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Migración es una enfermedad: immigration policies, family separation, chronic fear, and adversity

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Philosophy

In

Public Health

by

Andrea Lopez

Committee in charge:

Professor Nancy J. Burke, PhD, Chair

Professor Denise D. Payán, PhD, MPP

Professor Irene H. Yen, PhD, MPH

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The Dissertation of Andrea Lopez is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

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University of California, Merced
2020

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2. **Lopez A.** Burke NJ. Exploring how race is discussed in relation to children in immigrant families. Oral Presentation. Society for Applied Anthropology Children and Youth Interest Group Conference, March 8, 2019. Camden, New Jersey.

3. **Lopez A.** Burke NJ. Rural Community Health Survey: Reflections on "partnership" in CBPR, Poster presentation. American Public Health Association, November 7, 2018. San Diego, California
4. **Lopez A.** Burke NJ. Exploring how immigration policy impacts the health and well-being of children in a rural setting from the perspectives of those serving them. Poster presentation. Society for Applied Anthropology Conference, April 4, 2018. Philadelphia, Pennsylvania.
5. **Lopez A**. Burke NJ. Exploring how immigration policy impacts the health and well-being of children in a rural setting from the perspectives of those serving them. Poster presentation. UC Global Health Conference, April 22, 2018. San Diego, California.
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7. **Lopez A.** Hoeft KS, Guerra C, Barker JC, Chung LH, Burke NJ. Navigating children's dental health: Latino parents' experiences interacting with the dental care system. Poster presentation. UCSF Health Disparities Conference, October 12, 2017. San Francisco California.

PUBLICATIONS

PEER-REVIEWED:

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2. Living with Diabetes: An everyday Guide for You and Your Family. American College of Physicians Foundation, 2011. Available in English and Spanish. Available at http://www.acpfoundation.org/materials-and-guides/patient-guides/

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Abstract

This dissertation uses several frameworks to understand how immigration policies shape the lives of immigrant families and impact their wellbeing. Fundamental cause theory states that some social conditions remain persistently associated with health inequalities over time despite changes in diseases, risk factors, and health interventions. Link and Phelan defined social conditions as "factors that involve a person's relationships to other people. These include everything from relationships with intimates to positions occupied within the social and economic structures of society." Using critical ethnography and qualitative in-depth interviews with immigrant caregivers I 1) explore how immigration policies create a vulnerable labor force and promote family separation, 2) examine how pathogenic policing creates chronic fear in immigrant families and 3) discuss how current adversity measures are not adequate for immigrant populations.

CHAPTER 1: Introduction

> *"La verdad es que ahorita uno vive con ese miedo, es como si uno tuviera esa enfermedad, migración es una enfermedad que no sabes cuándo te va a dar a ti y qué tanto te va atacar esa enfermedad, si la enfermedad va a ser mortal o si la enfermedad va a ser algo que se pueda curar. Si se puede curar es que arreglaste tu status y te pudiste quedar. Si la enfermedad es mortal es que quiere decir que te van a mandar lejos de tu familia. Así lo miro yo, miro a migración como una enfermedad." -Gaby*

The International Organization of Migration (IOM) estimates that there are approximately 272 million international migrants in the world in 2019 accounting for roughly 3.5% of the global population (*World Migration Report 2020*, 2019). The IOM defines a migrant as, "a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons" (*World Migration Report 2020*, 2019). People migrate for a variety of reasons including economic factors, to reunite with family, or to escape poor conditions in their country of origin. I use the terms migrant and immigrant interchangeably. Migration is typically considered a temporary movement within the borders of the same country, or across international borders and immigration is typically considered a more permanent movement across international borders. I use the terms interchangeably because some individuals may have wanted to only move temporary but are now permanent immigrants. For others, the reverse may be true.

