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Policing Us Sick: The Health of Latinos in an Era of Heightened Deportations and Racialized Policing

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In 2016, Donald Trump campaigned for more restrictive immigration enforcement, including stronger border security, mass deportations, and an end to birthright citizenship (Johnson 2016). Since Trump has taken office, immigrant communities have experienced heightened anxiety corresponding with increased policing. Although US immigration enforcement is intended to target individuals whose presence in the United States is unauthorized and who are classified as “high priority” (e.g., accused of more violent criminal offenses) (Rocha, Knoll, and Wrinkle 2015; Cruz Nichols, LeBrón, and Pedraza 2018b), the spillover consequences of detentions and deportations are much broader than those deemed “high priority” and affect various aspects of life for Latinos, including those who have birthright or naturalized US citizenship (Cruz Nichols, LeBrón, and Pedraza 2018a; 2018b; Pedraza, Cruz Nichols, and LeBrón 2017). Indeed, Latin American immigrants represent 96% of all deportations from the United States since 2010 (Transactional Records Access Clearinghouse 2014). Notably, 61% of Latinos report knowing someone who is undocumented, and 36% know someone who has experienced immigration detention or deportation (Sanchez, Pedraza, and Vargas 2015). This article examines the consequences of deportation threats and racialized policing environments relative to the health of Latinos, specifically focusing on knowing someone who is undocumented or who has been deported.

The proliferation of immigration enforcement operations in the United States is exemplified by the intergovernmental information-sharing Secure Communities (SComm) program (Cruz Nichols, LeBrón, and Pedraza 2018b).¹ SComm coordinates federal and local law-enforcement resources to identify, detain, and eventually deport immigrants without authorized US status. Although the stated focus is on those with a criminal charge, the majority of people processed through SComm have minor infractions (Kohli and Chavez 2013). Additionally, early participation in SComm coordination efforts has been correlated with sizable Latino populations, not crime (Cox and Miles 2013). Given the growth of immigrant policing through daily encounters with local police, we relied on pre- and post-2016 election surveys and SComm data to examine the health implications of deportations under SComm and the perceived

racialized policing of Latinos—a crucial topic often neglected in existing political science discussions on the scope of policy effects.

EFFECTS OF IMMIGRATION POLICY, IMMIGRATION SURVEILLANCE, AND RACIALIZED POLICING

Literature on immigration-policy spillover effects documents the decline in health-care utilization and Medicaid participation where local police coordinate enforcement operations with federal immigration authorities or where deportation concerns are high (Rhodes et al. 2015; Watson 2014). Related studies indicate past cooperation between welfare-program officials and immigration authorities, highlighting why people might be cautious about engaging with public officials (Fox 2012). With immigrant policing fostering distrust or disapproval of authorities in Latino communities (Rocha, Knoll, and Wrinkle 2015; Sanchez et al. 2015), regardless of citizenship status, many Latinos have learned to exercise caution in navigating institutional relationships in daily life (Pedraza, Cruz Nichols, and LeBrón 2017). These studies suggest paths of indirect influence from restrictive immigration policies to health by way of deterring engagement with institutions that provide access to health-promoting resources. Restrictive immigration policies reinforce definitions of national belonging—conflating citizenship status and race—thereby transferring stigma and racialized stressors associated with unauthorized immigration to entire groups of people (Viruell-Fuentes, Miranda, and Abdulrahim 2012).

Research about the health implications of immigrant policing indicates that self-reported mental health is poorer among Latinos who fear they, or people they care about, will be deported (Cavazos-Rehg, Zayas, and Spitznagel 2007; Vargas, Sanchez, and Juarez 2017), and recent studies have documented a decline in the health of Latinos following immigration raids (Lopez et al. 2016; Novak, Geronimus, and Martinez-Cardoso 2017). By conceptualizing racialized policing as a “sense of ‘being hunted’ by law-enforcement officials” (Cavazos-Rehg, Zayas, and Spitznagel 2007, 1130), these studies trace poor health outcomes to psychological distress, chronic activation of stress-response systems, and restricted access to health-promoting resources rooted in systems of structural racism.

