

# IMMIGRATION AND HEALTHCARE POLICIES CREATING BARRIERS FOR UNDOCUMENTED HISPANIC IMMIGRANTS

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*ABSTRACT: Undocumented Hispanic immigrants face many healthcare disparities while living in the United States. A review of recent research shows negative impacts on mental health and physical health statuses. These negative impacts have been created by fear of deportation, lack of preventative healthcare options/insurance and negative attitudes/stereotypes perpetuated by restrictive policies that target undocumented individuals. This proposal will examine how these restrictive immigration and healthcare policies have created challenges for undocumented immigrants and their families seeking access to healthcare. This proposal will demonstrate why additional research in this area is needed to identify barriers to health care for undocumented Hispanic immigrant community members to reduce poor health outcomes.*

The health care disparity within Hispanic populations has been an increasingly relevant topic in research. The Latino population experiences higher rates of morbidity and mortality when compared to their non-Latino counterparts (Philbin, Flake, Hatzenbuehler & Hirsch, 2017). There is a higher risk of diabetes in Hispanic adults that is disproportionate to other non-Hispanic whites and Asian adults (Philbin et al., 2017). Compounding this disparity is a shifting view of undocumented Hispanic immigrants. Vargas, Sanchez and Valdez (2017) suggested there are more negative stereotypes and anti-immigrant attitudes after the 2012 election, resulting in an increase in punitive immigration policies that target undocumented Hispanics. The effects of this attitude shift can be seen in healthcare policies, as well as within the healthcare system. A recent literature review suggests that implicit racial/ethnic bias against Hispanic/Latina/Latino individuals exists amongst healthcare providers of varying levels of training, different specialties and experience (Hall et al., 2015). The long-term effects on undocumented

immigrants are yet to be seen, but they have the potential to impact health outcomes with late or lacking chronic disease diagnosis (Torres & Wahldinger, 2015).

The Patient Protection and Affordability Care Act (PPACA) excludes undocumented immigrants from obtaining health insurance through state exchange market places, creating concern among healthcare professionals of the potential to expand healthcare disparities within this group (Edward, 2014). Health insurance is considered a significant determinant of health, directly linked to health outcomes, like morbidity and mortality, among immigrants (Edward, 2014). There are immigration laws, such as Alabama HB 56, also known as the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, that restrict undocumented immigrants' access to healthcare services, employment, higher education, and many other private and public benefits (Allen & McNeely, 2017). Alabama HB 56 also increases immigration enforcement (Allen & McNeely, 2017). Kline (2016) suggests that global immigrant policing initiatives

create fear among undocumented Hispanics because of its punitive nature and threat of deportation which, in turn, impacts health behaviors, such as seeking health care services. The question must then be asked: Are policy changes in both immigration and healthcare creating barriers for the Hispanic community? My hypothesis is that current healthcare and immigration policies act as barriers for undocumented Hispanic immigrants in accessing healthcare.

## **Background and Significance**

### **History**

The U.S. has a history of negative attitudes with respect to Hispanic immigrants, both documented and undocumented. The use of terms such as “illegal alien”, “illegal immigrant” and “undocumented workers” have been used interchangeably with identifiers like Hispanic or Latino/a, regardless of immigration status (Vargas et al., 2017). According to the Association of State and Territorial Health Officials (2010), the term undocumented immigrant has no federal definition, but defined an undocumented alien as “a person who enters the U.S. without legal permission or fails to leave the U.S. when their permissible time ends.” In a report from Immigration and Customs Enforcement (ICE), the leading countries of origin for removals of undocumented immigrants included Mexico, Guatemala, Honduras, and El Salvador (2017). All of these terms act to perpetuate the stereotype of the Hispanic as a burden on the country, drug trafficker, criminal and to justify exclusion from rights and benefits afforded to citizens of the U.S. (Vargas et al., 2017). These sentiments are being seen in other policies being implemented in the U.S.