In the United States more than 40 million people (14% of the U.S. population) were born outside the country (G. Lopez & Bialik, 2018). The share of immigrants in the United States today is still lower than the historic high of 15% in 1890. Most immigrants (76%) are in the country with documentation while 24% remain without documentation. In 2016, the top five countries of birth for immigrants to the United States were Mexico (26%), China (6%), India (6%), the Philippines (4%), and El Salvador (3%). Almost half of the nation's 44 million immigrants live in just three states; California (24%), Texas (11%), and New York (10%) (López & Bialik, 2018). In 2016, roughly 18 million or 26% of all children in the United States lived with at least one immigrant parent. An overwhelming majority of these children (88%) are U.S. born and therefore U.S. citizens (Migration Policy Institute). Some of these children live in what are known as mixed-status families containing both U.S. citizens or lawfully present immigrants and undocumented immigrants (Capps R, Fix M, & J., 2016).

Purpose of the Study

The purpose of this dissertation is to critically examine how immigration and immigrant policies create chronic social conditions that impact health over time. Using the analysis of narratives from 30 caregivers of children and field notes from a range of observations including caregiver meetings and community events, this dissertation 1) illustrates how immigration policies generate family separations throughout life and across generations and the related health effects; 2) how fear of

immigration enforcement conditions personhood and serves as a means of social control; and 3) explores the limitations of current adversity measures including Adverse Childhood Experiences (ACEs) measures and discusses how current measures provide a limited understanding of immigration related adversity. Adverse Childhood Experiences or (ACEs) are potentially traumatic events that occur in childhood (0-17 years). They include experiencing violence, abuse, or neglect, witnessing violence in the home or community and/or having a family member attempt or die by suicide. I will focus on ACE adversity measures because of their widespread use and increasing popularity. And I will focus on the use of these measures in immigrant populations to highlight the potential limitations of using current ACEs measures in diverse populations.

Prior literature has clearly established a link between public policies and health outcomes (Navarro et al., 2006; Navarro & Shi, 2001). Federal, state, and local polices can impact immigrants' health directly or indirectly (Osypuk, Joshi, Geronimo, & Acevedo-Garcia, 2014; Philbin, Flake, Hatzenbuehler, & Hirsch, 2018). *State-level immigrant policies* can be categorized as restrictive (exclusionary or punitive) and inclusive (or integrative). Restrictive immigrant policies establish some measure which prevents or otherwise restricts access to services (e.g. employment verification). Restrictive immigrant policies are associated with increased community fear even among those not directly impacted, (Hacker et al., 2011; Navarro & Shi, 2001; Vargas, Sanchez, & Juarez, 2017) lower self-rated health among Latinxs, (Vargas & Ybarra, 2017) increased psychological and emotional stress (Crocker, 2015; Hatzenbuehler et al., 2017), increased risk for food insecurity, (Munger, Lloyd, Speirs, Riera, & Grutzmacher, 2015; Potochnick, Chen, & Perreira, 2017) a decrease in the use of preventative services (Toomey et al., 2014), and an increased prevalence of chronic disease (Hall & Cuellar, 2016). In addition to State-level policies, Federal-level policies also impact immigrant health.

Throughout this dissertation I refer to both immigration and immigrant laws and policies. Here I discuss the significant distinctions between the two (Wallace & Young, 2018). Immigration laws are decided by the federal government to regulate the admission, removal, and naturalization of non-citizens. The federal government controls the types of visas that distributed, the criteria for eligibility, and the number allocated. In contrast immigrant laws are decided on by individual states and grant rights, protections, and services to immigrant group on the basis of legal status (Wallace & Young, 2018). Examples of immigrant policies include drivers' licenses, education (in-state tuition), health care (insurance coverage), employment verification processes, and state-funded public benefits.

Federal-level integration policies can directly impact the health of immigrants by denying or granting them access to health care services. At the federal level for example the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) made it difficult for low-income lawfully present to qualify for public assistance and contributed to the stigmatization of certain immigrant groups and their subsequent social stress. The law created two categories of immigrants; those deserving of services (legal

and in the country for over 5 years) and undeserving (undocumented and legal but living in the country fewer than 5 years) (Derose, Escarce, & Lurie, 2007). Another example at the federal level is the Patient Protection and Affordable Care Act (ACA) enacted in 2010. The Affordable Care Act increased access to federally funded insurance for American citizens but barred undocumented immigrants from purchasing health insurance through the marketplace.

