Title

The Documentation Status Continuum: Citizenship and Increasing Stratification in American Life

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Abstract

Public discourse on immigration and benefits access has been contentious. Amid increasing anti-immigrant sentiment, scholars have examined immigrants' marginalization as a form of civic stratification, where boundaries based on documentation status affect immigrants' experiences and benefits granted by the state. This scholarship lacks a framework outlining existing documentation status categories, their alignment relative to each other, and how policy (re)configures those categories over time. This article argues that the documentation status continuum (DSC) framework fills these gaps. In the DSC, undocumented immigrants are at one end and citizens are at the other, with many documentation statuses in between. Public policy creates these statuses and generates stratification through allocating benefits based on one's DSC position. Policy also shapes movement along the continuum, which shapes benefits eligibility. Using the 2010 Affordable Care Act (ACA) as a policy example and interviews conducted with 153 immigrants, healthcare professionals, and immigrant organization employees in Boston, this article demonstrates that life along the DSC reveals stratification between citizens and noncitizens. This has implications for various outcomes that sociologists examine.

Keywords: documentation status; immigration; policy, inequality; citizenship; stratification

Recent discourse on immigration and access to public benefits has been contentious.¹ This discourse is part of President Trump’s domestic agenda to increase deportation of undocumented immigrants, reduce legal immigration, and build a wall along the U.S.-Mexico border. While past scholarship framed documentation status as a binary with undocumented immigrants on one side and documented immigrants on the other, scholars are increasingly examining “gray area” documentation statuses between undocumented and citizenship status (Menjívar 2006; Torres and Waldinger 2015; Van Natta, et al. 2019). Immigrants with some legal protection face precarity exacerbated by their noncitizen status: their “liminal legality” does not prevent detention or deportation if they fall out of status (Kominers 2016; Menjívar 2006; Waldinger 2017). All noncitizens are deportable and not entitled to the same protections as citizens (Cohen 2015; Golash-Boza 2015).² Other scholars have begun theorizing about immigrants’ marginalization as a form of civic stratification, where boundaries are drawn between categories of people, affecting the rights granted to them by the state (Morris 2003; Torres and Waldinger 2015; Wimmer 2013).

Collectively, this scholarship lacks a comprehensive framework delineating existing documentation status categories, alignment of those categories relative to each other, or how public policy creates and aligns those categories over time. While some studies demonstrate how stratification influences access to public benefits at one time period, fewer examine stratified access over time amid major policy shifts (Fox 2012; Torres and Waldinger 2015). Finally, less research has explored immigrants’ recognition of their disadvantaged status relative to others and how that affects their experiences (Tuohy 2019).

My documentation status continuum (DSC) framework fills these gaps. In the DSC, undocumented immigrants are at one end of the continuum and citizens at the other, with various documentation statuses in between. DSC position determines benefits

eligibility, and movement along the continuum constrains or enhances eligibility. Since the 1970s, U.S. public policy has allocated benefits based on documentation status, stratifying access to social services between undocumented immigrants, documented immigrants, and citizens (Fox 2016; Gonzales, et al. 2014; Van Netta, et al. 2019). The DSC enhances scholars' understanding of documentation status as a salient axis of civic stratification.

This article outlines the framework by highlighting civic stratification and boundaries scholarship, which are relevant for understanding how policy generates and reifies category distinctions over time. Next, I explain the DSC framework, explaining how policy delineates documentation statuses and their alignment in the present. I then discuss previous DSC configurations aligning with major policy shifts, when the modern welfare state began, and key 1996 welfare and immigration reforms. Finally, I use interview data examining immigrants' experiences under the 2010 Affordable Care Act (ACA) in Boston, Massachusetts to show how the present DSC configuration perpetuates stratified health care for immigrants.³ The ACA was passed to extend affordable health coverage, but reinforced legal distinctions between citizens and noncitizens, entitling them to different provisions (Author 2017; Bustamante et al. 2018; Van Natta et al. 2019). Interview and policy data reveal that coverage is allocated along the DSC, privileging citizens and disadvantaging noncitizens. Health, immigration, and other policy domains intersect, producing unequal benefits allocation that reinforces civic stratification.

While I argue that various policies perpetuate civic stratification along the DSC, I thoroughly examine the ACA to demonstrate how health coverage is unequally distributed. The ACA represents the most recent and significant policy reform and most individuals

need health care at some point. Research indicates that documentation status curtails immigrants' access to health services, which has diminished amid heightened anti-immigrant sentiment (Hammig, et al. 2018; Portes, et al. 2012; Torres and Young 2016).

DOCUMENTATION STATUS, CIVIC STRATIFICATION, AND BOUNDARY-MAKING

Scholars have assessed how documentation status shapes immigrants' lives, negatively influencing health and other outcomes for undocumented and documented immigrants (Gonzales 2015; Dreby 2015; Menjívar 2006; NASEM 2015). Researchers have also found that national governments construct legal citizenship to determine who is entitled to public benefits, generating different categories of belonging (Bloemraad, et al. 2019; Schuck 1998).

Within the boundaries literature, two types of boundaries facilitate inequality and belonging (Lamont and Molnár 2002; Wimmer 2013). The first type are *symbolic* boundaries that determine how people are categorized based on characteristics (i.e. nationality, gender). The second type are *social* boundaries, which determine access to and distribution of resources. Both social and symbolic boundaries can be “brightened” (made bolder) to elucidate group distinctions (Alba 2005; Lamont and Molnár 2002; Massey and Sanchez 2010; Wimmer 2013). Social boundaries can become so powerful that they transform symbolic boundaries. Wimmer (2013) emphasized the discriminatory role of citizenship in ethnic boundary-making:

citizenship is the most effective and legitimate institution to discriminate against individuals ...Discrimination on the basis of citizenship represents perhaps the most universal and powerful mechanism of enforcing ethnonational boundaries in the contemporary world (67).

The Trump administration's proposals limiting refugees, asylees, and work visas, and, allowing temporary protected status (TPS) expiration demonstrate the deportation vulnerability affecting documented noncitizens (Davis and Detrow 2018).⁴ Such marginalization reinforces symbolic boundaries, perpetuating “us-them” dynamics that may influence legislators’ policy-making. Resulting policies produce brighter social boundaries, differentiating benefits access between citizens and noncitizens.

Brightened social and symbolic boundaries generate civic stratification, facilitating legal discrimination or “categorical inequality” (Light 2012; Massey 2007; Tilly 1998). Scholars have examined documentation status as a basis of civic stratification, arguing that citizenship structures life chances, and correspondingly, social and economic inequality (Lockwood 1996; Jasso 2011). Policies create documentation status distinctions that differentiate access to benefits through state institutions (Author 2016; Menjívar, et al. 2016; Morris 2003; Wimmer 2013).

Torres and Waldinger (2015) argue that citizenship is a social boundary, tying rights and benefits to documentation status. Focusing on health policy, their conceptual framework illustrates civic stratification as concentric circles with citizens in the center, residents (green card holders) in the next circle, temporary workers in the next circle, and undocumented immigrants furthest from the center. Individuals furthest from the center experience most constraints to health care. Torres and Waldinger (2015) empirically show that undocumented status impedes immigrants’ engagement in cross-border health care. However, their data from 2007 – before ACA implementation – limits assessing how policy changes influenced their framework.

The DSC framework augments existing migration, civic stratification, and boundaries scholarship in three ways. First, the framework outlines the historical development of documentation status categories (symbolic boundaries) and shows how policy

implementation via benefits allocation (social boundaries) generate civic stratification. Second, the framework demonstrates how the intersection of policy (immigration, welfare, health) at different levels (state, federal) influences immigrants' benefits access. Individuals experience degrees of exclusion given how boundaries are drawn, blurred, or brightened around them. Immigrants' recognition of their disadvantage vis-à-vis citizens shows how documentation status – a juridical construction developed through policy – becomes a social construction affecting individuals' lives and interactions with others and institutions. Lastly, my study design collecting data under shifting policies demonstrates how policy changes stratify benefits allocation for immigrants.

THE DOCUMENTATION STATUS CONTINUUM FRAMEWORK

The documentation status continuum is a schema illustrating how documentation status categories are aligned within society, generate boundary-making, and perpetuate civic stratification through public policy. Policy is important in two ways in the framework (Figure 1). First, the federal government uses immigration policy to create documentation status categories, which are symbolic boundaries ranging from undocumented to citizen. (Bosniak 2007; Menjívar, et al. 2016; Zolberg 2006). Federal immigration policy shapes the alignment of categories and positionality of individuals in those categories along the DSC. (Table 1 shows immigration policies that created categories along with related benefits, renewal requirements, and paths to citizenship). Policy is also important for the DSC because policy in other domains (i.e. health care, welfare) at the federal and subnational (i.e. state) levels influences benefits allocation – known as social boundary-making (Kominers 2016; Menjívar, et al. 2016; Zolberg 2006). Although power is divided between federal and subnational governments in other policy domains, federal immigration policy is the “supreme law of the land” for

immigration matters (Wong, et al. 2019). While subnational governments can create policies aligning with or contradicting federal policies, the federal government has devolved responsibility for some benefits to state governments (Menjívar, et al. 2016).

