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Defending Foreign Born Doctors in Today's United States

I. Americans' Current Attitudes on Immigrants

In 2015, 13.9% of the United States population was foreign born and an additional 11.9% of those living in the United States were second-generation immigrants.ⁱ Although almost 25% of those living in the United States are immigrants, or the sons and daughters of immigrants, almost one-third (32%) of people in the United States believe that to be “truly American” it is *very* important to have been born in the United States. Nearly a quarter more (23%) say it's *somewhat* important. This, and many of the following statistics, can be troubling for the one-quarter of physicians and surgeons in the United States that are foreign born.

Recent polls suggest Americans have become increasingly concerned that immigrants impend on conventional American ideals and have somehow hindered our nation's way of life. Close to half (46%) of Americans say the growing number of immigrants from other countries “threatens traditional American customs and values.”ⁱⁱ More than six in ten (62%) white working class Americans say immigrants threaten American culture. Almost three quarters (72%) of Republicans hold this opinion. In March of 2016, 33% of Americans said that immigrants are a burden to our country.ⁱⁱⁱ About eight in ten Americans who voted for Donald Trump in the 2016 election say that “things have gotten worse for people like them compared with 50 years ago”, and by August of 2016 72% of Republican and Republican leaning voters held this view (an increase of 6% from a poll conducted 6 months prior).^{iv} So what changed 50 years ago in America? The passing of the Immigration and Naturalization Act of 1965.

Statistics show that since the Immigration and Naturalization Act of 1965, the demographic makeup of the American population greatly changed as immigrants entering the United States under the new legislation came increasingly from countries in Asia, Africa and Latin America, as opposed to Europe. In a July 2016 poll, Americans overwhelmingly had a negative opinion of immigrants from the Middle East (53% negative to 18% positive). Similarly,

Americans had a net negative opinion of immigrants from Latin America (38% negative to 27% positive) and Africa (33% negative to 27% positive). Conversely, Americans had positive opinions of immigrants from Asia (39% positive to 23% negative) and Europe (42% positive to 18% negative)^v. In this poll, 50% of the white respondents said immigrants today were a “burden on our country”. These statistics are once more especially troubling for foreign born physicians and surgeons who are frequently immigrating to the United States from the Middle East, Latin America and Africa.

II. These Attitudes Infect Jury Rooms

Rebecca Fuentes and her company, R & D Strategic Solutions, have collected data from thousands of jurors regarding their perception of medical care providers in venues across the country. This data was gathered in both mock-trial research exercises as well as from hundreds of post-trial interviews from actual jurors. They have also assisted in the preparation of hundreds of medical care providers for depositions and trials across the country.

Ms. Fuentes’s research shows that there is an underlying issue that must be addressed before attention is paid to the quandary of the foreign born doctor. What has become clear in their research is that jurors’ faith in the U.S. health care system, in its entirety, has suffered a serious blow in recent years due to increased medical costs, difficulty in obtaining medical treatment, and the perception that health care providers place profits over patients. The current use of health care as a political football and frequent media stories regarding “greedy” insurance companies, have further fueled jurors’ cynicism about the health care system in general. Some prevailing juror perceptions regarding the health care system and medical providers include:

- ☐ Insurance companies are constraining healthcare (60%).
- ☐ Doctors order fewer tests today because they are pressured by insurance companies to keep costs down (74%).
- ☐ Hospitals will cover for their doctors’ mistakes (64%).
- ☐ The actual number of medical malpractice instances that occur today are underreported (71%).

Running parallel to this data is also their experience that jurors are more likely to openly express anti-immigrant views of defendant physicians and witnesses during deliberations. This can lead to doctors (and their lawyers) fighting a two front war to overcome a juror’s negative impression of a foreign born physician, working for a callous health care company, before a they even get to the facts of the case.

This phenomenon has also been shown in the rates that foreign born doctors are sued, and lose cases. Over the last decade, MagMutual Insurance has tried nearly 100 cases per year across the Southeast with an 84% win ratio. According to MagMutual's Karen Salmon, over the last four years every state where they provide medical malpractice coverage has seen an increase in cases brought against foreign born physicians. Specifically in Florida, from 2013 to present, 100% of MagMutual's trial losses included a foreign born defendant.