### **Healthcare Coverage**

The PPACA was implemented on March 23, 2010 in an attempt to make healthcare insurance coverage more accessible, but it came at a cost to undocumented immigrants (Edward, 2014). There are exceptions within the PPACA that specifically target immigrants, allowing only documented individuals, who meet certain criteria, to be eligible to access insurance coverage but leaves undocumented individuals, or those who fall under the Deferred Action for Childhood Arrivals (DACA), ineligible for insurance coverage (Edward, 2014). With exclusion from coverage under the current PPACA, healthcare and preventative care needs will become increasingly unmet, specifically within this group (Torres & Wahldinger, 2015). Health care costs for undocumented immigrants may be covered only in circumstances of emergency care under the Personal Responsibility and Work Opportunity Reconciliation Act (Edwards, 2017). Immigration laws also act to restrict access to healthcare insurance for undocumented immigrants.

### **Omnibus Immigration Laws**

One quarter of all U.S. children are Latino and may rely heavily on publicly funded health insurance, such as Medicaid/CHIP, because of high poverty rates within the Latino/a community (Allen & McNeely, 2017). Allen and McNeely (2017) hypothesized that there would be a decrease in the number of children, with one or more undocumented parent(s), who are enrolled in public insurance programs because of the passage of restrictive omnibus legislation, but the research suggested the contrary. Findings of this research showed an increase in enrollment, likely due, at least in part, to the social movement of ethnic-

based community-based organization (CBOs) and dissemination of information to the Hispanic and immigrant communities in response to restrictive policy changes (Allen & McNeely, 2017). In contrast, there are other policy changes that have had a notable impact in the Hispanic community. Many immigration laws have come about as a means to force many undocumented Hispanics, as well as those whom are documented, out of certain states through their restrictive nature (Philbin et al., 2017). The study suggests that this type of legislation worked to create, not only structural racism, but also increased stresses that served to discourage Latinos from participating in everyday life, potentially affecting access to healthcare (Philbin et al., 2017). Arizona State Bill (SB) 1070 is an example of an immigration law that singles out Hispanic immigrants by requiring them to carry and present identification to prove legal status in the U.S. (Vargas et al., 2017). Vargas, Sanchez and Valdez (2017) also suggest that legislators in Alabama used the term “illegals” in their testimonies, related to the passage of anti-immigration legislation Alabama HB 56, to conflate immigrants and Latinos in an attempt at racialization of these distinct groups. This is taking place in a culture that already has established barriers created through negative stereotypes and stratification.

### **Racial Identity as a Barrier**

Given the current immigration and healthcare policies barring undocumented individuals from citizen rights, the idea of racial identity as a barrier the health care is supported. There are a reported 11-12 million immigrants, of both documented and undocumented status, in the US, with the majority coming from Mexico (Young &

Pebley, 2017). Studies have shown that there is already a disparity within the Hispanic immigrant population regarding access to health care (Edward, 2014). Compared to their U.S. born counterparts, immigrants are less likely to seek health care or interact with health care professionals, let alone have health insurance coverage (Edward, 2014). Undocumented immigrants suffer from social and civic exclusions that further amplify their marginalized status, when it comes to basic rights (Torres & Wahldinger, 2015). Policies and legislation, such as PPACA, and immigration laws, like Alabama HB 56, act to exacerbate existing challenges. Hall et al. (2015) discussed findings that suggested White health care providers believed that Hispanic and Latino/a patients were less likely to take personal responsibility for their own health, so were more likely to be noncompliant with recommendations for treatment. Anti-immigrant rhetoric creates a narrative that, not only demonizes undocumented immigrants by the public and politicians, but also acts to perpetuate policies that exclude individuals from services and encourages their detention and deportation (Young & Pebley, 2017). The direct effect on health and stress levels can be seen with the passage of Arizona SB 1070, after which many Spanish-speaking Latinos had worse self-reported health in comparison to their other Latino counterparts (Young & Pebley, 2017). An example of worsening health outcomes was seen in California in 1994 with the passage of Proposition 187, that barred undocumented immigrants from using public services (Young & Pebley, 2017). The number of young Latinos utilizing preventative mental health services declined and then, not long after, an increase

use of crisis centers was noted (Young & Pebley, 2017). According to Fenton, Catalano and Hargreaves (1996), there were about 40 fewer outpatient episodes at preventative mental health facilities and six and seven more episodes initiated through crisis services after the passage of the Proposition 187.