Federal-level immigration enforcement practices including workplace raids and deportations can impact immigrant's health. Following a worksite raid in the Midwest, researchers used birth-certificate data to compare low birthweight, by ethnicity and nativity, in the 37 weeks following the raid to the same 37-week period the previous year. The raid occurred without warning and 900 ICE agents arrested 389 employees. All employees assumed to be Latinx were arrested until their immigration status was verified. Infants born to Latina mothers had a 24% greater risk of low birth weight after the raid when compared with the same period 1 year earlier. The increased risk was observed for USA-born and immigrant Latina mothers, but not White mothers (Novak, Geronimus, & Martinez-Cardoso, 2017). In addition, researchers have documented the damaging impact deportation has on children's development and health. Rojas-Flores et al. found that post-traumatic stress disorder (PTSD) symptoms were significantly higher for children who had at least one detained or deported parent (Rojas-Flores, Clements, Hwang Koo, & London, 2017). Studies examining how policies impact immigrants' health have used a variety of research methods and focused on various outcomes to illustrate the multidimensional impacts immigration policies have on health. Some studies have examined the impacts of restrictive policies on health by comparing outcomes before and after the implementation of a restrictive policy (Ayón, 2014; Potochnick et al., 2017; Rhodes et al., 2015). Similarly, studies focused on immigration enforcement have compared outcomes before and after a workplace raid. (Novak et al., 2017) There are qualitative and quantitative studies documenting the negative health impacts of having a parent deported (Allen, Cisneros, & Tellez, 2015; Rojas-Flores et al., 2017; Suarez-Orozco, Todorova, & Louie, 2002). While current literature on immigration policies and health has largely focused on the short-term impacts of acute events (policy changes, raids, and deportations), there is a need to examine how adversity produced by immigration policies throughout the life course and across generations impacts health.

Positionality

My position as a bilingual, second generation, Mexican American woman researcher influenced my research topic. I am interested in understanding how immigration and immigrant policies impact health and what can be done to mitigate negative health outcomes. My positionality both limited and facilitated access to particular individuals and topics. For example, I learned early on that it was more socially acceptable for women to discuss their roles as caregivers and to discuss immigration compared to men. At caregivers' meetings when I discussed my research project, fathers would come up to me and ask me questions about my academic career, but then give my contact information to their wives. Being a bilingual second-generation immigrant meant that I could not only speak to women in Spanish, but also that I could share my own

experiences with migration. To build rapport during interviews, I shared where in Mexico my parents are from and their own immigration stories. My father immigrated to the United States in his early 20's. My mother immigrated with her parents when she was 10 years old. In my role as interviewer, I was simultaneously an insider and outsider. At times I was viewed as the outside researcher in a position of power and as someone who should not be trusted. For example, several caregivers told me that other mothers didn't participate in my study because they feared having their undocumented status revealed by a stranger. When I was recruiting participants, some women would tell their friends not to sign up and to wait to see if others signed up. Some women also asked me where I got the money to purchase the study incentives. I had to explain that I had received a small fellowship to cover the study incentives and my transportation costs. On the other hand, I was also viewed as an insider and part of the community. For example, at a community event one of the women introduced me, my project, and told the crowd they should help me with my work because helping me was like helping one of their children. During the interviews the caregivers often inquired about my personal background, asked me to stay for tea or a meal, and introduced me to their children. I was often told that it was good that I was studying and making use of the opportunities I had and that I should continue my work.