III. The Facts About Foreign Born Doctors

Against this backdrop of increased juror cynicism and ever-more frequent medical malpractice lawsuits, there has been shift seen as a positive by many: the U.S. health care system is becoming more and more culturally diverse. Currently, about 25% of physicians and surgeons in the United States are foreign-born or trained; further, about 20% of nurses were foreign born (as of 2010). Unfortunately, our foreign-born health care providers are no more immune to being targets of medical malpractice lawsuits than U.S. born health care providers and as such, are being called upon more and more to defend themselves in medical malpractice suits.

What most people do not know is that doctors who come to the United States are licensed by the same stringent requirements applied to United States medical school graduates. This process requires verification of medical school diplomas and transcripts, residency training in American hospitals and the same national three part licensing exams and specialty tests that their medical school counterparts in the United States take.^{vi} In spite of this, foreign born physicians still face significant criticism in our country for various reasons, including their appearance.

In 2010, one medical resident told the story of her "brilliant" professor who she would specifically pick to be her surgeon if she was sick. However, one of her fellow residents reminded her that other patients and referring doctors would not share that preference because "other guys wear Brooks Brothers, have recognizable last names and carry a degree from the 'right' medical school. But when a potential patient or referring doctor sees our guy, all they might notice is a foreigner with an accent and a strange name who graduated from a medical school in some developing country."^{vii} Dr. Chen writes that "despite clinical accomplishments and professional accolades in this country, I knew, like my fellow resident, that there were patients and physicians whose initial impulse was to dismiss him or any other doctor with an accent or international degree."

Many patients have issues with doctors that "don't look like them", even those that are not foreign-born. In 2016, two black female doctors were pushed away by Delta Airline employees when they answered a call to help a fellow passenger who had become unresponsive.^{viii} The black female doctors were asked to produce credentials and questioned extensively about their practice before being allowed to help. Meanwhile a white male physician was pushed through to provide assistance without showing any credentials. Similarly, on another flight a black

female medical resident was questioned if she was really a doctor and was told to return to her seat when two white nurses came forward to provide aid to another passenger. These situations sparked a viral campaign of people posting photos of black female doctors on social media with the hashtag #WhatDoctorsLookLike. Although these incidents involve naturally born physicians from minority groups, this bias exists towards any physician that does not look like the physician represented in Norman Rockwell paintings.

What is interesting about foreign born doctors is that they may be an example of physicians eschewing the profit centered focus that so many jurors despise. Physicians born in the United States are increasingly choosing more profitable specializations, such as dermatology, obstetrics and orthopedics.^{ix} American born physicians are also increasingly likely to practice medicine in wealthier and more urban locations. Conversely, international graduates now account for nearly 30% of all primary care doctors, a specialty known to have trouble attracting American medical students and those focused on profitability. Further, foreign born physicians frequently choose to work in rural and disadvantaged geographic locations that their American counterparts avoid. Foreign born physicians only make up 16% of the outpatient workforce, but perform about 44% of the office visits in rural America. For instance, the state of Iowa ranks 44th in the country in doctors per capita and ranks last in some specialties such as obstetrics and emergency medicine. Accordingly more than 3,000 of the 13,000 physicians who hold active Iowa licenses were born outside the United States. The largest group, 882, were born in India. However, 172 of the physicians were born in one of seven countries that were targeted with the first United States “travel ban” signed by President Trump in January of 2017.^x Nevertheless, statistics show that without foreign born physicians, the United States would have a crippling shortage of doctors, especially in primary care in rural areas.^{xi}

Although there is traditionally a negative stigma attached to foreign born and foreign trained physicians, new research shows that patients actually have a lower mortality rate when treated by foreign trained doctors as opposed to those from American Universities. Researchers at the Harvard T.H. Chan School of Public Health examined data for more than 1.2 million hospitalizations handled by general internists at U.S. hospitals and found patients were slightly less likely to die within 30 days after admission if their doctor went to medical school in another country. The lead study author Dr. Yusuke Tsugawa stated that “although we are uncertain exactly why foreign-trained doctors have slightly better outcomes, the U.S. currently sets a very high bar for foreign medical graduates to practice medicine in the U.S. Therefore, the doctors who choose to leave their home country and manage to pass all certification exams may be very capable and motivated individuals.”^{xii} This information, if shown to be consistently true, may help dispel the common misperception that those who attend foreign medical schools are less well trained than their American counterparts.

IV. How To Screen Out “Bad” Jurors for Foreign Born Doctors

Traditionally attorneys representing doctors would focus their jury search on finding a “conservative juror.” This “ideal” juror would often be older, politically leaning Republican, and highly educated. Recent data shows that only one of these criteria may be useful when

selecting jurors for a case involving a foreign born doctor. This is especially true in rural areas where foreign born doctors are frequently working.

