

of at-risk women who use no contraception has more effect than switching from less effective to more effective methods. **AJPH**

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# Immigration Versus Immigrant: The Cycle of Anti-Immigrant Policies

 See also Morey, p. 460.

There is an increasing recognition that immigration policy is also health policy, but public health researchers and practitioners have few frameworks that explicitly link immigration policy and health. Applying a health in all policies approach to immigrant policies draws our attention to how those government actions shape the conditions under which immigrants can be healthy.

The essay by Morey (p. 460) contributes to understanding how immigrant policies currently result in stigma, discrimination, and stress—each of which have been well documented to reduce health in a variety of populations. These same policies can also have direct consequences, such as making immigrants ineligible for public health insurance or causing deportation. In the current anti-immigrant political environment, for public health to effectively research and respond to the negative impact of immigration policy on health, it is critical to understand the structure and nature of immigration-related laws and policies, how they may have different effects across populations, how

immigrant communities respond to those policies, and how they fit within broader historical and political trends related to immigration. Such an analysis will help guide the most effective public health policies and research to improve immigrant health.

## IMMIGRATION VS IMMIGRANT POLICIES

It is important to distinguish between immigration laws and policies (which regulate who can and cannot legally enter and remain in the United States) and immigrant laws and policies (which grant rights, protections, and services to immigrant groups on the basis of legal status). Immigration policies are the responsibility of the federal government. One example is the immigration ban directed at several predominately Muslim countries that the Trump administration aggressively pursued in 2017. Another is the prioritization of apprehending and deporting any undocumented immigrant who comes into contact with immigration

officials—whether trying to cross the border without a visa, being a bystander at a raid, or leaving a courthouse after paying a traffic ticket.

Immigrant policies, by contrast, have been more commonly enacted at the state level since 1996, when federal legislation enlarged the discretion of states to provide or not provide a wide range of public services to many different categories of immigrants.<sup>1</sup> Immigrant policies exist across many sectors, including health, welfare, education, employment, and law enforcement. As a result, we see a wide range of social and political environments that immigrants face across the country.<sup>2</sup> Some states, such as California and Colorado, are actively inclusive and have, for example, passed laws that allow those who graduate from high schools in the state to pay in-state tuition in public universities (mostly, but not exclusively, benefiting

unauthorized immigrant youths) and offered driver's licenses to those in the country without authorization. Other states, such as Georgia and Alabama, are actively exclusionary, prohibiting unauthorized residents from attending some state universities and taking restrictive approaches to immigrants' eligibility to public programs such as Medicaid and food stamps. As a whole, a state's combination of policies shapes the experience of being an immigrant in that state.

## CYCLE OF ANTI-IMMIGRANT POLICIES

Anti-immigrant policies and public opinion tend to be cyclical. After the mass deportations of individuals of Mexican origin during the Great Depression, the United States established the Bracero Program to import temporary Mexican labor to help counter labor shortages during World War II. President Reagan complained about unauthorized immigrants taking away “high paying jobs” from natives in

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the early 1980s and ramped up arrests and deportations, but he signed the 1986 legislation providing amnesty to millions of unauthorized residents. The 1990s saw anti-immigration politics peak in California with the passage of Proposition 187, which would have barred immigrants from all public services (it never took effect<sup>3</sup>). Nationally, the 1996 laws on welfare reform and immigration similarly reflected an anti-immigrant political turn,<sup>1</sup> and border enforcement heightened after the events of September 11, 2001. But starting in 2001, temporary status was provided to many Salvadorans—and later to Haitians and others—in the United States without authorization when natural disasters or other unstable conditions would make their return unsafe. President Obama set a record of over 400 000 deportations in 2012 and accelerated deportations in 2014 in response to the spike in families and children trying to enter from Central America, but he also established the Deferred Action for Childhood Arrivals (DACA). Most recently, the efforts of the Trump administration have been stridently exclusionary.<sup>4</sup>

These different types of policies, the cyclical nature of immigration policy, and past successes of immigrant rights advocates suggest opportunities for public health action to expand the rights and protections of immigrants. Although most of the recent efforts of immigrant rights supporters at the federal level have been to block exclusionary proposals by the administration, many states and localities nationally have been active in solidifying rights and opportunities in health, welfare, employment, and enforcement. Promoting social inclusion across

policies is a good public health approach to promoting healthy living conditions.

## RACIALIZING IMMIGRANTS

The framing of debates around immigrant policies racializes immigrants such that all Latinos become treated as potential undocumented residents. Research shows that policy environments have different effects on immigrant groups of different races/ethnicities. For example, a study found that more inclusive states had higher rates of health insurance enrollment among Latino noncitizens, but not among Asian noncitizens.<sup>5</sup> Research also shows that policies that target unauthorized residents can affect documented residents, especially the US-born citizen children of unauthorized residents but also friends and family who may be lawful permanent residents or citizens. The issues of stigma, discrimination, and distrust created by immigrant policies often underlie the chilling effects that these laws have on immigrants who are eligible for public benefits.

It is important to avoid an analysis of immigrants as passive victims of policies and also to identify the proactive efforts that they and their communities have taken in working against exclusionary policies. Immigrants and their allies have had modest success at the national level in advocating for protections such as DACA with the Obama administration. At the state level, there has been some success in expanding health insurance coverage to all low-income children regardless of immigration status and in implementing federal requirements about language access

in health care.<sup>6</sup> And at the local level, many jurisdictions have passed sanctuary laws to limit police cooperation with immigration authorities.

## A SOCIAL DETERMINANT OF HEALTH

When we identify the health impacts of immigrant policies in multiple sectors, we are analyzing social determinants of health. There is ample research on the negative impacts of stigma and stress on population health. Morey cites some of the well-designed studies of how immigrant policies cause acute stress and negative health outcomes. Chronic stress similarly has long-term negative outcomes, but more research is needed to assess immigrant health as a function of high exposures to stresses created by immigrant policies over long periods of time. Immigrants are often healthier than their US-born counterparts, but that advantage tends to decline over time. The most common explanation is that immigrants take on “unhealthy” American habits,<sup>7</sup> but it is possible that the chronic stress caused by immigrant policies contributes to declining health as well, and immigrant policy is probably more amenable to change than is American culture.

To fully understand how immigrant policies are a social determinant of health, we must look at policies across all sectors, because each shapes the lives of immigrants. We must also place the impact of those policies in historical context—including the racialization of immigrant policy politics—and incorporate the agency of immigrants and advocates in policy advocacy. **AJPH**

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**Note.** The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

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