

“They Are Clipping Our Wings”: Health Implications of Restrictive Immigrant Policies for Mexican-Origin Women in a Northern Border Community

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Abstract

We examine racialization processes experienced by women of Mexican origin in a northern border community during a protracted period of restrictive immigrant policies that have disparately affected Mexican-origin communities, and consider pathways through which these experiences may affect health. This grounded theory analysis draws on interviews conducted in 2013–2014 with 48 first, 1.5, and second generation Mexican-origin women living in Detroit, MI. Racialization processes blurred boundaries between Latinas/os, immigrants, and undocumented immigrants. Racialized policies and interactions required women to negotiate shifting and often precarious social and political terrain. We describe racializing markers used by agents of multiple institutions to assess the legal status of women and members of their social networks, shaping their access to the resources over which institutional agents held power. Specifically, we consider the dynamic mechanisms by which multiple legal, social, and employment institutions exacted immigrant policing and bureaucratic surveillance. These include: (1) interior and border immigration enforcement agents’ active surveillance of residents; (2) local law enforcement officials’ assertion of authority over driver’s licenses and contact with immigration officials, often in traffic-related encounters; (3) Secretary of State clerks’ discretion in assessing legal status and issuing driver’s licenses and state IDs; (4) social welfare agents’ scrutiny of citizenship status in determining access to nutritional, economic, and medical resources; and (5) employers’ exploitation of these structural vulnerabilities to justify unfair treatment of immigrant workers. We theorize several mechanisms, by which these processes affect health, including: stigmatization; hypervigilance; and restricted access to health-promoting resources.

Keywords Immigration enforcement · Immigrant policies · Immigration policies · Immigrant policing · Mexican · Government-issued ID · Driver’s license · Health inequities · Health equity

Introduction

A growing body of literature implicates structural racism in persistent health inequities observed in the U.S. (Bailey et al. 2017; Gee and Ford 2011; Viruell-Fuentes et al.

2012). While a substantial body of research examines these issues in non-Latina/o black communities, there is increasing interest in examining the connections between structural racism and health for Latina/o communities (Gee and Ford 2011; Viruell-Fuentes et al. 2012). Anti-immigrant

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ideologies and restrictive immigrant policies—policies that regulate the lives of immigrants in the U.S.—heighten inequities based on citizenship and legal status, and between those born in the U.S. and immigrants (LeBrón et al. 2018a; Pedraza et al. 2017). In the early twenty-first century, this context has disproportionately affected Latinas/os: 97% of persons deported from the U.S. in 2012 and 2013 were of Latin American origin, and nearly 70% have been Mexican nationals (TRAC 2014). Quantitative studies have begun to document the health implications of these processes, and their contributions to health inequities. However, relatively few qualitative studies have investigated Latina/o community experiences of restrictive immigrant policies and their implications for health inequities. Fewer still have examined these experiences outside of the context of the southern region of the U.S. Following a brief review of the extant literature on the implications of restrictive immigrant policies and practices for health, we describe the immigrant policy context in Detroit, Michigan, a northern border community. Following presentation of the guiding research questions for this qualitative study of contemporary immigrant policies as a form of structural racism, and their implications for the health of Mexican-origin women, we present findings from the analysis itself.

Restrictive Immigrant Policies

In recent decades, the U.S. has expanded federal immigration enforcement initiatives to identify, detain, and deport immigrants without authorized U.S. presence (U.S. Department of Homeland Security 2003). The early twenty-first century has seen an increase in immigrant policing (Miller 2014). Immigrant policing refers to the policing of immigrants by local law enforcement agencies collaborating with national immigration enforcement agencies, or by immigration enforcement agencies acting at the national border and in interior regions of the U.S (Coleman and Stuesse 2014; Miller 2014). Such policing often occurs in public spaces such as around neighborhoods, near schools, at public transit, and in traffic enforcement operations (Coleman and Stuesse 2014; Miller 2014). Collaborations between local law enforcement and immigration agencies build upon section 287(g) of the 1996 Immigration and Nationality Act, which deputizes local law enforcement agencies to enforce federal immigrant policies in locales with such agreements (Cox and Miles 2013). Additionally, several state-level restrictive immigrant policies (e.g., Arizona SB 1070 and Alabama HB 56) have strengthened the authority of local police to enforce federal immigrant policies and restrict undocumented immigrants' access to social welfare programs. This expansion of federal immigration enforcement initiatives, collaborative agreements between

local law enforcement and federal immigration agencies, and state-level restrictive immigrant policies create a multi-layered web of immigration surveillance and enforcement. This context affects not only individuals tangled (or potentially tangled) in the structural web of the U.S. immigration enforcement system, but also their families and broader social networks and communities (Artiga and Ubri 2017; De Genova 2002). In 2015, a national survey of Latinas/os found that approximately two-thirds (61%) of Latinas/os reported knowing someone who is undocumented and one-third (36%) reported knowing someone who has experienced immigration detention or deportation (Latino Decisions 2015).

Social scientists situate these policies within a framework of “illegality,” encouraging scholars to shift the focus away from an individual’s legal status and in turn examine the mechanisms by which juridically produced legal status, and the practices and social norms that reproduce “illegality,” contribute to systems and experiences of exclusion and disadvantage (De Genova 2002; Abrego 2014; Ngai 2004). Indeed, restrictive immigrant policies produce legal statuses and in particular undocumented status, as well as the rights and access to resources that are granted according to a given legal or citizenship status (De Genova 2002, 2004). These processes determine which groups are afforded pathways to legalization and citizenship, in turn stratifying the population by migration experience and legal and citizenship status (De Genova 2002). Such processes produce social disadvantages and can become embodied for undocumented immigrants, their kin and social network members, as well as broader communities who have been the targets of restrictive immigrant discourse and policies (De Genova 2002; Dreby 2015; Enriquez 2015).

Pathways from Restrictive Immigrant Policies to Health

An emerging literature links restrictive immigrant policies with stigma and discrimination, restricted access to health-promoting resources, and adverse health outcomes. Recent research demonstrates associations between restrictive state immigrant policy contexts and higher levels of self-reported discrimination for Latinas/os (Almeida et al. 2016). Other scholarship documents increases in institutional discrimination for Latinas/os in the early twenty-first century in Michigan, a state that has not explicitly implemented multiple-measure restrictive immigrant policies (LeBrón et al. 2018b). Within a context of anti-immigrant sentiments, qualitative scholarship documents the use of physical characteristics of Mexican-origin women by institutional actors in the process of stigmatizing women, across immigrant generations and legal statuses, as “undocumented” (Garcia 2017).

The health effects of this sociopolitical context may operate through pathways that include restricted access to health-promoting resources. Preliminary studies report implications for restricted mobility (Hacker et al. 2011; Hardy et al. 2012; Salas et al. 2013), job loss and workplace exploitation (Ayón et al. 2012), food insecurity (Potochnick et al. 2016), family separation (Dreby 2015), and home foreclosures (Rugh and Hall 2016). All of which are conditions known to have adverse health effects (Burgard et al. 2013; Downing 2016; Lopez et al. 2016; Martin and Lippert 2012). In addition, declines or delays in pediatric or prenatal health care and public assistance utilization for immigrant and U.S.-born Latinas/os have been observed following the passage of state-level restrictive immigrant policies (Toomey et al. 2014) and federal-local immigration enforcement collaborative agreements (Rhodes et al. 2015). Simultaneously, this sociopolitical context contributes to mistrust in institutions charged with promoting the public's well-being, including public health, health care, social service, and law enforcement agencies (Cruz Nichols et al. 2018a; Hacker et al. 2011; Hardy et al. 2012; Pedraza et al. 2017; Rhodes et al. 2015). Qualitative research suggests such mistrust is grounded in concern that interactions with these institutions could escalate to contact with immigration enforcement agencies (Hacker et al. 2011). To date, this evidence base primarily emerges from the southwestern and southeastern regions of the U.S., reflecting traditional and new settlement regions for Latina/o and immigrant communities.

