

# Literature Review of Health Implications of Enforcement Policies Regarding Immigration

## California Department of Public Health, Office of Health Equity

The Office of Health Equity (OHE) was established by Section 131019.5 of the California Health and Safety Code to provide a key leadership role in reducing health and mental health disparities in vulnerable communities including, but not limited to, immigrants and refugees.<sup>1</sup>

This issue brief summarizes the relevant peer reviewed literature on the potential health implications of changes to immigration policy enforcement. The goal of this brief is to help readers understand the effect that such changes might have on community health.

## Literature Review of Health Implications of Restrictive Immigration Enforcement Policy

To predict the consequences of changes to immigration policy enforcement it is instructive to look at how similar policy changes in the past have affected community health and health inequities.

### *Discourages health-seeking behaviors*

In 1994, California passed Proposition 187, which prohibited undocumented immigrants from accessing education, social services, and health care.<sup>2</sup> Subsequent studies found that fear of immigration authorities was associated with delay in seeking care and suggested that immigration policies, such as Prop.187, increased this fear and could lead to increased rates of communicable diseases, particularly tuberculosis.<sup>3,4</sup>

The 1996 Federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) barred documented immigrants from accessing Medicaid for five years following admittance into the U.S.<sup>5</sup> Even though this provision only applied to immigrants admitted after 1996, insurance coverage rates decreased among eligible immigrants who arrived prior to 1996 because they were afraid of jeopardizing their immigration status.<sup>6,7</sup> Non-citizens' withdrawal from Medicaid following PRWORA also impacted citizen children of non-citizen parents.<sup>8,9</sup> Both non-citizen parents and citizen children had a significant reduction in ambulatory healthcare (doctor/nurse visits) and emergency medical care.<sup>6</sup>

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Arizona passed the Support Our Law Enforcement and Safe Neighborhoods Act in 2010, which made failing to possess immigration documents a crime and expanded police power to detain suspected undocumented immigrants.<sup>10</sup> As a result, immigrants reported limited food purchasing options and limited ability to access healthcare because of fear of traveling in public spaces.<sup>9</sup>

### *Reduces public safety*

Research finds that devolution of federal enforcement of immigration laws to state and local police leads to a lack of trust between law enforcement and immigrant communities.<sup>9,11</sup> The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) deputized state and local police to enforce immigration laws.<sup>12</sup> The Secure Communities program, implemented by Immigration and Customs Enforcement (ICE), continues this trend.<sup>11</sup> Under this program, fingerprints of arrestees obtained from state or local law enforcement are sent to immigration databases automatically, in order to identify and deport immigrants who have been arrested or accused of committing a crime. A randomized survey of Latinos living in counties with major metropolitan areas – Cook County (Chicago), Harris County (Houston), Los Angeles County, and Maricopa County (Phoenix) – found that the increased involvement of state and local law enforcement changed respondents' perceptions of law enforcement.<sup>11</sup> Survey respondents reported being less likely to report crime and more likely to withdraw from their community, actions which likely reduced social cohesion. They also reported experiencing a diminished sense of safety due to fear of police inquiring about their immigration status and the status of their friends or family members.<sup>11</sup>

A study focusing on the effects of the Support Our Law Enforcement and Safe Neighborhoods Act on the residents of Flagstaff, AZ found that the law affected community health by contributing to distrust between residents and law enforcement officers. Residents were less likely to report crimes they might have witnessed to authorities.<sup>9</sup>

### *Contributes to negative health outcomes from chronic stress*

A qualitative study looking at the effects of Immigration and Customs Enforcement (ICE) activity on immigrant health found that chronic fear of deportation exacerbated chronic diseases including depression, anxiety, and high blood pressure.<sup>13</sup> Research also demonstrated that mixed-status families report poorer health status of their children compared to permanent legal and citizen families. Moreover, in studies of perceptions of state immigration policies, the disparity in children's health status is threefold greater between mixed-status families and citizen families, suggesting that "the perceived punitive nature of immigration policy" impacts children's health status.<sup>14</sup> In another study, public health researchers studied the health consequences of the 2008 Postville raid, which was the largest single-site federal immigration raid in U.S. history at that time. The Postville raid targeted Latino immigrants who were working in a meatpacking plant in the town of Postville, Iowa. The study found that Latino infants born in Iowa after the raid were 24 percent more likely to be born at a low birth weight than Latino infants born one year prior to the raid.<sup>15</sup> Researchers concluded, "It is unlikely that these findings are due to random chance. The risk of low birth weight among infants born to Latinas in Iowa was higher after the Postville raid than at any other time in a 10-year period."<sup>16</sup>

