U.S. immigration enforcement policies, health care utilization, and community health

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Under the Trump administration, immigration policies have become more restrictive and immigration enforcement has been strengthened, particularly at the U.S.-Mexico border. We conducted a survey study examining immigration policy perceptions in relation to mental health and health care utilization among 211 Hispanic residents with different immigration statuses in El Paso, County in the Spring of 2019. Findings showed associations between deportation fears and increased psychological distress as well as experiences with immigration enforcement and lower health care utilization. The COVID-19 pandemic highlights a need to understand how immigration policies affect health care utilization and health outcomes to mitigate community harm.

Introduction

The United States (U.S.) was once referred to by its federal government as "a nation of immigrants" (Gonzales 2018). Under the current federal administration, this description has been removed from the U.S. Citizenship and Immigration Services' mission statement (U.S. Citizenship and Immigration Services 2020), a changing sentiment which is reflected in the administration's immigration-related policies and political rhetoric.

At this time, the novel coronavirus disease (COVID-19) is exposing strengths and weaknesses of U.S. healthcare and social service systems, much like in other countries. The crisis has also highlighted existing ethnic and racial health disparities, as reflected in disproportional death rates from

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the virus among Hispanics and African Americans. For instance, as of April 6, 2020, Hispanics, who make up 29 percent of the population in New York City (NYC), accounted for 33.5 percent of all COVID-19 related deaths. African Americans, who represent 22 percent of the NYC community, accounted for 27.5 percent of deaths. In contrast, white residents who make up 32 percent of NYC's population accounted for 27.3 percent of deaths (NYC Health 2020).

An examination of the underlying causes of disparities in this health crisis are beyond the scope of this chapter. Rather, its focus is on recent changes to U.S. immigration enforcement policies and the corresponding impact on health, healthcare utilization, and community health. While drawing on a large body of research and anecdotal evidence from different regions of the U.S., part of this chapter highlights observations from the U.S.-Mexico border city El Paso, Texas and neighboring communities. This chapter will first provide a demographic and historic context for key changes to immigration enforcement policies under the current federal administration, followed by an outline of changes pertaining to the U.S.-Mexico border in particular. Subsequently, I will summarize scientific evidence about associations between immigration enforcement policies and health outcomes from studies prior to and since the beginning of the current administration. Following this section, I will share observations from research projects on this topic as part of my doctoral studies in El Paso, Texas. The chapter concludes with recommendations that reflect the insights from this evidence base for policymakers and for further study on this topic in the U.S. and globally.

Hispanic and immigrant populations in the U.S.: A demographic context

There are approximately 44.7 million immigrants (i.e., foreign-born individuals) in the U.S., constituting 13.7 percent of the total population (Batalova et al. 2020). Hispanics or Latinos/Latinas/Latinx, native- and foreign-born combined, make up 18 percent of the U.S. population (Flores, 2017). Two-thirds of Hispanics were born in the U.S. and of the remaining third, approximately 77 percent are lawful immigrants, including naturalized citizens (45 %) and permanent (27 %) or temporary (5 %) residents, while the remaining 23 percent are undocumented (Budiman, 2020). About three quarters

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of foreign-born Latinos have lived in the U.S. for over ten years (Radford/Krogstad). Thus, most Hispanics in the U.S. are citizens and a smaller group comprises residents with a less stable immigration status. Considering all ethnicities, one in four children in the U.S. is foreign-born and/or has a foreign-born parent (Council on Community Pediatrics 2013). Furthermore, at least 5.9 million U.S. citizen children are members of mixed-status families, meaning they share a household with an undocumented family member (Mathema 2017). These statistics highlight the intergenerational and socio-biological connections between different immigration status holders. On the U.S. side of the border with Mexico, about half of the population is Hispanic and predominantly of Mexican origin (Stepler/Lopez 2016; United States-México Border Health Commission 2014).

