When Language Determines Lifespan: The Impacts of Executive Order 14224 on Asian American and Native Hawaiian/Pacific-Islander (AANHPI) Individuals with Limited English Proficiency (LEP)/Non-English Language Preference (NELP)

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I. INTRODUCTION

Title VI of the 1964 Civil Rights Act "prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance."[1] The Supreme Court case, *Lau v. Nichols (1974),* set the precedent that language status is part of national origin and can't be used to discriminate against a group of people. In *Lau v. Nichols*, a group of students who didn't speak English were refused supplementary English language instruction, leading them to argue that the refusal was a violation of the Civil Rights Act and the 14th Amendment.[2] In the year 2000, under Clinton, Executive Order 13166 *(Improving Access to Services for Persons With Limited English Proficiency (LEP))* was signed, reiterating the precedent set by *Lau v. Nichols* and updating guidance on providing language services to "recipients of Federal Financial assistance" with LEP. The Executive Order (EO) declares that all Federal agencies shall "implement a system by which LEP persons can meaningfully access those services."[3]

Since the year 2000, when EO 13166 was put into effect, all federal agencies receiving federal funding were required to follow a set of guidelines for doing so under EO 13166. As of March 2025, under the Trump Administration, Executive Order 14224, *Designating English as the Official Language of the United States,* was signed, revoking EO 13166. Asian American, Native Hawaiian, and Pacific Islander (AANHPI) people stand in a position of historical exclusion in the United States despite being here for generations. Many hold a language preference other than English. Societal perceptions of AANHPI people as perpetually foreign are reflected in political decisions pertaining to the group, and the effects of such permeate every aspect of daily life. In order to mitigate marginalization of vulnerable groups and to ensure fair access to political involvement, individuals need access to linguistic services. EO 14224 deliberately discourages their participation in the body politic by removing access to several resources, including the website *LEP.gov*, which is "under internal review" as a result of the executive order. It dismantled federal structural guidelines made to mitigate the socioeconomic and health outcome disparities that NELP groups were experiencing. This legal analysis argues that EO 14224's revocation of EO 13166 (1) damages years of progress and countless language resources for AANHPI people with LEP, (2) increases socioeconomic disparities for AANHPI

[1] Civil Rights Act of 1964. Pub. L. No. 88-352, § 2000d-2000d-7, 78 Stat. 241.

[2] Lau v. Nichols, 414 U.S. 563 (1974)

[3] Exec. Order. No. 13166, 65 Fed. Reg. 50123 (August 11, 2000)

LEP individuals, and (3) leads to an increase in adverse mental and physical health outcomes for LEP AANHPI individuals.

Several medical professionals have adopted the term "Non-English Language Preference" (NELP) rather than LEP, as the term NELP is a more accurate representation of patients. The term "NELP", unlike "LEP", is not based upon "the attitude that one's own group is superior" or puts a label on people's proficiency.[4] As a result, in this analysis, we will hereby refer to people who are non-fluent in English as those with NELP rather than LEP (direct quotations used in this analysis that use the "LEP" abbreviation won't be modified).

II. FACTS

A. LEGAL IMPACTS: EO 14224's revocation of EO 13166 erodes systems put in place to provide language support services for AANHPI people with NELP in legal settings, threatening their access to the vote, as well as other important legal resources such as LEP.gov

EO 13166 mandated every federal agency to curate plans to provide better access to "federally conducted programs and activities" for people with NELP. EO 13166 provided a general guidance document which entails standards for these plans in order to ensure compliance with Title VI of the Civil Rights Act of 1964.[5] EO 14224 states that "[t]he Attorney General shall rescind any policy guidance documents issued pursuant to Executive Order 13166."[6] This decision removes access to legal resources for individuals with NELP, especially through the suspension of *LEP.gov,* the central government website containing necessary support and guidance for individuals with NELP on how to gain access to language support resources. *LEP.gov* also collects essential data on individuals with NELP that is used to improve language access and to better mitigate this disparity.[7]

The Voting Rights Act (VRA) of 1965 works in tandem with the Civil Rights Act (CRA) of 1964 in order to reduce discrimination. The VRA is meant to "remedy discrimination in…the electoral process and in education," but isn't "designed to address the needs" of individuals with NELP as a whole. Sections 4(f)(4), 203, 2, and 208 of the VRA are meant to be anti-discrimination models for individuals with NELP, but "the needs of limited-English-speaking voters are considerably larger than the scope of the Act's coverage."[8] Local voting rights policy is meant to fill in the gaps of an insufficient support system for individuals with NELP. Some states don't have Section 203 coverage, instead determining the

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[4] Ortega, Pilar, Tiffany M. Shin, and Glenn A. Martínez. "Rethinking the Term 'Limited English Proficiency' to Improve Language-Appropriate Healthcare for All." Journal of Immigrant and Minority Health 24, no. 3 (July 30, 2021): 799–805. https://doi.org/10.1007/s10903-021-01257-w.