[INSERT FIGURE 1 HERE]

At all government levels and across policy domains, documentation status differentially shapes benefits allocation, indicated by arrows drawn from the DSC to circles representing individual policy domains. Healthcare, immigration, welfare, and education policies are included as they are most debated and researched as influencing immigrants' experiences. The overlapping policy domain circles demonstrate intersections between individual domains: (in)eligibility in healthcare benefits may (dis)qualify someone for welfare or education benefits. Subnational immigration policy influences subnational immigration enforcement and state-funded benefits allocation alongside federal and subnational policy (Menjívar, et al. 2016; Wong, et al. 2019). Some subnational governments allocate state funds to provide benefits to federally-ineligible immigrants (Author 2016; Young, et al. 2017). Others allow cooperation between local law enforcement and federal immigration enforcement (Armenta 2017). The "other policy domains" circle represents other domains (i.e. driver's licenses) that could be included.

Arrows drawn beneath policy circles represent unequal resource allocation from each policy domain based on documentation status. The next part of the figure with the horizontal arrow between undocumented and citizen illustrates the direction that resource allocation moves, privileging citizens over noncitizens. Arrows pointing downward represent how unequal resource allocation generates stratification for noncitizens in intersecting outcomes. Documentation status operates as a master status, shaping access to benefits and social mobility across different policy domains (Bosniak 2007; Gonzales 2015; Gonzales and Burciaga 2018; Kominers

2016). Being a noncitizen places individuals at a cumulative disadvantage in accessing public benefits that in turn produce stratified outcomes (Kreisberg 2019).

[INSERT TABLE 1 HERE]

Next in outlining the DSC framework is delineating the categories and their alignment in the DSC. The continuum goes from right (U.S.-born citizen) to left (undocumented) with multiple statuses in between (figure 2).⁵

[INSERT FIGURE 2 HERE]

U.S.-born citizens are most privileged and can access benefits if income and/or age eligible. Citizens are also most secure: they have voting privileges and cannot be deported for minor criminal offenses. While naturalized citizens have similar rights as U.S.-born citizens, misrepresentation on naturalization applications or membership in certain organizations can cause citizenship revocation and deportation to their home country (USCIS 2015). The dotted line between naturalized and U.S.-born citizens demonstrates this social boundary. Noncitizens, everyone to the left on the continuum, do not have the same privileges and are deportable for minor offenses or being a “public charge” (Golash-Boza 2015; Park 2011).⁶ The bold line separating citizens and noncitizens represents this bright symbolic and social boundary.

Among noncitizens, legal permanent residents (LPRs-green card holders) are most privileged. Created under the 1940 Alien Registration Act, LPRs can legally and permanently reside in the country and receive work authorization and social security numbers. LPRs may apply for citizenship after three to five years (USCIS ND). However, the 1996 Personal Responsibility and Work Opportunity Act (PRWORA) brightened social and symbolic boundaries between LPRs based on length of residence. PRWORA

implemented a five-year residency bar on LPRs for public benefits eligibility (Fox 2016; Menjívar, et al. 2016).⁷ The solid line between short-term (less than five years) and long-term (more than five years) LPRs represents a brightened symbolic boundary (via recategorization) and social boundary (via resource reallocation). The 1996 Immigration Reform and Immigrant Responsibility Act (IIRIRA) strengthened border security, criminalized fraudulent immigration documents, and required employment eligibility verification. IIRIRA also allowed states to create their own policies for resource allocation from federal benefits programs within their jurisdictions (Menjívar, et al. 2016). IIRIRA also negatively affected LPRs and other noncitizens, making them deportable for minor offenses and being considered “public charges” (Golash-Boza 2015; Park 2011).

Refugee and asylee status are granted to individuals unable to live in their home countries due to socio-political conflicts or persecution based on race, religion, nationality, or membership in certain groups (FitzGerald 2019; USCIS 2017a). Refugees apply before arriving while asylees apply after arriving to the country (USCIS 2017a). The refugee category was created under the Immigration and National Act of 1952. The asylee category was created under the United States Refugee Act of 1980. Refugees and asylees may apply for LPR status and eventually citizenship. They can receive federal benefits their first seven years of residence (Fix and Haskins 2002). The dotted line between asylees and refugees indicates the blurry symbolic boundary between these two groups. Applying for asylee status after entering is more difficult than receiving refugee status prior to arrival. This is why refugees are placed to the right of asylees.

Left of asylees is the temporary protected status (TPS) category, created under the Immigration Act of 1990.⁸ TPS recipients enter with temporary legal status for six to eighteen months, which can be extended (Menjívar 2017). There are currently an estimated

340,000 TPS recipients eligible for work authorization and public health programs for seven years (Menjívar 2017). TPS recipients cannot be detained or deported, but TPS has no path to LPR or citizenship (Menjívar 2017). TPS holders can become undocumented for not renewing their paperwork or the president ending their home country's TPS designation, creating "liminal legality" for them (Menjívar 2006, 2017). The line between TPS recipients and asylees represents TPS recipients' inability to move to the right.

Left of TPS recipients are tourist, student, and/or work visa holders (Cohen 2015; State Department 2016).⁹ Visa recipients must return home when their visas expire unless they renew their visas or obtain LPR status. Otherwise, they become undocumented. Tourist visa holders (B1/B2) cannot receive benefits and have no work authorization. Student visas (F-1 and M-1) are issued to those studying in academic or vocational institutions (State Department 2017a). Different employment visas provide work authorization: H1Bs for highly-skilled workers in specialized occupations and H2A/Bs for seasonal workers in agriculture, hospitality, or tourism (State Department 2017b). In the DSC, H2A/B visa holders are to the right of tourist visa holders and to the left of H1B and student visa holders, who can more easily obtain sponsors for a green card. As temporary employees, H2A/B visa holders do not receive employment benefits, an important social boundary distinguishing them from H1A/B visa holders. Student visa holders have institutional support for visa renewal unlike H2A/B visa holders. All visa holders are ineligible for benefits and deportable beyond their visa expiration date (Fox 2016; Viladrich 2012; Capps and Fix 2013).

Undocumented immigrants are furthest left and most vulnerable for detention and deportation. Many studies examine the marginalization of this group given their sizable numbers (Dreby 2015; Gonzales 2015; Silver 2018). The thin solid line between high and low-priority undocumented immigrants represents the symbolic and social boundary between these groups. High-priority

undocumented immigrants are those with criminal records or recently arrived adults (Yee 2018). Low-priority undocumented immigrants are children and those with Deferred Action for Childhood Arrivals (DACA) status, which allows recipients to obtain work authorization and temporary relief from deportation. DACA does not provide LPR status nor a path to citizenship. In September 2017, President Trump ended DACA, putting nearly 700,000 DACA recipients at risk of deportation (Robertson 2018). However, this has been halted in federal courts and DACA recipients can still apply for renewal (NILC 2019). If DACA ends, the line between low and high-priority undocumented immigrants will disappear, making all undocumented immigrants equally deportable (Pierce and Selee 2017). The bold line between undocumented immigrants and visa holders also symbolizes the brightened symbolic and social boundary between these groups: undocumented immigrants lack legal status and encounter more difficulty adjusting their status.¹⁰

DSC Categories over Time

When the U.S. welfare state began in 1935, no documentation status distinctions existed for obtaining federal benefits (Fox 2016).¹¹ There were no social boundaries between citizens and noncitizens. All residents – even undocumented immigrants – were eligible for benefits, although states could implement restrictions on jointly-funded programs.¹² Increased undocumented immigration after the 1924 Immigration Act enhanced southern border enforcement and deportation in the 1930s, increasing undocumented immigrants' deportability (Ngai 2003). Before 1972, there was no DSC for obtaining benefits, indicated by no lines or social boundaries in figure 3. The bold line separating citizens from noncitizens signifies a symbolic boundary denoting categorical classifications between the two groups.

[INSERT FIGURE 3 HERE]

In 1972, Congress barred undocumented immigrants from receiving benefits like Medicaid and welfare, representing a restrictive shift and brightening social boundaries between undocumented immigrants and others (Fox 2016). See bold full line in figure 4.

[INSERT FIGURE 4 HERE]

The current DSC was codified with the 1996 IIRIRA and PRWORA reforms (figure 2), which increased noncitizens' deportability and significantly curtailed access to benefits (Fox 2016; Park 2011). Both policies demonstrate how federal policies brightened social and symbolic boundaries based on documentation status compared to previous periods. Scholars have argued that the U.S. increased the number of temporarily legal statuses over time, impeding immigrants' ability to obtain residency and citizenship (Cohen 2015; Cook-Martin 2019; Kominers 2016).