U.S. immigration enforcement laws and policies: A historical context

Since the beginning of the 20th century, immigration-related laws and policies in the U.S. have typically promoted immigration in some form and simultaneously restricted pathways for legal immigration and/or access to benefits and services for immigrants (see Figure 1).

In the mid-1990s, two laws introduced notable restrictions to public benefits for legal immigrants in the U.S. and expanded mechanisms to deport immigrants from the country. Specifically, the *Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)* of 1996 rendered legal immigrants with less than five-year residence ineligible for federally-funded public benefits, including Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and the Children's Health Insurance Program (CHIP) (Hagan/Rodriguez/Capps 2003). In the same year, the *Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA)* expanded the list of criminal offenses for which immigrants could be deported, authorized federal officers to issue removals of non-citizens without a formal court hearing, and increased the budget for immigration enforcement (Donato/Rodriguez 2014). Following the terrorist attacks on September 11, 2001, the federal government broadened its capacities for increased surveillance, apprehension, and detention of immigrants who were suspected to be part of terrorist groups under the Patriot Act (2001). Under the Homeland Security Act (2002), the Department

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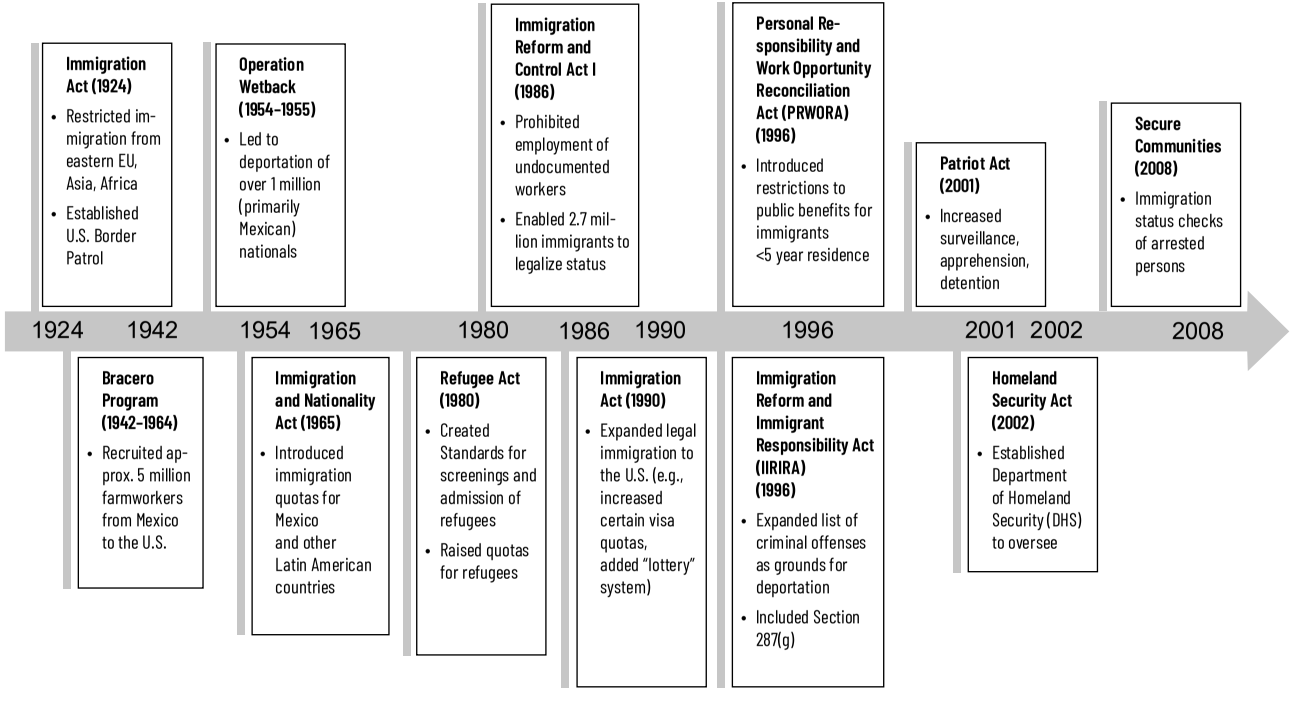