Whereas an emerging literature documents the effects of racism (Paradies et al. 2015) and immigration raids on health (Lopez et al. 2016; Novak, Geronimus, and Martinez-Cardoso 2017), limited scholarship considers the health implications of observed (at the county level) and perceived effects of being targeted by local police and federal immigration agencies, whose activities are increasingly linked by technology and permitted by restrictive immigration policies. We drew on data and a study design that provided a larger sample size, wider geographic scope, and more contemporary metrics than existing research on immigration policies and health consequences. Thus, this study addresses major themes in the 2016 presidential campaign, including issues about immigration enforcement, border-security debates, and health care.

The observable deportations available from the SComm data allowed us to create a proxy for the fear of “being hunted” and accompanying processes that reify the production of social inequalities inimical for individual and community well-being—a unique methodological contribution to the literature on immigrant-policing effects.

Specifically, we examined two research questions that address gaps in the literature. First, we merged data from the 2015 Latino National Health and Immigration Survey (LNHIS)² with the publicly available deportation data provided by Immigration and Customs Enforcement (ICE)³ to evaluate the association of county-level deportations under SComm and mental-health needs. The observable deportations available from the SComm data allowed us to create a proxy for the fear of “being hunted” and accompanying processes that reify the production of social inequalities inimical for individual and community well-being—a unique methodological contribution to the literature on immigrant-policing effects. Using this same large LNHIS sample, we also examined the independent effect of associations with someone who has been deported. We hypothesized that both higher levels of SComm deportations (H1) and knowing someone who has been deported (H2) are associated with greater mental-health needs. Second, drawing on data from the 2016 Collaborative Multiracial Post-Election Survey (CMPS),⁴ we examined the association of perceptions of racialized policing with self-rated physical health after the presidential election. We hypothesized that greater perceptions of racialized policing are associated with worse self-rated physical health (H3). Finally, we expected that a close relationship with someone who is undocumented is associated with worse self-rated physical health (H4). Together, these 2015 and 2016 datasets allowed us to test whether observable restrictive immigration-policy enforcements and a perception of a racialized policing environment were linked to adverse health outcomes during the 2016 presidential cycle.

DEPENDENT VARIABLES

Our analysis focuses on two outcomes of interest. In the LNHIS, the outcome measure is self-reported mental-health needs, a subset of psychological distress, assessed by the question:

“In the past 12 months, did you think you needed help for emotional or mental-health problems, such as feeling sad, anxious, or nervous?” (yes = 1; no = 0) (Wells, Sturm, and Burnam 2004). In the CMPS, the outcome variable was self-rated physical health, using a five-point scale: Poor (1), Fair (2), Good (3), Very Good (4), and Excellent (5), ordered to assess optimal health (Idler and Benyamini 1997).

EXPLANATORY VARIABLES

Explanatory variables in the LNHIS analyses included deportations under SComm and a personal connection to someone who has been deported. Using county-level identifiers, we merged the LNHIS data with the total number of deportations reported under SComm for each US county (as of December

2014). We divided total SComm deportations by US Census 2010 estimates of Latinos in each county because we expected Latinos would be cognizant of deportations that have differentially affected their communities. The average number of SComm deportations per 1,000 Latinos in the LNHIS sample was 7.3 (SD = 6.7/1,000). More than half of the LNHIS sample resided in a county with 5.8 deportations per 1,000 Latinos. The second explanatory variable was whether participants personally knew someone who was deported (yes = 1; no = 0)—a factor conceptually distinct from local deportations.