Methods

"My approach to understanding the relationships between immigration and health includes qualitative methods, quantitative methods and literature reviews within a critical framework. Critical approaches are needed in the field of public health to understand health disparities. Public health research often highlights health disparities without discussing the social, historical, and political contexts that effect disparities in health (Williams & Sternthal, 2010). Critical refers to research that understands knowledge and practice as socially situated and mediated by power relations. Traumatic historical events and current social conditions lay the foundation for social determinants of health and can explain socioeconomic hardships, low educational attainment, limited access to health care services, and other conditions that affect health and health care outcomes. A critical perspective also provides insight into the cumulative effects of chronic exposure to poor social conditions (Figueroa, 2020). Social determinants of health are defined as the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes (Sargent, Bailey, Simon, Blake, & Dalton, 1997). Social determinants of health influence many health issues and they are similarly are influenced by factors such as inequality and social norms that are difficult to research using traditional public health methodologies (Cook, 2005). Lastly, critical methods go beyond discussing differences by race and ethnicity to considering the impacts of discrimination, racism, and ethnic identity (Walters & Simoni, 2002).

Critical ethnography is a qualitative research technique used to elicit the participants' point of view and to understand their world (Spradley, 1979). Critical ethnography assumes that both empowered and disempowered groups of people exist simultaneously, and it attempts to uncover invisible hegemonic practices that perpetuate injustices and societal inequities A critical approach was used to explore how these

experiences are shaped by the broader social context (Thomas, 1993). According to Antonio Gramsci those who control the material and cultural means of production can use that power to produce hegemony (Gramsci, 2000). Hegemony is understood as a system of values, attitudes, morality, and other beliefs that passively or actively maintain the status quo. Immigration policies that favor Mexican immigrants as individual workers without considering their families are hegemonic because they serve the current dominant interests of having a cheap and expendable workforce without having to provide social services to the workers or their families (Johnson, 2011). Both public health and critical ethnography aim to give more power and control to those affected by social policies and systems (Cook, 2005). Critical ethnography is especially useful for public health researchers because it can be used to understand not only the experiences of research participants, but also the social factors that contribute to these experiences and their health (Marshall & Rossman, 1995). While conventional ethnography speaks for the participants by describing "what is," critical ethnography speaks on their behalf by stating "why this is and what can be done about it" (Cook, 2005). The "why this is "component speaks to the structural factors and the "what can be done" component provides an opportunity to impact public health practices. My dissertation employed a critical ethnographic approach to explore the everyday life experiences of caregivers living in the San Joaquin Valley This was a more appropriate approach than quantitative methods such as using a survey of national data or a community level survey given that individual experiences are often lost in statistical analysis. Critical ethnography is a qualitative research technique used to elicit the participants' point of view and to understand their world (Spradley, 1979).

Data Collection

I conducted in-depth, in-person conversational interviews with Spanish and English-speaking migrants during the Fall of 2019 in California's San Joaquin Valley. The San Joaquin Valley was selected as the study site for several reasons. First, there is a large Mexican American community that spans multiple generations living in the area. Second the San Joaquin Valley's agricultural industry relies heavily on migrant farmworkers, and lastly the majority of existing studies on migrants focuses on urban settings (Ayón, 2014; Dreby, 2010; Kline, 2009) and there are few studies focused on this region (Holmes, 2013; Horton, 2016). Study eligibility requirements included living in the San Joaquin Valley, having children, identifying as an immigrant/migrant, speaking Spanish or English, and being over 18 years old.

I utilized formal and informal social networks (i.e. community gatherings and social service centers) and snowball sampling to recruit participants. I presented my project at community events and distributed flyers with my contact information. Interested participants called me and we set-up a time to talk. I met most participants in their homes, but some preferred to meet at a local library. At the end of each interview, I asked participants to identify anyone they thought could help me better understand how immigration policies impact health.

The interview guide covered 1) life in the country of origin 2) the migration experience, 3) current life in the San Joaquin Valley, and 4) the interviewees' perspectives on immigration policies and the enforcement of immigration policies. I

aimed to capture how immigration policies impact the everyday lives of caregivers and their families living in the San Joaquin Valley. All participants provided verbal consent following processes approved by my university's Institutional Review Board. Interviews lasted 30 minutes to 90 minutes and interviewees were compensated with a $20 gift card at the completion of the interview. I audio recorded and transcribed the interviews in their original language and uploaded them to Atlas.ti, a software program used to store, code, and analyze qualitative data systematically.