## Current Federal Immigration Policy Landscape

President Trump's January 27, 2017 Executive Order 13769 (EO 13769), "Protecting the Nation from Foreign Terrorist Entry into the United States," suspended the entry into the United States of nationals from Iran, Libya, Somalia, Sudan, Syria, Yemen, and Iraq.<sup>17</sup> EO 13769 suspended the United States Refugee Admissions Program for 120 days and also suspended the Visa Interview Waiver Program indefinitely.<sup>17</sup>

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After litigation regarding the constitutionality of EO 13769 temporarily blocked its implementation, President Trump revoked the order and replaced it on March 6, 2017 with Executive Order 13780 (EO 13780), also titled “Protecting the Nation from Foreign Terrorist Entry into the United States.” EO 13780 requires the suspension of entry into the United States of nationals from Iran, Libya, Somalia, Sudan, Syria, and Yemen for 90 days, with exemptions similar to EO 13769.<sup>18</sup> EO 13780 also requires that Iraqi nationals who want to enter into the United States undergo additional scrutiny to determine whether they have connections with terrorists.<sup>18</sup> This Executive Order required the Secretary of State to suspend the United States Refugee Admissions Program for 120 days and the Visa Interview Waiver Program indefinitely.<sup>18</sup> The constitutionality of EO 13780 was challenged in multiple federal courts. The U.S. Courts of Appeal in the Fourth and Ninth Circuits upheld temporary blocks to the 90 day travel ban and the 120 day ban on refugee admissions.<sup>19,20</sup> On June 26, 2017, the Supreme Court of the United States agreed to hear an appeal of these cases, and allowed the EO 13780 to go into effect for people with no close connections to the United States.<sup>21</sup> On September 24, 2017, President Trump issued a proclamation which bans most citizens from Iran, Libya, Somalia, Chad, Syria, North Korea and Yemen from traveling to the United States.<sup>22</sup> Additionally, citizens from Iraq and certain individuals from Venezuela are subject to greater vetting.<sup>22</sup> This proclamation takes the place of EO 13780.

On January 25, 2017, President Trump also signed Executive Order 13768 (EO 13768), “Enhancing Public Safety in the Interior of the United States,” which calls for the hiring of an additional 10,000 immigration officers for U.S. Immigration and Customs Enforcement and prohibits federal grants from going to “sanctuary jurisdictions.”<sup>23</sup> This EO directs executive departments and agencies to “employ all lawful means to ensure the faithful execution of the immigration laws of the United States against all removable aliens” and prioritizes the removal of aliens who have been charged with, or convicted of a crime, or committed acts that constitute a chargeable criminal offense.<sup>23</sup> The order also requires that the Secretary of Homeland

Security terminate the Priority Enforcement Program and reinstate the Secure Communities Program.<sup>23</sup> Both programs operate by sending fingerprints of arrestees to the Department of Homeland Security. The Priority Enforcement Program, however, prioritized the removal of aliens who had been convicted of specifically enumerated crimes, had participated in criminal gang activity, and those who posed a danger to national security, while the Secure Communities Program, considered to be a more punitive approach, issues detainer requests on all potentially removable immigrants, regardless of conviction or the seriousness of the offense.<sup>24,25,26</sup>

## Impact of Current Federal Executive Orders on Healthcare Delivery

### *Reduces access to care for patients living in underserved rural and inner-city communities*

Foreign medical school graduates are more likely to practice in underserved communities in the United States.<sup>27</sup> This, in large part, is due to the J1 and H1B visa waivers, which are intended to recruit physicians to practice in areas of need in the U.S. Researchers believe that policies like EO 13769 and EO 13780 will deter highly-qualified immigrant candidates from applying for residency programs and then serving in underserved communities in the U.S.<sup>28,29</sup>

### *Impedes dissemination of medical science*

Public health, epidemiology, and medical experts from certain countries may be less inclined to travel to the U.S because of the current executive orders.<sup>30</sup> As a result, dissemination of science, new technologies, and treatments in medicine that take place via international collaboration and medical professional conferences hosted in the U.S. may decline.<sup>30</sup>

## Conclusion

Research demonstrates that heightened enforcement of immigration policy can lead to negative health consequences for immigrants, thereby exacerbating health inequities between immigrants and the larger community. Immigration policy decisions should be informed by the type of objective evidence laid out in this issue brief, to mitigate negative health consequences that may reduce community health, safety, and cohesion.

Learn more about the public health community's response to recent immigration policy at [www.cdph.ca.gov/programs/OHE](http://www.cdph.ca.gov/programs/OHE).

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