Mechanisms by Which Anti-Immigrant Stigma Exacerbates Racial/Ethnic Health Disparities

Anti-immigrant rhetoric and political actions gained prominence and public support before, during, and after the 2016 presidential election. This anti-immigrant political environment threatens to increase health disparities among undocumented persons, immigrant groups, and people of color.

I discuss the mechanisms by which anti-immigrant stigma exacerbates racial/ethnic health disparities through increasing multilevel discrimination and stress, deportation and detention, and policies that limit health resources. I argue that the anti-immigrant sociopolitical context is a social determinant of health that affects mostly communities of color, both immigrants and nonimmigrants.

Public health has a moral obligation to consider how immigration policy is health policy and to be prepared to respond to worsening health disparities as a result of anti-immigrant racism. (*Am J Public Health*. 2018;108:460–463. doi:10.2105/AJPH.2017.304266)

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See also Wallace and Young, p. 436.

Before I built a wall I'd ask to know
What I was walling in or walling out,
And to whom I was like to give offence.

—*Robert Frost, "Mending Wall" (1914)*

"Build the wall!" has been the most prominent slogan of the current US president and was echoed repeatedly during campaign rallies by his supporters. This chant signifies more than mere agreement with the president's premier policy to build a giant wall along the US–Mexico border. Underlying this rhetoric is a strongly held anti-immigrant sentiment that seeks to exclude and stigmatize people in US society who are from other countries. Even more nefarious, anti-immigrant speech and politics are coded in a way that denigrates and criminalizes people of color more generally, who do not fit in with some Americans' views of who should be considered "true" Americans—namely, non-Hispanic White Americans.

Xenophobic attitudes have become popularized by unfounded claims made throughout the presidential campaign that immigrants fuel crime, terrorism, and economic instability. In keeping with the anti-immigrant rhetoric that infused his campaign, President Trump has now responded with action by signing numerous executive orders that discourage immigration and limit immigrants' rights. Anti-immigrant rhetoric and policies, whether intentionally or unintentionally, will not only harm the health of immigrant groups living and seeking to live in the United States but also exacerbate racial health disparities among US citizens.

Since 1978, the American Public Health Association has issued multiple policy statements opposing anti-immigrant policies that exacerbate health disparities and violate principles of social justice.[1–3] Although anti-immigrant racism is nothing new to US history, the current administration's blatant "tough on immigration" stance coinciding with thinly veiled racist remarks has created an urgent need for public health to commit itself fully to a strong response that protects health and promotes justice.

Immigration policy is also health policy. When immigration policy responds to the worst sentiments of anti-immigrant bias with punitive action, disparity-inducing health consequences follow. When this happens, the vision of Healthy People 2020 of "a society in which all people live long, healthy lives" is compromised. We must recognize how the xenophobic and racist underpinnings of the current anti-immigrant environment contribute to widening health disparities.

ANTI-IMMIGRANT STIGMA AND HEALTH DISPARITIES

Anti-immigrant policies and rhetoric are the direct result of societal stigmatization of immigrants. When anti-immigrant stigma increases, three interrelated social and political processes manifest to harm health: multilevel discrimination and stress, deportation and detention, and policies that limit health resources. I provide evidence concerning the health effects of each of these processes to support my contention that anti-immigrant policies will increase health disparities. These policies lead to premature death among people of color and do nothing to keep Americans safe.

Stigma is defined as the presence of labeling, stereotyping, separation, status loss, and discrimination that occurs in situations in which power differentials are prominent.[4] By this definition, immigrants experience stigma because they are constantly being labeled "foreigners"

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This article was accepted December 1, 2017.

doi: 10.2105/AJPH.2017.304266

or "outsiders" and stereotyped as undocumented or criminals. This separates them and gives them a lower status than that of White Americans in a society where they have less political power. Stigma can occur on multiple levels to affect health disparities, including the individual (e.g., perceived deportation threat), interpersonal (e.g., anti-immigrant discrimination), and structural (e.g., immigration policy).

Anti-immigrant stigma has spillover effects on broader populations of people of color. This is because undocumented and citizenship statuses cannot be determined by visually assessing a person; these statuses are concealable. Therefore, inasmuch as people in the dominant group falsely conflate being undocumented with being an immigrant and being an immigrant with being non-White, populations that include all racial/ethnic minorities who might be suspected of being an immigrant are likely to be the victims of stigma against immigrant and undocumented persons, regardless of their actual legal or citizenship status. Because of this background, anyone who is a visible racial/ethnic or religious minority (e.g., Arabs, Asians, Blacks, Latinos, Muslims, Sikhs) may be subject to anti-immigrant stigma. According to intersectionality theory, the interaction of multiple stigmatized identities—including immigration status, skin color, gender expression, sexual orientation, and religion—may further incite marginalization.