Figure 1: Timeline of key U.S. federal immigration enforcement laws and policies—own image

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of Homeland Security (DHS) replaced the Immigration and Naturalization Service (INS) to oversee United States Customs and Border Protection (CBP), United States Border Patrol (USBP), United States Immigration and Customs Enforcement (ICE), and U.S. Citizenship and Immigration Services (USCIS), amongst other departments (U.S. Department of Homeland Security 2018a). Under DHS leadership, CBP and USBP intensified their border security and immigration enforcement operations in U.S. border areas, specifically along the border with Mexico (Donato/Rodriguez 2014; Plascencia 2017), while ICE gained responsibility for immigration enforcement in the U.S. interior (U.S. Immigration and Customs Enforcement 2018).

The impact of strengthened immigration enforcement was reflected in a substantial increase in deportations from 70,000 persons in 1996 to 420,000 in 2012 (Rosenblum et al. 2014). Despite legal prohibitions of discrimination in immigration enforcement, Latinx immigrants have disproportionally been targeted by these measures. For instance, Hispanics made up approximately 75 percent of the undocumented population between the years 2000 and 2009, but accounted for at least 90 percent of deportees during this period and in subsequent years (Passel/Cohn 2009; U.S. Department of Homeland Security 2009; 2018b). Notably, the number of deportations during the first five years of the Obama administration (over 1.9 million) was almost as high as deportations during all eight years of the Bush administration (2 million) (Rosenblum et al. 2014). However, the Obama administration also expanded access to legal residence for some undocumented immigrants with the Deferred Action for Childhood Arrivals (DACA) and the Deferred Action for Parents of Americans (DAPA) programs in 2012 and 2014, respectively, although the latter was blocked by a federal injunction in 2015. In addition, the government shifted its focus on deporting immigrants with a criminal record or who had recently crossed the border, in contrast with regulations under the current federal administration (ibid.).

Immigration enforcement policy changes under the current U.S. federal administration

Shortly after President Trump's inauguration, the administration released a series of executive orders focused on strengthening immigration enforcement in the interior of the U.S. (for instance, by considering undocument-

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ed immigrants regardless of criminal background a "priority" for deportation), intensifying border security measures (such as, by requesting federal funding for a wall between the U.S. and Mexico), and prohibiting entry to the U.S. for foreign nationals from Muslim-majority countries (The White House Office of the Press Secretary 2017a; 2017b; 2017c). In September 2017, the administration terminated DACA, which currently grants temporary authorization to work or study in the U.S. to approximately 690,000 individuals who came to the U.S. before their 16th birthday[1] (U.S. Citizenship and Immigration Services 2017).

Another policy change targeting legal immigrants in the U.S. involves the so-called "*Public Charge*" rule, which determines whether an immigrant is likely to become dependent on the government for support in legal permanent residency and certain visa applications. Previously only cash benefits were considered, however under the new rule (in effect since February 24, 2020), the use of non-cash benefits (such as, SNAP/food stamps, non-emergency Medicaid, and housing benefits) constitutes grounds for inadmissibility as well (Immigration Legal Resource Center 2019). Health care and social service providers have expressed concerns that this policy change may create a "chilling effect", in other words, prevent immigrants from seeking services for themselves or their family members, even if their eligibility remains unchanged. In fact, researchers at the Urban Institute found that one in seven adults from immigrant families and one in five adults from low-income immigrant families did not access government benefits in 2018 due to concerns about future legal status applications, even prior to implementation of the new rule (Bernstein et al. 2019). In addition, social service providers have observed disenrollment from nutrition assistance and children's health insurance programs among immigrant families, despite their continued eligibility for these services after the announcement of the new rule (Bottemiller Evich 2018; Jewett et al. 2018). These developments are particularly worrisome given that immigrant families in the U.S. are more likely to live in poverty, lack health insurance, and earn lower incomes compared to the general population (Khullar/Chokshi 2019).