Recent studies have reported increases in adverse birth outcomes and a worsening of self-rated health for immigrant and U.S.-born Latinas/os following local immigration raids in the Midwest—large-scale immigration enforcement “shocks” to affected communities (Lopez et al. 2016; Novak et al. 2017). Other scholarship links restrictive state immigrant policy contexts with adverse mental health outcomes for Latinas/os (Hatzenbuehler et al. 2017) and increases in institutional discrimination in the early twenty-first century with greater increases in blood pressure for immigrant Latinas/os relative to U.S.-born Latinas/os (LeBrón et al. 2018b). A recent study found that for a national sample of Latinas/os, living in a county with more deportations and having a close connection to someone who was deported were each associated with greater mental health needs (Cruz Nichols et al. 2018b).

Focused largely to date on prenatal, mental health, pediatric health care utilization, and reproductive outcomes, this literature has yet to examine the broader health implications of a protracted, multi-level system of restrictive immigrant policies and practices across multiple life domains. Additionally, early twenty-first century public discourse about immigration enforcement centered largely on men who were deported. Indeed, estimates indicate that at least 85% of immigrants deported from the U.S. in the early twenty-first

century have been men (Golash-Boza and Hondagneu-Sotelo 2013). However, there has been limited scholarly attention to how experiences in this protracted period of restrictive immigrant policies have unfolded for women. The implications of these policies for women's experiences beyond reproduction as, for example, members of society, family members, partners, neighbors, employees, and/or mothers and their attendant health implications are questions which have only begun to be addressed. Our understanding of the forms and expressions of anti-immigrant sentiment and racialization of Latinas/os by institutional actors, policies and practices, as well as experiences of Latinas/os who come into contact with those institutions, remains incomplete, challenging our ability to adequately understand implications for health and well-being. An intersectionality approach, which considers the role of multiple structures of inequality on these processes, can provide a deeper understanding of the complexities of women's experiences with racialization processes in the early twenty-first century and implications for health (Collins 1990; Crenshaw 1989; Viruell-Fuentes et al. 2012). This study considers the intersections of multiple interconnected social locations such as race, gender, and immigrant generation as they shape Mexican-origin women's experiences with racialization in a context of restrictive immigrant policies and sentiments in Detroit, Michigan.

Restrictive Immigrant Policies in a Northern Border City

Detroit, Michigan is located on the U.S.-Canadian border. In 1953, the U.S. Department of Justice adopted a 100 mile zone from any international border, within which basic Constitutional protections do not fully apply (American Civil Liberties Union, n.d.). Federal authorities such as immigration officials operating within 100 miles of international borders (e.g., with Canada, Mexico) have broad powers and may not adhere to Fourth Amendment protections, including the right of people to protections from random stops, searches, and detentions without solid reason (American Civil Liberties Union, n.d.; Miller 2014). Nearly the entire state of Michigan lies within 100 miles of the border with Canada or international waters. The post-9/11 introduction of the interior Immigration and Customs Enforcement (ICE) agency further amplifies these dynamics, as does early implementation of the “Secure Communities” program, an information-sharing program between local police and federal immigration officials, in Wayne County, Michigan (Immigration and Customs Enforcement 2013).

Compounding the federal policies described above, as a state interpretation of the federal REAL ID Act of 2005 (n.d.), in 2008 Michigan began denying state-issued IDs

(e.g., driver's licenses, state IDs) to persons who could not prove authorized U.S. presence (Cox 2007). An emerging literature documents the role of exclusionary government-issued ID policies in heightening racialized stressors and restricting access to health-promoting resources that increasingly require a government-issued ID (e.g., applying for housing, conducting financial transactions, accessing health care) (LeBrón et al. 2018a).

Restrictive immigrant policies are intensified by the longstanding presence of border enforcement at the U.S.–Canada bridge that crosses into Southwest Detroit, an area that experiences frequent raids or stops from border enforcement (Viruell-Fuentes 2007). In Detroit, most Latinas/os live in Southwest Detroit (Data Driven Detroit 2012), sometimes referred to as “Mexicantown,” reflecting the longstanding presence of community residents with ties to Mexico. From 2000 to 2014, representation of Latina/o immigrants increased from 43.5% of the Detroit immigrant community to 55.1% (U.S. Census Bureau 2000, 2014), with the majority of Latina/o immigrants in Detroit residing in Southwest Detroit (Cruz 2014).

This study seeks to contribute to a broader understanding of the impacts of structural racism on health—not just in states with multiple-measure restrictive immigrant policies or in the context of acute community shocks such as immigration raids—but in terms of long term erosion of health and well-being associated with the day-to-day experiences linked to these policies. This study aims to contribute to an understanding of the experiences of Mexican-origin women in Detroit, Michigan, within this interconnected system of immigrant policies. Through an intersectional approach, we examine these experiences through analysis of in-depth interviews with first, 1.5, and second-generation women in Detroit, conducted in 2013–2014. Specifically, we examine the processes by which restrictive immigrant policies shape Mexican-origin women's day-to-day experiences; intersections across multiple social statuses; and implications for health. We used a grounded theory approach to inductively develop theoretical understandings of the mechanisms by which this context shapes health. The present study was undertaken within a protracted period of restrictive immigrant policies and discourse—a sociopolitical environment that affords opportunities for examination of implications for Latina/o health.

Methods

Data Collection

This qualitative inquiry emerged from discussions with the Healthy Environments Partnership (HEP), a community-based participatory research (CBPR) partnership that has

been working since 2000 to understand and address features of the social and physical environment that affect cardiovascular inequities in Detroit, Michigan (Schulz et al. 2005). Discussions of immigrant policing that affected Latina/o residents' active participation in a HEP walking group intervention, alongside anecdotes of the longstanding presence of immigration officials in Detroit and increasingly restrictive immigrant policies, contributed to the development of this qualitative inquiry. Our research team includes several Latina scholars and community leaders, most of whom identify as Mexican and two of whom are longstanding residents of Detroit. Other members of the research team identify as non-Latina white, scholars with a longstanding commitment to social justice, health equity, and participatory approaches to research and action. During research discussions, members of the partnership surfaced their observations of enduring and heightened structural racism against Latinas/os—including individual or family experiences with immigrant policies and/or institutional and personally mediated racial discrimination. The first author's positionality as Puerto Rican and the third author's positionality as being of Mexican-origin and experiencing restrictive immigrant policies and accompanying concerns first hand, as well as several Latina/o-serving community-based organizations' promotion of this study helped to establish connections and a trusting relationship with participants. Three co-authors contributed their expertise in qualitative data analysis, two of whom are active members of longstanding CBPR partnerships in Detroit focused on health equity, and one of whom conducted ethnographic field work in Detroit approximately one decade prior to this study.

This analysis draws on interviews conducted between 2013 and 2014 with first- ($n=25$), 1.5- ($n=10$), and second-generation ($n=13$) Mexican-origin women aged 18 and older, and living in Southwest Detroit, Michigan. Consistent with Rumbaut (1994) we defined the first generation as women born and raised in Mexico, who migrated to the U.S. ≥ 12 years of age, the 1.5 generation as Mexico-born women who migrated to the U.S. when they were younger than 12 years of age, and the second generation as women born in the U.S. with at least one parent born in Mexico.

Women were eligible for the study if they were of Mexican origin; first (migrated to the U.S. ≥ 12 years of age), 1.5 (migrated to the U.S. < 12 years of age), or second generation; lived in Southwest Detroit; 18 years of age or older; and fluent in English or Spanish. Participants were recruited through a combination of tapping into the networks of the research team and snowball sampling (Patton 1990), in which initial participants identified through the social networks of the study team or the partner community-based organization (CBO) were invited to recommend the study to women who met eligibility criteria. We invited participants to share information about the study with members

of their social networks. Additionally, we worked with the CBO research partner and two other CBOs to advertise the study more broadly. Approximately three-quarters of participants were recruited by the research team and collaborators and one-quarter were recruited through snowball sampling. Interviews were conducted at the location of participants' choosing: their home or one of three CBOs.