Movement along the DSC

Movement along the DSC can change one's access to citizenship and related privileges. While rightward movement increases benefits and decreases deportability, leftward movement decreases benefits and increases deportability. It is advantageous for individuals on the left to have rightward movement toward citizenship. Those with undocumented, visa, asylee, or refugee status must first obtain LPR status; only then, and after some years, can they apply for citizenship. However, naturalization remains a costly and bureaucratically intensive process (Aptekar 2016). Without comprehensive immigration reform, many noncitizens will remain in their current position or experience leftward movement (Davis and Detrow 2018; Motomura 2014; Yee 2018).

Distinctions *within* DSC categories are also important for continuum movement. Undocumented immigrants who arrive legally and overstay a visa can more easily adjust their status than those entering without inspection (USCIS 2015). Although undocumented

immigrants are most deportable, legal noncitizens are not exempt from deportation or access to benefits (DeGenova 2002; Cook-Martin 2019; Kubal 2013). Documented immigrants may move left and become undocumented after falling out of status. Consequently, all noncitizens are subject to “legal violence” where the federal government sanctions structural and symbolic violence, discriminating based on documentation status (Menjívar and Abrego 2012).

Relationality between Categories and Shifts over Time

DSC categories and individuals in each category exist in relation to one another. A category derives social, symbolic, and political existence compared to other categories. Sociologists have argued that social actors exist relative to each other (Bourdieu and Wacquant 1992; Emirbayer 1997). Social actors along the DSC similarly recognize the (dis)advantages associated with their position compared to others.

The federal government creates categories, which subsequently develop a social and structural life of their own. Thus, there can be no undocumented immigrants without documented immigrants or citizens. The (dis)advantages that come with TPS exist in comparison to non-TPS immigrants without similar benefits. In lacking the privileges that come with citizenship, noncitizens are very aware of their vulnerable structural DSC positions (Gonzales 2015; Menjívar 2006; Tuohy 2019).

The remainder of this article demonstrates the DSC framework through a qualitative assessment of immigrants’ lives and healthcare access under the Massachusetts and ACA health reforms. I show how documentation status differentially shapes access to health care, social services, and perpetuates civic stratification.

METHODS

Data come from a study examining how documentation status shaped immigrants' healthcare access under comprehensive healthcare reform from 2012-2013 (under Chapter 58) and 2015-2016 (post-ACA implementation) in Boston, Massachusetts.¹³ Boston was an ideal site, as capital of the first state with health reform and a traditional, but understudied immigrant destination city (Johnson 2015). I interviewed 153 individuals across three stakeholder groups: immigrants, healthcare professionals, and immigrant and health advocacy organization employees.

[INSERT TABLE 2 HERE]

The immigrant sample had 70 respondents: 31 interviewed in 2012-2013 and 39 interviewed in 2015-2016.¹⁴ I selected Brazilian, Dominican, and Salvadoran immigrants as they are three of Boston's largest immigrant groups. Dominicans have migrated since the 1960s and are typically LPRs or naturalized citizens. Salvadorans and Brazilians began migrating in the 1980s. Though some Salvadorans received TPS, Salvadorans and Brazilians are usually undocumented. Interviews with these groups covered immigrant demographics, self-reported physical/mental health pre-migration and in U.S., and healthcare access pre-migration and in the U.S. See Table 3 for demographics.

[INSERT TABLE 3 HERE]

To assess institutional factors influencing immigrants' healthcare experiences, I interviewed 38 healthcare professionals at the Boston Health Coalition (BHC)¹⁵, a network of safety-net hospitals and clinics providing quality care to minority populations.

Respondents included physicians, medical interpreters, case workers, or psychiatrists at eight BHC sites. Interviews explored respondents' challenges serving immigrants, multilingual staff availability, healthcare reform impacts, and health problems of immigrant patients.

Finally, to examine how local socio-political context influenced immigrants' healthcare access, I interviewed 45 employees of local immigrant and health advocacy organizations (IHEs) that assisted immigrants with insurance and/or social service enrollment. These interviews examined socio-political climate for immigrants, local enforcement of federal immigration policy, and challenges immigrants face living and navigating the healthcare system in Boston.

I recruited respondents through IHE organizations, using purposive snowball sampling amid immigration enforcement concerns during data collection. I recruited male and female immigrants from ages 25 to 60 who were in the country for at least one year and more likely to have used the healthcare system. BHC respondents were medical professionals with immigrant patients, including Brazilians, Dominicans, and Salvadorans. Interviews were conducted in Brazilian Portuguese, Spanish, or English, lasted approximately 60 minutes, and were audio-recorded and transcribed. I use pseudonyms to protect respondents' identities.

For analysis, I imported and closely read interview transcripts in NVivo software using grounded theory, which consisted of open and focused coding (Emerson, et al. 1995; Glaser and Strauss 1967; Strauss and Corbin 1998). I developed an exhaustive list of codes, one to three-word phrases that mentioned documentation status categories and described respondents' perceptions of how documentation status shaped their healthcare and broader experiences. I created sub-codes corresponding to each stakeholder group to

make between-group comparisons. I then re-read transcripts and organized words, phrases, and sentences under the associated codes.¹⁶

I also analyzed public data on the MA and ACA health reforms to triangulate with the qualitative data and further assess how documentation status shaped coverage options under the policies. I analyzed previous immigration and welfare policies to better understand how they intersected with health policy based on documentation status. This was also central to DSC framework development.

My access to stakeholder groups allowed me to qualitatively explore Brazilian, Dominican, and Salvadoran immigrants' experiences which are underrepresented in immigration, health, and public policy research.¹⁷ Although data was collected in Massachusetts, studies of Chapter 58 prior to ACA implementation were used to assess the potential national impact of the ACA. These factors limit the generalizability of the results. But, the findings may have implications for populations that are uninsured post-healthcare reform and also affected by shifting subnational and federal policies. Findings may be relevant for applicability of the DSC framework to populations beyond those explored in this article.

RESULTS

The DSC at Work among Boston Immigrants

Interview data revealed that noncitizens along the DSC experienced uncertainty regarding their health coverage eligibility and deportability. BHC healthcare providers and IHEs echoed these sentiments. My findings address four aspects of the DSC: (1) DSC categories and social services eligibility; (2) role of in-between status in shaping coverage eligibility and detention/deportation fears;

(3) relationality between and among DSC categories; and (4) how rightward DSC movement increases eligibility. These findings indicate how the DSC generates civic stratification in health care and brightens the social and symbolic boundaries between immigrants and citizens.

Different DSC Categories and Social Services Eligibility

Healthcare providers and IHEs reported that most people are confused about how documentation status affects eligibility for social services. Such confusion stems from overlapping and conflicting local, state, and federal laws (Author 2017; Menjívar, et al. 2016). These policy-level distinctions highlight how immigrants' geographic location shapes eligibility for services alongside federal policy. Brenda, who worked in a city government office when interviewed in 2016, discussed difficulties providing services to noncitizens:

Many offices receive a significant amount of federal funding tied to federal policy. There is not much our office can do [about that]. Boston has fairly good eligibility for public housing, much less stringent than the federal policies. If you're undocumented, it's very hard to get any amount of services that come through federal dollars. There's just no avenue for that, but if you have a U.S.-citizen child, there are certain guidelines.

Brenda's quote illustrates city-federal distinctions in service eligibility: Boston social boundaries are blurrier than federal boundaries for those with citizen children.

IHEs also articulated confusion regarding the range of documentation statuses. Kelly, a Helpline Counselor at a health advocacy organization interviewed in 2015, discussed how street-level bureaucrats do not fully understand the various categories. Consequently, some immigrants were denied coverage despite being eligible:

One of the biggest frustrations I've dealt with is when I get calls from clients that say, "I went to a community health center to get help and I was turned away because I'm undocumented." There are some people, that are hired to be assistants [with health coverage enrollment] to help people apply, but they are not necessarily trained to understand the difference between an asylee seeker, a person that actually has a [asylee] case pending, and that actually is an asylee. Those are three different statuses and some people don't actually understand how to deal with different immigration statuses. And that's not covering the thirty, forty other immigration statuses that exist.

Kelly's quote demonstrates how the complexity of documentation statuses shapes benefits eligibility. Other research highlights the role street-level bureaucrats have in denying access to services based on eligibility knowledge (López-Sanders 2017; Marrow and Author 2015).

In-Between Status, Immigration Enforcement Fears, and Social Services Use

Studies show that undocumented immigrants' vulnerability for detention and/or deportation is magnified when accessing social services (López-Sanders 2017; Marrow and Author 2015). Documented noncitizens experience similar fear of detention and deportation. This was most pervasive among Brazilian and Salvadoran respondents given their tenuous documentation status, although

some Dominican respondents shared their vulnerability. Being “in-between” status or undergoing regularization procedures does not protect noncitizens from detention.

Yleana, a Dominican naturalized citizen interviewed in 2016, entered the country in the 1960s with a tourist visa. Overstaying her visa, she fell out of status before applying for LPR status in the early 1970s. After applying, Yleana was detained by Immigration and Naturalization Services (INS):

I was working in the factory and in came INS. When they approached me, they asked if I had papers and I [said I] was in the process. So, they took me to a detention center. Later when I applied for citizenship, I had to wait five years with residency [LPR]. When the [citizenship] application asked if I had been detained, I had to say yes, even though I was not deported. I wasn't sure if I would have problems with my citizenship.