[5] Exec. Order. No. 13166, 65 Fed. Reg. 50123 (August 11, 2000)

[6] Exec. Order No. 14224, 90 Fed. Reg. 11363 (March 6, 2025)

[7] LEP library, U.S. DEPARTMENT OF TRANSPORTATION, https://www.transportation.gov/civil-rights/civil-rights-awareness-enforcement/lep-library

[8] Ancheta, Angelo N. "Language Assistance and Local Voting Rights Law." Indiana Law Review 44, no. 1 (January 1, 2010): 161–200. https://doi.org/10.18060/4082.

amount of language access support to provide using more generous statistical methods.[9, 10] The CRA was put in place to strengthen the 15th constitutional amendment of 1870, which banned voting discrimination and was further reinforced by the VRA.[11] Following the 1992 amendments to Section 203, which extended coverage for language minorities, Asian American voter registration and voter turnout increased from 58% to 71% between 1996 and 2004. In addition, between 1978 and 2006, there was nearly a 300% increase in the number of Asian-American elected officials at all levels of government.[12] The revocation of EO 13166 directly impacts Asian American and Native Hawaiian/Pacific Islander (AANHPI) individuals given the positive impact these systems had on these communities.

B. SOCIOECONOMIC IMPACTS: AANHPI NELP individuals already face significant hurdles to education and economic assimilation in the U.S., which are further exacerbated by EO 14224, resulting in NELP individuals experiencing disparate impact in accessing quality education, English Language classes, and job opportunities

EO 14224 makes it more difficult for AANHPI NELP individuals to successfully assimilate into the economic sphere. By removing the requirement for federal agencies to provide language services, those affected may not be able to access guidance in their language for signing up for ESL classes, may struggle to negotiate with non-accommodating schools, and, as a result of these barriers to learning, may not be able to secure employment. In *Lau v. Nichols*, students who were English Learners (ELs) were failing to graduate on time without support services. As a result of the case, schools are now required to make "affirmative remedial efforts" to ensure access to proper remedial support to EL students, and mandating EL students to spend another year in school in order to "catch up" is now considered segregation. Despite the fact that American educational institutions have implemented efforts to mitigate educational disparities, access to things like computers and other resources still appears "to be inequitable; students in relatively poor elementary and middle schools have less access…Limited English Proficient (LEP) students have the lowest access of all."[13] Many individuals who immigrate to the U.S. try to enroll in English as a Second Language (ESL) classes, but these classes often have waiting periods that can range from "several weeks to more than three years," and it is evident that the demand for ESL classes is undercounted and increasing faster than it can be supplied.[14, 15]

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[9] Voting Rights Act of 1965, Pub. L. No. 89-110, 79 Stat. 437

[10] Redistricting & Voting Rights Data Office SECTION 203 LANGUAGE DETERMINATIONSCENSUS.GOV (2022), https://www.census.gov/programs-surveys/decennial-census/about/voting-rights.html

[11] U.S. Const., Amend. 15

[12] Tucker, James Thomas. "The Battle over Bilingual Ballots." *Harvard Journal on Legislation 45* (March 23, 2008). https://doi.org/10.4324/9781315613925.

[13] Dunkel, Patricia. "The Effectiveness Literature on CAI/Call and Computing: Implications of the Research for Limited English Proficient Learners." TESOL Quarterly 21, no. 2 (June 1987): 367. https://doi.org/10.2307/3586742.

[14] Tucker, James Thomas. Rep. The ESL Logjam: Waiting Times for Adult ESL Classes and the Impact on English Learners. Los Angeles, CA: The National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund, 2006.

[15] Ancheta, Angelo N. "Language Assistance and Local Voting Rights Law." Indiana Law Review 44, no. 1 (January 1, 2010): 161–200. https://doi.org/10.18060/4082.