For the CMPS analysis, key explanatory variables were perceptions of racialized policing and a social connection to undocumented immigrants. Perceptions of racialized policing were measured by the sum of responses to the three-item index assessing likelihood that “people like me” will be stopped by the police, arrested, or sent to prison. Response options ranged from strongly disagree (0) to strongly agree (4); higher scores indicated a stronger belief that Latinos are likely to be stopped, arrested, or sent to prison (range: 0–12; Cronbach’s alpha: 0.95). The dichotomous measure of a close relationship to someone undocumented was assessed by a two-part question: “Do you happen to know somebody who may be an undocumented immigrant?” and, if yes, “Is that a family member or a friend, who is undocumented, or do you know both?” (i.e., 1 = knows the family or knows both family and friends; 0 = only knows a friend, does not know relationship to them, or does not know anyone undocumented). Analyses included several common control variables that measure demographic and political characteristics.⁵ Summary statistics for these variables are available in the online appendix.

RESULTS

How do observable immigration deportations impact mental and emotional health? For the LNHIS analyses (merged with

SComm data), and controlling for covariates, logistic regression was used to examine associations among deportations, knowing someone who has been deported, and mental-health needs. In line with H1, we found a positive and significant association between SComm deportations and mental-health needs ($\beta = 0.03$; $SE = 0.02$; $p < 0.05$, one-tailed test) (table 1, model 1) during a period preceding the general 2016 presidential campaign. Additionally, in line with H2, results indicated a positive association of a personal connection to someone who has been deported and mental-health needs ($\beta = 0.70$; $SE = 0.16$; $p < 0.01$, one-tailed test) (table 1, model 1).

among perceptions of racialized policing, a social connection to undocumented immigrants, and optimal self-rated physical health. Results in table 1, model 2, provide significant support for H3. As expected, a stronger perception of racialized policing was significantly associated with a decline in self-rated physical health ($\beta = -0.04$; $SE = 0.01$; $p < 0.01$, one-tailed test).⁶ Results indicate that Latinos who reported that “people like me” are more likely to be stopped by police, arrested, or sent to prison were more likely than their counterparts to report poor self-rated physical health.⁷ Although the substantive impact appears small, the negative coefficient shows a deteriorating

Results indicate that Latinos who reported that “people like me” are more likely to be stopped by police, arrested, or sent to prison were more likely than their counterparts to report poor self-rated physical health.

In-sample predicted probabilities plotted in figure 1 (in the online appendix) provided clearer evidence of this relationship. The model assigns Latinos who live in a county with about three deportations per 1,000 Latinos a 21% probability of reporting mental-health needs. This probability increased to 24% among Latinos who live in a county that logged six deportations per 1,000 Latinos (i.e., the median among LNHIS respondents) followed by about 28% among Latinos from counties that deported 16 people per 1,000 Latinos (i.e., the 90th percentile among LNHIS respondents).

We also examined the relationship between the perception of racialized policing and self-rated physical health using 2016 postelection CMPS data. Ordinary least squares regression, adjusting for covariates, was used to examine associations

trend (figure 2 in the online appendix). Replicating the results from the 2015 LNHIS, the CMPS demonstrated that the association between racialized policing and health remained negative after the 2016 election. Model 2 (H4) also indicated that the health consequences of undocumented status spill over to individuals who have a close friend or family member who is undocumented ($\beta = -0.11$; $SE = 0.05$; $p < 0.01$, one-tailed test).

DISCUSSION AND CONCLUSION

This article addresses a considerable gap in understanding the effects of immigrant policing and restrictive immigration policies on Latinos’ mental and physical health, and it argues that restrictive immigration policies negatively impact Latinos’ health. Analyses indicated three main findings. First, deportations under the SComm program are associated with greater mental-health needs, suggesting a decline in the mental health of Latinos. Second, the association of deportations with mental-health needs also is correlated with knowing someone who has been deported. Third, Latinos who reported that “people like me” are more likely to be stopped by police, arrested, or sent to prison were less likely than their counterparts to report favorable physical health. These findings elucidate multiple mechanisms by which observable and perceived aspects of the lived experience of immigrant policing adversely affect health, including through systems of surveillance,

Table 1

Estimating Health Concerns on Deportations, Perceptions of Racialized Policing, and Knowing Someone Deported/Undocumented in the LNHIS 2015 and CMPS 2016, Weighted