1 The DACA termination was initially halted by federal judges and the Supreme Court is expected to decide about the legality of the administrations' decision by June 2020 (de Vogue 2020)

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Additional policy changes have particularly affected migrants and asylum seekers at the U.S.-Mexico border. For instance, the administration adopted a "*zero-tolerance*" policy in May 2018, which involved the criminal prosecution of anyone crossing the border without legal authorization, including asylum seekers (Lind 2018). As a consequence, at least 5,400 children were separated from their parents and accompanying family members until the policy was ceased in June 2018, though the total number of separated children is unknown (Spagat 2019; U.S. Department of Health/Human Services Office of Inspector General 2019). The "*Migrant Protection Protocols*" policy of January 2019 forces asylum seekers from countries other than Mexico to remain on the Mexican side of the border until the date of their court hearing in the U.S. (Lind 2019). An additional policy involved so-called "*safe third country*" agreements with Mexico and Guatemala, amongst other countries, which require migrants to first seek asylum in nations they have transited through on their way to the U.S., despite unsafe conditions in these countries for migrants, including high homicide rates, kidnappings, and extortions (Fratzke 2019; Vulliamy 2020).

Apart from these policy changes, the president has continuously engaged in anti-immigrant rhetoric, such as the allegation that Mexico was sending criminals and rapists to the U.S. An analysis of Trump's speeches revealed the frequent use of the terms "animals", "invasion", and "killer" when referring to immigrants (Fritze 2019). Similar language was included in a manifesto by the shooter who killed twenty-three and injured twenty-five individuals, specifically targeting Hispanics, in El Paso on August 3rd, 2019, in one of the deadliest mass shootings in modern U.S. history (Associated Press 2020; Law/Bates 2019).

Associations between immigration enforcement and health outcomes: A summary of the scientific literature

Research prior to and since the current federal administration has revealed associations between strengthened U.S. immigration enforcement and adverse health outcomes among immigrants and Latinx residents (see Figure 2). To summarize broadly, studies have shown associations between stricter immigration enforcement policies at state level (for instance, Arizona's Senate Bill 1070 of 2010, which authorizes state and local law enforcement to ask

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about a person's immigration status) and poorer self-rated health and mental health among Hispanic adults (Anderson/Finch 2014; Hatzenbuehler et al. 2017). With respect to physical health effects, local immigration raids by ICE and the 2016 presidential election were found to be associated with low birth weight in infants of Hispanic mothers (Gemmill et al. 2019; Novak et al. 2017). A study by Torres and colleagues (2018) identified significant associations between deportation concerns for participants themselves, family members, or friends and increased cardiovascular risks, including higher body mass index, waist circumference, and pulse pressure among Mexican women in California (Torres et al. 2018). Moreover, studies have uncovered adverse psychological and material effects of intensified immigration enforcement on children in particular, including U.S. citizen children. For instance, researchers found that the experience of parental deportation or threat thereof increased stress, fear, and confusion about their identity, but also corresponded to experiences of limited access to resources, poorer academic performance, and discrimination in children (Gulbas/Zayas 2017; Dreby 2015). Notably, research also uncovered that mixed-status families commonly engage in shared risk management strategies, such as avoiding the outdoors, staying within confined geographic spaces to evade immigration checkpoints, and minimizing contact with health care or social service agencies to avoid questions about immigration status (Bailliard 2013; Enriquez 2015; Núñez/Heyman 2007). Finally, studies have documented Hispanics' decreased utilization of health care services, including for pediatric, mental health, and preventive health needs (White et al. 2014; Beniflah et al. 2013; Fenton et al. 1997) as well as public assistance programs (Toomey et al. 2014) in response to enactments of state immigration enforcement policies.