There is a positive outcome of the current anti-immigrant atmosphere. The rejection and discrimination that many Hispanic immigrants are feeling has increased political movements, civic participation, and strengthened group identity amongst Latino/as, especially youths (Vargas et al., 2017). The current environment of restrictive policies that block many undocumented Hispanic immigrants from accessing healthcare, paired with evidence from recent research, supports the need to identify areas where improvements can be made to close the gap of health care inequity.

### **Areas of Opportunity**

Much of the research suggested that restrictive policies can negatively impact Hispanic immigrants regarding health care access and potential for poor long-term health outcomes. These negative impacts included lack of access to health insurance (Edward, 2014) and negative stereotypes of Hispanic and Latino individuals, both documented and undocumented, among some White healthcare providers (Hall et al., 2015). Research indicates the need to study a variety of problematic outcomes that result from increased policing and shapes negative behaviors that have the potential to harm both health and well-being (Kline, 2016). These studies will help identify the areas in health care and policymaking where the barriers to health care access can

be lowered, if not eliminated altogether (Edward, 2014). This research will generate data that can guide mobilization of non-profit organizations, create partnerships with ethnic-based CBOs and healthcare professionals and lead to development of interventions that will help to better disseminate information to the Hispanic community that may serve to alleviate healthcare barriers for undocumented individuals.

## **Methods**

### **Study Design**

This research will be conducted using a descriptive case study design. Two small focus groups will be used to allow for more in-depth analysis of reported barriers to accessing healthcare for undocumented Hispanic immigrants that are created by restrictive healthcare and immigration policies.

### **Participants and Sampling**

This case study will include multiple cases that will focus on individuals who identify as undocumented immigrants of Hispanic ethnicity. Age range will be between 18 and 65 with equal numbers of male and female gender (self-identified), though transgender individuals will be welcome to participate. There will be two focus groups: one in Eastern Washington and one in Western Washington. Each group will have 5 participants. Because this is a vulnerable population due to immigration status, the non-probability sampling method of snowball sampling will be used to recruit participants. This will ensure a more accurate representation of our target population and increase the potential for willingness to participate in the study. Snowball sampling will be conducted within healthcare clinics

such as the Yakima Valley Farm Worker's Clinic in Eastern Washington and advocacy groups that focus on the Latinx/Chicanx community, such as El Centro de la Raza, in Western Washington. Participants may be either English or Spanish speaking.

### **Ethical Considerations**

This study will be voluntary and informed consents will be obtained from all participants. A professional interpreter will be utilized for all portions of research when obtaining, coding, and analyzing data. IRB approval will come from the higher education institution funding this research. HIPAA consent will be needed for healthcare records review and health information shared in interview. Confidentiality is essential because this is a vulnerable population related to their undocumented immigration status.

### **Measures**

This study would consider immigration status, healthcare and immigration policies, healthcare access, insurance coverage, and health status using a variety of measures. Both nominal and ordinal measurements will be included in descriptive and exploratory surveys through a questionnaire. This will be used to measure the extent of concern and health impact created by barriers to healthcare. Nominal measurement will use yes and no type questions such as "Do you go to the doctor?" or "Do you have health insurance?" A Likert-type scale will be used for ordinal measurement. Questions may include: "How do you rate your current health?" Answers may include: "Excellent", "Good", "Average", "Poor". Verbal responses during focus groups meeting will be recorded, a transcript will be made, and data obtained will be coded. Semi-

structured questions used in focus groups may include: "What do you understand about 'Obamacare'?" "Has anything stopped you from going to the doctor?" "Have immigration policies changed how much you go out into the community?". Answers will vary. Medical records will be reviewed for diagnosis, hospitalizations and level of control of disease when present, for example, diabetes management or medication compliance. This information will then be coded. Confounding variables may be prior poorly managed disease and history of noncompliance prior to the 5-year retrospective analysis of medical records as well as gaps in medical records or missing medical records.