MULTILEVEL DISCRIMINATION AND STRESS

Increased stigmatization of immigrants leads to greater discrimination directed against people of color. There is extensive literature linking personal experiences of discrimination with poor health. Since the November 2016 election, people who hold anti-immigrant views have felt emboldened, leading to disturbing reports of hate crimes against people perceived to be immigrants.[5] One fatal example occurred in February 2017, when Srinivas Kuchibhotla, an Indian man living in Kansas, was shot and killed by a White male screaming, "Get out of my country!"[6]

These more extreme cases of violence against people of color suspected of being immigrants and other forms of visible interpersonal discrimination are only the tip of the iceberg. Simply living in a country where experiencing this type of discrimination is a possibility increases the vigilance of people of color who fear they might be subject to such anti-immigrant hate, even if they have not personally been a victim of discriminatory violence. Stress caused by the threat of a sociopolitical environment that specifically aims to exclude and disenfranchise entire population groups can accumulate over time to cause greater "wear and tear" on their bodies, leading to higher levels of chronic disease, risky health behaviors, and premature mortality.[7]

In this discriminatory environment, children in kindergarten through 12th grade may be especially susceptible, as reports of bullying and harassment of students of color in school has spiked since the 2016 presidential election.[5] Research has highlighted how children of Mexican immigrants are aware of the sociopolitical stigma against them, leading to internalized racism and low self-esteem.[8] These children express fears of familial separation and shame of their immigrant background, regardless of their legal status, revealing that even children's incomplete understanding of an anti-immigrant environment can have devastating effects.

Beyond individuals' experiences and perceptions, discrimination and stress can occur at multiple ecological levels to affect the health of communities.[9] One study examined the effect of an immigration raid in Washtenaw County, Michigan, that resulted in the detainment and deportation of several people in the county's Latino population.[10] Researchers found that after controlling for demographics, including nativity, people surveyed after the raid reported higher levels of immigration enforcement stress and lower self-rated health than did those surveyed before the raid. Another study found that infants born to Latina mothers following a major federal immigration raid in Postville, Iowa, had a 24% greater risk of low birth weight after than before the raid.[11] These changes in birth weight were observed among both US-born and foreign-born Latina mothers and were not observed among non-Latina White mothers, revealing the racialized nature of immigration enforcement as a community stressor. Furthermore, anti-immigrant prejudice at the community level has been found to be associated with higher risk of mortality among US-born "other race" respondents, which was composed largely of Asians and Hispanics.[12] These studies show that community-level stress and discrimination against immigrants can have widespread detrimental effects on the health of racial/ethnic minorities.

DEPORTATION AND DETENTION

Anti-immigrant stigma also leads to worse health by separating immigrants from the rest of US society through deportation and detention.[9] To be clear, the number of people being deported from the United States was high long before the last election cycle. However, the Obama Administration's deportation efforts were focused mainly on people recently detained while crossing the border and undocumented immigrants who had committed violent crimes. Since President Trump took office in January 2017, the number of arrests immigration officials have made has increased to more than 30% higher than in the same period in 2016,[13] with priorities for deportation broadening to include a greater percentage of people whose only crime is not having documentation status. Currently 11.3 million undocumented persons living in the United States, the vast majority of whom have been peaceably living and working in the United States for a decade or more,[14] are under the constant threat of deportation and detention.

Deportation and detention have immediate effects on health. People who are deported face violence, crime, oppression, and poverty in the places they are sent. Factors contributing to their initial immigration to the United States, including persecution, are likely to be worsened on their return. Their mental and physical health may be endangered as a result of being cut off from health-promoting social and economic support in the United States. However, few studies have been able to track the health effects of deportation once people are forced to leave the United States.

There have been several reports of the poor conditions of immigrant detention centers around the country, including excessive use of physical restraints, inadequate access to health care, lack of opportunities for nutrition and exercise, and physical and verbal abuse by detention center officers[15] that in the most extreme cases have resulted in death. Since 2003, 172 people have died in immigration detention centers—many of them owned by private prison companies with little government oversight.[16] The inhumane treatment received at these centers, some of which hold children and families, has prompted advocates to label benign-sounding detention centers what they truly resemble: immigrant prisons.

