

BOOK REVIEW

Beatrix Hoffman, *Borders of Care: Immigrants, Migrants, and the Fight for Health Care in the United States*

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Since the mid-nineteenth century in the United States, immigrants have been stigmatized, discriminated against and scapegoated as purveyors of disease and burdens on the health system. In turn, US immigration policies have had serious health consequences for immigrants by explicitly restricting their access to care and creating fear that deters them from seeking even the care they are legally entitled to, and through enforcement actions that threaten and harm their physical and mental health. In these ways, the immigration and health care systems are intertwined in what Beatrix Hoffman calls ‘the immigration/health nexus’ (p. 2). *Borders of Care* examines the imbrication of the immigration and health system in US history since the mid-nineteenth century, putting the experiences and activism of immigrants – legal, undocumented, migrant and refugee – at the centre of the analysis.

Each of the book’s seven chapters addresses the themes of exclusion, inclusion and activism, and highlights the ways immigration policies and health care policies have intersected and influenced each other. For example, Hoffman shows that an unintended consequence of the 1965 Immigration and Naturalization Act was the political construction of a ‘crisis’ of undocumented immigrants. In response, local and state governments used welfare and health care policies in an attempt to do ‘something about the undocumented “invasion”’ (p. 124), cultivating political support for their actions by claiming that undocumented immigrants were crossing the border to obtain free medical care and give birth in public hospitals. Such campaigns had a chilling effect not only on the access to care of undocumented people, but also on that of long-term residents and legal immigrants. This anti-immigrant agenda culminated in California’s passage of Proposition 187 in 1994, which banned undocumented people from access to public education and non-emergency public health care. Although the law was never implemented, it bolstered the nationwide anti-immigrant movement, which sought to reduce health and welfare benefits to all immigrants.

Hoffman’s analysis of US refugee policy and medical care reveals that the often-shifting legal status of refugees in the United States was shaped both by US foreign affairs and racial politics. During the Cold War, US refugee policy granted a path to legal residency to refugees from communist countries, particularly Hungary and Cuba in the 1960s and Indo-China in the 1970s. But retrenchment came after critics in the 1970s pointed out that the preferential treatment of refugees from communist countries violated international norms. In the 1980s, the Reagan administration sought to cut federal support to refugees, relabelling refugees as welfare seekers. The backlash against refugees and asylum seekers intersected

with and was exacerbated by the racism of US refugee policy. As Hoffman details, Haitians had long faced discrimination in the US, but, in the 1970s and 1980s, Haitian asylum seekers faced especially harsh treatment, their blackness, as much as the politics of US–Haitian relations, singling them out as ‘undesirable’ migrants (p. 160). The discrimination experienced by Haitian refugees intensified during the HIV/AIDS epidemic after the Centers for Disease Control designated Haitians one of the high-risk groups for HIV. Coalitions of activists, however, mobilized against the worsening treatment of and health threats facing refugees and asylum seekers, particularly the growing use of immigration detention facilities, which led in the 1980s to the sanctuary movement, as well as the efforts of AIDS activists to protest the testing requirements and immigration bans on people with HIV.

Central to Hoffman’s analysis is the activism of immigrants who have fought back against their exclusion and demanded expanded access and rights to health and health care. They did so by establishing hospitals and clinics that served their communities, organizing labour unions that protested unsafe work conditions, securing entrance to medical and nursing schools to become health care providers, and organizing and protesting for immigrants’ rights. In many cases, immigrants’ health activism led to greater access for all. For example, the health activism of the United Farm Workers of America and the Young Lords in the 1960s and 1970s empowered migrant farmworkers, established community health clinics that provided care to immigrants, and ‘pushed for multilingualism, representation, and equity in medical care’ (p. 122) that benefited citizens as well as non-citizens.

Borders of Care is an outstanding book that makes a critical contribution to the historiographies of immigration, health care and health activism in the United States. It is deeply researched: Hoffman’s analysis draws on an impressive range of archival sources that includes the records of individuals (such as activist physicians and nurses) and organizations (like United Farm Workers of America, ACT UP and numerous immigrants’ rights groups) that directly confronted the immigration/health nexus and fought for immigrants’ health rights. The book is also comprehensive. Whereas scholars have previously focused on a particular geographic area or immigrant community or on a more limited time period, Hoffman weaves together the experiences of diverse communities of immigrants, migrants and refugees living in cities and rural areas throughout the United States from the mid-nineteenth century to the present. The result is a powerful and engaging narrative that synthesizes and expands scholarship from migration studies, Latino and borderlands history, public-health history and the history of social movements. It is also superbly written, making it accessible to a broad audience that includes students and general readers.

Borders of Care not only makes clear the health effects and violence that have long faced immigrants both at the border and throughout the United States – a reality that has intensified in the rampant increase in immigration enforcement since the beginning of President Trump’s second term in office – but it also challenges ‘the relentless reinforcement of [immigrants’] invisibility’ (p. 175) in US history, by naming individuals and communities harmed by US immigration and health systems, as well as those individuals and organizations who have fought to dismantle anti-immigration discrimination and expand health and care for immigrants. *Borders of Care* is thus essential reading for scholars, immigrants’ rights advocates and policymakers.