Fortunately, Yleana was released from the detention center and obtained LPR status and U.S. citizenship. But, she was concerned her previous detention might affect her naturalization proceedings. As Yleana's case demonstrates, if an immigrant's status expires and they have applied for a renewal or extension, they may still be detained. Immigrants remain in the same DSC position until they receive notification from the federal government. No rightward DSC movement occurs without government approval, illustrating the “legal violence” to which noncitizens are exposed. Lengthy LPR and citizenship application processes leave some documented immigrants in limbo. “Liminal legality” was especially pertinent among Salvadorans. Gabriel, the executive director of a Central American organization interviewed in 2016, shared:

Nicaragua, Honduras, and El Salvador have been in TPS for maybe 15 years. They are eager to earn legal permanent residence because they feel that they earn[ed] it, doing good things over here. [Sometimes they say] “We are tired of being in this process of renewing, paying \$465, waiting for the work permit. Sometimes, we lose our jobs because the companies, they said you need to bring your work permit or authorization.”

Gabriel’s quote illustrates the precarity impeding Central Americans from permanently establishing roots in Boston (Menjívar 2017). Constant TPS renewals also threaten their employment stability, as they must repeatedly reapply for work authorization, affecting their incorporation and employment prospects.

Fear of being stopped by law or immigration enforcement in route to providers and how service use might affect legalization prospects resulted in some immigrants cancelling appointments and foregoing treatment. Alcione, a Brazilian IHE revealed that heightened anti-immigrant sentiment in 2016 reduced Brazilian immigrants’ service use:

Today on Facebook, I saw a post that said “I live in Rhode Island, please don’t drive on I-495 at night if you don’t have a license. ICE is pulling over everyone.” It’s causing a new terror in our communities. And what about health? If a person can’t drive on I-495, and is this afraid, they will not go to the doctor.

Respondents across stakeholder groups recognized that DSC position affected immigrants’ service eligibility and comfort seeking medical care, which sometimes makes them targets for detention and/or deportation.

Relationality between and among Categories

Immigrants recognized how their own DSC position – via exclusion from certain benefits – was relative to the positions of others with more privileged positions. Carlos, an undocumented Dominican interviewed in 2013, discussed how status constrained his opportunities:

My family is here, they came legally with residency (LPR) status, different from me because I was illegal. They arrived with the doors wide open. Since they arrived, they could get work, apply and get apartments. They arrived good. Here I have suffered so much because [of] all this depression and so much stress.

Carlos' disadvantaged position, compared to his family members, also adversely affected his mental health.

Daniela, a Salvadoran immigrant with TPS interviewed in 2016, stated how she received more benefits than non-TPS Salvadorans:

My case wasn't as difficult because I have had TPS since I came, they [government] gave me a driver's license. That's helped me a lot as there are immigrants with no licenses and it's hard for them to find work. I have had health insurance since being in this country. Most of the people I know don't have a social security number. So, they get very sick and use homemade remedies. They worry a lot, they drive around [illegally], are anxious about so many things.

Daniela's TPS will end in January 2020 unless President Trump renews TPS for Salvadorans. Despite Daniela's liminal legality, she now faces the possibility of moving left in the DSC and being recategorized as undocumented. This indicates how the symbolic boundary (category) around TPS may be removed, affecting the resources (social boundary) to which this population has access. These boundary reconfigurations further highlight TPS recipients' disadvantages relative to citizens.

Charles, a naturalized Brazilian immigrant interviewed in 2016 shared how being a citizen provides freedom that he lacked when he was undocumented:

It's different [being a citizen] because for the immigrant who has papers, he can live without worry. I walk without fear now. Before when I was undocumented, I was so afraid. Today, the police can stop me and I can give him my driver's license. He will give me a ticket that I can pay [instead of detaining me]. Whoever doesn't have a license or green card, they are more afraid.

Immigrant respondents were acutely aware of DSC positions to their left and right and the bright social and symbolic boundaries accompanying each category. Such boundaries between undocumented immigrants relative to LPRs and citizens affected social service eligibility, fear of law/immigration enforcement, and general peace of mind. Tuohy (2019) discusses a similar process of how documentation status shaped immigrants' recognition of their marginalized status relative to others for accessing healthcare under the ACA in Chicago.

Rightward Movement in the DSC and Improved Eligibility

Interviews revealed a perception that movement along the DSC improves access to benefits associated with “legal” status. Rightward movement towards LPR and citizenship status reduces social boundaries in accessing social services. Maria, a Brazilian immigrant interviewed in 2013, overstayed her tourist visa and became undocumented. She suffered from respiratory conditions and needed consistent medical care. Unable to receive care in the U.S., her friend in Brazil mailed Maria medication. Eventually, Maria obtained LPR status, improving her access:

I knew I wouldn’t have access to medical [coverage]. There are ways for illegal aliens to get medical help, but because of my paycheck I wasn’t eligible. So I was in this limbo because I could not apply for Commonwealth [Care-MA Health Insurance]. Every time I would go [to doctor] I thought I would get a \$2000 bill. When you are illegal you are afraid. Finally, this year after [getting] the green card, me and my husband got Commonwealth Care.

While undocumented, Maria’s income was too high to qualify for MA’s Health Safety Net program (HSN), and she forewent coverage. After becoming a short-term LPR, she became eligible for another MA coverage program, demonstrating how social boundaries between undocumented and short-term LPR status both excluded and included Maria. Though Maria’s short-term LPR status provided state-level coverage eligibility, she remained ineligible for federal-level coverage. Brighter social boundaries between short and long-term LPRs differentiate federal-level healthcare access.

Julia, an IHE interviewed in 2016, discussed the relationship between social services and documentation status:

There is a range [of statuses]. All of my patients are in different steps of the documentation process. [There's] undocumented, as in they just got here and have decided to stay. I have the other spectrum where people who moved here are full residents [LPRs]. A lot of resources are only for American citizens. So if someone is disabled [and a noncitizen], I can't tell them, 'hey go apply for disability SSDI.'¹⁸

Julia's quote highlights brightened government-imposed social boundaries based on DSC position and how DSC movement affects services access. Street-level bureaucrats are limited helping undocumented constituents compared to those in other statuses.

While rightward movement increases eligibility, some stakeholders discussed immigrants' fear of using eligible services, as it may jeopardize future legalization proceedings. Jenny, an IHE interviewed in 2016, shared:

Sometimes I have heard this, but concerned [patients] who have green card[s] are like, "if I applied for benefits and I get some kind of subsidies, is that going to make it, in the future harder for me if I want to become a citizen?" So, how will [receiving services] impact citizenship [prospects] later on.

Later in our interview, Jenny referenced the shifting political climate when Trump became the 2016 Republican Presidential nominee:

It's especially important in this political climate because people are really afraid. We work with a lot of undocumented people, and even immigrants here legally. They are also worried, because we don't know what it means. These are legitimate concerns that people have and how does that impact the actions they are going to take around health insurance.

Jenny's concerns were valid. In September 2018, the Trump administration proposed changing the "public charge" determination, which would make using certain public benefits a basis for rejecting LPR applicants (Artiga, Garfield, and Damico 2018). Confusion about which benefits affect residency prospects have resulted in some documented immigrants disenrolling from benefits (Artiga et. al 2018). Such policies generate brighter social and symbolic boundaries among all noncitizens. While rightward movement to citizenship could reduce symbolic boundaries among long-term LPRs, bright social boundaries for ostracized groups may remain, limiting full incorporation.

The Federal ACA and Healthcare Access along the DSC

The ACA represents a brighter separation of immigrants from citizens (Author 2016; Marrow and Author 2015). Adult U.S. citizens, long-term LPRs, refugees, asylees, and TPS immigrants are eligible for provisions. Student and work visa holders are excluded from the Medicaid expansion, but can purchase private coverage with no government subsidies in the federal health exchanges. Undocumented immigrants are excluded from the Medicaid expansion and purchasing private coverage in the exchanges.

Immigrants' exclusion from ACA provisions means a significant number remain uninsured relative to citizens (Bustamante et al. 2018; Capps and Fix 2013; NASEM 2015). Their primary option for care is the nation's already stressed health safety-net system (Author 2016). My analysis of the MA and ACA reforms indicates that health coverage options fall along the DSC, with undocumented immigrants entitled to the least options and citizens to the most (Author 2016). Table 4 shows coverage options from left to right of: 1) Massachusetts under the 2006 Chapter 58 reform; 2) Massachusetts under the ACA; and 3) the ACA in other compliant states. The first column lists the documentation status categories from top to bottom, starting with undocumented and going

to U.S.-born citizens. MA-ACA policy shifts demonstrate brightened social boundaries and increased civic stratification for Boston immigrants.