Data were collected through semi-structured in-depth individual interviews, with consideration to question wording, order, and content. The interview guide included topics addressed in an open-ended manner that would elicit detailed descriptions of women's experiences. Discussion topics included women's experiences with immigrant policies generally, experiences with recent changes in federal and state immigrant-related policies, responses to immigrant-related policies and sentiments, experiences of discrimination more generally, health, and recommendations to policymakers (see Table 1 for topics included in the interview guide). The interview guide was used to facilitate conversation between the participant and interviewer (Charmaz 2001). Accordingly, some participants needed very little prompting to speak to the topics of focus, while other participants were asked the majority of the questions presented in Table 1, with additional probes (e.g., "Tell me more about that.", "How does this make you feel?", "How do you make sense of these experiences?"), as needed. Upon completion of the interviews, women completed a brief survey about their sociodemographic characteristics. Because of the sensitive nature of legal status, women were not asked directly about their or important others' legal statuses. However, due to the salience of legal status in many women's day-to-day lives, this topic often came up. While identifying information was also not solicited during the interviews, at times participants disclosed identifying information (e.g., street that participants lived on) alongside the reporting of legal status. To protect participants, any identifying information they shared was not included in the transcripts. Audio recordings were destroyed once transcripts were finalized. In the data analysis and interpretation, given the extent to which legal status emerged in this study, interviews were analyzed by the legal status of women and the legal statuses of members of their kin and social network members (e.g., co-worker, neighbor).

Interviews were conducted in Spanish or English, depending on the participant's preference, lasted 1–3 h, and all interviews were digitally recorded and transcribed verbatim. Interviews were conducted by bilingual study team members who were experienced in qualitative health research. Participants received a \$20 cash incentive and information about individual and immigrant rights. When specific needs emerged in the context of the interviews, we provided information about relevant services when feasible. Presented in Table 2 is a description of social and economic

characteristics of participants. 31 participants completed the interview in Spanish, with the majority of Spanish-language interviews completed with women in the first generation.

Data Analysis

Data analysis was guided by a grounded theory approach to develop inductive themes that were informed by the research questions (Charmaz 2012; Glaser and Strauss 1967; Patton 1990; Strauss and Corbin 1990). An open coding scheme was applied to initial interviews. The first and third author met frequently to debrief about interviews, the emerging analysis, and our positionalities as they relate to this qualitative inquiry. The first author was also mentored closely by the second author, who brings qualitative expertise, and who has been involved in CBPR initiatives in Detroit for > 20 years. Our research team discussed emerging findings during ongoing data collection and analysis. This coding scheme guided the systematic analysis of interviews, with segments of text organized into analytical categories or codes, which were then grouped into themes. Using axial coding, we made connections between the categories and subcategories (Charmaz 2012; Glaser and Strauss 1967). As an example of axial coding, due to the practice of denying driver's licenses or state IDs to Michigan residents who could not prove their authorized U.S. presence, expired driver's licenses (or no license at all) had become a "symbol of (il)legality." Through "bureaucratic surveillance," institutional agents used the driver's license in assessments of legal and citizenship status and accordingly in decisions about access to the resources over which they held power. Data from each interview were analyzed within the context of each individual and in comparison with other participants to discern common themes that could be found within larger narratives (Glaser and Strauss 1967). These patterns were analyzed within and across interviews. The analysis team, which included academic researchers, community members, and organizational representatives, iteratively developed and interpreted the themes, allowing us to compare interpretations and to check the emerging themes and subthemes across the data. Three senior qualitative researchers in this team reviewed the discussion guide and thematic analysis.

We sampled women across immigrant generations, and examined variations in experiences with racialization processes by a number of social statuses, including immigrant generation, length of U.S. residence (for immigrant women), caregiver status, and the legal statuses of women and members of their kin and social networks.

To ensure anonymity, we used pseudonyms to refer to participants. The quotes from Spanish-language interviews were translated by the first author. The University of Michigan Institutional Review Board approved this study in July, 2013.

Table 1 Semi-structured interview guide

Topic	Example interview question
Family migration history	Tell me a bit about where you grew up and where your family came from. Please just talk generally. I would like you to tell me a little bit about your life as it is now. What do you do now?
Health and well-being	How would you describe your life? Your well-being? Probes: How would you describe your health? Do you have any health issues? Why do you think you have [health condition]?
Experiences in public	Tell me about your daily experiences out in public (e.g., on the street, at a park, on the sidewalk, when driving, at the store, etc.). How often do you go out in public? How safe do you feel when you go out in public? Tell me about your experiences when you go outside of your neighborhood. When do you leave your neighborhood? Where do you go? How do you feel when you leave your neighborhood?
Immigration and immigrant policy context	Over the last 10–12 years we have seen a lot of laws created that have focused on arresting and penalizing immigrants in the United States who may be undocumented, preventing people from entering the United States without authorization, and greater enforcement of immigration laws. Has this affected you? You don't need to mention your documentation status or any names of particular people. Sometimes people or groups have made negative statements about immigrants. Has this affected you? If so, how has this affected you? You don't need to mention your documentation status or any names of particular people. Tell me about what you do to get through the experiences or concerns that you mentioned related to people's comments about immigration or immigration enforcement. How, if at all, has your family been affected by these practices and thoughts towards immigrants? Have you had any experiences when you felt that you were treated badly because you are Hispanic or Latina? (If so) Tell me about some of those experiences.
Interactions with other racial or ethnic groups	How much interaction do you have with other racial or ethnic groups, like whites or Anglos, African Americans or blacks, Arab Americans, or Chaldeans, among other groups? Have you had any experiences when you felt that you were treated badly because you are Hispanic or Latina? (If so) Tell me about some of those experiences.
Interpersonal encounters with questioning about legal status	Has anyone ever asked you about your documentation status? (If so) Tell me about that experience. Have you ever witnessed someone else being asked about their documentation status? (If so) Tell me about that experience. Please remember that you don't need to mention any names. How likely do you think it is that someone would question your documentation status? A few years ago, the Michigan Secretary of State issued a policy to deny driver's licenses to immigrants who may lack documentation. Do you know anyone who has been affected by this policy? If so, how have they been affected?
Responses to experiences	Tell me about the things that make your everyday experiences better or not so bad. Are there things you tell yourself or do to make things not so bad? Tell me about the strategies that you use to make things not so bad.
Policy experiences and recommendations	If you could tell President Obama one thing, what would you tell him? If you could tell your state representative one thing, what would you tell her or him? If you could tell an immigration official one thing, what would you tell him or her?

Note This study involved a grounded theory approach, in which a theory was developed from the findings that emerged from the interviews. Data analysis was conducted alongside data collection, and the research team modified the interview guide as needed to facilitate the grounded theoretical developments presented in this paper

Results

Findings from this analysis indicate that racialization processes blurred the boundaries between immigrant generation, nativity, and legal and citizenship status for women and their kin networks. The shifting ground created through racialized immigrant discourse, policies, and interactions required women and members of their social networks

to negotiate multiple identities, particularly as the consequences of illegality affected undocumented women and also spilled over to immigrant women with less vulnerable legal statuses and to U.S.-born women. Institutional agents used racializing markers or symbols of illegality in the process of determining the legal and citizenship status of women and members of their social networks, and thus entitlement to the resources over which institutional agents held power.

