Immigration to the U.S., Women and HIV: Facts and Resources

There is no legal barrier to immigrants making their home in the US if they are living with HIV – but there are other considerations. Learn more about getting HIV care and navigating this complex system.

March 4, 2024 By The Well Project

This post originally appeared on The Well Project. Lea en español.

Table of Contents

- The US Immigration System
- History of US Immigration, Health, and HIV
- Getting HIV Care or Prevention
- Women and US Immigration
- At the US Border
- Where Immigrants May Find Support

Note: This fact sheet is intended for people who plan to stay in the US for longer than a visit. The information below is current as of the date on this fact sheet. However, immigration laws and their enforcement change rapidly, so some information here may no longer apply by the time you read this. This fact sheet is intended for information only and does not constitute legal advice. The Resources section lists organizations that may be able to provide legal help for your specific case.

The US Immigration System

The United States represents about 5 percent of the world's total population, yet is home to close to 20 percent of its migrants. There are more foreign-born people living in the US than in any other country in the world. This group makes up more than 13 percent of the US population and includes:

- naturalized citizens (people who have become citizens through a process other than birth)
- lawful permanent residents (green card holders)

- refugees
- people who have sought asylum
- people on certain temporary visas
- people who are living in the country without required documents

If you are living with HIV, there is no legal barrier based on your HIV status to your making your home in the US. The rule restricting travel or immigration to the US by people living with HIV, often called the "HIV entry ban," was lifted in 2010 after 22 years by then-President Barack Obama.

View our companion fact sheet, US Immigration and HIV: The Basics, for an overview of the US Immigration system

History of US Immigration, Health, and HIV

From the early days of – generally European -- immigration to the US, the government has put regulations in place to try to keep out people with medical problems. In the late 1800s and early 1900s, when most immigrants passed through Ellis Island in New York City, doctors examined everyone who arrived and refused entry to those deemed too ill. The stated purpose was to keep communicable diseases out. We saw a similar process unfold as authorities around the world tried to stop a virus – COVID-19 – from spreading by closing national borders to people from other countries.

In the US, formal regulations that kept people from entering the country based on specific medical conditions were enacted in 1952. In addition to a list of specific illnesses, they included the catch-all phrase "any dangerous contagious disease." That wording was later changed, but the essential meaning remained. In 1987, AIDS was added to that list of conditions, and shortly thereafter also HIV. For the next 22 years, anyone living with HIV who was not a US citizen could be denied entry into the US based on HIV status alone. That ban was finally lifted in 2010. However, HIV status may still be used to discriminate against immigrants (see "At the US Border" below).

One of the major issues people living with HIV face in the US is the need for health insurance. Despite the passage of the Affordable Care Act (ACA or "Obamacare"), many people in low-wage jobs do not have affordable health insurance. Such jobs are often held by those new to the country. People who are in the US without proper documents are not eligible for any federally funded healthcare coverage, which includes the ACA marketplaces as well as Medicaid. Without health insurance, many people find it difficult to get HIV care and treatment. Services funded through the Ryan White HIV/AIDS Program supply that care to those without other insurance and may do so independent of immigration status.

Access to HIV-related care varies widely in the US.

People get their care and services in a wide range of settings.

The “public charge rule” allows immigration officials to deny permanent residency in the US to people based on whether they have used public benefits in the past or are likely to use them in the future. The public charge rule, like regulations restricting entry by people with communicable diseases, dates back to the earliest federal immigration legislation. An immigrant’s health status and access to private health insurance, among other issues, are considered when deciding whether to allow them to remain in the US indefinitely (get a “green card” without restrictions). However, relying on a Ryan White-funded clinic or the AIDS Drug Assistance Program (ADAP) for care and treatment would not be included as part of a public charge determination.

HIV status could also be used as a reason for applying for asylum, if the person can show that they face a credible fear of persecution because of their HIV status. However, the US has been limiting applications for asylum. These cases are also very challenging, require an attorney, and involve many obstacles (such as having to apply within one year of arriving in the US).

Getting HIV Care or Prevention

It is your right to ask about HIV-related care. If you are new to the US, or newly seeking HIV services, you may be wondering where you can get HIV treatment or learn more about HIV prevention depending on your immigration status.

Access to HIV-related care varies widely in the US. People get their care and services in a wide range of settings, and it is difficult to determine where to begin in a given area. Below is a list of places to start in your search for HIV-related services.

- An HIV/AIDS service organization in your area may provide valuable support, including helping you find HIV care or prevention (or providing care services themselves). POZ Magazine maintains a searchable directory of HIV and health services throughout the US and other parts of the world.
- Your local Ryan White HIV/AIDS Program provider. As discussed above, Ryan White-funded programs serve people living with HIV who may not be able to get medical care through other sources. You can use this tool to search for Ryan White services in your area.
- Regional public health offices. All US states and territories have departments of public health, though they go by different names in different areas of the country. Cities or counties may have their own public health departments within states as well. Health department staff members

ought to be able to point clients in the right direction to access HIV care. Here is a list of state and territorial health departments from the US Centers for Disease Control and Prevention (CDC); the National Association of County and City Health Officials (NACCHO) also maintains a searchable list of local health departments.

- County hospitals are another central location where people can seek information about health services offered at that hospital, or referrals to other locations for care.
- Faith-based support. While not every religious institution is aware or openly welcoming of people living with HIV, many people may feel most comfortable seeking care through recommendations from members of their faith community. Many houses of worship even have HIV or health ministries dedicated to keeping their communities healthy.
- Looking for services to help you or your partner(s) remain HIV-negative? This article from PrEP Daily describes different resources and ways to access pre-exposure prophylaxis (PrEP), a drug you can take regularly to prevent HIV. PleasePrEPMe.org is another great resource for finding PrEP services. The other locations detailed earlier in the list may also have information about PrEP and other forms of HIV prevention.