Studies since the beginning of the current federal administration also identified psychological and physical health effects related to immigration policies. For instance, Roche and colleagues (2018) examined concerns and behaviors among 213 Latino parents with different immigration statuses in Atlanta in response to immigration actions and news in 2017 (such as the DACA termination or targeting of undocumented immigrants without a criminal background in immigration enforcement). The authors found that worries about family separation, concerns about negative impacts on their children's lives, and changes in daily routines were not only common experiences among undocumented residents, but also temporary legal status holders, and, albeit to a lesser extent, legal permanent residents. In addi-

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tion, worries and behavioral modifications were associated with increased psychological distress, regardless of parents' immigration status (Roche et al. 2018). Another study by Eskenazi and colleagues (2019) found significant associations between worries about immigration policies, higher anxiety, and poorer sleep quality following the 2016 presidential election among 397 U.S.-citizen adolescents with Latino immigrant parents in California. Lastly, Krieger and colleagues (2018) discovered significantly higher preterm birth rates among infants of immigrant, Hispanic, and Muslim women in New York City in the post-presidential inauguration period (January to August 2017) compared to the period prior to presidential candidate nominations (September 2015 to July 2016) (Krieger et al. 2018).

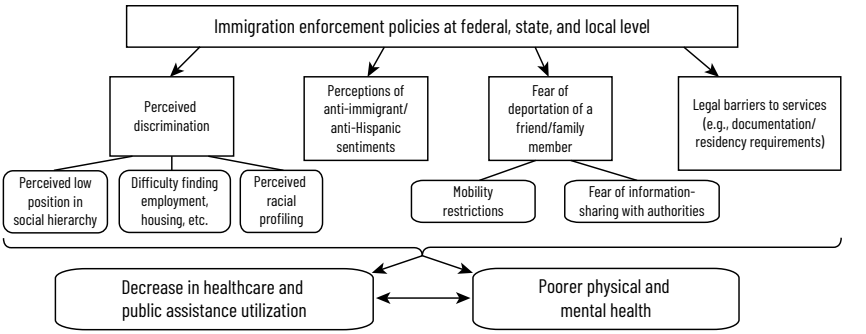

Figure 2. Conceptual framework of associations between immigration enforcement policies, health care and public assistance utilization and physical and mental health—own image

Under an administration that continues to strengthen immigration enforcement and minimize options to maintain or stabilize one's immigration status, it is important to consider the implications of these studies. Evidently, stricter immigration enforcement policies do not solely affect individuals who are directly targeted by these measures (i.e., undocumented immigrants) but extend to other community members, including mixed-status families, U.S. citizen children of Hispanic parents, and Latinx individuals who perceive anti-Hispanic sentiments or discriminatory practices (e.g., racial profiling in immigration enforcement) as a result of these measures (Ayón/Becerra 2013; Vargas et al. 2017). Thus, there is reason for concern about cumulative effects of increasingly restrictive immigration policies and

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hardened enforcement on the physical health, mental health, and service utilization among Latinx residents and communities in which they live.

The relationship between strengthened immigration enforcement and underutilization of health care and social services has additional implications, some of which are particularly concerning during this global pandemic. First, individuals risk damage to their own health by forgoing preventive health screenings, delaying diagnosis and treatment for acute conditions, or avoiding regular monitoring of chronic health problems. Second, underutilization of health care and social services has the potential to exacerbate existing health disparities, particularly in the U.S.-Mexico border region, including higher levels of obesity, diabetes, and poverty among Hispanics compared to non-Hispanic Whites (Healthy Paso del Norte, 2019). Third, the use of emergency services for conditions that could have been treated more economically and effectively at earlier stages poses greater costs for state and local health care systems (Behrman et al. 2019). Lastly, the underutilization of care for infectious diseases poses health risks for entire communities, as highlighted by the current pandemic. According to the CDC, Hispanics account for 23.1 percent of COVID-19 cases as of April 22, 2020, thus, a higher rate than the 18 percent who make up the total population (CDC 2020). Moreover, Latinx residents disproportionally work in sectors that are less likely to provide paid sick leave and unemployment benefits (e.g., agriculture, service, and hospitality), thus forcing workers to choose between loss of income or employment and working while they are sick, thereby increasing risks of disease transmission (Page et al. 2020; Scheltens 2020). In sum, the interference of deportation fears or future legal status concerns with health care and social service utilization in addition to gaps in employment protections poses a number of individual and community health risks.