Table 2 Sociodemographic characteristics of study participants: first, 1.5, and second generation Mexican women, Detroit, Michigan

	First generation (<i>n</i> = 25)		1.5 generation (<i>n</i> = 10)		Second generation (<i>n</i> = 13)	
	% (<i>n</i>)	Median (SD)	% (<i>n</i>)	Median (SD)	% (<i>n</i>)	Median (SD)
Age (years)		45.0 (11.3)		32.8 (14.5)		40.7 (19.0)
Interviewed in Spanish	96 (24)		40 (4)		23 (3)	
High school education or higher	48 (12)		80 (8)		69 (9)	
Employed in formal labor force	8 (2)		60 (6)		31 (4)	
Married or living with partner	96 (24)		50 (5)		38 (5)	
Live in household with 1 + child	88 (22)		70 (7)		77 (10)	
Self-rated fair or poor health	44 (11)		20 (2)		46 (6)	

The driver’s license was a central symbol that institutional agents engaged in these processes.

The following sections present mechanisms by which multiple institutions reinforced restrictive immigrant policies through immigrant policing and bureaucratic surveillance. These mechanisms include: immigration enforcement and border patrol agents’ active surveillance of residents in and around this northern border community; and local law enforcement officials’ assertion of authority over driver’s licenses and contact with immigration officials, often in traffic-related encounters. Relatedly, bureaucratic surveillance occurred through multiple mechanisms including the Secretary of State clerks’ exercise of discretion in assessing legal and citizenship status and issuing driver’s licenses and state IDs; social welfare agents’ scrutiny of citizenship status in determining access to nutritional, economic, and health care supports; and employers’ empowerment to exploit structural vulnerabilities to justify unfair treatment of workers. In each of these domains, institutional agents invoked the use of one or more symbols of illegality as they reinforced this system.

Immigrant Generation and Spillover Effects

Immigrant generation did not emerge as the most salient social location that shaped women’s experiences, suggesting that in a heightened anti-immigrant context racialization processes transcend generational status. In this sample, several women across immigrant generations who had a spouse or partner held a more protected legal or citizenship status than their partner. For example, three women in the second generation had husbands who were immigrants and who were undocumented at some point in time. Additionally, several first or 1.5 generation women who had obtained citizenship, legal permanent residency status, or Deferred Action for Childhood Arrivals (DACA, which provides work authorization and temporary relief from deportation) had partners who were actively in the process of trying to legalize their status or who had been deported. A few other women in the first or 1.5 generation reported that they were undocumented and had a partner

who was also undocumented or who had been deported. Thus, this analysis points to the social network and spillover effects of restrictive immigrant policies beyond the first or 1.5 immigrant generations or the experience of undocumented immigrants in particular. Additionally, most women across immigrant generations recalled having a parent or extended kin who was undocumented at one point in time during their life course. These patterns reflect the realities that citizenship and legal status are certainly experienced on an individual-level, but also affect family-level dynamics, challenges, and opportunities. This is reflected in the prevalence of many mixed-status families in this sample—families that include at least one undocumented immigrant and someone with U.S. citizenship or a less vulnerable legal status. An estimated 16.6 million persons in the U.S. are members of mixed-status families (Taylor et al. 2011). Although it is difficult to ascertain the extent to which the patterns described above mirror the population in Southwest Detroit, particularly due to the sampling approach, our analysis suggests that effects of anti-immigrant contexts are experienced by entire communities and families.

Racializing Markers Leveraged as Symbols of (Il)legality

Women indicated that institutional agents leveraged several racializing markers in the process of determining women’s and their network members’ citizenship or legal status in the production of (il)legality. These socially constructed symbols included: not having a current driver’s license or state ID issued by a U.S. state; ankle monitors imposed by immigration officials; speaking Spanish or having a Spanish accent; being born outside the U.S.; having an “ethnic” name; attire such as hoodies or jeans and work boots; and physical features such as “dark skin and black hair” or facial features that might be ascribed to Mexicans. Angela, a woman in the 1.5 generation, described how police and immigration officials engaged multiple racializing markers:

We feel threatened by the police and immigration ... I guess that's the threat we live with every day. The first thing is your shade of skin. 'Cause if you look Mexican that's when the police go after you, and then if you don't speak English, well that's worse.

Often, women's descriptions of encounters with police pertained to interactions spurred by traffic-related stops in and around Detroit.

Alice, a second-generation woman, explained how she perceived that police used her race and dress as racializing markers when she was pulled over in her Southwest Detroit neighborhood:

The police officer tells the other police officer, "Uh it's another one of those that doesn't know how to speak English." And then when she got to the [car] door I said, "Yes, I do know how to speak English. I speak English." And I think it's all because of the way I look. I look real Mexican and people ask for my documentation. Basically, I'm always like in a hoodie, so I get that look you know. I think it has to do with my appearance.

In these instances, residence in Southwest Detroit, which was linked with race-based residential segregation and stereotypes of the neighborhood as a predominantly immigrant and Latina/o community, were engaged by multiple institutional agents alongside other racializing markers.

Liliana, a woman in the 1.5 generation, explained, "If you don't have a license, they'll [police] call immigration. If you have a license, then there is no reason for them to call immigration." Women's accounts highlighted that the driver's license was a central symbol that institutional agents engaged in assessing women's legal status. For many women, having an expired driver's license or state-issued ID, or no license at all was a key indicator of (il)legality, with implications for encounters with immigration enforcement.

Dalilia, a woman in the 1.5 generation, was detained by immigration officials after a traffic stop before being provisionally released. She explained how the ankle monitor that immigration officials tightly secured to her prior to her release served as a racializing marker that reminded her of her stigmatized identity and (il)legality:

All that time it [wearing the ankle monitor] was torture because I felt like a like a prisoner, as if I had killed someone. Like as if I had done a crime or something that I hadn't. It was painful. It hurt when I put clothes on, pants and things. And it was something really difficult. And I tried to hide it for a while but when I saw that I couldn't hide it, well. Um, I would go out with it and it was, for people it was like- Wow! The novelty like, "What did this lady do? Why does she have a band on her foot?" ... There was a while when I went

to work with it, but there I did have to hide it. Because I am undocumented.

For Dalilia, the ankle monitor symbolized the criminalization of her presence in the U.S., which she likened to the punishments of those convicted of violent crimes. Accordingly, to maintain her employment Dalilia went to great effort to hide this visible, painful, and physically uncomfortable symbol of (il)legality and the legal violence that criminalized her U.S. presence. Notably, the ankle monitor left scars on Dalilia's ankle, a painful and enduring reminder of her (il)legality and of the legacy of her experience of immigrant detention.

Some women leveraged these same markers to resist these processes and thus access the resources over which institutional agents held power. For example, Rebecca, a first-generation woman who was undocumented, was able to renew her driver's license after Michigan began denying licenses to undocumented individuals:

Well, when I show them my ID they think I have papers and they ask "are you going to vote for ... ?" ... I tell them no, but they don't ask me why, they just think that I have the right to vote.

As a symbol of (il)legality, Rebecca embraced the privileges and ascribed "legality" and U.S. citizenship associated with her unexpired driver's license. The following section extends this analysis of the symbolism of driver's licenses and other symbols of (il)legality to consider women's interactions at the interface of multiple institutions that participate in processes of immigrant policing.