### **Procedures**

Researchers will partner with clinics and advocacy groups to assist in recruiting participants for this study in Eastern and Western Washington. Once two focus groups have been formed, researchers will meet each group in sequential weeks. Participants will be asked to answer surveys available in both English and Spanish. Oral surveys for individuals who are unable to read and/or write can be administered by interpreters. After surveys are completed, semi-structured questions to be asked in focus group meeting with all participants with a professional interpreter present. Retrospective analysis of health records to obtain data on health status and diagnosis over last five years will be done when available. Self-reporting on health status will be utilized to supplement if gap time in healthcare records is an issue.

### **Analysis**

Qualitative and quantitative data will be gathered. Quantitative data

will be multivariate and obtained from questionnaires and medical records and then coded. Qualitative data will be obtained and coded from transcripts of recordings of focus group meeting and conversational analysis will be utilized. Questionnaire, medical records, and focus group results will be compiled and then analyzed for significant patterns that indicate areas of concern pertaining to barriers to accessing healthcare that are created by restrictive immigration and healthcare policies.

## **Discussion**

### **Significance**

There are a reported 11-12 million immigrants currently living in the United States of both documented and undocumented status with the majority hailing from Mexico (Young & Pebley, 2017). This is a significant demographic that cannot be ignored. Current healthcare and immigration policies, such as the PPACA and Alabama HB 56, act to restrict undocumented immigrants and create barriers to accessing healthcare. This research has the potential to, not only identify areas in healthcare where barriers to access can be lowered, but it can also drive more in-depth research that may help develop policymaking in the future (Edward, 2014). Ethnic-based CBOs and community healthcare providers can utilize this information, in partnership, to reach the Hispanic community with information and education to create better health outcomes amongst an already marginalized group of people.

### **Limitations**

With any case study, small sample size has the potential to make an overgeneralization of research results. In contrast, there is a

possibility to be unable to generalize to the population. This potential limitation should be addressed by recruiting participants by snowball sampling within areas that they would likely frequent. Using professional interpreters may increase the cost of the study considerably. Other limitations might include difficulty gathering participants who are willing to participate in this study due to undocumented status and possible fear of deportation. This may also hinder openness during focus group meetings. The familiarity with the researcher and other group members, who are Hispanic and Spanish-speaking, may minimize this limitation as will the partnership with organizations who have developed relationships and built trust with potential participants. The above-mentioned confounding variables of poor health care status prior to 5-year retrospective review of health records with past medication and/or health care recommendations non-compliance may be considered limitations. Finally, gaps in or missing medical records would make it difficult to conduct a thorough review and establish data for analysis.

### **Future Research**

The PPACA is relatively new, implemented in 2010 (Edward, 2014). With the possibility of changes in the current healthcare system imminent, the full extent of how impactful this may be to the overall health status of undocumented immigrants is yet to be seen. This leaves many directions in research for the future including assessing impacts on mortality and morbidity within this demographic, as well as impacts on mental health. The impacts of restrictive healthcare and immigration policies reach beyond the Washington State border and affects other undocumented immigrants outside

of the Hispanic community, so conducting research within other impacted racial/ethnic groups is essential to get a broader picture of the barriers being created by these laws.

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## ABOUT THE STUDENT AUTHORS

**Hanna Ashagre** is a senior at UW Bothell and will graduate in Fall, 2018, with a B.A in Health Studies and a minor in Health Education and Promotion. Hanna currently holds a A.A. degree from Shoreline Community College. Hanna is interested in the following areas of study: Advocacy, Psychology, Social Justice, and Research. Her areas of interest in the future include: Effects of social determinants of health and health disparities; how they impact a person's quality of life; and, find solutions for the issues. Hanna believes to find solutions for health intervention and prevention, one first needs to see the root cause of the problem.