[INSERT TABLE 4]

Under the Massachusetts reform (see column 2), state residents could apply for health coverage regardless of documentation status.¹⁹ The state-funded Health Safety Net Program (HSN) allowed low-income residents of any documentation status to receive preventive and some specialty care at designated facilities. Low income long-term LPRs and citizens were eligible for the state's federal Medicaid program (MassHealth). Massachusetts also developed a *state-funded* coverage option ("Commonwealth Care") for short-term LPRs (ineligible for MassHealth) to purchase subsidized private insurance in the state health exchange. Income-eligible TPS recipients were eligible for all options. Income-eligible student and work visa holders could apply for HSN and coverage through the health exchange, but were ineligible for MassHealth and Commonwealth Care. Income-eligible refugees, asylees, long-term LPRs and citizens could apply for all forms of coverage.

The MA reform brightened social and symbolic boundaries between Massachusetts residents and those from neighboring states by extending all immigrants health coverage (Marrow and Author 2015). Simultaneously, the reform brightened social and symbolic boundaries between federally-ineligible residents (i.e. undocumented, short-term LPRs) and federally-eligible residents (i.e. long-term LPR, citizens). The dark grey boxes represent individuals eligible for all options. Lighter boxes demonstrate fewer options based on DSC position. *Distinctions* in documentation status and income shaped coverage eligibility (Author 2017).

After passage of the 2010 ACA, Massachusetts prepared for full implementation in October 2013. State lawmakers recrafted the 2006 reform to keep programs intact (column 3). State-funded programs like HSN and Commonwealth Care did not undergo significant changes as income-eligible undocumented immigrants and short-term LPRs maintained eligibility. But, Massachusetts reduced HSN funding as low-income long-term LPR and citizen residents gained eligibility under the ACA's Medicaid expansion.

Although most immigrants' coverage options did not change under the ACA, the movement of income-eligible MA residents (i.e. long-term LPRs, TPS, Refugees, Asylees, citizens) from HSN to Medicaid represented a boundary brightening between these residents and undocumented immigrants who only had access to HSN. ACA implementation compelled Massachusetts to further delineate its population by documentation status for determining ACA eligibility, also demonstrated by the dark and light shaded boxes in column three. This created significant problems in MA's information technology system processing applications in December 2013. According to Maggie, an IHE interviewed in 2015, many immigrants were denied coverage despite their eligibility:

Let's say an immigrant is newly arrived, they are not going to ever pass the identity proofing process because the system is not going to be able to verify their address. That means they can't go forward, they can't get a real time automatic eligibility decision like people [citizens] who do pass. Then they [immigrants] have to fill out a paper application [that] they are who they say they are, which they may not have the documents to do. And again the [state IT] worker inputs an incorrect immigration status and they [get an] erroneous eligibility decision. That's the biggest problem: lots of cases of immigrants who should qualify for greater benefits than they're getting because of these errors.

ACA implementation produced brighter social boundaries and civic stratification between MA residents of different documentation statuses. While the IT system for processing applications has improved, state and healthcare bureaucrats still experience category confusion, resulting in some noncitizens' exclusion.

Coverage for immigrants in other ACA-compliant states is limited along the DSC due to 1996 PRWORA and IIRIRA policies, which brightened social and symbolic boundaries between most immigrants and citizens (column 4). Undocumented immigrants, visa holders, and short-term LPRs are excluded from the Medicaid expansion.²⁰ Student and work visa holders and income-eligible short-term LPRs can purchase coverage in the exchanges.²¹ Income-eligible TPS recipients, asylees, refugees, long-term LPRs, and citizens are eligible for all provisions.

Massachusetts immigrants have access to more coverage relative to immigrants elsewhere. However, in 2016, Massachusetts eliminated its fiscal contribution to HSN and reduced the income-level eligibility for HSN amid budget constraints (MassBudget 2016). As HSN is the only program through which undocumented immigrants can receive health coverage, these changes negatively affected that population. Further, coverage options remain delineated – similar to immigrants in other states – by documentation status and align with the DSC. HSN and Medicaid coverage are accepted at fewer locations and physicians can opt out of seeing Medicaid patients. Individuals with such coverage experience difficulty using it and have “categorically unequal” healthcare (Light 2012). DSC position and income generate civic stratification in health care even *with* coverage, indicating how both factors brighten boundaries between Massachusetts residents in health care.

DISCUSSION

This article has demonstrated the increasingly salient role of documentation status in public benefits allocation. Federal immigration policy creates classes of individuals along the DSC, a schema that generates civic stratification through other policy domains and perpetuates inequality in outcomes. Federal policies like PRWORA and IIRIRA influence resource allocation under recent policies (i.e. ACA) and reinforce citizen-noncitizen distinctions. Thus, documentation status operates as a master status, affecting people's life chances through macro-level policies. Building on studies exploring documentation status as a basis of civic stratification, the DSC framework provides historic policy context for existing documentation status categories and demonstrates how policy brightens social and symbolic boundaries and outcomes between citizens and noncitizens.

Though I examine documentation status as a stratifier in this article, it has three implications for individuals' experiences and society: (1) stratified citizenship and place; (2) immigrant incorporation; and (3) intersection of documentation status with other socio-structural positions. Each perpetuates exclusion, stratification, and inequality and should be examined in future research.

My assessment of documentation status and benefits eligibility highlights how place generates stratified citizenship – legal citizenship does not guarantee access to citizenship privileges (Bloemraad et al. 2019). The MA and ACA reforms show distinctions between subnational and federal policies, influencing boundary brightening between individuals in different DSC categories based on place. The Boston case illustrates this via its immigrant-inclusive policies alongside restrictive federal policies. Massachusetts drew social boundaries around all of its residents, providing immigrants more access than the federal government. But, imperfect ACA implementation demonstrates how place stratifies and limits citizens' eligibility. Citizens in non-ACA states are excluded – like

noncitizens – from ACA provisions. Subnational jurisdictions are encoded in geography, making place important for understanding stratified citizenship despite DSC position. Overlapping and conflicting federal and subnational laws have created confusion regarding which laws should be followed and which jurisdiction one’s DSC position should adhere to (Marrow and Author 2015; Varsanyi et al. 2012).

My DSC framework further demonstrates how citizen-noncitizen distinctions in policy may hinder immigrant incorporation and facilitate transnational ties to counter exclusion (Levitt et al. 2017; NASEM 2015; Waldinger 2017). Immigrants’ exclusion from benefits engenders reliance on transnational networks for alternative healthcare. Long-term LPRs and naturalized citizens’ legal inclusion further allows for formal health coverage and other benefits in host and home countries, but other noncitizens are more disadvantaged (Levitt et al. 2017). Rightward DSC movement blurs and removes social boundaries, improving mobility (i.e. obtaining driver’s licenses) and social outcomes. DSC position is also important within mixed-status families and communities: policy also generates interfamily stratification that decreases household benefits access and create familial tensions (Castañeda 2019; Enriquez 2015).

Finally, documentation status interacts with other social positions, which together affect boundary-making and resource allocation through public policy (Bloemraad et al. 2019; Wimmer 2013). Age, gender, and income influence benefits eligibility. Consequently, individuals’ socio-structural positions yield distinctions between people in the same documentation status. For example, undocumented women can access emergency Medicaid for prenatal care during pregnancy, but lose coverage two months after delivery. Thus, gender brightens social boundaries (resource allocation), separating undocumented women from men in the same

DSC position (symbolic boundary). Due to race and ethnicity, citizens of color experience similar encounters with law and immigration enforcement as their immigrant counterparts (Epp, et al. 2014; Golash-Boza 2015; Selod 2018). Flores and Schachter (2018) argue that racialized stereotypes of immigrants produces “social illegality,” where illegality is assigned to certain (and usually nonwhite) bodies. Consequently, intersections of race, ethnicity, and documentation status highlight stratified citizenship and how socio-political boundaries created by documentation status may be affected by other social positions.

CONCLUSION

Public policy facilitates a “documentation status continuum” that highlights an intensifying citizen-noncitizen divide for obtaining public benefits. Using anecdotal evidence from stakeholders in Boston and healthcare reform, I have demonstrated the importance of documentation status for socio-political inclusion. Citizens are most privileged while noncitizens of various documentation statuses are disadvantaged and deportable. Boundaries between citizens and noncitizens are brightening, with consequences for civic stratification and inequality among a diverse population.

REFERENCES

- Alba, Richard. 2005. "Bright vs. blurred boundaries: Second Generation Assimilation and Exclusion in France, Germany, and the United States" *Ethnic and Racial Studies* 28(1): 20-49.
- Aptekar, Sofya. 2016. "Constructing the Boundaries of U.S. Citizenship in the Era of Enforcement and Securitization." Pp. 1-30 in *Citizenship, Belonging and Nation-States in the 21st Century*, edited by Nicole Stokes-Dupass and Ramona Fruja. New York: Palgrave-Macmillan.
- Armenta, Amada. 2017. *Protect, Serve, and Deport: The Rise of Policing as Immigration Enforcement*. Oakland: University of California.
- Artiga, Samantha, Rachel Garfield, and Anthony Damico. 2018. "Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid." Kaiser Family Foundation Brief, Retrieved [January 13, 2019]. (<https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>)
- Author. 2016. Will insert before publication.
- _____. 2017. Will insert before publication.
- Bloemraad, Irene, Will Kymlicka, Michèle Lamont, and Leanne Son Hing. 2019. "Membership without Social Citizenship? Deservingness and Redistribution as Grounds for Equality." *Daedalus: Journal of American Academy of Arts and Science*. 148(3):73-104.