This disparity in educational access for NELP individuals creates a direct disadvantage in which NELP individuals are less likely to find competitive employment opportunities. Attaining higher levels of education for Asian Americans only results in a significant increase in income if the individual is English proficient. Asian Americans are less likely to hold higher-level leadership positions, highlighting the importance of considering how ethnic discrimination plays a role in economic success, and the tendency for Asian Americans who are "highly ethnically identified and adhere to traditional Asian values" to be seen as "undesirable for…leadership positions that often yield greater incomes."[16] In a study analyzing data from the Survey of Income and Education, it was found that men born outside of the U.S. who earned between $5000 and $10,000 in 1975 reported primarily speaking a language other than English, while those who earned $20,000 or more reported primarily speaking English. The study concluded that the impact of English language proficiency on the incomes of men born outside of the U.S. "is positive and statistically significant."[17]

C. MEDICAL IMPACTS: By weakening language services for AANHPI individuals with NELP, EO 14224 increases the risk of adverse physical and mental health outcomes in the healthcare setting

AANHPI individuals with NELP are more likely to have adverse health outcomes; EO 14224 increases this risk. According to the Urban Institute, more than 30% of individuals struggling with accessing health care and insurance had "limited English proficiency in 2019." 15% of AANHPI adults live in households where every member older than 13 has a NELP, and rates of NELP among different AANHPI groups differ greatly. Although about 12% of Native Hawaiian/Pacific Islander adults have NELP, the rate is "40% for Chinese, Bangladeshi, Vietnamese, Nepalese, and Burmese adults."[18] A difference of NELP from 12% to 40% in two different groups is significant, and services should be tailored to each group. 6 major groups within the AANHPI umbrella reported widely varying percentages of experiencing "fair or poor health"; Vietnamese Americans (43%), Koreans (26%), Chinese (22%), Filipinos (16%), Japanese (12%), and South Asians (6%). These numbers correlate with reported levels of limited English proficiency; Vietnamese Americans (52%), Koreans (47%), Chinese (34%), Filipinos (5%), Japanese (12%), and South Asians (3%).[19] Differences in mortality rates also vary widely

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[16] Saad, Carmel S., Stanley Sue, Nolan Zane, and Young Il Cho. "The Relationship between Education and Ethnic Minority Factors in Income among Asian Americans." *Asian American Journal of Psychology* 3, no. 2 (June 2012): 66–78. https://doi.org/10.1037/a0026867.

[17] Park, Jin Heum. "The Earnings of Immigrants in the United States: The Effect of English-Speaking Ability." *The American Journal of Economics and Sociology* 58, no. 1 (1999): 43–56. http://www.jstor.org/stable/3487874.

[18] "Language Barriers Hold Back Many Asian Americans From Good Health Care," Indian Pharma Industry : Policies, December 29, 2022, https://www.healthday.com/health-news/public-health/access-health-care-2658959060.html

[19] Gee, Gilbert C., and Ninez Ponce. "Associations between Racial Discrimination, Limited English Proficiency, and Health-Related Quality of Life among 6 Asian Ethnic Groups in California." American Journal of Public Health 100, no. 5 (May 2010): 888–95. https://doi.org/10.2105/ajph.2009.178012.

not only amongst ethnic groups, but across state lines.[20] Because the federal government classifies AANHPI people under the same umbrella, its approach doesn't sufficiently address the variations in needs for different ethnic groups and the needs of each group in different states.

Another study found that 20% of patients "report language barriers when trying to communicate with health care professionals." Asian American and other minority individuals with NELP are more likely to suffer higher psychological distress as a result of their NELP status "over…perceived discrimination…demographic variables…and immigration-related factors."[21] Individuals with NELP are less likely to understand medical problems, situations, instructions, and discussions around medication in healthcare settings.[22] In the healthcare setting, many individuals with NELP rely on family members for translation, who may not be competent in translating complex medical terms or even be available at all.[23] Several institutions don't provide translation services to help book appointments or fill out forms.

According to a cross-sectional study, only 57% of hospitalized Spanish- and Chinese-speaking NELP patients had an interpreter present and only 12% had physicians who spoke their language. Hospitalized NELP patients were more likely to "report that they 'got by' without an interpreter or were barely spoken to at all."[24] NELP individuals are more likely to be unable to afford healthcare and may not be able to get access to medication, appointments, or at-home care modifications.[25] Adults ages 18-64 years "with LEP were significantly more likely to lack a usual source of care…not have visited a medical provider…and to be overdue for…preventive services, including blood pressure check…cholesterol check…and colorectal cancer screening…than adults without LEP."[26] It has been found that despite receiving less testing, Hispanic and Asian women have higher rates of cervical cancer incidence and mortality. One study found that language barriers contribute to a lower likelihood of those with NELP status receiving proper care, preventive care, and early detection of breast cancer. This leads to

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[20] Baluran, Darwin A., and Evelyn J. Patterson. "Examining Ethnic Variation in Life Expectancy among Asians in the United States, 2012–2016." Demography 58, no. 5 (September 3, 2021): 1631–54. https://doi.org/10.1215/00703370-9429449.