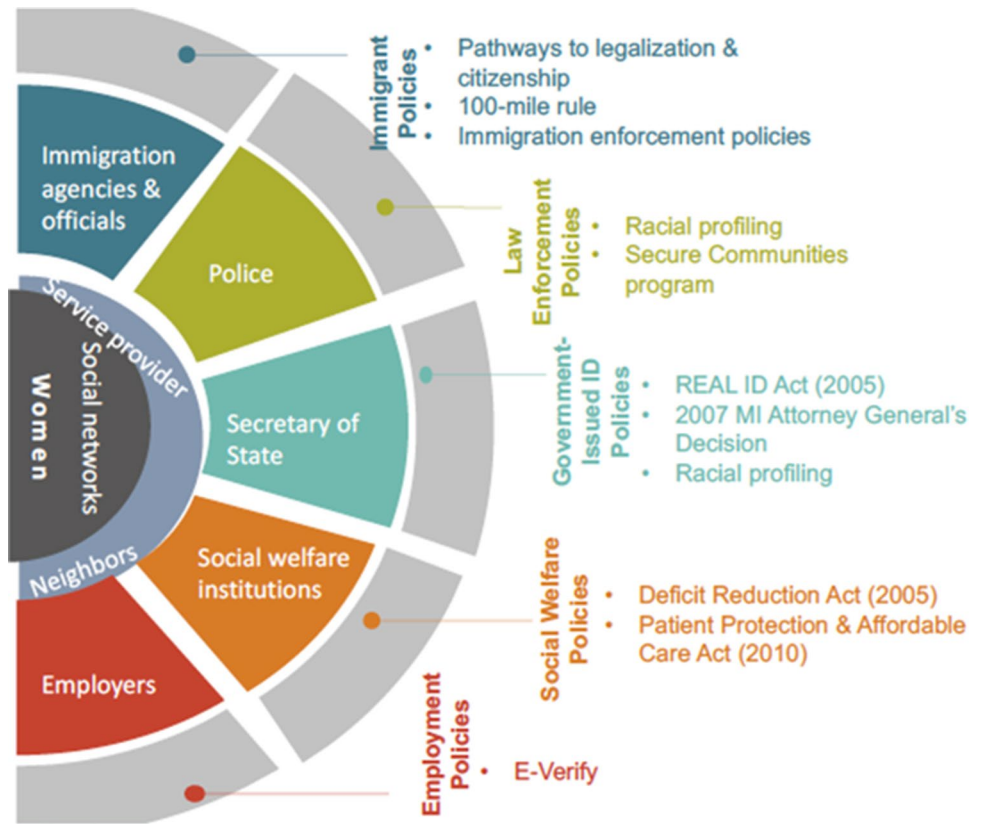
Immigrant Policing

Surveillance and discriminatory actions promulgated by institutional actors weighed heavily in women's accounts. Institutional actors who engaged in immigrant policing included, for example, interior immigration and border enforcement agencies and police, which could catalyze contact with immigration officials (Fig. 1). Below, we discuss the role that each of this type of actors play in these processes as pointed out by the women in our study.

Interior Immigration and Border Enforcement Agencies

Most participants in this study described the pervasive presence of immigration officials affiliated with interior (e.g., *Immigrations and Customs Enforcement*) or border (e.g., *Customs and Border Protection*) enforcement agencies within and at the boundaries of Southwest Detroit. The presence of these officials contributed to an environment of fear and uncertainty. For example, Clara, a second-generation woman described surveillance in her

Fig. 1 Dynamic systems of structural racism



neighborhood as follows: “[Immigration officials are] going around the schools or churches ... So, you do see it [immigration enforcement]. It’s like it’s a norm. It’s so sad, because we shouldn’t be living in fear.” Her description of immigration surveillance of community institutions such as churches and schools suggests that this form of immigrant policing contributed to a sense of vulnerability as the neighborhood and its community-oriented institutions were targeted for immigrant policing. Indeed, women described surveillance by immigration officials as a pervasive component of day-to-day life.

Undocumented participants in this study who had been previously detained by immigration officials described the detention experience as dehumanizing and often traumatic. For example, Sonia, a first-generation mother recalled her experience in immigrant detention after being accused of petty theft by a local grocery store:

When I arrived at the immigration office they started asking questions, they said to me “How many children do you have?” And I told them two. They said, “Two rats like you. Two rats like you.” I said they are my children. They said “What can we expect with thieves like you. That is what they are teaching them! They are rats, thieves. Well it’s all only thieves running around.”

Sonia was arrested after changing the price tags on food at a small, local grocery store so that she could afford to purchase enough food for her family that day. When the store manager called the police, the police immediately called immigration officials who separated Sonia from her child and detained her. This effort to counterbalance the economic suffering linked with Sonia’s undocumented status quickly escalated to her entanglement in the tightly woven web of policing institutions in this northern border community: local police and immigration enforcement officials. The verbal violence perpetrated by immigration officials reflects the stigmatizing language and accompanying treatment by institutional actors who are responsible for implementing immigration enforcement policies, and suggests immigration officials’ feeling of empowerment to treat undocumented women and their families in a dehumanizing manner. The use of dehumanizing language with Mexican immigrants and their children reflects processes that have been described elsewhere in the literature as stigmatizing, and are one component of more generic processes of reproducing inequities (Chavez 2013; Schwalbe et al. 2000). In this case, they reflect processes of racialization that are embedded within and reinforced by immigrant policies and the immigration officials who are responsible for their enforcement.

Police

Women often described police surveillance and traffic-related encounters in which police officers asked questions or made assumptions about the driver's or passengers' legal status. In these encounters, police used driver's licenses or state IDs as proxies for legal status. Consuelo, a woman in the first-generation, described a traffic stop:

My brother was driving and I was in front with him and he gave a ride to a co-worker and unfortunately, well that young man didn't have ID. The police stopped us because I think my brother was going a little bit fast. Because that guy didn't have ID, they told us that nobody should give him a ride and that the next time they would stop us [and] if we have him with us, they were going to deport the young man. But they didn't ask us if we had papers or anything. Just because he didn't have ID... but I had my license and my brother too. And, and what he said was, "Do you know that I can call immigration because he doesn't have ID?" And we said, "well yes." He could do whatever he wanted, right?

Consuelo's account suggests that this line of inquiry was not only about identification and verification of driving privileges. Inquiries about driver's licenses also served to assess legal status. In Consuelo's case, the driver and all passengers were asked for ID and questioned about their legal status. That is, lack of ID was treated as an indicator of undocumented status. Though at the time of this study federal immigration agencies were instructed to prioritize the deportations of undocumented individuals convicted of serious crimes, Consuelo's experience indicates the day-to-day experience of (il)legality as it criminalized undocumented status and spilled over to affect all passengers by virtue of the police officer's threat. Because police encounters were often catalysts for encounters with immigration officials and subsequently deportation or separation, women described being highly vigilant towards the possibility of encounters with the police.

While Consuelo conjectured that they were pulled over for speeding, several other women described traffic stops by police, but could not recall the reason for being stopped. Further, many women who described a traffic stop never received a traffic-related citation. Instead, police often gave women or the drivers a citation for driving without a driver's license and/or threatened to call immigration officials in the future. These driver's license citations amounted to costly expenses that enhanced interactions with the U.S. court system if women and their families could not pay the fine(s)—a circumstance that they could not change and that exacted significant economic burdens. Other women who did not describe a traffic stop by police described their vigilance to

the possibility of being pulled over by police and potential subsequent contact with immigration officials for themselves or passengers.

Bureaucratic Surveillance

As with police and immigration officials, bureaucratic agents perpetrated bureaucratic surveillance by engaging racializing markers in the process of assessing access, based upon legal and citizenship status, to social, economic, occupational, and health care resources over which they held authority. While a few women expressed concern that these interactions could escalate to contact with immigration officials, most salient in women's accounts of these encounters was the possibility of restricted access to economic, nutritional, and health care-related goods and services, as well as access to a driver's license to mitigate stigmatizing processes. The following sections describe the subcategories of bureaucratic surveillance from three types of institutions: the Secretary of State's office, which issues driver's licenses and state IDs; social welfare offices; and occupational contexts.

Michigan Secretary of State's Provision of Driver's Licenses and State IDs

This category of bureaucratic surveillance involved clerks exercising their discretion in assessing legal status and consequently issuing driver's licenses or state IDs, which were needed to prevent or mitigate interactions with police or immigration officials and to access health-promoting resources that have become increasingly linked with having an ID. Angela, a woman in the 1.5 generation who had DACA status and a driver's license at the time of the study, described her husband's experience trying to renew his driver's license at the office of the Secretary of State:

She [clerk at the Secretary of State office] didn't even like, ask him nothin', she just said, "I need your Social Security number." Like, she didn't even ask him what we were – like, "Your name" or, "Can I have your expired license?" or nothin' like other people. No, she right away told him, "Oh I need your Social Security number." And that's when he said, "Oh." Well, he couldn't give her one ... I was like ... "You forgot it?" He's like, "Yeah." I was like, "Oh, can we get a pink slip and come back?" And she just gave us that look like, like, "We know you don't have it ... Why are you trying?"