Blumenthal, David. 2018. "The ACA at Eight: Resilient but Still at Risk." *To the Point*.

Retrieved [January 5, 2019] (<http://www.commonwealthfund.org/publications/blog/2018/mar/aca-at-eight>).

Bosniak, Linda. 2007. "Being Here: Ethical Territoriality and the Rights of Immigrants." *Theoretical Inquiries in Law* 8(2): 389-410.

Bourdieu, Pierre, and Loic J. D. Wacquant. 1992. *An Invitation to Reflexive Sociology*. Chicago: University of Chicago Press.

Bustamante, Arturo, Jie Chen, Ryan M. McKenna, and Alexander N. Ortega. 2018. "Health Care Access and Utilization Among U.S. Immigrants Before and After the Affordable Care Act." *Journal of Immigrant and Minority Health* 21(2):211-218.

Capps, Randy, and Michael Fix. 2013. "Immigration Reform: A Long Road to Citizenship and Insurance Coverage." *Health Affairs* 32(4): 639–642.

Castañeda, Heide. 2019. *Borders of Belonging: Struggle and Solidarity in Mixed-Status Immigrants Families*. Palo Alto: Stanford University Press.

Cohen, Elizabeth. 2015. "The Political Economy of Immigrant Time: Rights, Citizenship, and Temporariness in the Post-1965 Era." *Polity* 47(3): 337–351.

Cook-Martin, David. 2019. "Temp Nations? A Research Agenda on Migration, Temporariness, and Membership." *American Behavioral Scientist* 63(9): 1389-1403.

- Davis, Susan and Scott Detrow. 2018. "White House Outlines Trump's Immigration Proposal."
NPR. Retrieved February 22, 2018. (<https://www.npr.org/2018/01/25/580858256/white-house-releases-draft-immigration-plan>).
- De Genova, Nicholas. 2002. "Migrant "Illegality" and Deportability in Everyday Life."
Annual Review of Anthropology 31:419-447.
- Dreby, Joanna. 2015. *Everyday Illegal: When Policies Undermine Immigrant Families*.
Berkeley: University of California Press.
- Emerson, Robert, Rachel Fretz and Linda Shaw. 1995. *Writing Ethnographic Fieldnotes*.
Chicago: University of Chicago.
- Emirbayer, Mustafa. 1997. "Manifesto for a Relational Sociology." *American Journal of Sociology* 103(2): 281-317.
- Enriquez, Laura. 2015. "Multigenerational Punishment: Shared Experiences of
Undocumented Immigration Status within Mixed-Status Families." *Journal of Marriage and Family* 77: 939-953.
- Epp, Charles, Steven Maynard-Moody, and Donald Haider-Markel. 2014. *Pulled Over: How
Police Stops Define Race and Citizenship*. Chicago: University of Chicago Press.
- Fix, Michael, and Ron Haskins. 2002. "Welfare Benefits for Non-Citizens." Report. Washington,
D.C.: Brookings Institution. Retrieved June 8, 2017. (<https://www.brookings.edu/>)

research/welfare-benefits-for-non-citizens).

FitzGerald, David. 2019. *Refuge beyond Reach: How Rich Democracies Repel Asylum Seekers*.

New York: Oxford University Press.

Flores, René and Ariela Schachter. 2018. "Who Are the "Illegals"? The Social Construction of Illegality in the United States."

American Sociological Review 83(5): 839–868.

Fox, Cybelle. 2012. *Three Worlds of Relief: Race, Immigration, and the American Welfare State from the Progressive Era to the New*

Deal. Princeton: Princeton University Press.

-----, 2016. "Unauthorized Welfare: The Origins of Immigrant Status Restrictions in American Social Policy." *Journal of American*

History 102(4):1051-74.

Glaser, Barney and Anselm Strauss. 1967. *The Discovery of Grounded Theory: Strategies for*

Qualitative Research. Edison: Aldine Transaction.

Golash-Boza, Tanya. 2015. *Deported: Immigrant Policing, Disposable Labor and Global*

Capitalism. New York: New York University Press.

Gonzales, Roberto. 2015. *Lives in Limbo: Undocumented and Coming of Age in America*.

Berkeley: University of California Press.

Gonzales, Roberto, Veronica Terriquez, and Stephen Rusczyk. 2014. "Becoming

DACAmented: Assessing the Short-Term Benefits of Deferred Action for Childhood Arrivals (DACA). *American Behavioral Scientist* 58: 1852-1872.

Gonzales, Roberto and Edelina Burciaga. 2018. "Segmented Pathways of Illegality: Reconciling the Coexistence of Master and Auxiliary Statuses in the Experiences of 1.5-Generation Undocumented Young Adults." *Ethnicities* 18(2): 178-191.

Hammig, Bart, Jean Henry, and Donna Davis. 2018. "Disparities in Health Coverage among U.S.

Born and Mexican/Central American Born Labor Workers in the U.S." *Journal Immigrant and Minority Health* 21(1):66-72.

Jasso, Guillermina. 2011. "Migration and Stratification." *Social Science Research* 40(5): 1292-1336.

Johnson, Marilyn. 2015. *The New Bostonians: How Immigrants Have Transformed the Metro Region since the 1960s*. Amherst: University of Massachusetts Press.

Kominers, Sara. 2016. "Caught in the Gap Between Status and No-Status: Lawful Presence Then and Now." *Rutgers Race and Law Review* 17(1): 57-83.

Kreisberg, Nicole. 2019. "Starting Points: Divergent Trajectories of Labor Market Integration among U.S. Lawful Permanent Residents." *Social Forces* doi: 10.1093/sf/soy128.

Kubal, Agnieszka. 2013. "Conceptualizing Semi-Legality in Migration Research." *Law and Society Review* 47(3): 555-587.

Lamont, Michéle, and Virág Molnár. 2002. "The Study of Boundaries in the Social Sciences."

Annual Review of Sociology 28:167-95.

Levitt, Peggy, Charlotte Lloyd, Armin Mueller, and Jocelyn Viterna. 2017. "Transnational Social Protections: Setting the Agenda." *Oxford Development Studies* 45: 2-19.

Light, Donald. 2012. "Categorical Inequality, Institutional Ambivalence, and Permanently Failing Institutions: The Case of Immigrants and Barriers to Health Care in America." *Ethnic and Racial Studies* 35: 23-39.

Lockwood, David. 1996. "Civic Integration and Class Formation." *British Journal of Sociology* 47(3): 531-550.

López-Sanders, Laura. 2017. "Navigating Healthcare: Brokerage and Access for Undocumented Latino Immigrants under the 2010 Affordable Care Act." *Journal of Ethnic and Migration Studies*, 43(12): 2071-2088.

Marrow, Helen, and Author. 2015. Will insert before publication.

Marshall, Thomas 1973. "Citizenship and Social Class. Pp. 65-122 in *Class, Citizenship and Social Development: Essays by T.H. Marshall*, edited by Seymour Lipset. Westport, CT: Greenwood Press.

MassBudget. 2016. "Analyzing the State Budget for FY2017." Retrieved on May 1, 2018.

(http://www.massbudget.org/report_window.php?loc=Analyzing-the-State-Budget-for-FY-2017.html).

Massey, Douglas. 2007. *Categorically Unequal: The American Stratification System*. New York, Russell Sage Foundation.

Massey, Douglas, and Magaly Sánchez. 2010. *Brokered Boundaries: Immigrant Identity in Anti-Immigrant Times*. New York: Russell Sage Foundation.

- Menjívar, Cecilia. 2006. "Liminal Legality: Salvadoran and Guatemalan Immigrants' Lives in the United States." *American Journal of Sociology* 111(4):999–1037.
- , 2017. "Temporary Protected Status in the United States: The Experiences of Honduran and Salvadoran Immigrants." Center for Migration Research, The University of Kansas.
- Menjívar, Cecília, and Leisy Abrego. 2012. "Legal Violence: Immigration Law and the Lives of Central American Immigrants." *American Journal of Sociology* 117(5):1380-1421.
- Menjívar, Cecília, Leisy Abrego, and Leah Schmalzbauer. 2016. *Immigrant Families*. Polity: Malden, MA.
- Morris, Lydia. 2003. "Managing Contradiction: Civic Stratification and Migrants' Rights." *International Migration Review* 37(1): 74-100.
- Motomura, Hiroshi. 2014. *Immigration Outside the Law*. New York: Oxford University Press.
- National Academies of Sciences, Engineering, and Medicine (NASEM) 2015. *The Integration of Immigrants into American Society*. Washington, DC: The National Academies Press. doi: 10.17226/21746.
- National Immigration Law Center (NILC). 2019. "Status of Current DACA Legislation." Retrieved June 24, 2019. (<https://www.nilc.org/issues/daca/status-current-daca-litigation>).

