

## U.S. Immigration Law Enforcement Practices and Health Inequities



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### INTRODUCTION

Immigration policies and law enforcement practices in the U.S. have the power to create a climate of fear for undocumented individuals, their families, and their communities, which can impact health outcomes.<sup>1–3</sup> This paper examines how these policies and practices (henceforth referred to as “immigration enforcement”) affect health.

### WHO IS AFFECTED BY IMMIGRATION ENFORCEMENT?

Although any noncitizen may be subject to deportation under certain conditions, most immigration enforcement targets immigrants who lack legal authorization to reside in the U.S. (i.e., people who are undocumented). Undocumented immigrants either entered the U.S. without authorization or reside in the U.S. with an expired visa. There are an estimated 11.3 million people who are undocumented residing in the U.S., and two-thirds have been in the U.S. for more than a decade.<sup>4</sup> However, to understand how immigration enforcement exacerbates health inequities, it is essential to expand the focus beyond undocumented immigrants as individuals targeted for enforcement and focus additionally on the mixed-status families and communities to which they belong.

“Mixed-status families” describes families that contain individuals of different immigration statuses (e.g., citizens, visa holders, Deferred Action for Childhood Arrivals recipients, undocumented). An estimated 16.7 million people in the U.S. have at least one undocumented family member and 10% of all births in the U.S. occur to at least one undocumented parent.<sup>5</sup> Given that immigration enforcement often results in detention or deportation, the children, spouses, or parents of undocumented individuals also live with the fear and anxiety that their family member will be taken away.

Mixed-status communities are communities with close ties between members of different immigration statuses, including undocumented members.<sup>5</sup> Undocumented immigrants are not a community unto themselves, but

instead, they are integrated into communities of people with a range of immigration or citizenship statuses. Immigration enforcement does not just impact people who are undocumented and their family members, but also extends to impact the mixed-status communities of which they are a part.<sup>2,6</sup>

Furthermore, racialized dimensions of U.S. immigration enforcement, policy, and rhetoric mean that its impacts can spill over into the well-being of U.S.-born communities of color more broadly. Racial profiling is regularly used in local policing and immigration enforcement,<sup>7</sup> immigration policies are selectively restricted against countries sending majority immigrants of color, and rhetoric surrounding immigration policy constructs immigrants as belonging to specific racial/ethnic groups regularly.<sup>7</sup> These dynamics can exacerbate deeply entrenched racialization processes that construct multiple groups of color as less American, a powerful signal of exclusion that has been linked to health.<sup>2,7</sup>

### IMMIGRATION ENFORCEMENT AND THE HEALTH OF MIXED-STATUS COMMUNITIES

Immigration enforcement creates a climate of fear for mixed-status communities that leads to poor health through two major pathways: (1) Fear is a chronic stressor that gets “under the skin” and negatively affects health; (2) Fear causes families to change their health behaviors to limit exposure to deportation.

#### Creating a Climate of Fear

The 1996 Illegal Immigration Reform and Immigrant Responsibility Act and reorganization of U.S. immigration

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enforcement post-9/11 dramatically changed the climate for mixed-status families and communities in the U.S. This legislation limited the pathways to citizenship for immigrants already in the U.S. and expanded who could be deported. Immigration and Customs Enforcement (ICE) was created after 9/11 with a primary mission of removing of immigrants from the interior of the country (as opposed to ports of entry). In 1996, there were only 70,000 deportations, and this number has increased to more than 200,000 people per year since 2003.<sup>8</sup>

Several policy initiatives have shaped interior enforcement in the years following 9/11, including Section 287 (g) of the Immigration and Nationality Act and the Secure Communities program with both facilitated the collaboration between local law enforcement and ICE and thus embedded immigration enforcement within mixed-status communities. Practically, these initiatives caused mixed-status families to fear any interaction with both ICE and local law enforcement because it could lead to detention and deportation. Deportations under the Secure Communities program have been associated with self-reported mental health needs and self-rated physical health,<sup>7</sup> and the 287 (g) program has been shown to increase markers of poor physical and mental health in mixed-status communities.<sup>9</sup>

Another immigration enforcement tactic regularly employed post-9/11 was high-profile workplace raids, which can have an impact on entire mixed-status communities. These massive workplace raids—often detaining and ultimately deporting more than 100 people at a time—have devastated entire mixed-status communities, with many social service workers equating their negative impact with a war zone or natural disaster in the community where they occur.<sup>6</sup> These immigration enforcement actions typically receive national attention and other mixed-status communities fear that this “natural disaster”—and its devastation—will strike their community next.

Significant and consequential changes in immigration enforcement occurred owing to the election of Donald Trump in 2016. Although legislative immigration policies remain unchanged, the Trump administration has utilized executive authority to expand immigration enforcement, including the number of ICE officers making arrests in the interior of the country, and doubled the number of workplace raids.<sup>10</sup> In addition, whereas the Obama administration prioritized ICE enforcement activities on apprehending “serious criminals,” the Trump administration targets any undocumented immigrant and is attempting to revoke the Deferred Action for Childhood Arrivals program that protects some young undocumented immigrants from deportation. These actions have caused mixed-status communities to feel under more

significant threat than previously and has had a chilling effect on their willingness to seek health care, enroll in government assistance programs, and general ability to move freely about their community.<sup>1</sup>

The climate of fear is not solely caused by actual immigration enforcement actions, but also the implied threats caused by anti-immigrant hate speech and rhetoric by public officials and the public. Notably, President Trump has repeatedly referred to immigrants using dehumanizing language, and many other conservative politicians have amped up their public statements that threaten mixed-status communities.<sup>11</sup>

The real and threatened immigration enforcement mechanisms outlined here have produced a climate of fear that imbues everyday activities, like working, driving, or even residing in one’s home, with a risk of apprehension, detention or deportation, and ultimately separation from the people they love. This effect leads immigrants, their families, and communities to reshape their behaviors and everyday lives.