Using various studies already cited we can see that the group that has the most negative opinions of foreign born persons are Americans who are Republican, high school educated and older. Traditionally, this might have been considered a good juror for a medical malpractice case with a white defendant doctor. However, if the physician is foreign-born, this may be exactly the type of juror, statistically, that you should avoid.

For instance the number of persons born from 1928-1945 that believe that immigrants strengthen the country because of their hard work and talents is only 41%. That number rises to 48% for the Baby Boomer Generation (1946-1964) and rises even higher to 60% for Generation X (1965-1980). The group that many medical malpractice attorneys would normally seek to avoid on juries, Millennials, have an incredibly positive opinion of immigrants. 76% of them believe that immigrants strengthen the country because of their hard work and talents.^{xiii}

Medical malpractice attorneys would likely think that a member of the Republican Party, the party of medical liability reform, would be an ideal juror in a medical malpractice trial. However, if your defendant is a foreign born doctor, that may not be the case. For instance, in 1994 30% of Republicans, or Republican leaning independents, believed that immigrants strengthen the country because of their hard work and talents. In that same poll, only 32% of Democrats and Democratic leaning Independents felt the same way. While the number of Democrats and Democratic leaning Independents feeling that immigrants strengthen the country has risen over 45% to 78%, the Republican and Republican leaning Independents positive view of immigrants has only risen by 5% to 35%.^{xiv}

Education is the most consistent and reliable predictor of a person having a more positive opinion of a foreign born citizen. 47% of persons with a high school or less education felt that being born in the United States was *very* important for being truly American. That number decreased to 30% for those attending some college, and bottomed out to 14% for those with a college degree.^{xv} This educational divide is most shown in white citizens. While overall white citizens believe that immigrants contribute positively to American culture similarly to black or Hispanic citizens, 62% of white working class Americans say immigrants threaten American culture, compared to only 34% of white college educated Americans. A majority of white college educated Americans believe that immigrants are a “source of strength for American society.”^{xvi} The educational background of the potential juror may be more important than ever in cases involving foreign born physicians.

It is important to note that despite the stereotype of the typical “Donald Trump voter” (a high school educated, white male) white persons and men were not shown to have significantly worse opinions of immigrants in general when compared to women, non-Hispanic blacks, and Hispanics. Although some of the research showed that whites had far more favorable views of European immigrants than blacks or Hispanics, their negative views of immigrants from other parts of the world was not significantly lower than the other racial groups.^{xvii}

So what are the best methods for attorneys to use these statistics to determine which jurors to avoid? Social media and *voir dire*.

In today's political climate, many jurors will express their beliefs on immigration and foreign born persons on their social media platforms. Twitter and Facebook would commonly be the most easily searched venues to learn a potential juror's beliefs on immigration and politics in general. While the ethics of searching these platforms to gain information about jurors warrants an entirely separate presentation, a defense attorney would be highly negligent if he or she did not have someone in his or her office search the public social media postings of all potential jurors prior to jury selection.

Voir dire is another effective way to determine which jurors may have an inherent bias against a foreign born physician. However, *voir dire* procedures differ from jurisdiction to jurisdiction. Some jurisdictions allow for extensive attorney questioning of jurors while others only allow pre-submitted questions from attorneys to be read to the jury by the presiding judge.

Medical malpractice defense attorney J. Thaddeus Eckenrode has previously written on the topic for CLM. He frequently and successfully represents foreign born physicians in his home state of Missouri, as well as in Illinois. Mr. Eckenrode suggests avoiding general questions such as "Do any of you have any prejudices that we should know about?" and instead focusing on specific questions that may show a bias without forcing the juror to stand up and state a bias in front of room full of strangers.^{xviii} Some sample questions may be:

- ❑ "Dr. Chaudhary was born in Pakistan. Do any of you think that you could be as fair to him as you would be if he had been born right here in [locale]?"
- ❑ "Despite the fact that Dr. Chaudhary speaks English, how would you feel about him if it takes him longer to formulate his answers here because of the fact that he has to think about the questions in his native language?"
- ❑ "Does anyone here go to physicians who weren't born in the U.S.? How do you like them?"
- ❑ "Have you ever gone to a doctor whom you had difficulty understanding because of his accent or language issues? Did you stay with that doctor or change? Did you think he was any less qualified as a doctor than others because of that communication difficulty?"
- ❑ "Does anyone have any concerns about, problems with, or criticisms of a physician who was born in a foreign country, leaving his native country and coming to the U.S. to practice medicine?"
- ❑ Does anyone believe that a medical education obtained at a foreign medical school is inherently substandard compared to U.S. medical schools?"
- ❑ "How do you feel the quality of foreign medical schools or a foreign medical education compares to that which one might receive in the U.S.?"