Immigration enforcement impacts in the U.S.-Mexico border region: Observations from El Paso, Texas

El Paso County, Texas is located at the U.S.-Mexico border across from Ciudad Juárez in Mexico, with a population of 840,758 residents of whom 83 percent identify as Hispanic, 25 percent are foreign-born, and an estimated 8 percent are undocumented (Migration Policy Institute 2014; U.S. Census Bureau 2017). Since the beginning of the current federal administration,

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there have been noticeable shifts in immigration laws, policies, and enforcement activities in the borderlands. For instance, Texas governor Abbott signed into law *Texas Senate Bill (S.B.) 4* in May 2017, which as enacted as of March 2018, authorizes immigration status checks by local law enforcement and mandates compliance by local jails with ICE detainer requests, amongst other measures (Aguilar 2018a; Núñez 2018). In February 2017, an unprecedented arrest of an undocumented domestic violence victim by ICE at the El Paso courthouse reportedly contributed to local and nationwide fears among victims of domestic violence to engage with law enforcement (Blitzer 2017a; Lockhart 2017). In the same month, an ICE raid at a trailer park in Las Cruces, New Mexico (a neighboring city of El Paso) was followed by a 60 percent increase in absences from public schools in the city the following day (Blitzer 2017b).

My doctoral advisors Professor Lusk, Professor Heyman, and I conducted a study in the Spring of 2018 to explore perceptions among health care, social, and legal service providers regarding effects of strengthened immigration enforcement measures on their patients and clients in El Paso and surrounding communities. Our structured telephone interviews with 20 providers revealed perceptions of noticeable changes among almost all (18 out of 20) respondents. On the one hand, participants reported a decrease in service utilization, largely due to fear-related service avoidance, in addition to uncertainties regarding impacts of policy changes on individuals' service eligibility and immigration status. On the other hand, providers noticed an increased need for services, especially for information about the meaning of policy changes, service eligibility changes, and individuals' civil rights (Latz et al. 2019).

Subsequent to this study, we developed a survey to assess the extent to which perceptions of and experiences with current immigration enforcement policies affect health, mental health, and health care utilization among Hispanic residents with different immigration statuses in El Paso and neighboring communities. Participants were recruited via convenience and respondent-driven sampling at community health fairs, community organizations, and public events throughout the region in the Spring of 2019. The items of this bilingual self-administered survey were predominantly based on existing surveys with Hispanic populations and their selection informed by an expert panel at the University of Texas at El Paso. The study sample of 211 Latinx participants included U.S.-born citizens (49 %), foreign-born U.S. cit-

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izens (19 %), legal permanent (17 %), legal temporary (8 %), and undocumented residents (8 %). Bivariate and multiple regression analyses were used to assess relationships between immigration status, immigration enforcement perceptions or experiences, and health outcomes. Over half of respondents reported fear of deportation for themselves, a close friend, or family member across all immigration statuses (the only group in which slightly less than half expressed this fear were U.S.-born citizens). The experience of deportation fears was significantly associated with increased psychological distress regardless of immigration status. In addition, experiences with immigration enforcement, such as having to proof one's immigration status more than in the past or having more trouble getting or keeping a job due to immigration enforcement, were also associated with greater psychological distress as well as lower utilization of health care services (although the latter association was only marginally significant after adjustment for other factors) (Latz 2019). This study was limited to a relatively small number of participants in more vulnerable immigration status groups, thus likely underestimating the nature of deportation fears, experiences with immigration enforcement, and corresponding associations with mental health and service use among more vulnerable legal status holders. Nonetheless, findings from this study indicate spillover effects of immigration enforcement measures on well-being among Hispanic residents with different immigration statuses.

Conclusion and recommendations

The final section of this chapter focuses on a number of broad recommendations for further research on immigration policy health effects and for policies, especially during a global pandemic and in a climate of intensified concerns about migration influxes and nationalistic tendencies in countries around the world.

