to miss: the fight for immigrant health justice is not won in a single courtroom, classroom, or clinic visit. It is sustained through partnerships, persistence, and the willingness to challenge systems that exclude. Participants left not only with strategies and resources, but with a clearer vision of what it means to turn expertise into impact.

Legislative Advocacy for Immigrant Justice

This workshop was led by Carlos Alarcon of the California Immigrant Policy Center. From the start, he made one point clear: passing a bill is only the beginning. Lasting change happens when laws are implemented well, when communities understand their rights, and when families can actually feel the impact in their daily lives.

Carlos emphasized that advocacy is not reserved for professional lobbyists. It is something students, health providers, attorneys, and community members can all take part in.

“Working in policy doesn’t mean policymakers understand how their work reaches the communities it is meant to serve,” he reminded us. That gap — between paper laws and lived reality — is where advocacy steps in.

Strategies for Effective Advocacy

The workshop broke down the mechanics of preparing for legislative visits into tangible steps. Before walking into an office, advocates should research a legislator’s priorities, donors, and voting record. Tools like FindYourRep.com help identify who represents your district, while Capitol Codex tracks legislative movement.

Once a team is assembled, roles should be assigned: a facilitator to guide the conversation, a storyteller to humanize the issue, and a note-taker to capture key details.

Tailoring the message to local needs — citing district-specific data or sharing community stories — makes the issue impossible to ignore.

Inside the meeting, advocates should bring a clear agenda, leave-behinds, and business cards. But the most powerful tool is courage: the courage to share stories that connect public policy to human experience.

And advocacy doesn't stop once the meeting ends. Following up with staff, sending thank-you notes, and sharing new insights with coalitions are what sustain momentum. Each step, Carlos reminded us, is an opportunity to mobilize.

The Power of Our Voices

One of the strongest takeaways from the workshop was the reminder that professionals like doctors, lawyers, and social workers bring unique authority into policymaking spaces. Their insights about the experience of their patients and legal repercussions of policy choices cannot be replicated by lobbyists or spreadsheets.

Carlos had us exercise advocating for issues with a sample script, emphasizing that hearings and public meetings are often underused platforms for influence. Whether at city council, state legislature, or budget hearings, well-prepared comments and personal experiences can bring momentum to the policymaking process.

Budget Advocacy: A Critical Tool

Beyond traditional lobbying, the workshop highlighted the power of budget advocacy. Unlike bills, which can get stalled in policy or fiscal committees, often placed on a “suspense file” if they carry high costs. The state budget moves on a clear cycle. January through May, and again in June, advocates can push for funding, elevate priorities, and even introduce policy shifts without a bill ever being written.

This process has real stakes. Budget negotiations can determine whether Medi-Cal enrollment remains open to undocumented residents, whether immigrant families lose dental coverage, or whether harmful premiums are imposed. In Carlos's words, “Budget advocacy is where we make health justice real.”

Collective Strength

The session closed with a reminder of the importance of coalitions. Campaigns like HEALTH4ALL illustrate how collaboration magnifies individual voices and builds lasting momentum. Through advocacy alerts, rallies, press conferences, and coordinated social media efforts, coalitions keep immigrant health on the agenda and create the visibility needed to influence decision-makers.

The message was clear: advocacy is about persistence and presence. It is about showing up, again and again, to remind decision-makers that immigrant health is non-negotiable.

Leaving the workshop, I was struck by the practicality of the session. Legislative advocacy can seem intimidating from the outside, but Carlos stripped it down to a process of preparation, storytelling, and follow-through. For immigrant families navigating systemic barriers, it is this kind of work that turns policies into lived justice - allowing communities to flourish, be well, and live again.

Accessing Public Benefits 101

Accessing Public Benefits 101, a workshop led by policy expert Benjamin Chao was an insightful discussion about the human stakes behind policies that decide who gets food, healthcare, housing, and financial support - and who is excluded. For immigrant families, these programs are not abstract; they can determine whether a child sees a doctor, whether rent is paid, or whether there is food on the table.

Benjamin began by tracing the history of public benefits in the United States, reminding us that exclusion has always been part of the story. During the New Deal of the 1930s, programs were created to lift families out of poverty, but communities of color were deliberately left out. In the 1960s, President Johnson's "Great Society" expanded safety nets through civil rights legislation and anti-poverty programs. Yet by the 1970s, politicians had shifted the narrative, stigmatizing recipients with harmful stereotypes. That framing paved the way for the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, which drastically curtailed immigrant access to benefits and divided people into "deserving" and "undeserving" categories.

Understanding Today's Benefits Landscape

The workshop broke down public benefits into familiar categories: health insurance, food and nutrition assistance, cash support, housing, and tax credits. But access depends on

meeting overlapping criteria; categorical (age, family status, disability, or immigration status), financial (income and resources), and situational (residency and verification requirements).

Immigration status is one of the most decisive barriers. Undocumented immigrants, those on temporary visas, and even many with lawful status often face severe restrictions. While humanitarian categories such as refugees or asylees may qualify for more programs, eligibility remains fragmented and confusing to navigate.

Recent Restrictions and Exclusions

Benjamin shared the alarming implications of the 2025 Budget Reconciliation Act. Under the proposal:

- SNAP (food assistance) would be limited to U.S. citizens, lawful permanent residents, Cuban/Haitian entrants, and COFA migrants.
- Child Tax Credit (CTC) eligibility would require at least one parent with a Social Security Number. Parents filing with ITINs would no longer qualify, leaving an estimated two million U.S. citizen children excluded.
- Healthcare access would shrink, with ACA premium tax credits and marketplace coverage cut off for certain lawfully present immigrants below the federal poverty line.

These measures, Benjamin explained, are part of a broader trend of systematically excluding immigrant communities from the safety nets meant to reduce poverty.

Protecting Mixed-Status Families

Despite these challenges, the workshop emphasized important protections for mixed-status families. Ineligible parents or siblings can still apply for benefits on behalf of eligible children as “non-applicants.” This means they do not have to provide their own immigration status or Social Security number. Importantly, a child’s use of benefits does not harm a parent’s future immigration application. For many immigrant households, this knowledge is critical but not easily accessible. It is a safeguard against fear that might otherwise keep families from seeking help.

Data Privacy and the Role of Advocacy

The workshop emphasized an urgent issue: data privacy. California and other states are challenging federal agencies for sharing Medicaid and ACA enrollment information with DHS and ICE. While a preliminary injunction has stopped the practice for now, questions remain; Has ICE already used this data for enforcement? Will the courts permanently block this practice?

For families deciding whether to apply for health coverage, these uncertainties can be devastating. Without strong advocacy to defend privacy, policies designed to help could instead become tools of surveillance.

Moving Forward

What struck me most in this workshop was how much public benefits policy reflects the values of inclusion or exclusion. From the New Deal to today, decisions about eligibility have always been about more than budgets; they are about belonging.

Benyamin reminded us that while the system is complicated, knowledge itself is a form of power. For immigrant families navigating systemic barriers, this knowledge can make the difference between fear and access, exclusion and dignity.

Like the Encanto's musical mission, immigrant families deserve to flourish, be well, and live again. Ensuring access to public benefits is one way to make that vision real.