A more subtle approach when representing physicians of Middle-Eastern decent, especially if they have become a U.S. citizen, could be to ask a general questions about immigration.

- ❑ “Does anyone believe that U.S. citizens who are born in the United States should be given preference over U.S. Citizens who were born in another country?”
- ❑ “Does anyone believe that the United States should slow down or stop the number of immigrants coming to the United States?”
- ❑ “Does anyone believe that immigrants are more likely to harm Americans than non-immigrants?”

These questions could give the attorney an insight into a jurors bias against immigrants without forcing them to discuss that bias in front of an entire jury pool. Do not be concerned with a juror tainting the jury pool. Many biases will only be uncovered once a single juror speaks up and others join him or her in their statements. This is only an example of what would happen in the jury room during deliberations if these potential jurors are placed on the eventual jury.

V. How To Help Foreign Born Doctor Defendants Cope

Doctors overcome tremendous challenges to become competent and caring physicians. They make dozens of life-altering treatment decisions on a daily basis...so testifying really ought to be easier than that, right? Unfortunately, a physician’s extensive knowledge and training is not necessarily compatible with being a good witness. We have often seen physicians who are incredibly intelligent and who are generally good communicators, fail as witnesses. Why? Often, it is unresolved “emotional baggage” associated with litigation that a witness brings with them to the deposition or trial setting. This emotional baggage can include:

- ❑ Feelings of anger and betrayal at being sued.
- ❑ Feelings of resentment about their decisions being questioned by “Monday morning quarterback” experts.
- ❑ Feelings of frustration due to limited control over the litigation process.
- ❑ Feelings of anxiety about the potential impact of the law suit on their “bottom line,” on their career, on their family, etc.
- ❑ Feelings of sorrow or guilt about the bad outcome.

In addition to the above issues every physician involved in a medical malpractice suit has to work through, foreign-born physicians may face additional stressors and challenges when testifying. For example, English being a physician’s second language can exacerbate the anxiety associated with the already difficult proposition of giving a deposition or testifying at trial. Jurors cannot be counted on to stay focused and listen closely and may fail to understand key points in the physician’s testimony. In terms of communicating with jurors, foreign-born

physicians face similar challenges as U.S. born physicians (e.g., learning to provide clear, concise, and persuasive testimony in direct testimony and while under attack during cross-exam). However, foreign-born physicians may have additional hurdles to overcome due to different cultural norms in communication. That is, jurors' perception of foreign-born physicians could be affected by communication styles (both verbal and nonverbal) that differ from the "typical" United States born witness. For example, physicians are often told to make eye contact with jurors when testifying to connect more effectively with jurors. However, direct and prolonged eye contact, while a "norm" in the US, may be unnatural to a foreign-born witness whose culture views direct eye contact as disrespectful or aggressive. Extensive testimony preparation, including the video taping of mock-testimony can help alleviate these potential problems. It is essential to get to know your defendant physician and any cultural differences in regards to the American judicial system. A foreign-born physician may be wholly unfamiliar with the U.S. litigation process, adding another layer of stress in terms of having to learn about a process from the ground up that may be completely different than the legal process in their country of origin. "Innocent until proven guilty" is a concept not familiar to many foreign born doctors, especially from the Middle East.

It is important to be up front with your physician at the first meeting when discussing the potential challenges of the venue. Ask about their experiences in the community: Are they actively involved, or have they felt any experiences as an outcast? Has your physician or their family, been involved in any public issues, i.e. domestic violence calls which turned out to be a cultural misunderstanding? Understand their concerns with the case from a cultural perspective and utilize witness preparation consultants when necessary to provide an outside perspective on the physician's presentation. Defense lawyers and claim representatives should take special care to make sure the foreign born doctor knows that you are "on his or her side" throughout the entire matter.

VI. How To Help Foreign Born Doctors Win

The two leading factors in an underwriting determination of insurability and malpractice premiums are often 1) frequency and 2) severity. In order to avoid devastating verdicts against foreign born defendants, due to the known biases we face amongst the American jury pool, determining how to neutralize perceived differences and successfully defend foreign born physician defendants is essential.