[21] Zhang, Wei, Seunghye Hong, David T. Takeuchi, and Krysia N. Mossakowski. "Limited English Proficiency and Psychological Distress among Latinos and Asian Americans." Social Science & Medicine 75, no. 6 (September 2012): 1006–14. https://doi.org/10.1016/j.socscimed.2012.05.012.

[22] Wilson, Elisabeth, Alice H M Chen, Kevin Grumbach, Frances Wang, and Alicia Fernandez. "Effects of Limited English Proficiency and Physician Language on Health Care Comprehension." Journal of General Internal Medicine 20, no. 9 (September 2005): 800–806. https://doi.org/10.1111/j.1525-1497.2005.0174.x.

[23] Gadon, Margaret, George I. Balch, and Elizabeth A. Jacobs. "Caring for Patients with Limited English Proficiency: The Perspectives of Small Group Practitioners." Journal of General Internal Medicine 22, no. S2 (October 24, 2007): 341–46. https://doi.org/10.1007/s11606-007-0311-4.

[24] Schenker, Yael, Eliseo J. Pérez-Stable, Dana Nickleach, and Leah S. Karliner. "Patterns of Interpreter Use for Hospitalized Patients with Limited English Proficiency." Journal of General Internal Medicine 26, no. 7 (February 19, 2011): 712–17. https://doi.org/10.1007/s11606-010-1619-z.

[25] Yeheskel, Ariel, and Shail Rawal. "Exploring the 'Patient Experience' of Individuals with Limited English Proficiency: A Scoping Review." Journal of Immigrant and Minority Health 21, no. 4 (September 10, 2018): 853–78. https://doi.org/10.1007/s10903-018-0816-4.

[26] Ramirez, Natalia, Kewei Shi, K Robin Yabroff, Xuesong Han, Stacey A Fedewa, and Leticia M Nogueira. "Access to Care Among Adults with Limited English Proficiency." Journal of General Internal Medicine, July 26, 2022. https://doi.org/10.1007/s11606-022-07690-3.

Asian women experiencing higher rates of breast cancer mortality and higher rates of later-stage cancer diagnoses.[27] Countless studies have been conducted on the impact of having a NELP in a healthcare setting, and the results are grim, indicating a severe discrepancy in the quality of care that NELP individuals receive as a result of their primary language.[28] Despite the passing of the Affordable Care Act (ACA), NELP individuals "remain at risk of being uninsured relative to those who only speak English."[29]

III. ANALYSIS

A. AANHPI NELP individuals already have a disadvantage in terms of accessing their right to vote and participate politically; EO 14224's revocation of EO 13166 further deprives individuals with NELP of their 14th and 15th Amendment rights

In her memorandum to federal agencies, Pam Bondi falsely claims that "English proficiency is not interchangeable with national origin or race" and that the *Lau v. Nichols* case has been overruled despite it remaining the law.[30] The 14th Amendment establishes that language counts under national origin protections, and the 15th Amendment solidifies people's right to access the vote in the United States.[31, 32] Title VI of the CRA prohibits national origin discrimination by "recipients of federal funding…[mandating] that recipients provide language accessibility." Federal law requires agencies to "provide meaningful access" to those with NELP. But despite these efforts at giving language accessibility to NELP individuals, they often exclude many language groups. For example, in New York in the mid-1990s, Queens County provided poll worker assistance in Korean, but did not provide written translations until many years later. In addition, Los Angeles County "similarly delayed providing written language assistance in Korean until 1998."[33] It can take decades for implementation to produce a true improvement in disparate treatment and to observe a widespread cultural shift.[34]

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[27] Jacobs, Elizabeth A., Kelly Karavolos, Paul J. Rathouz, Timothy G. Ferris, and Lynda H. Powell. "Limited English Proficiency and Breast and Cervical Cancer Screening in a Multiethnic Population." American Journal of Public Health 95, no. 8 (August 2005): 1410–16. https://doi.org/10.2105/ajph.2004.041418.

[28] Wilson, Elisabeth, Alice H M Chen, Kevin Grumbach, Frances Wang, and Alicia Fernandez. "Effects of Limited English Proficiency and Physician Language on Health Care Comprehension." Journal of General Internal Medicine 20, no. 9 (September 2005): 800–806.
https://doi.org/10.1111/j.1525-1497.2005.0174.x.