**Sydney Beaumont** will graduate in Fall 2018 with a Bachelor of Science in Biology. Upon graduation, she plans to attend Graduate school to become a Physician Assistant. Once a Physician Assistant, Sydney hopes to contribute to her community by working with Indian Health Services giving back to her tribe, Cowlitz. Her experience includes Medical Assisting in an Obstetrics and Gynecology office as well as Urgent care. She also volunteers for Hope and Health assisting with creating reusable feminine hygiene packs for women in the villages of Tanzania. Sydney is excited to be part of The CROW and to advance her scientific writing skills for future research.

**Magdalena Brooks** will graduate Spring 2019 from UW Bothell with a Bachelor of Science degree in Environmental Science: Conservation and Restoration Ecology. She transferred to UWB from Bellevue College where she earned an Associate in Arts and Science degree. Magdalena enjoys hands-on learning and scientific research. She is excited to have experienced the peer reviewed publishing process that The CROW provides, and to share what she has learned with others.

**Thi Nguyen** will graduate with a Bachelor's in Health Studies and a minor in Diversity this June. She is interested in social justice, and enjoys working with vulnerable populations. As of now, she will be entering the work force as a Program Coordinator for a disability program. She will also be continuing education by getting her Master's in Social Work. With her degrees, she hope to start my own non-profit organization and help people in her community.

**Alexa Russo** graduated from UW Bothell in fall 2017 with a Bachelor's of Arts in Environmental Studies. Upon graduation, Alexa continued her work in the UW Bothell Sustainability Office where she manages outreach, education, communication, and metrics. Alexa is passionate about inspiring collective action through connecting people with the earth, and continues to do so in her position.



**Antoinette M. Smith** will graduate in Spring 2019 with a Bachelor of Arts degree in Health Studies with minors in both Health Education and Gender, Women, and Sexuality Studies. She plans to pursue a Master's degree in Social Work at the University of Washington, Seattle campus. Antoinette is also a graduate of Yakima Valley College, earning an Associate Degree in Nursing. She worked as a registered nurse in the field of geriatric and rehabilitation nursing as well as working as a home Hospice Nurse Case Manager in Snohomish County. She currently sits as the vice-chair on the Redmond Human Services Commission and spent two years volunteering with Friends of Youth at the Landing. Antoinette is able to achieve all these things with the support of her husband, Alex, and her 4 adult children. Working with the CROW to publish her research proposal has been an invaluable experience and one that she is thankful for having. The experience has given her a well-rounded view on the research process that will be essential for her future educational endeavors.

**Thy Tran** will graduate in June 2018 with a Bachelor of Arts in Health Studies. She plans to gain a few years of experience in the healthcare industry before pursuing graduate school for a Masters in Health Administration. Her passion for working with children in under resourced communities and experience growing up in Vietnam are what motivated her to write this journal article. Thy's other interests are health education and promotion, community health, and global health. Her ultimate personal and career goal is to help increase access to healthcare in her community and her hometown in Vietnam.

**Zachary Weldon** will graduate in Spring 2019 with a Bachelor of Science in Biology. After graduation, he plans on pursuing a career that will utilize his passion for research, and health studies. Along with biology, he also holds interests in chemistry, physics, and programming. He currently holds an A.A. degree from Cascadia College and biotechnology lab technique experience from Shoreline Community College. Zac is currently studying gut microbiomes as part of undergraduate studies. He believes that The CROW presents him with the exceptional prospect to experience the rigors and rewards of academic publishing

**Mudasir Zubair** will graduate in June 2018 from the School of Interdisciplinary Arts and Sciences with a Double-major in Media-and-Communications program and Science-Technology-and-Society program. Despite is spending most of his time studying in the relationship between technology, our environment, and people, he also interested in biology, arts, psychology, and writing. His passions include doing artwork, enjoying nature, and learning more about how technology can be potentially used to make the world a better place. He is going to enroll in the Master of Policy Studies program in Autumn 2018.