	Model 1	Model 2
	LNHIS 2015	CMPS 2016
	Mental-Health Needs (Logit)	Self-Rated Physical Health (OLS)
Deportations (SComm)	0.03** (0.02)	-
Knows someone who has been deported	0.70*** (0.16)	-
Perceptions of racialized policing	-	-0.04*** (0.01)
Close relationship with undocumented person	-	-0.11*** (0.05)
Constant	-1.12*** (0.53)	3.23*** (0.12)
Observations	1,221	2,762
R-Squared	0.07	0.08

Notes: Although table 1’s models are abbreviated for readability purposes, they include all relevant control variables. Standard errors in parentheses and levels of significance are based on one-tailed t-tests: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.10$. Full results are available in the online appendix.

deportation, and a social connection to undocumented immigrants.

This study offers several methodological contributions. It leveraged two national datasets with robust measures of social connections to immigrant policing, perceptions of policing, and individual-level health. Additionally, these data were merged with a unique administrative dataset that included county-level measures of deportations reported under SComm. The 2015 LNHIS and 2016 CMPS allowed for examination of how twenty-first-century restrictive immigration policies shape daily life for Latinos within a sociopolitical context in which immigration discourse conflates Latinos with immigrants and nativity with documentation status (Viruell-Fuentes, Miranda, and Abdulrahim 2012). The inclusion of data from 2015 and 2016 allowed the capture of this shifting and dynamic context of structural racism toward Latinos to shed light on the health implications of observed and perceived aspects of immigrant policing, including two important components of immigrant policing: racialized policing and deportations.

The analyses drew on data collected at the beginning of the 2016 presidential campaign and following the election. These findings contribute to understanding the experiences of Latinos after the election and for considering the health implications of future immigration policies. Although he is mercurial about the future of Deferred Action for Childhood Arrivals, President Trump continues to demand a border wall, increase deportations, and heighten enforcement policing practices towards immigrants and racial minorities. These study findings, embedded within a context of high levels of immigrant policing, suggest that the escalation in immigrant policing practices and rhetoric following the change in presidential administrations exacerbates the risks for a decline in health for Latinos, the youngest and largest US racial/ethnic minority population (Passel, Cohn, and Lopez 2011).

SUPPLEMENTARY MATERIAL

To view supplementary material for this article, please visit <https://doi.org/10.1017/S1049096517002384> ■

NOTES

- Initiated in 2008 in Harris County, Texas, SComm has operated in every US county since 2013. In December 2014, SComm was renamed the Priorities Enforcement Program; however, the structure and operations remain unchanged. Under the Trump administration, the Secure Communities name was restored. Some counties have terminated SComm agreements.
- The authors were part of a larger team of co-principal and co-student investigators who designed the 2015 LNHIS (N = 1,490) (Sanchez, Pedraza, and Vargas 2015), which was fielded by Latino Decisions from January through March 2015, immediately prior to the presidential campaign season.
- Detailed past reports of SComm metrics are available at www.ice.gov and are archived by the authors.
- The CMPS (N = 10,146) (Barreto et al. 2016) provides a rich set of explanatory variables for models of individual-level health and complements findings from the LNHIS. For this article, we restricted the CMPS analyses to the Latino sample (N = 3,003).
- For model 1 (LNHIS), the control variables include age, gender, marital status, education, income, citizenship status, survey language, country of origin, health insurance coverage, household health care utilization, attention paid to politics and self-rated physical health. For model 2 (CMPS), the authors use similar control variables where available, and use proxies for other measures, including those for nativity (no country of origin available), perceived discrimination against Latinos, and skin tone (self-reported).
- The authors also ran the analyses separately without the three-item racialized-policing index measure, and the results still hold. Results are available in the online appendix.
- The authors also tested the conditional effect of racialized policing and whether respondents knew someone who is undocumented. The interactive effect is not statistically significant (p = 0.164). Results are available upon request.

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