National Law Review (NLR). 2019. "Continuation of TPS for Nepal and Honduras." Retrieved July 2, 2019

(<https://www.natlawreview.com/article/continuation-tps-nepal-and-honduras>).

Ngai, Mae. 1999. "The Architecture of Race in American Immigration Law: A Reexamination of the Immigration Act of 1924." *Journal of American History* 86(1): 67-92.

-----, 2003. "The Strange Career of the Illegal Alien: Immigration Restriction and Deportation Policy in the United States, 1921-1965." *Law and History Review* 21(1): 69-107.

Park, Lisa Sun-Hee. 2011. *Entitled to Nothing: The Struggle for Immigrant Health Care in the Age of Welfare Reform*. New York: New York University.

Passell, Jeffrey, D’Vera Cohn, and Ana Gonzalez-Barrera. 2013. "Population Decline of Unauthorized Immigrants Stalls, May Have Reversed." Hispanic Trends, Pew Research Center. Retrieved March 23, 2016 (<http://www.pewhispanic.org/2013/09/23/population-decline-of-unauthorized-immigrants-stalls-may-have-reversed>).

Portes, Alejandro, Patricia Fernández-Kelly, and Donald Light. 2012. "Life on the Edge: Immigrants Confront the American Health System." *Ethnic and Racial Studies* 35(1): 3–22.

Robertson, Lori. 2018. "The Facts on DACA." Retrieved February 3, 2019 (<https://www.factcheck.org/2018/01/the-facts-on-daca>).

Schuck, Peter. 1998. *Citizens, Strangers, and In-Betweens: Essays on Immigration and*

- Citizenship*. Boulder: Westview Press.
- Selod, Saher. 2018. *Forever Suspect: Racialized Surveillance of Muslim Americans in the War on Terror*. New Brunswick: Rutgers University Press.
- Silver, Alexis. 2018. *Shifting Boundaries: Immigrant Youth Negotiating National, State, and Small-Town Politics*. Palo Alto: Stanford University Press.
- State Department. 2016. "Nonimmigrant Visas Issued by Classification." Retrieved April 23, 2018 (<https://travel.state.gov/content/dam/visas/Statistics/AnnualReports/FY2016AnnualReport/FY16AnnualReport-TableXVIB.pdf>).
- State Department. 2017a. "Student Visa." U.S. Visas Webpage. Retrieved May 9, 2017. <https://travel.state.gov/content/visas/en/study-exchange/student.html>.
- State Department. 2017b. "Temporary Worker Visas." U.S. Visas Webpage. Retrieved May 9, 2017. (<https://travel.state.gov/content/visas/en/employment/temporary.html>).
- Strauss, Anselm and Juliet Corbin. 1998. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. New York: Sage Publications.
- Tilly, Charles. 1998. *Durable Inequality*. Berkeley: University of California Press.
- Torres, Jacqueline and Maria-Elena Young. 2016. "A Life-Course Perspective on Legal Status Stratification and Health." *SSM-Population Health* 19(2): 141-148.

- Torres, Jacqueline and Roger Waldinger. 2015. "Civic Stratification and the Exclusion of Undocumented Immigrants from Cross-border Health Care." *Journal of Health and Social Behavior* 56(4): 438-459.
- Tuohy, Brian. 2019. "Health Without Papers: Immigrants, Citizenship, and Health in the 21st Century." *Social Forces* 48:1–22.
- United States Citizen and Immigration Services (USCIS). 2015. Immigration and Nationality Act of 1990, Section 245. Retrieved November 20, 2015. (<http://www.uscis.gov/iframe/ilink/docView/SLB/HTML/SLB/0-0-0-1/0-0-0-29/0-0-0-7406.html>).
- United States Citizen and Immigration Services (USCIS). 2017a. "Refugees and Asylum." Retrieved June 8, 2017. (<https://www.uscis.gov/humanitarian/refugees-asylum>).
- . n.d. "Who is Eligible for Naturalization?" Retrieved February 18, 2018 (<https://www.uscis.gov/sites/default/files/files/article/chapter4.pdf>).
- Van Natta, Meredith, Nancy Burke, Irene Yen, Mark Fleming, Christoph Hanssmanne, Maryani Rasidjanc, and Janet Shim. 2019. "Stratified Citizenship, Stratified Health: Examining Latinx Legal Status in the U.S. Healthcare Safety Net." *Social Science & Medicine* 220: 49–55.
- Varsanyi, Monica, Paul Lewis, Doris Marie Provine, and Scott Decker. 2012. "A Multilayered Jurisdictional Patchwork: Immigration Federalism in the United States." *Law and Policy* 24: 138-158.
- Waldinger, Roger. 2017. "A Cross-Border Perspective on Migration: Beyond the Assimilation/

Transnationalism Debate.” *Journal of Ethnic and Migration Studies* 43(1): 3-17.

Weber, Max. 1981. *General Economic History*. New Brunswick, NJ: Transaction.

Wimmer, Andreas. 2013. *Ethnic Boundary Making: Institutions, Power, Networks*. New York:

Oxford University Press.

Wong, Tom K., Karina Shklyan, Andrea Silva, and Josefina Espino. 2019. “Fractured

Immigration Federalism: How Dissonant Immigration Enforcement Policies Affect Undocumented Immigrants.” US Policy

Immigration Center, UC San Diego. Retrieved June 20, 2019 (<http://usipc.ucsd.edu/publications/usipc-working-paper-3.pdf>).

Yee, Vivian. 2018. “A Marriage Used to Prevent Deportation. Not Anymore.” *New York Times*,

April 19.

Young, Maria-Elena DeTrinidad, Gabriela Leon-Perez, Christine Wells, and Steven Wallace. 2017. “Inclusive state immigrant

policies and health insurance among Latino, Asian/Pacific Islander, Black, and White noncitizens in the United

States.” *Ethnicity & Health* 1-13.

Zolberg, Aristide. 2006. *A Nation by Design: Immigration Policy in the Fashioning of America*. New York: Russell Sage Foundation,

and Cambridge: Harvard University Press.

Zong, Jie and Jeanne Batalova. 2015. “Frequently Requested Statistics on Immigrants

and Immigration in the United States.” Migration Policy Institute. Retrieved June 18, 2015

([http://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Unauthorized Immigration](http://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Unauthorized%20Immigration)).

Tables and Figures

TABLE 1: CREATION AND DESCRIPTION OF DSC CATEGORIES

Category	Other Terms Used	Description and Federal Law Under which Status was "Created"	Work Permit	Granted Protections or Benefits	Renewal Required	Path to Naturalized Citizenship	Deportable	Affected by Recent Policies
Undocumented								
-low priority (children, DACA)	Unauthorized, Illegal	Entered U.S. without authorization, Overstayed Visa, Expiration of Documented Status	No, except DACA	Federal Level: None State Level: depends on state	N/A, except DACA	None without marriage to U.S. citizen, a job offer and sponsorship by a U.S. employer, or a grant of asylum	Yes	DACA: only accepting renewals; Enhanced detentions and deportation focus
Visas-"Non-immigrant"	Visa Holder	More than 20 types						
-Tourist Visa*	B visas: pleasure/business	Legally Allows Tourist/business travel for certain time period	No	Federal/State Level: None	Yes in home country	None without marriage to U.S. citizen, a job offer and sponsorship by a U.S. employer, or a grant of asylum	Yes, if expired	Only if from travel ban countries; stricter application procedures
-Work Visa: H2A/B	Agricultural/non-agricultural workers	Seasonal workers to U.S. for certain time period, H2B created by Immigration and National Act of 1952, H2A created by 1986 Immigration Reform and Control Act	Yes	Federal Level: None State Level: depends on state	Yes by U.S. employer	None without marriage to U.S. citizen, a job offer and sponsorship by a U.S. employer, or a grant of asylum	Yes, if expired	Not yet
-Student Visa: F1/M1		Allows students to study at U.S. educational institutions, created as separate non-immigrant category in 1921 exempt from future quotas under 1924 Immigration Act	No	Federal Level: None State Level: depends on state	Yes by U.S. institution	Must obtain H1B status and then apply for LPR after 6 yrs	Yes, if expired	Not yet
-Work Visa: H1B	Skilled immigrant workers	Allows workers with advanced degrees to work for 6 yrs, created by Immigration and National Act of 1952	Yes	Federal Level: None State Level: depends on state	Yes by U.S. employer	Can apply for LPR after 6 yrs	Yes, if expired	Current administration wants to reduce number Current administration did not renew TPS, through court injunction now extended through Jan. 2020 for Haitians, Salvadorans, Nicaraguans, Hondurans
Temporary Protected Status	TPS	Allows people from designated countries with environmental disasters or armed conflict to legally enter U.S., created by Immigration Act of 1990	Yes	Federal/State Level: Yes	Yes by individual, home country status renewed by president	None without marriage to U.S. citizen, a job offer and sponsorship by a U.S. employer, or a grant of asylum	Yes, if expired	
Asylee		Allows people being persecuted based on social group membership to legally enter U.S., created by United States Refugee Act of 1980 which made it possible to apply for refugee status as an asylee	Yes	Federal/State Level: Yes	Yes, home country status renewed by president	Can apply for LPR after 1 yr	Yes, if expired	Reduced from 110,000 to 50,000/yr under current administration
Refugee		Allows people being persecuted based on social group membership to legally enter U.S., created by Immigration and National Act of 1952 Created under 1940 Alien Registration Act, 1996 Personal Responsibility and Work Authorization Act created distinction between short and long-term LPRs	Yes	Federal/State Level: Yes	Yes, home country status renewed by president	Can apply for LPR after 1 yr	Yes, if expired	Reduced from 110,000 to 50,000/yr under current administration
Legal Permanent Resident (LPR)	Green card holder							
-Short Term: Less than 5 yrs		Allows people to legally live and work in U.S. on extended basis	Yes	Federal Level: None State Level: depends on state	Yes, must be renewed every 10 yrs	Can apply for citizenship after 5 yrs	Yes, for certain crimes and being public charge	None
-Long Term: More than 5 yrs		Allows people to legally live and work in U.S. on extended basis	Yes	Federal/State Level: Yes	Yes, must be renewed every 10 yrs	Can apply for citizenship after 5 yrs	Yes, for certain crimes and being public charge	None
Naturalized U.S. Citizen		Allows immigrants to become U.S. citizens	N/A	Federal/State Level: Yes	N/A	N/A	Usually no, but yes if citizenship revoked for certain reasons No, but citizenship can be revoked for certain reasons	Current administration aims to denaturalize and deport those who committed immigration fraud
U.S.Born Citizen		Based on birth in U.S. or to U.S. citizens abroad	N/A	Federal/State Level: Yes	N/A	N/A		None