In line with previous research, the abovementioned El Paso-based studies highlight effects of strengthened immigration enforcement on community members with different immigration statuses with respect to deportation fears, mental health, and service utilization. With the continued expansion of immigration restrictions and immigration enforcement measures under the current federal administration, there is a need to monitor and counteract corresponding adverse health effects on Latinx and immigrant com-

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munities. These efforts should involve further research on health impacts of recent policy changes, such as the new public charge rule and binational assessments of migrant health and safety under the "Migrant Protection Protocol" policy. Community-based designs and sampling techniques that are inclusive of hidden community members would yield particularly meaningful findings, as these are means to address local community concerns and give voice to traditionally underrepresented individuals in studies on topics that concern them. Furthermore, rising tendencies toward nationalism and xenophobia in countries around the globe highlight the need for international research on community health impacts (including physical, mental, social, and economic well-being) of corresponding policy choices.

With respect to policies, the evolving COVID-19 crisis calls for particular attention to the well-being of vulnerable groups, such as ICE detainees. Currently, individuals are being held in detention facilities despite confirmed COVID-19 cases and conditions that preclude following recommended social distancing and hygiene regimens, regardless of detainees' increased vulnerability to the virus due to preexisting conditions or lack of criminal background (Flores/Aleaziz 2020). Another concerning practice which warrants scrutiny are current deportation flights with COVID-19-positive passengers to Guatemala, Haiti, and other countries, thereby placing fellow passengers as well as residents in receiving countries at risk of contracting the disease (Johnston 2020). These examples highlight the need for increased transparency of decision making in immigration enforcement agencies and correspondingly, mechanisms to hold officials accountable and address harmful practices.

The current global pandemic also underscores the importance of viewing policies related to immigration and employment from a public health and social justice perspective. As outlined above, everybody's health is at greater risk when vulnerable legal status holders or their families do not feel safe to access health care or social services (or fear the use thereof may jeopardize future legal status applications) and are unable to abstain from employment during sickness without the risk of losing their jobs. Therefore, a policy framework to decrease the social, economic, and human damage of the pandemic ought to include measures to expand paid sick leave and access to health care and social services regardless of immigration status.

The COVID-19 pandemic also exposes particular challenges and opportunities for border areas around the world. While there are wide variations

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across borders, some lessons from the El Paso-Ciudad Juárez context may apply to borders elsewhere. Characteristic of this region is that many goods, services, and workers are able to cross the border regularly and with relative ease, while it constitutes a fixed barrier for others, including deportees from the U.S., migrant workers, or asylum seekers. Despite an overwhelming focus on border security in the media and political discourse, it is crucial to recognize how much is shared binationally within this space, including languages, culture, family ties, an economy, as well as environmental challenges (e.g., water scarcity, heat waves). Thus, binational collaboration is critical to finding solutions to mutual challenges in this space.

Notably, as of March 2020, an order by the CDC to limit the spread of COVID-19 has justified a virtual halt of all new asylum seekers and an expulsion of over 11,000 migrants without access to a legal process to apply for residency in the U.S. (Misra 2020). As highlighted in a statement by leading public health experts, there are means to upholding individuals' legal right to asylum while protecting the public health of migrants and border communities (Columbia Mailman School of Public Health 2020). Beyond this immediate challenge, a persistent undermining of the well-being, safety, and dignity of migrants at the U.S.-Mexico border stresses the need for humane immigration reform that recognizes the realities of family connections across borders, push and pull factors underlying migration, and the importance of global collaboration in safely managing future migratory flows.

In sum, a discerning response to the COVID-19 pandemic ought to include serious consideration of systematic changes to policy structures that create avoidable harms to the well-being of increasingly diverse communities in the U.S. and elsewhere and instead recognize the connectedness between individuals across borders, immigrants' valuable contributions to nations' economies, and need for equitable access to essential health and social services to promote community well-being.

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