In our opinion the most effective theme when defending a foreign born physician is the empathetic personal story of the physician. This story must be told during *voir dire*, the opening statement, from the witness stand and again in closing arguments. Plaintiff's attorneys are deft at appealing to a jury's sympathies. When representing foreign born physicians, defense attorneys must take a page out of their playbook as all potentially bias jurors will almost certainly not be eliminated from the jury.

There is no question that durably reducing prejudice is challenging. There is a mountain of research showing that it would take much more than a few days of trial to change someone's preconceived opinion of foreign born physicians. In many situations personal familiarity with a foreign person will overcome a bias. In South Carolina, one of the persons that left many residents of this conservative state to speak out against of United States' first "travel ban" was the Iranian born Clemson University professor, Dr. Nazanin Zinouri. When the travel ban was announced she was visiting family in Tehran and was stopped from returning to the United States and teaching at the university.^{xix} Many people, who would otherwise be supportive of the ban, spoke vocally against it because it negatively affected a person they knew or had a positive connection to them. Although it is unlikely that a juror in a case will personally know the Defendant, this shows the importance of a juror being told the personal story of the Defendant to make them personally appealing.

The most effective method shown to encourage active consideration of counter-prejudicial thoughts is with the technique of "perspective taking" or "imagining the world from another's vantage point." This method is an intervention imploring individuals to actively take an outgroup's perspective to durably reduce prejudice against that group. In April of 2016, David Brookman and Joshua Kalla, of Stanford University and U.C. Berkley, created a study to test the effectiveness of door to door canvassers in reducing transgender phobia and willingness to cast votes for a proposed Florida nondiscrimination law and the results were encouraging.^{xx}

In Brookman & Kalla's study, canvassers informed voters that they might face a decision about the issue (whether to vote to repeal the law protecting transgender people); canvassers then asked voters to explain their current views on the topic. Next canvassers showed a video that presented arguments on both sides of the issue and defined the term "transgender" and, if they were transgender themselves, noted this. The canvassers next attempted to encourage "analogic perspectivetaking" Canvassers first asked each voter to talk about a time when they themselves were judged negatively for being different. The canvassers then encouraged voters to see how their own experience offered a window into transgender people's experiences, hoping to facilitate voters' ability to take transgender people's perspectives. The study's results indicate that the intervention was broadly successful at increasing acceptance of transgender people, as measured by an index of relevant items. Before the intervention, the treatment and placebo groups scored similarly on this index. After the intervention, the treatment group was considerably more accepting of transgender people than the placebo group even after watching video ads opposing the non-discrimination law.

Attorneys representing foreign born physicians can use this strategy when discussing their client's story, and reason for immigrating to the United States. Nearly every juror has a story of moving to a new city, changing schools, changing jobs, ending marriages, ending friendships or cutting off communications with a significant other to better their situation, but that led to them to feel unwelcome by a new group. Attorneys can tell the story of why the foreign born physician moved to the United States and how they are often wrongly judged due to their background. Jurors that are asked to contemplate their own similar experiences are more likely to be accepting of the physician who left their home to seek a better life in America.

Along those same lines is appealing to the jurors feeling that the foreign born doctor came to the United States to not only seek a better life for themselves, but to help the helpless. As mentioned above many foreign born physicians practice medicine in underserved rural areas. Such is the case with Dr. Chalak Berzingi who is a cardiologist in Randolph County, West Virginia, an area that tallied 70.15% for Donald Trump in the 2016 election.^{xxi} Dr. Berzingi is a Iraqi Muslim immigrant who practices medicine in the 97 percent white, rural area. Although it seems unlikely, one in six doctors that practice in Randolph County attended medical school outside the United States. The local hospital employs a Filipino urologist, an Egyptian anesthesiologist, and a Nigerian ER doctor. However, when Dr. Berzingi and his foreign colleagues care for these patients they enthusiastically state that “color, skin or nationality don’t have a thing to do with it, it’s what’s right there in the heart.”^{xxii} When his patients see that he is providing services that their community would not otherwise have access to they send him Christmas cards calling him “angel” and even express regret that his relatives are unable to visit him due to recent United States policies. This feeling that he is in their town, not for personal profit, but to help them leads them to have a positive view of a foreigner that they may not otherwise had.