Data analysis

To analyze the data, I first read transcripts in their entirety to get a sense of the overarching concepts that were present. I used a thematic analysis approach, which consisted of reading each interview line by line and recording the meanings or intentions in the margin (Strauss & Corbin, 1994). I also identified key words, phrases, and concepts that best represented participants' experiences. After identifying emergent constructs, I reread all prior transcripts to search for these themes. I iteratively revised the codebook to collapse and simplify phrases and concepts into codes. The final codebook included 40 codes with the main themes being living a restricted or limited life, family separation, fear, family relationships, and work. I selected free standing quotations for inclusion in this dissertation reflective of recurrent themes. I translated the quotes presented in the final dissertation,

I interviewed a total of 30 caregivers for the study. Twenty-seven interviews were conducted in Spanish and three were conducted in English. All interviewees were women, and all were born in Mexico. Interviewees varied in age from 26 to 54 years old and the mean age was 44 years old. On average interviewees lived in the United States 18 years and were employed as farmworkers, produce or meat packers, clerical workers, and homemakers. The mean age of arrival was 17 years with a range of 4 to 40 years. Twenty-one women had less than a college education, four completed high school, and five completed college. Twenty-six were married, three were divorced or separated, and one was never married. (Table 1)

Table 1. Interview Participants' Demographics N (%) N=30

Mean age (SD)	42 (7)
Mean age of migration (SD)	17 (8)
Education	
Less than high school	21 (70)
High school	4 (13)

College	5 (17)
Marital Status	
Married	26 (87)
Divorced/separated	3 (10)
Never married	1 (3)
Job type	
Homemaker	9 (30)
Farmworker	9 (30)
Produce/meat packer	7 (23)
Clerical	5 (17)
Language of interview	
Spanish	27 (90)
English	3 (10)

In addition to interviews, I distributed two short community surveys the results of which are presented in Chapter 3. I also conducted participant observations at a mobile clinic, community events, and parent meetings. Participant observation is defined as "the process of learning through exposure to or involvement in the day-to-day or routine activities of participants in the researcher setting"(Schensul, Schensul, & LeCompte, 1999). I maintained the observer as participant stance (Adler & Adler, 1994). My main role was as a researcher, but I participated in some activities. I was introduced to the community as a student researcher interested in understanding how immigration impacts families and I participated in some group activities. For example, I participated in meeting ice breakers and as a volunteer in the mobile clinic checking in clients. While I was conducting my fieldwork, I was interested in whether or not immigration or immigration related issues occurred in discussions and how participants reacted to these conversations around immigration. I wrote field notes after each observation. Lastly, I reviewed media reports to substantiate my findings. All names have been replaced by pseudonyms to protect the anonymity of participants.

Study Setting: California's San Joaquin Valley

The San Joaquin Valley dominates the geographical center of California. It is one of the most agriculturally productive regions in the world. More than half of the country's fruit, vegetables, and nuts are produced in California and the state leads the nation in agricultural production and exports; cash receipts totaled $47 billion and exports totaled $20 billion in 2015 (California Department of Food and Agriculture, 2016). California's San Joaquin Valley has historically relied on farmworkers from Mexico to harvest fruits, vegetables, nuts, and work in dairies. Roughly 52% of agricultural workers in the San Joaquin Valley are immigrants (DeSilver, 2017). The percentage of undocumented immigrants employed in the agricultural industry in the region (ranging from 31% to 73%) is significantly higher than the percentage of individuals employed in the agricultural industry statewide (12%). In 2016, 27% of California's population was foreign born, about twice the US percentage. (Public Policy Institute of California, 2018) and approximately 12% of California's undocumented population lived in the San Joaquin Valley (San Joaquin Valley Health Fund, 2019).

Despite being part of the world's most prosperous agricultural economy the San Joaquin Valley is home to substantial poverty and health disparities.(California Healthline Daily Edition, 2016) Roughly 20% of the residents live in households with below-poverty incomes and roughly half of the residents are eligible for Medicaid (Reidenbach, 2014; Research and Analytic Studies Division, 2016). Prior research in the Valley highlights health disparities in children's oral health and asthma (Barker & Horton, 2008; Schwartz & Pepper, 2009).