[29] Foiles Sifuentes, Andriana M., Monica Robledo Cornejo, Nien Chen Li, Maira A. Castaneda-Avila, Jennifer Tjia, and Kate L. Lapane. "The Role of Limited English Proficiency and Access to Health Insurance and Health Care in the Affordable Care Act Era." Health Equity 4, no. 1 (December 1, 2020): 509–17.
https://doi.org/10.1089/heq.2020.0057.

[30] Ingram, Joanna E. Cuevas, and Ben D'Avanzo. "Trump Administration's Attempts to Dismantle Language Access Do Not Erase Civil Rights Law - NILC." nilc.org, August 7, 2025.
https://www.nilc.org/articles/trump-administrations-attempts-to-dismantle-language-access-do-not-erase-civil-rights-law/

[31] U.S. Const., Amend. 14

[32] U.S. Const., Amend. 15

[33] Ancheta, Angelo N. "Language Assistance and Local Voting Rights Law." Indiana Law Review 44, no. 1 (January 1, 2010): 161–200. https://doi.org/10.18060/4082.

[34] Chang, Michael. "Law in the Asian American Community." ASAMST 141: Lecture 10. Class lecture at University of California - Berkeley, Berkeley, CA, October 30, 2025.

Despite popular assumptions that NELP individuals are mostly non-citizens or new immigrants, many are U.S.-born citizens and naturalized citizens; "many Pacific Islander groups, including Native Hawaiians and Guamanians, are citizens by birth, yet high rates of limited-English proficiency persist". The census also tends to understate and undercount as a result of natural issues with surveys.[35] Another phenomenon occurs, called a "linguistic legal desert," defined as a lack of meaningful language access combined with physical distance, limiting access to legal resources, the vote, and resources in general.[36]

B. Obtaining jobs, livelihood, housing, and other needs essential to human wellbeing becomes significantly more difficult for AANHPI NELP individuals, further exacerbating the inequality of wealth and quality of life that they experience

The intersecting disadvantages that NELP AANHPI individuals face, particularly with the passing of EO 14224, contribute to barriers to socioeconomic assimilation. Alongside general issues with accessing the vote as a result of a lack of written translated material, linguistic legal deserts also exist. Having limited access to the vote makes it harder for NELP AANHPI individuals to take action to better the rights of their group and to fill in the gaps of a federal system that does not fully protect them. NELP AANHPI individuals struggle to access proper education and experience discrimination daily. This can increase the risk of NELP AANHPI individuals being pushed to live in more remote areas, in food deserts, or in areas that are generally further away from many resources. This further limits access to key systems: voting, acquiring education, acquiring stable and high-quality housing and food, and access to medical care.

C. AANHPI NELP individuals are at a higher risk of adverse health outcomes, and are more likely to struggle to access medical care. Barriers in communication and language services in the healthcare setting have tangible implications for morbidity and mortality rates for AANHPI NELP individuals

EO 14224's revocation of resources, federal guidance, and significant federal funding for language access puts NELP AANHPI individuals at higher risk of adverse health outcomes. A patient's NELP status is an indicator of their morbidity and mortality rates for various diseases or traumatic events. An article on mortality rates for patients with sepsis found that 62% of the patients with NELP status were Asian, with NELP status found to be strongly associated with high sepsis mortality rates among almost all races.[37] Following traumatic injury, the mortality rate for NELP patients was 7% compared to 4% for those classified as English

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[35] Ancheta, Angelo N. "Language Assistance and Local Voting Rights Law." Indiana Law Review 44, no. 1 (January 1, 2010): 161–200. https://doi.org/10.18060/4082.

[36] Andrew Truong*, NOTE: LINGUISTIC LEGAL DESERTS: ADDRESSING LANGUAGE ACCESS IN THE UNITED STATES LEGAL SYSTEM FOR LIMITED ENGLISH PROFICIENT ASIAN AMERICANS AND PACIFIC ISLANDERS, 102 B.U.L. Rev. 1441, (May, 2022), available at https://racism.org/articles/citizenship-rights/language-and-english-only/10652-linguistic-legal

[37] Jacobs, Zachary G., Priya A. Prasad, Margaret C. Fang, Yumiko Abe‐Jones, and Kirsten N. Kangelaris. "The Association Between Limited English Proficiency and Sepsis Mortality." *Journal of Hospital Medicine* 15, no. 3 (November 20, 2019): 140–46. https://doi.org/10.12788/jhm.3334.