Angela's experience is an example of what other women across immigrant generations described that they experienced and/or witnessed as a heightened scrutiny from clerks at the Secretary of State's office when applying for or renewing ID.

Social Welfare Agencies

Women also described the use of racializing markers, including physical features and nativity of family members, by social welfare case workers in the process of scrutinizing citizenship-based eligibility for access to the desired and needed economic and health care resources for which caseworkers were the gatekeepers. Mariana, a woman in the 1.5 generation with legal permanent residency status who has both U.S. and Mexico-born children, explained how her caseworker questioned her children's eligibility for health insurance:

My baby doesn't have [health] insurance either. They [caseworkers] cut it out saying that they didn't have a Social Security card [on file]. But that they needed some more documentation. But, he has a Social Security card, he was born here. So, I made a copy and everything and took it to the office but I am fighting to get it turned back on. So yeah... [points to her stomach, mouthing that she's pregnant] nobody knows. So, I obviously need to go to the doctor and um and he [infant son] needs his 6-month checkup especially with being premature you know? She [caseworker] tried to cut out the groceries [nutrition assistance program] too and the system wouldn't let her do it. Because they can only do so much on the computer by themselves.... You can't make [caseworkers] angry because they kind of, they have like, you know, your kids' health in their hands.

As with Mariana, women recounted these experiences as personally stressful, and described adverse effects on, for example, their children's access to health care and supplemental nutrition programs. Furthermore, Mariana's experience illustrates the concerns that several women expressed regarding network effects of restricted access to resources from caseworkers. Based on women's accounts, the more vulnerable status of one family member, such as an immigrant mother or child, could affect access to nutritional and health care benefits for other family members, at least in the short term.

Alice, a second-generation single mother explained that while she and her children were born in Detroit, case workers repeatedly asked her to prove her and her children's citizenship:

They [case workers] again, assume that I was not from here so they treat you like ... you should [not] have WIC, [like you're] not a citizen or whatever. And you know I had to explain to them that I am from here and that actually this is not, technically it's not for me, it's for the baby which was born here. ...The thing that makes me more angry is when Hispanic people like

me, like Mexican Americans I guess we're called, treat Mexicans or Hispanics in a bad way just because they feel that they were not born here.

Alice's account suggests that these experiences were not unique to immigrant women, and also signals the sometimes complicity of co-ethnics in processes of stigmatization.

Employers

Women's narratives indicated that employers used federal surveillance of their hiring practices to justify their exploitation of undocumented workers, or those whom employers suspected of having undocumented status. As Leticia, a woman in the first generation who was undocumented, explained:

At jobs, because you are Latina sometimes they give you lower positions. They give you lower positions and also if you don't speak English too... For example, I worked at a restaurant and I had experience. I'm not talking about a month, I'm talking about years of experience. Sometimes new [employees] would come, Black or White, and [employers] would give me harder jobs to do. But when Blacks or Whites [employees] came in, without experience I had to show them how to do the job and they didn't pay me more. And that doesn't benefit me in any way. Simply because I was Latina, well I felt like a little below and it didn't matter if I was a woman or not. So, I felt angry, impotent. But, well you have to work. You don't have a choice but to put up with it.

Leticia recounted the physical strain of her manual labor, her economic struggle of being denied a higher wage, and the "impotence" of her social position, with which she contended as she strived to make ends meet. Leticia interpreted her lower occupational status, more difficult tasks, and denial of promotions or a raise, vis-à-vis her non-Latina/o white and non-Latina/o black counterparts, as attributed to her employers' exploitation of her multiple marginalized statuses. When she would raise these concerns, her employer's reminder that he could ask for her Social Security number served as his attempt to quell her resistance to this exploitive occupational structure. No women in this sample described interactions with police or immigration officials that emerged from their or their partners' workplaces. However, for a few women who were undocumented or whose partners were undocumented, the threat that employers might contact immigration officials was a concern that contributed to exploitive work conditions.

The vulnerability of these occupational contexts sometimes extended to other workers. For example, Emma, a woman in the second generation, described her insecure pay

at a food processing center that primarily employed undocumented immigrant workers: “we were always struggling with getting paid.” Thus, while undocumented workers were more vulnerable to workplace exploitation, such exploitation sometimes extended to women across legal and citizenship statuses and immigrant generations.

“Clipping Our Wings”: Health Implications of Immigration Policies

The themes of immigrant policing and bureaucratic surveillance reflect interactions that occur at the interface of institutions that control access to resources, including the opportunity to remain in the U.S.; access to social, economic, and health care resources that are linked with citizenship and/or legal status; and the opportunity to work in safe conditions and earn a livable wage. The constant need to navigate multiple bureaucracies embedded within this interconnected structure creates a space that not only contributes to psychosocial stressors, but also has profound social and economic implications, which are intricately linked with health (Adler and Rehkopf 2008; Phelan et al. 2010; Williams and Mohammed 2013). The following sections describe mechanisms by which these forms of immigrant policing and bureaucratic surveillance shape health. These include navigating a stigmatized identity and experiences of (il)legality in a context where verifying identity is an important component of racialization processes; hypervigilance towards these processes; and encountering restricted access to health-promoting resources. The mechanisms described below add qualitative richness to the existing quantitative literature regarding pathways by which structural racism shapes health inequities, and also situates these mechanisms within the context of a prolonged and escalating period of policies and sentiments that have been restrictive towards immigrant and Latina/o communities.

Navigating a Stigmatized, Regulated Identity

The driver’s license served not only as a racializing marker, but also as a symbol of a devalued identity and an indicator of contested belonging. As Lily, a first-generation woman without authorized U.S. presence explained:

So now [that I don’t have a license] I go out and I am like an animal that doesn’t have a collar to identify it with. With my license I say, “I am [participant’s name], I am from here, I live here, and this is my address.” If you don’t have a license, you don’t have identification. And you are an animal that went outside and you don’t know if it will return. That is how I feel without my identification. Like someone that doesn’t exist.

Women’s narratives suggest that the certification and verification of identities by legal institutions, and restricted access to resources based on the outcomes of these processes, enhances the ascribed structural social distance between undocumented immigrants and individuals with authorized U.S. presence and U.S. citizens, while also maintaining the salience of legal status in immigrant communities. That is, in this protracted context a driver’s license or state ID functioned as an indicator of legal status, which when absent (or assumed by officials to be absent) produces a stigmatized identity. Processes that stigmatize individuals and groups in turn shape access to social and economic opportunities and health (Link and Phelan 2001).

Women navigated these systems while also trying to affirm their and loved ones’ stigmatized identities. Isabella, a woman in the second generation, described the connections between the production of (il)legality and her Mexican identity as she affirmed her identity in the context of several structurally blocked opportunities: “Aren’t there laws that say racism is illegal? ... Are the freedoms only to citizens? ... I’m proud to be Mexican ... It’s a beautiful place. If you go to visit Mexico, it’s gorgeous and I am not ashamed of it.”

Necessary Hypervigilance

The category of “necessary hypervigilance” includes women’s or their kin network members’ day-to-day anticipation of experiences that would reinforce immigrant policing and bureaucratic surveillance. These responses encompassed exercising vigilance or self-surveillance to reduce the possibility that encounters with institutional agents could escalate to encounters with immigration officials or circumscribe access to other health-promoting resources. Marisol, a woman in the first generation whose daughter was in the process of applying for citizenship, described her grandchildren’s continued attention to the presence of police when driving, and the stress that accompanies this vigilance:

This is the fear. The kids say “Mama, police! Mama, police! Mama, police!” They are so anxious. It’s distressing... that is where illness comes from, no one is healthy anymore, not the kids, not the adults.