NOTE: - Unable to find law under which B visas were "created."

Table 2: RESPONDENT SAMPLES SIZES (TOTAL N=153)

Stakeholder Group	Pre-ACA: 2012-2013	Post-ACA:2015-2016
Immigrants	N=31	N=39
- Brazilians	21	15
- Dominicans	10	14
- Salvadorans	N/A	10
Health Care Providers at BHC	N=19	N=19
- Physicians	5	6
- Medical Interpreters	4	4
- Other Medical Staff	10	9
Immigrant/Health Organizations	N=20	N=25
- Brazilian	6	4
-Dominican	2	4
-Salvadoran	N/A	2
- General Immigrant Organizations	3	5
- Health Organizations	9	7
- City/State Officials	0	3
Total	70	83

Table 3: IMMIGRANT SAMPLE DEMOGRAPHICS

Demographics	2012-2013 Immigrant Sample (N=31)		2015-2016 Immigrant Sample (N=39)		
	Brazilians (N=21)	Dominicans (N=10)	Brazilians (N=15)	Dominicans (N=14)	Salvadorans (N=10)
Gender (# women)	12	5	8	10	6
Median Age (years)	40	55	43	56	40
Average Time in US (years)	12	14	10	21	19
Documentation Status (at interview)					
- Undocumented	6	3	6	0	6
- Tourist Visa (B1)	2	0	1	0	0
- Religious Visa (R1)*	1	0	0	0	0
- Student Visa (F1)	0	0	3	0	0
- Work Visa (H1A/B)	1	0	1	0	0
- Temporary Protected Status (TPS)	N/A	N/A	N/A	N/A	1
- Green Card/LPR	10	4	3	11	2
- Naturalized Citizens	1	3	1	3	1
Health Coverage Type					
- Uninsured (N)	1	0	2	2	3
- Health Safety Net (N)	7	2	4	1	4
- Mass Health (N)	4	6	6	9	2
- Commonwealth Care (N)	1	0	0	0	1
- Private (N)	8	2	3	2	0

NOTE. - R1 Visas are for those in religious occupations who will temporarily volunteer with religious organizations. They are also very specialized. As most visa applicants are ineligible for these, I have not listed it in the DSC.

Table 4: DOCUMENTATION STATUS AND COVERAGE IN MASSACHUSETTS (PRE) AND ACROSS U.S. POST-ACA IMPLEMENTATION			
Coverage Based on Documentation Status	MA: Ch. 58 (Pre-ACA)	MA: Post-ACA Implementation	ACA in Compliant States
Undocumented	Yes: HSN* No: Exchange	Yes: HSN No: Exchange	No coverage
Undocumented Deferred Action Recipients (DACA/Dreamers)	Yes: HSN No: Exchange	Yes: HSN No: Exchange	Yes: Medicaid Expansion if income eligible and under age 18 No: if over age 18
Visas: Student, Work	Yes: HSN, Exchange No: Mass Health, Commonwealth Care	Yes: HSN, Exchange No: Mass Health, Commonwealth Care	Yes: Exchange No: Medicaid
Temporary Protected Status, Asylees, Refugees	Eligible for all	Eligible for all	Eligible for all
Legal Permanent Residents (< 5 years in U.S.)	Yes: HSN, Commonwealth Care, Exchange No: Mass Health	Yes: HSN, Commonwealth Care, Exchange No: MassHealth	Yes: Exchange No: Medicaid
Legal Permanent Residents (> 5 years in U.S.)	Eligible for all	Eligible for all	Eligible for all
Naturalized and U.S.-born Citizens	Eligible for all	Eligible for all	Eligible for all
NOTE. - * denotes abbreviation for Health Safety Net.			

Figure 1: Documentation Status Continuum Framework

Figure 2: Documentation Status Continuum 1996 - Present

Figure 3: DSC 1930 - 1972

Figure 4: DSC 1972 - 1996

ENDNOTES

¹ “Immigrants” refers to those who are not legal citizens.

² “Citizen” refers to legal citizens entitled to certain privileges and recognized as legal members of a nation-state (Marshall 1973; Schuck 1998; Weber 1981). See Marshall (1973) and Shuck (1998) for other citizenship types.

³ The ACA remains despite legislative attempts to destabilize it (Blumenthal 2018).

⁴ TPS is granted to individuals fleeing their countries amid armed conflicts or environmental disasters.

⁵ Population figures along the bottom come from: undocumented - Passell, Cohn, and González-Barrera (2013); visa holders - State Department (2017a, b), USCIS (2015, 2017a, b); TPS - Menjívar (2017); Asylees, Refugees, LPRs and naturalized citizens- Zong and Batalova (2015). The numbers under each category are when the category was created via federal immigration policy.

⁶ “Public charge” is a noncitizen that may become dependent on government subsistence.

⁷ This distinction is tied to 1996 welfare and immigration reforms discussed later in the article.

⁸ TPS-designated countries are: El Salvador, Haiti, Honduras, Nepal, Nicaragua, Somalia, Sudan, South Sudan, Syria, and Yemen (Menjívar 2017). President Trump did not renew TPS for Sudanese, Salvadorans, Haitians, Nicaraguans, and Hondurans. The court case *Ramos vs Nielsen* extended TPS through January 2020 (NLR 2019).

⁹ In FY 2016, this many nonimmigrant visas were granted: (1) work (H2A/B): 218,995; (2) tourist (B1/B2): 6,965,466; (3) student (F1/M1): 482,033; and (4) work (H1B): 180,057 (State Dept 2016). The most common visas are listed here.

¹⁰ Ten percent of undocumented immigrants are visa overstayers (Passell, et al. 2013).

¹¹ Mexican immigrants typified the criminal “illegal” immigrant while European undocumented immigrants routinely legalized their status (Ngai 1999, 2003).

¹² Race determined who benefited from such programs: black and Mexican-American citizens were excluded while European immigrants were included (Fox 2012).

¹³ Chapter 58 is the 2006 Massachusetts reform and model for the 2010 ACA.

¹⁴ During interviews, I assessed documentation status by asking immigrant respondents if they arrived with any type of visa (yes/no) and subsequently obtained a green card or citizenship (yes/no). The immigrant sample is skewed towards undocumented, LPRs, or naturalized citizens. Fewer immigrant respondents are in the grey areas discussed in the DSC.

¹⁵ This is a pseudonym to protect the identity of the hospital network.

¹⁶ I analyzed each transcript in the language it was conducted in to minimize translation loss. Some anecdotes are translated from Portuguese or Spanish.

¹⁷ My positionality as a person of color who “passed” for Brazilian or Dominican, had proficiency in Portuguese and Spanish, and previously spent time in immigrants’ home countries aided recruitment.

¹⁸ SSDI is Social Security and Disability Insurance.

¹⁹ See Author (2016) for more on programs and income-level cutoffs.

²⁰ Low-income DACA recipients under age 18 are eligible for ACA coverage through the Children’s Health Insurance Program (CHIP).

²¹ Tourist visa holders are ineligible for all ACA provisions.