### Pathway to Health: Under the Skin

This climate of fear exaggerates chronic stress processes that lead to poor health within mixed-status communities. Psychosocial stress induces a multifaceted physiologic response that affects multiple systems, including the autonomic, endocrine, and immune systems. Bodily responses to acute stressors are often adaptive in the short term, mobilizing the body and mind to respond to threats by inducing a “fight or flight” response. For example, immediate physiologic responses to an acute stressor (e.g., fielding questions about one’s legal status, or an encounter with a law enforcement or ICE officer, correctly recalling one’s rights during a home raid) include increased heart rate and breathing, a cascade of glucocorticoid hormones that activate a release of glucose into the bloodstream, and mobilization of blood flow away from nonurgent functions such as digestion or immune response.<sup>12</sup> Over time, chronic activation of a stress response can induce chronic “wear and tear” on multiple physiologic systems—sometimes known as “allostatic load” or “weathering”—which in turn increases risk for chronic mental and physical health conditions.<sup>13</sup>

Chronic worry and rumination, or anticipation of stressful encounters, also have physiologic consequences. Specifically, “vigilance,” or chronic anticipation of racism-related discrimination, has been linked to adverse health outcomes, including hypertension, sleep difficulty, and measures related to body weight.<sup>14</sup> A recent study found that Latinos who reported that “people like me” were more likely to be stopped by police, arrested, or sent to prison reported poorer self-rated physical

health than Latinos who did not identify themselves as targets of such racialized policing.<sup>7</sup>

The physiologic impacts of stress are particularly acute during critical periods such as pregnancy, infancy, or early childhood. Recent studies have identified an increased risk of adverse birth outcomes among infants born to Latina mothers after a large work-site immigration raid<sup>6</sup> and during periods of intense sociopolitical stress related to immigration policy.<sup>15</sup>

In the context of policies that limit undocumented immigrants' access to driver's licenses, everyday activities such as driving a car, and everyday events like seeing a law enforcement officer, can be imbued with risk and vigilance that activates a physiologic stress response. In a survey of adult women from a mixed-status community, chronic worry about deportation for themselves or their family and friends was associated with cardiovascular risk factors such as BMI, waist circumference, and pulse pressure.<sup>16</sup> This constant and chronic stress experienced by members of mixed-status communities ultimately deteriorates the body and contributes to poor health.

### Pathway to Health: Limiting Exposure and Health Behavior Change

The second pathway to poor health results from the climate of fear that causes many members of mixed-status communities to change their behaviors—including health-related behaviors—to limit their exposure to stressful or threatening situations. These behavior changes may be conscious or subconscious efforts to protect one's self or one's family members from alienating or "othering" encounters, divulging sensitive information about one's self or one's family, and the possibility of being deported and separated from their families.

One of the critical ways members of mixed-status communities limit their exposure is by minimizing the times they leave their home, limiting travel in a car, or decreasing time spent in public spaces.<sup>1,3</sup> Primarily, it is people who are undocumented who adopt these strategies, but their family members of other documentation statuses are also impacted. For example, a parent who is undocumented may limit visits to a grocery store, and thus the nutrition of their entire family may be affected. Research using a national data set showed that jurisdictions that have implemented the 287 (g) program from the Immigration and Nationality Act have a 10–percentage point increase in the food insecurity risk of mixed-status families compared to jurisdictions that have not implemented 287(g).<sup>17</sup> In addition, recent qualitative research shows that mixed-status families experiencing this climate of fear are sometimes experiencing hunger because of limiting visits to the

grocery store and have fewer opportunities for exercise because of avoiding visiting public parks for recreation.<sup>1</sup> These behavior changes to lessen risk for deportation are likely to have negative health consequences.

Members of mixed-status families are also modifying behaviors related to health-seeking, enrolling in government programs, or communicating with government officials. Implementation of the 287 (g) program has been linked to later access to prenatal care<sup>3</sup> and decreased Medicaid participation.<sup>18</sup> Deportation under the Secure Communities program has been associated with lower trust in government information related to health.<sup>2</sup> The roll-out and intensity of Secure Communities were also found to be inversely related to signups for Supplemental Nutrition Assistance Program food assistance and health insurance under the Affordable Care Act.<sup>19</sup> Preliminary evidence shows that expanded immigration enforcement in the past 2 years has resulted in mixed-status family members being fearful of seeking health and social services.<sup>1</sup> Some undocumented immigrants report avoiding contact with medical, police, and social services for fear of immigration status disclosure, which could lead to deportation.<sup>1</sup> Specifically, this means that members of mixed-status families are disadvantaged regarding critical social determinants of health (i.e., housing, financial security, gender equality) because avoiding exposure requires them to avoid reporting and remedying situations such as wage theft, violations of tenant rights, and sexual violence.

## CONCLUSIONS

Immigration enforcement negatively affects health in mixed-status communities and exacerbates health inequities in the U.S. Given that reducing health inequities is one of the key tenets of public health and preventive medicine, it is critical to not only follow recommended practices for meeting the health needs of mixed-status families and communities<sup>20</sup> but also to have a prominent voice that frames immigration enforcement as a public health issue.

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