proficient, showing that NELP status was "statistically significantly associated with increased mortality." Those with NELP status had higher rates of morbidity, defined as "length of stay (LOS), intensive care unit admission, [and] intensive care unit LOS."[38] AAPI individuals were found, as of 2019, to have the highest mortality rates from Hepatitis B-related disease, high rates of stomach and liver cancer, and undiagnosed diabetes.[39, 40]

Professionals in the medical field have recognized that "LEP is…one of the key correlates of…physical health, mental health, [and] health-related quality of life…for American immigrants, Asian Americans in particular."[41] By overturning EO 13166, EO 14224 has a direct negative impact on the risk of adverse health outcomes for AANHPI NELP individuals. As the Association of Asian Pacific Community Health Organizations (AAPCHO) states in their press release in response to the enactment of EO 14224, "[i]n a health care setting, in-language communication can quite literally be the difference between life and death."[42]

IV. CONCLUSION

EO 14224 resulted in a direct decrease in access to language resources, eliminated several online resources (like LEP.gov) for NELP individuals, and made it more difficult for NELP AANHPI individuals to navigate a system that is not made for them.[43] It's important to recognize the precedent this sets, and to consider the fact that it could lead to more efforts to eliminate access. Implementing federal legislation and local policies providing linguistic services is imperative to alleviating systemic barriers to political participation, education, employment, and healthcare that AANHPI NELP individuals face. AANHPI NELP individuals will only further lose their ability to advocate for themselves in the political sphere in the face of inaction. The California Rural Legal Assistance published an article explaining the consequences of the EO and clarifying people's rights.[44] 6 major language services organizations, including the National Certification Commission for Healthcare Interpreters,

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[38] Castro, Maria R.H., Hope Schwartz, Sophia Hernandez, Lucia Calthorpe, Alicia Fernández, Deborah Stein, Robert C. Mackersie, Rebecca Menza, and Tasce Bongiovanni. "The Association of Limited English Proficiency with Morbidity and Mortality after Trauma." *Journal of Surgical Research* 280 (December 2022): 326–32. https://doi.org/10.1016/j.jss.2022.07.044.

[39] Juon, Hee-Soon, Gilbert C Gee, Julia G Katcher, Daniel Yang, Katherine Smith, and Ann C Klassen. "Limited English Proficiency, Acculturative Stress, and Quality of Life among Korean American Patients with Chronic Hepatitis B." Journal of Migration and Health 13 (2026). https://doi.org/10.1016/j.jmh.2026.100406

[40] "Health Insurance Coverage Changes: Asian Americans and Pacific Islanders." aspe.hhs.gov, May 23, 2021. https://aspe.hhs.gov/reports/health-insurance-coverage-changes-asian-americans-pacific-islanders.

[41] Zhang, Wei, Seunghye Hong, David T. Takeuchi, and Krysia N. Mossakowski. "Limited English Proficiency and Psychological Distress among Latinos and Asian Americans." Social Science & Medicine 75, no. 6 (September 2012): 1006–14. https://doi.org/10.1016/j.socscimed.2012.05.012.

[42] "AAPCHO Statement on President Trump's Executive Order Designating English as Official Language."

[43] "Civil Rights Division | Limited English Proficiency." Justice.gov, July 17, 2025. https://www.justice.gov/crt/limited-english-proficiency.

[44] "Know Your Rights: Executive Order 14224 and Language Access." crla.org, March 17, 2025. https://crla.org/articles/know-your-rights-executive-order-14224-and-language-access.

have issued a joint statement against the Executive Order.[45, 46] Years of advocacy for the rights of NELP individuals have established a strong foundational network that understands the urgency of the issue and is actively opposing EO 14224. EO 14224 increases AANHPI NELP individuals' risk of economic insecurity and educational discrimination, reduced political autonomy, and adverse mental and physical health outcomes including, but not limited to, death. These consequences are concerning, require our immediate attention and, most importantly, can be mitigated with robust efforts to protect these at-risk communities.

[45] "Leading Language Organizations Oppose Executive Order 14224, Warn of Potential Consequences - American Translators Association (ATA)." atanet.org, March 14, 2025. https://www.atanet.org/advocacy-outreach/leading-language-organizations-oppose-executive-order-14224-warn-of-potential-consequences/.

[46] "Joint Statement on Executive Order 14224." cchicertification.org, March 12, 2025. https://cchicertification.org/joint-statement-eo-14224/.

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