Driving was a necessary component of day-to-day activities; women most often expressed hypervigilance towards the possibility of encounters with police specifically when driving. Several women described children’s and their own panic when seeing police, reflecting the intergenerational consequences of immigrant policing.

Ana, a woman in the 1.5 generation likewise described her necessary hypervigilance when driving:

Right here you *need* [emphasis] to drive, because, you know, things aren’t that close and, with the weather

and, now that I have two kids, I can't ride a bike so ... [laughs]. It's bad, to me it was hard because, you know you drive, scared, like, 'Oh my goodness.' You know you have to make every stop and then you can't speed up a little bit. And, you know, it's not just so much about, driving right, it's just that you're paranoid, because you see the police and even if you're driving, you know, the way you're supposed to, you think, 'Oh my god, what if they stop me?' So, but yes, it was not pretty [chuckles].

As Ana put it, she had to drive to provide for and care for her children, but was "paranoid" to the attention of police when driving without a driver's license. Ana and other women often described continuing to drive after their licenses expired in the context of fulfilling employment and caregiving responsibilities. They took these actions understanding the risks, including police surveillance, potentially leading to contact with immigration officials.

Many encounters or vigilant responses emerged from or pertained to traffic-related interactions. The degree of vigilance varied across social statuses, where women with undocumented status or women who had a family member who was undocumented, described their and their family members' continually heightened attention to the presence of police and immigration officials when in public spaces. A growing literature demonstrates linkages between anticipation of racial/ethnic discrimination, a source of chronic stress, with cardiovascular risk and sleep difficulty (Hicken et al. 2013, 2014).

Restricted Access to Health-Promoting Resources

These processes of leveraging racializing markers to reinforce this interconnected system of inequalities linked with restrictive immigrant policies served to restrict or make precarious access to a host of social, economic, and health care resources that are critical to promoting well-being. Lily, a woman in the first generation, described the multitude of economic and police-related encounters in which a driver's license was necessary for assessing citizenship and/or legal status and resource eligibility:

They discriminate because we don't have papers in the first place ... if you don't have a license there isn't this, you don't have credit, you don't have anything. You can't buy anything unless you pay cash and um, you can't open a credit because well, they close the doors because since you don't have papers you don't exist. We don't exist here for, for the government ... They are clipping our wings. You made an error just because you are sitting behind a wheel driving without a license. They are always going to judge you whether you make a mistake or not.

The driver's license served as a critical gateway to economic opportunity (e.g., line of credit or checking account, ability to purchase goods and services). Policies that restrict access to driver's licenses and state IDs and profiling from clerks who issued those IDs thus enhanced social and economic vulnerabilities and strained caregiving responsibilities.

As with Lily, a few women described these systems of racism as "clipping their wings" or making them "feel like a caged bird." This metaphor speaks to women's experiences of multiple systems of blocked opportunities by virtue of their social locations, and the symbols that are invoked in these processes. These references also suggest the enduring and injurious, "clipping" health impacts of this restrictive immigration context, which may cumulate over time. Somatic symptoms of stress responses that women described included sleeplessness, headaches, anxiety, elevated blood pressure, and disordered eating. These stress response symptoms are linked with indicators of depressive symptoms and cardiovascular risk (LeBrón et al. 2014, 2018b, d). Contested and inconsistent access to nutritional and economic assistance and health care for themselves and their family posed chronic stressors for women as they pursued the basic life resources necessary for promoting health. Additionally, while health care access and treatment may mitigate the health consequences of exposure to stressful life conditions described above, few women in this sample had access to health care. As described above, institutional agents used several racializing markers to infer legal or citizenship status in assessments of access to social and economic resources important for promoting health. While physical features and language use were used informally, often the driver's license was a key racializing marker used more formally. Lack of a driver's license also posed a barrier to using public services (e.g., libraries) and safety net programs offered through non-profit organizations (e.g., Toys for Tots, food banks), as well as identifying as a parent to U.S.-citizen children (e.g., in obtaining birth certificates). Access to each of these resources are conceptualized as health promoting or mitigating of the consequences of social stratification processes (LeBrón et al. 2018a; Williams and Mohammed 2013).

Discussion

This study examined the health implications of a protracted context of restrictive immigrant policies and practices for Mexican-origin women in Detroit. Our data illustrate a dynamic, interconnected system of multiple bureaucratic institutions and policies that women navigated, each of which could independently or synergistically catalyze a host of stressors including concerns about deportation, as well as circumscribed access to social and economic resources.

While a greater proportion of Latinas/os who are deported are men (Golash-Boza and Hondagneu-Sotelo 2013), our findings indicate women are affected by restrictive immigrant policies in multi-dimensional ways, including their own entanglements with immigration enforcement systems. Restrictive immigrant policies most directly affected immigrant women who lacked or could not prove their documented status. Because many women in this sample had immigrant family members, some of whom lacked authorized U.S. presence at some point in their life course, the consequences of this context were profoundly felt among women across immigrant generations and across legal and citizenship statuses. For those born in the U.S., the strength of the spillover effects was contingent upon women's proximity to individuals and communities most vulnerable to immigrant policing and bureaucratic surveillance and the extent to which their own legal or citizenship status was contested. As Southwest Detroit was a focus of restrictive immigrant policies and practices at the time of this study, findings also indicate the vulnerabilities of geography in these processes. The findings presented here build on previous scholarship (Almeida et al. 2016; Viruell-Fuentes 2007), with the spillover effects pointing to wider effects of restrictive immigrant policies on whole communities, with likely far-reaching health effects across immigrant groups and ethnoracial groups who are stigmatized and racialized in similar ways.

Institutional actors' use of multiple racializing markers to assess citizenship or legal status contributes to an environment in which institutional agents conflate nativity, citizenship or legal status, and Mexican identities. In some instances, as active agents women assessed and actively used these same racializing markers as social capital to navigate the structural space between themselves and these institutions.

Dynamic Systems Produce Social, Economic, and Health Disadvantages

The findings presented here illustrate synergies between multiple federal and state-level restrictive immigrant policies in producing social disadvantages. These include: blocked pathways to legalization and citizenship; escalations in immigration enforcement; enhanced police-immigration collaborations; exclusion of undocumented immigrants from access to Michigan driver's licenses or state IDs; and restricted access to social and economic resources. These policies operate synergistically to enhance racialized stressors and prevent access to health-related resources.

Immigration agents and police reinforced a broader context of immigrant policing, around which women adjusted their activities and were highly attentive so as to minimize the threat of deportation or separation for themselves or

others. Central to the theme of immigrant policing perpetrated by police was police officer's assessment of legal status, when police exercised their authority over driver's licenses and contact with immigration officials by using driver's licenses as symbols of (il)legality. This form of immigrant policing often occurred when driving and conducting activities related to employment and caregiving responsibilities in and around the Motor City. These practices occurred within a context of enhanced de jure and de facto collaborations and information sharing between local police and immigration enforcement officials.

The Secretary of State's office served a key role in exercising discretion over government-issued IDs critical to minimizing these threats to self, family, and community. Michigan's policy to deny access to state IDs and driver's licenses for undocumented immigrants, and the use of these IDs as racializing markers, reflects how Mexican-origin women's (il)legality became institutionalized through multiple laws and bureaucratic practices. Indeed, absence of a current driver's license or state-issued ID, or presence of an expired license was a key racializing marker that institutional agents engaged in these processes. As De Genova (2002, p. 438) explains, "The 'illegalities' of everyday life are often, literally, instantiated by the lack of various forms of state-issued documentation that sanction one's place within or outside the structures of the law."