The children and other family members who are left behind also feel the profound effects of deportation and detainment. The sudden removal of one or multiple caregivers has left children stranded at school or at home and has forced some into the foster care system and others into single-parent households. Such an event is clearly traumatizing to children of undocumented parents, 80% of whom are legal US citizens.[17] In the short term, children with a deported parent are significantly more likely to display mental health problems than are those whose parents were not deported or were in the process of deportation.[18] In the longer term, the loss of a caregiver or income earner often leaves families in more dire financial situations, leading to housing instability, homelessness, unsupervised care, and food insecurity.[17]

The mere threat of immigration enforcement can indirectly affect health by fostering fear and mistrust of law enforcement among immigrant groups. Although undocumented immigrants and their families fear that any interaction with law enforcement may lead to their apprehension, legal immigrants and US-born people of color also fear harassment by law enforcement because of racial profiling.[19] Increased immigration enforcement has been shown to restrict Latinos' access to transportation, employment, nutrition, physical activity, and health care.[20,21] Evidence shows that in the wake of the 2016 presidential election, reports of interpersonal violence, including sexual assault and domestic violence among Latino residents, dropped dramatically in several cities across the nation.[22] These statistics suggest that Latinos are unwilling to report interpersonal crimes to law enforcement out of fear, raising concerns that populations with large numbers of immigrants are suffering from unaddressed interpersonal violence in the wake of the current anti-immigrant sociopolitical environment.

POLICIES THAT LIMIT HEALTH RESOURCES

In an increasingly anti-immigrant environment, it has become more likely that anti-immigrant policies are being proposed and passed, resulting in the worsening of health disparities through the further limiting of health resources. "Health resources" refer not only to health care and health insurance but also to jobs, education, wealth, social capital, and social services, which have been shown to fundamentally support health.

In the United States, undocumented immigrants are completely ineligible to receive the vast majority of federally funded safety net benefits, including Social Security—although they pay an estimated $12 billion per year into Social Security through payroll taxes.[23] Many undocumented immigrants are forced to work illegally in precarious situations where they are subject to exploitation and abuse from employers. Undocumented immigrants face barriers to higher education, because they are barred from receiving federal education benefits and must often pay higher rates to attend public colleges or universities. Undocumented immigrants are, furthermore, ineligible for nonemergency Medicaid benefits and are prohibited from purchasing coverage or receiving subsidies through the Affordable Care Act. Because undocumented immigrants are more likely to have a low income and do not qualify for most government-funded health plans, they are more likely to rely on emergency care or community clinics or to forgo care altogether.

Legal immigrants also face restrictions to receiving health resources. Federal law requires a five-year waiting period before legal immigrants can qualify to receive federal benefits. Research has shown that when legal immigrants are eligible to receive public benefits, few take advantage of the government programs out of fear of being considered a ward of the state and thereby jeopardizing obtaining full citizenship status in the future.[24] Contrary to the belief that immigrants overuse public benefits, lower percentages of poor immigrants than similarly poor US-born natives use public benefits; when they do, they cost the government less per beneficiary, reducing costs.[25]

Policies that limit health resources for immigrants can also affect US citizens. Studies have found that in states with more anti-immigrant laws, Latino Americans experience more barriers to accessing health care and higher rates of poor mental health days.[26,27] These studies demonstrate how anti-immigration policies act as forms of structural racism against people of color to negatively affect health.[9]

Conversely, policies that increase immigrants' access to health resources may lessen health disparities. One study of the effects of the Deferred Action for Childhood Arrivals program, the US policy that provided renewable work permits and deferred deportation for undocumented young adults, found significant mental health benefits in the form of decreased psychological distress among those eligible, compared with those ineligible, for the program.[28] In addition, the Deferred Action for Childhood Arrivals program contributed to well-being by increasing access to important health resources for undocumented Asian and Pacific Islander young adults.[29] These studies demonstrate the importance of increasing undocumented immigrants' access to health resources to address disparities. Unfortunately, President Trump has ended the Deferred Action for Childhood Arrivals program without replacing it with a long-term policy fix, causing even more uncertainty for the future of undocumented immigrants.

CONCLUSIONS

I have provided a critical perspective for understanding how an anti-immigrant sociopolitical environment worsens racial/ethnic health disparities by

stigmatizing people on the basis of their country of birth and the color of their skin. Public health must first recognize that anti-immigrant policies are forms of structural racism that are antithetical to valuing health for all. In the effort to eliminate health disparities, I encourage public health to proactively work against anti-immigrant racism in our organizations, communities, and nation as a whole.

More research is needed to highlight the multilevel effects of anti-immigrant rhetoric and policies on communities and individuals as well as the intersectionality of immigration status, race, and other aspects of stigmatized identity. Public health has a moral duty to protect the health of all by breaking down the walls formed by an anti-immigrant political environment. AJPH

ACKNOWLEDGMENTS

This commentary was supported by the Chancellor's Postdoctoral Fellowship Program at the University of California, Riverside.

Special thanks go to Bruce G. Link, PhD, and to Gilbert C. Gee, PhD, for their feedback on previous versions of this article. I also thank the anonymous reviewers for their thoughtful comments and suggestions.

Note. The contents of this commentary are solely the responsibility of the author and do not necessarily represent the official views of the University of California.

HUMAN PARTICIPANT PROTECTION

Because no human participants were involved, no institutional review board approval was required.

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