Women and US Immigration

In recent years, it has become harder to claim asylum in the US on the grounds of experiencing intimate partner or gang violence in one's country of origin. Many Central American and other women are fleeing just such violence. They may also experience rape and sexual assault during their journey to the US. Beyond the psychological scars these experiences may leave, they also render the women highly vulnerable to acquiring HIV and/or other sexually transmitted infections (STIs).

Anyone living with HIV who was not a US citizen could be denied entry into the US based on HIV status alone. That ban was finally lifted in 2010.

If a woman is assaulted within the US – sexually or otherwise – she may have the option of filing for a "U visa." This type of visa allows victims of certain "qualifying" crimes to petition to stay in the US to help the government investigate their assailants.

A U visa is available to people who are in the US without valid documentation, have become the victim of a serious crime, and are helping – or likely will help in the future – US authorities to solve the crime. Such help must be certified by a US police department or similar agency.

However, only a limited number of U visas is issued each year, and there is no guarantee that a person who applies for a U visa will receive one. At the time of this writing, there was a backlog of hundreds of thousands of people waiting to have their U visa applications reviewed, and the wait can be more than 10 years. Further, some who have gone through the process report that, when cases are reviewed, having to relive and explain violent crimes during assessments can be traumatic without appropriate mental health support.

Women are often also responsible for children. School-age children are required to be in school, regardless of their immigration status. Schools are "protected areas" under ICE's own policy. That policy also includes healthcare facilities, places of worship, and certain events, such as weddings or funerals. ICE is not supposed to arrest people for immigration violations in these places, except under specific circumstances. However, ICE has arrested people just outside these locations (e.g., parents on their way to pick up their children from school).

At the US Border

In early 2018, the US began to separate children from their parents when they entered the US from Mexico without proper immigration documents. The children were housed in group facilities -- some of which were converted warehouses -- with little or no care. Some children were handed over to foster parents who had not been screened for their ability to care for children.

Once the policy became known, many people organized to stop it, and in June 2018 the US government ordered ICE to stop separating families at the border in most cases. However, children can still be separated from their parents if the parent faces criminal charges – which could be something as minor as driving without a license during a previous stay in the US without proper documentation.

After parents and children who had been separated at the border were reunited, they were often allowed to live in the community while waiting for their asylum case to be filed and processed. This let them stay temporarily in the US "under color of law," but did not provide them with identification papers, a work permit, health insurance, or any other benefits. Various organizations and individuals helped out.

HIV and Bias at the Border

In 2019, a high-ranking US immigration official said that children of people living with HIV would be taken from their parents at the border because HIV is a "communicable disease." At least one father was separated from his three daughters for that reason. Again, people – including healthcare providers – organized against this policy. The official later changed his comments but insisted that HIV status could still play a role in case-by-case decisions on whether to separate children from their parents.

A variety of organizations help immigrants get legal advice, housing, food, basic necessities, and other services.

After a judge ordered separated families to be reunited, many children and parents had to provide samples of their DNA before they were brought together again. DNA is each person's unique biological code, which not only identifies the person, but also establishes relationship with close biological relatives. In 2020, under a new policy, ICE began to collect DNA from anyone it detains, including people legally applying for asylum. That biological information will be kept indefinitely in a database. In addition to identifying people, DNA can also tell whether someone is living with HIV. This could lead to further discrimination against people living with HIV who want to come to the US.

People suspected of being in the US without proper documentation are held in immigration detention centers. Many of these centers have little, if any, medical care, including HIV care. When people are arrested by ICE, any medication they have with them is taken away. Without access to healthcare providers, those in immigration detention cannot get their HIV medications. At least two women of transgender experience (trans women) living with HIV have died while held by ICE – one from complications from AIDS for lack of HIV drugs.

The US is again requiring people coming to the US-Mexico border to wait outside the US to apply for asylum ("Remain in Mexico" policy). The policy was originally announced in 2018 under then-President Donald Trump, rolled back by President Joe Biden's administration, but reinstated in December 2021. In theory, people "with known medical health issues" are exempt from that policy, but this may not be used in practice. Large tent camps have sprung up on the Mexican side of the border, with limited sanitation and even less medical care. Various organizations are trying to help, and some churches have set up shelters for waiting migrants. One such shelter, Albergue Las Memorias, is specifically for people living with HIV.

Where Immigrants May Find Support

A variety of organizations help immigrants get legal advice, housing, food, basic necessities, and other services. Many are local or local chapters of national organizations. They are often affiliated with religious organizations, such as churches, but generally help people of any religion.

Less formally organized local groups may accompany immigrants to appointments, help with school enrollment or other bureaucratic tasks, provide referrals to clinics or HIV testing locations, or help with accessing other services. Some provide volunteer interpreters or help immigrants learn English.

Individuals not only volunteer with immigrant aid organizations and groups, but may host people

in their homes, provide day-to-day support, including food and necessities, or donate money or goods to those providing direct support.

For an overview of the US Immigration system and advocacy to support immigrants, view our companion fact sheet, US Immigration and HIV: The Basics.

The Well Project is a non-profit organization whose mission is to change the course of the HIV/AIDS pandemic through a unique and comprehensive focus on women and girls across the gender spectrum. Visit their website, https://www.thewellproject.org/, to access fact sheets (English and Spanish), blogs, and advocacy tools, and to join a global community of women living with HIV.

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.poz.com/blog/immigration-us-women-hiv-facts-resources