Labor opportunities in the San Joaquin Valley are not evenly distributed and include a broad base of low-paying seasonal jobs and only a few stable jobs at the top. The best jobs are in government, then jobs in the farmworker service economy (housing, rides to work, meals and other services), often for cash in an underground economy. The majority of residents live under the poverty line, but the receipt of welfare benefits is uneven, since many local residents, especially immigrants, are not eligible. Immigrants with legal permanent resident (LPR) status are eligible for some federal benefit programs, but not until they have resided in the country for five years. Immigrants with undocumented or temporary status including Deferred Action for Childhood Arrivals or DACA are not eligible for any type of federal assistance program (National Immigration Forum, 2018; Taylor & Martin, 2000). Roughly 13% of the immigrant population eligible for the DACA program in California live in the San Joaquin Valley (San Joaquin Valley Health Fund, 2019).

The agriculture industry contributes to poverty and welfare demands in rural communities by attracting large numbers of unskilled foreign workers and offering most of them poverty-level wages. A study conducted by UC Davis found that other things being equal, a 100-person increase in farm employment was associated with 139 more people living in poverty during the 1980s and no significant direct relationship between immigration and welfare use (Taylor & Martin, 2000). In rural communities with a large agricultural industry, immigration both influences and is influenced by farm employment and impacts poverty.

Because immigrants coming to work in the San Joaquin Valley earn poverty level wages, their children are more likely to need social services. However, fears of ineligibility, deportation, or being labelled a public charge may keep parents from accessing services even when children are US-born and eligible. According to the U.S. Citizenship and Immigration Services a public charge is defined as "an alien who has received one or more public benefits for more than 12 months within any 36-month period." Example of public benefits include Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, and federally funded Medicaid. Currently, applicants for adjustment of status need to report any public benefits received after February 24, 2020 (U.S. Citizenship and Immigration Services, 2020). Additionally, higher risk of apprehension at the border means once-seasonal migrants remain in the United States throughout the year and raise their families here, creating new public-service demands in California's rural communities (Taylor & Martin, 2000).

Most recently, media outlets are reporting the increased immigration enforcement is leading to crops being left in the fields to rot because of labor shortages. In addition, farm companies in the San Joaquin Valley are reporting loss of employees who did not return to work out of fear of being detained following an audit by Immigration and Customs Enforcement (Kitroeff & Mohan, 2018; Mohan, 2018; Morris, 2017; Rodriguez, 2018). In 2018, there were a little over 2000 Immigration and Customs Enforcement arrests in the San Joaquin Valley (Transactional Records Access Clearinghouse, 2018).

Theoretical Frameworks

The "healthy immigrant phenomenon," also known as the "immigrant paradox" or the epidemiologic paradox refers to a phenomenon whereby later immigrant generation (or more acculturation) is associated with worsening outcomes despite decreases in objective risk factors (improvements in SES and English proficiency). Studies examining the immigrant paradox have largely focused on changes to individual risk factors and impacts on health (Ayala, Baquero, & Klinger, 2008; Banna, Kaiser, Drake, & Townsend, 2012; Bethel & Schenker, 2005). These studies conclude that as immigrants acculturate, they adopt unhealthy behaviors. In other words, becoming mainstream American is a developmental risk. Importantly, this deterioration in health is not observed in European immigrants suggesting a need to consider other factors such as the role of discrimination and limited opportunities for economic advancement (Bakhtiari, 2018). Edna A. Viruell-Fuentes urges researchers to move away from individual-centered acculturation models towards more complex understandings of immigrant adaptation in health research (Viruell-Fuentes, 2007).

Increasingly scholars are responding to Viruell-Fuentes call by contending that immigration is a social determinant of health and should be examined in a broader social context (Asad L. Asad & Clair, 2018; Castaneda et al., 2015). Social determinants of health include legislation that impacts how people interact with government institutions. Products of the political process such as federal immigration policies, create a range of legal statuses (i.e., including undocumented, temporary, uncertain, and permanent status) which influence health access and health outcomes. State level immigrant policies also provide differential access to resources and institutions and impact interactions between

immigrants and various institutions such as law enforcement, schools, and health care systems (Menjívar, 2006).