Although the threat of deportation was less salient in encounters with social welfare agencies, these institutions exercised profound control over daily resources necessary for individual and family social, economic, and health-related needs. Women across immigrant generations who had young children interacted regularly with social welfare caseworkers who serve as gatekeepers, determining access to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Medicaid benefits for which their U.S.-born and citizen children were eligible. Encounters with these caseworkers not only reflected women's vulnerability to being questioned about their and their children's citizenship status, but the material, financial, and health implications of the decisions caseworkers made. These findings resonate with Enriquez's (2015) argument that the inequities produced by restrictive immigrant policies intending to "punish" undocumented immigrants constitutes multigenerational punishment with implications for their U.S. citizen family members.

Restrictive immigrant policies often emerge from and reinforce discourse regarding who is "deserving" of access to health-promoting resources. Such discourse contributes to efforts to define groups who are entitled to, or restricted from access to these resources, often based on nativity, citizenship or legal status, or other marked identities (Hagan et al. 2003; Marrow 2012; Pedraza et al. 2017; Willen 2012). For example, the 2010 Patient Protection and Affordable

Care Act explicitly excluded undocumented immigrants from access to health insurance expansions, and some immigrants of other legal statuses are subject to temporary eligibility bars (Artiga et al. 2016; LeBrón et al. 2018c; Patient Protection and Affordable Care and Act 2010; Joseph 2017). Restricting access to resources according to legal status and length of U.S. residence is a practice reflected in the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, n.d.), which gained stronghold through the 2005 Deficit Reduction Act, which mandated proof of identity and citizenship in accessing Medicaid (Deficit Reduction Act of 2005, n.d.).

Women's narratives suggest that employers exploited vulnerabilities linked with restrictive immigrant policies and a context in which employers were increasingly required to verify workers authorized U.S. presence through policies such as e-verify. Employers took advantage of these vulnerabilities to justify bureaucratic surveillance and discriminatory treatment such as wage theft and more difficult work conditions that have been documented in other literature (Ayón et al. 2012). In these instances, often the racializing markers of (il)legality that employers engaged included Latina/o identity, Spanish language use or having a Spanish accent, and lack of a current driver's license or Social Security number. Women's accounts suggest that they understood their harsh work conditions and/or limited or insecure pay as resulting from employers' assessment and exploitation of their more vulnerable racialized statuses.

Immigrant and ID Policy as Health Policy

This context contributed to women's perceptions that their Mexican identities and ties to migration were stigmatized and leveraged as justification for their experiences of contested citizenship, a process that was heightened by restrictive ID policies. Michigan's policy to restrict access to driver's licenses and state IDs to persons who could prove their documented status, and de jure and de facto policies that require a U.S. government-issued photo ID to verify eligibility for resources, create a context of enhanced regulation and control over individual and group identities; identities which were simultaneously stigmatized by de jure and de facto restrictive ID policies and practices.

Within a broader context of policies that construct undocumented immigrants as undeserving of access to social and economic resources, Latina/o communities may in turn avoid interactions with such institutions to minimize stigma and mitigate threats to encounters with immigration officials. Indeed, Pedraza et al. (2017) find that when the threat of immigrant policies is activated, U.S.-born and naturalized Latina/o citizens engage in cautious citizenship, or reticence to interact with institutions as diverse as health care systems,

police, and educational systems. Cruz Nichols et al. (2018a) find that Latina/o adults living in counties with higher levels of immigrant policing report lower levels of trust in the government as a source of health information than Latina/o adults living in areas with more limited immigrant policing.

A common response across immigrant generations and legal statuses was hypervigilance toward threats that interactions with legal authorities could quickly escalate to contact with immigration officials. While this was the primary threat, women and kin networks also exercised anticipation of encounters in which institutional agents might question them, a family member, or friend about their legal or citizenship status or challenge their entitlement to resources. Many women engaged in protracted vigilance to these forms of policing to minimize threats against themselves and loved ones. An established literature documents that socioeconomic inequities and limited control within socioeconomic structures shapes inequities in cardiovascular health (Bosma et al. 1997). Additionally, building upon stress process theory, an emerging literature elucidates the mechanisms by which chronic stressors may strain and dysregulate the stress-response system, including through vigilance-related pathways, to contribute to accelerated aging (Hicken et al. 2013; McEwen and Wingfield 2010). The findings reported here extend this scholarship and suggest that contemporary racialization processes serve as stressors that affect Mexican communities directly through immigrant policing and bureaucratic surveillance and the conflation of racial identity and nativity with legal status, and vicariously through social connections to individuals who are proximal to these stressors. Three potential stress process pathways by which racialization processes affect the health of Mexican-origin communities include: negotiation of experiences and tropes that stigmatize racial identity; hypervigilance to these processes; navigation of restricted access to health-promoting resources.

Limitations and Strengths

These findings should be understood in the context of some limitations. This study is cross-sectional, and therefore, captures the social and health implications of restrictive immigrant policies and dynamics between national, state, and local policies at one moment in time. Since early 2017, federal immigrant policies and practices have strengthened their exclusionary intent and implementation. Indeed, numerous reports suggest heightened immigration enforcement throughout the U.S., including increased prevalence of border enforcement officials beyond the 100-mile distance from the Southern border (McGahan 2017), enhanced immigration enforcement actions generally (Castillo 2017; U.S. Department of Homeland and Security 2017), and in or around sensitive locations such as hospitals (Kolken 2017).

Other reports document reticence among Latina/o and immigrant communities to engage with institutions charged with promoting the public's health (Dewey 2017; Hoffman 2017). Thus, the findings presented here may offer a conservative lens into the link between restrictive immigrant policies and health in the realm of daily life. It is also possible that the dynamics with which Latina/o and immigrant residents in Detroit negotiate may vary from those of other communities across the U.S. Additional qualitative and quantitative scholarship is greatly needed to enhance understanding of individual and community experiences in this heightened period of restrictive immigrant policies, and to evaluate implications for individual and community health.

There are several strengths of this study, including the case study approach and intersectional analysis. Recognizing the great heterogeneity amongst Latinas/os, an intersectional approach is critical to understanding the interplay of multiple social locations and statuses in these experiences of structural racism. This case study investigates the health impacts of post-9/11 federal, state, and local immigrant policies for a Mexican-origin community in Detroit, a northern border city and a city that is most often conceptualized as predominantly black. Accordingly, this inquiry extends the quantitative literature that has considered the intersections of federal, state, and or local immigrant policy contexts and implications for the health of Latinas/os (Almeida et al. 2016; Hatzenbuehler et al. 2017; Cruz Nichols et al. 2018a; Cruz Nichols et al. 2018b) to enhance understanding of the mechanisms by which these policies shape day-to-day life and health. This study is one of few that evaluate first, 1.5, and second-generation Mexican women's lived experiences with restrictive immigrant policies and practices (Garcia 2017). Focusing on the experiences of women in Detroit strengthens understanding of the health implications of restrictive immigrant policies beyond regions that include the Southwest, new settlement communities, and states that have passed multiple-measure restrictive immigrant policies.

Conclusions

This paper analyzes one component of structural racism—restrictive immigrant policies and anti-immigrant sentiments—that (re)produces disadvantages affecting Mexican-origin communities. The findings suggest that contemporary restrictive immigrant policies and accompanying anti-immigrant sentiments acutely affect the social conditions and access to health-promoting resources for Mexican immigrants and their social networks. Furthermore, this context directly and indirectly affects women and communities across legal and citizenship statuses and immigrant generations. By drawing attention to the complex processes that undocumented immigrants, immigrants

with less vulnerable legal statuses, and the second generation navigate, these findings illustrate the broader community implications of restrictive immigrant policies. These complexities include the intersection of multiple restrictive federal and state-level immigrant policies that heighten the threat of deportation for some, and heighten stigma, discrimination, and vigilance and question and restrict access to health-promoting resources for many. The health consequences of this dynamic system are important to attend to in the study of structural racism and in public health practice, as women's narratives suggest that through multiple mechanisms, several interconnected restrictive immigrant policies threaten the health and well-being of the largest racial minority group in the United States.

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