A similar phenomenon occurred during the first travel ban with another scientist from Iran. Samira Asgari was scheduled to take a research position at Brigham and Women’s Hospital in Boston when the ban was announced. At the airport she was told she would not be allowed to board her flight. Her work in the United States was scheduled to focus on immune-mediated diseases, including type 1 diabetes.^{xxiii} This detail, that the United States was banning a scientist whose goal was to cure a disease that affects many Americans was a viral example to many who later opposed the ban in both urban and rural areas. The feeling that these foreign born scientists were coming to help us, not hurt us, led many to view them more positively.

Attorneys should focus on this aspect of their client’s story. If the reasons for the foreign-born doctor coming to the trial venue was a deficiency of doctors make sure that fact is repeated during the trial. Once a jury knows that the foreign-born physicians decision to come to the United States to better their lives is a story similar to something that they have in their own life, and that that the foreign born doctor is in this location to help the local citizens, not hurt them, they are more likely to judge his actions fairly when rendering their verdict.

VII. Finally the Good News!

There is some good news about jurors for *all* defendant-physicians: in general, jurors are not “out to get” doctors/healthcare providers. We have learned in our research over the years that jurors, although more cynical about doctors overall, still tend to give doctors the benefit of the doubt. This is a form of self-protection for jurors. That is, psychologically, the proposition that medical malpractice is common is terrifying to confront given that every juror, and everyone the juror cares about, will at some point require medical care. Jurors want to believe that they and their loved ones will be well taken care of when their need for medical treatment arises. Further, jurors still generally respect doctors and health care personnel and hold them in high

regard. All physicians (foreign-born or not) have the potential to be successful witnesses if they tell their personal story, can convey their competence to jurors, and demonstrate to jurors that they care about their patients. With preparation, physicians can convey in their testimony that they aren't that different from the juror, know what they are doing, and that they do all they can for their patients.

ⁱ <http://www.pewglobal.org/2017/02/01/what-it-takes-to-truly-be-one-of-us/>

ⁱⁱ <http://www.prrri.org/wp-content/uploads/2016/10/PRRI-2016-American-Values-Survey.pdf>

ⁱⁱⁱ <http://www.pewresearch.org/fact-tank/2016/04/15/americans-views-of-immigrants-marked-by-widening-partisan-generational-divides/>

^{iv} <http://www.people-press.org/2016/08/18/clinton-trump-supporters-have-starkly-different-views-of-a-changing-nation/>

^v <http://www.vox.com/2016/7/6/12098622/immigration-worries-economy-security>

^{vi} Id.

^{vii} <http://www.nytimes.com/2010/08/12/health/12chen.html>

^{viii} <https://theundefeated.com/features/what-does-a-black-doctor-look-like-theyre-showing-us-with-new-hashtag/>

^{ix} <https://www.forbes.com/sites/nicolefisher/2016/07/12/25-of-docs-are-born-outside-of-the-u-s-can-immigration-reform-solve-our-doc-shortage/#3f7a251e155f>

^x <http://www.desmoinesregister.com/story/news/health/2017/01/31/172-iowa-doctors-came-countries-subject-trump-travel-ban/97304134/>

^{xi} <https://www.forbes.com/sites/nicolefisher/2016/07/12/25-of-docs-are-born-outside-of-the-u-s-can-immigration-reform-solve-our-doc-shortage/#3f7a251e155f>

^{xii} <http://www.reuters.com/article/us-health-medicalschool-training-idUSKBN15I2V0>

^{xiii} <http://www.pewresearch.org/fact-tank/2016/04/15/americans-views-of-immigrants-marked-by-widening-partisan-generational-divides/>

^{xiv} Id.

^{xv} <http://www.pewglobal.org/2017/02/01/what-it-takes-to-truly-be-one-of-us/>

^{xvi} <http://www.prrri.org/wp-content/uploads/2016/10/PRRI-2016-American-Values-Survey.pdf>

^{xvii} <http://www.vox.com/2016/7/6/12098622/immigration-worries-economy-security>

^{xviii} <http://theclm.claimsmanagement.epubxp.com/i/675825-may-2016>

^{xix} <http://wspa.com/2017/01/29/travel-ban-has-immediate-effect-clemson-phd-grad-detained-in-dubai/>

^{xx} https://stanford.edu/~dbroock/published%20paper%20PDFs/broockman_kalla_transphobia_canvassing_experiment.pdf

^{xxi} <https://www.statnews.com/2017/02/07/trump-iraq-refugee-doctor/>

^{xxii} Id.

^{xxiii} <https://www.boston.com/news/world-news/2017/01/28/boston-area-academics-are-facing-bans-on-entering-us>