## ABOUT THE EDITORS

**Sean Arrasmith** will graduate in June 2018 with a Bachelor's of Arts in Health Studies. Following graduation, he plans to work toward graduate school to pursue a Master's in Epidemiology and Biostatistics. In the meantime after graduating, Sean will look for experience to reinforce his skills for later careers and for graduate school as well. Sean's interests in writing, statistics, and disease research and study presented him an opportunity to be a part of the CROW Journal Editorial Board.

**Stephen Ball** will graduate in Fall of 2019 with a B.A in Health Studies. He is currently working towards becoming a Physician's Assistant with a specialty in orthopedics. He is currently trying to get experience in the medical field by working as an EMT, and by establishing connections by shadowing PA's and physicians. His interests include playing sports, composing music, playing piano, and studying new research related to mental disease and illness. His interest in research led him to become an editor of the CROW, where he hopes to continue learning and growing as both a student and member of the community.

**Brandee Badgett** is a third year undergraduate pursuing a bachelors of arts in Health Studies and a minor in Chemistry. Her experience has included being part of the Veterans Life Initiative Task Force, The Chancellor's Advisory Committee for Students, volunteering and working full time in retail. Upon graduation, She plans to attend a medical school to study to become a general surgeon. Her interests include medicine, helping others, and film. She is thrilled to be apart of the CROW and is looking forward to helping others publish their own work.

**Daniel Bilyard** will graduate in June 2018 with a Bachelor of Arts in Health Studies. Upon graduation, he plans to attend Graduate School to study to become a Physician Assistant. His experiences as a Medic in the United States Army and as a Medical Assistant in Pediatrics has pushed him to provide high quality health care to individuals and families in need. Daniel is thrilled to provide his insight in the writing and research he has conducted, and gain insight from peers through their hard work and dedication through the research submitted to the CROW.

**Grace Boulanger** is a junior undergraduate student pursuing a Bachelor's of Arts in Culture, Literature, and the Arts. She currently works at the UWB Writing and Communication Center as a peer consultant for student writing, as well as managing WaCC projects. She hopes to use her education to study history, folklore, and classical literature. Upon her graduation in 2019, she hopes to further expand her education into linguistics by using her BA as a reference point. Her interests include reading historical fiction, gardening, and hiking. She is excited to learn about the publication process and hopes to lend a critical eye to the CROW editorial team.

**Kimberley Cross** will be graduating in 2019 with a Bachelor of Arts in Health Studies and a Bachelor of Arts in Community Psychology. She currently works in the Writing and Communication Center as a peer consultant and has research experience with trauma informed practice. Upon graduation she plans to attend graduate school and pursue a dual master's degree in Social Work and Public Health. Kimberley's career goal is to become a clinical social worker. She is enthusiastic about research and loves writing, which is why she chose to be on The CROW editorial board.

**Heidi Stedman** will graduate in June 2018 with a Bachelor of Arts in Health Studies and Minor in Business Administration. After graduation, Heidi hopes to use her education in health and business to pursue a career in healthcare administration. Outside of class, Heidi works at a chiropractic clinic in Mill Creek as a receptionist and medical biller. Heidi is excited to help fellow students in the publication process and learn about student research being done on campus while improving her own writing and editing skills.

**Kathleen Sundet** will graduate in June 2018 with a Bachelor of Arts in Law Economics & Public Policy. After graduation, Kathleen hopes to use her degree to pursue a career in public service, law, or administration. Her interests include history, outdoor activities and reading fantasy novels. She currently works as a Lead Peer Consultant in the Writing and Communication Center and hopes to use her training to provide thoughtful and constructive feedback while learning more about the publishing process.

**Neele Thom** will graduate in Spring of 2019 with a B.S. in Biology. Outside of classes she works as a peer consultant at UWB's Writing and Communication Center, and is an undergraduate researcher in the Hematology Department at the University of Washington Medical Center. Upon graduation, she plans on continuing her research and pursuing her PhD in molecular and cellular biology. Her interests in both research and in writing have led her to publish in the CROW in 2017, and now to joining its editorial board. She hopes to contribute her perspective at the intersection of academic research and writing to the journal.