Sociologists and public health researchers have done much work to conceptualize how immigration policies impact health. Link and Phelan developed Fundamental Cause Theory which states that some social conditions remain persistently associated with health inequalities over time despite changes in diseases, risk factors, and health interventions. Link and Phelan defined social conditions as "factors that involve a person's relationships to other people. These include everything from relationships with intimates to positions occupied within the social and economic structures of society." Examples include race, socio-economic status, stigma, and stressful life events of a social nature (B. G. Link & Phelan, 1995). A fundamental social cause of health inequalities has four essential features according to their theory: 1) it influences multiple disease outcomes, meaning that it is not limited to only one or a few diseases or health problems; 2) it affects these disease outcomes through multiple risk factors; 3) it involves access to resources that can be used to avoid risks or to minimize the consequences of disease once it occurs; and 4) the association between a fundamental cause and health is reproduced over time via the replacement of intervening mechanisms (Phelan, Link, & Tehranifar, 2010).

Using fundamental cause theory, immigration policies can be understood as a form of structural stigma. Stigma exists at the individual, interpersonal, and structural levels. Link and Phelan define stigma as the co-occurrence of its components–labeling, stereotyping, separation, status loss, and discrimination–and further indicate that for stigmatization to occur, power must be exercised. (Bruce G. Link & Phelan, 2001) Structural stigma is defined as societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and wellbeing of the stigmatized (Hatzenbuehler, 2016). Derose et al. argue that provisions of the 1996 welfare reform act, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), contributed to the stigmatization of certain immigrant groups and their resultant social stress. The law created two categories of immigrants; those deserving of services (legal and in the country for over 5 years) and those undeserving (undocumented and legal but living in the country fewer than 5 years) (Derose et al., 2007). Stigmatization is also made worse by the current anti-immigrant political climate that has increased the numbers of newspaper articles, online blogs, and opinion pieces on the cost or burden of immigrants to taxpayers, the healthcare system, and the labor market. These articles portray immigrants as taking away from "deserving" American families. These stories proliferate despite research showing that immigrants pay taxes (L. C. Gee, Gardner, & Wiehe, 2016), use less healthcare services (Pourat, Wallace, Hadler, & Ponce, 2014), and do not impact employment or wages (Basso & Peri, October, 2015.). Immigrants, as a stigmatized group, experience greater levels of discrimination (Lauderdale, Wen, Jacobs, & Kandula, 2006).

Asad and Clair further developed the fundamental cause framework and reasoned that legal status also serves a fundamental cause of health and racial/ethnic health disparities. They introduced the concept of racialized legal status defined as " a social

position based on an ostensibly race-neutral legal classification that disproportionately impacts racial/ethnic minorities" (Asad L. Asad & Clair, 2018). Asad and Clair suggest that racialized legal statuses including immigration status contribute to health disparities via two pathways. First different legal statuses (i.e., undocumented, temporary, uncertain, and permanent status) provide different access to healthcare and other social services and this will impact health. Second there are spillover effects whereby being associated ethnically with a discredited status may impact a person's health regardless of their own legal status.

Similarly, Gee and Ford posit that immigration policies are a form of structural racism because they define racial groups, reinforce the social hierarchy, and influence the health of populations (G. Gee & Ford, 2011). The U.S. is widely considered a country welcoming to immigrants, yet much of the country's immigration policies are based on a gatekeeper philosophy that reinforces the denial of entry to "undesirable immigrants." The Chinese Exclusion Act of 1882 established the first immigration restrictions based on class or race. These restrictions were used on immigrants labelled as "undesirable" because of alleged racial inferiority and because of an expectation that they would not be able to racially assimilate. Similar restrictions have since been employed to limit immigrants from Southern and Eastern Europe, Asia, and Mexico (Lee, 2002). In the early 1920s two important Supreme Court cases, Takao Ozawa v. United States and United States v. Bhagat Singh Thind, reconfirmed the importance of race when deciding whether immigrants should be allowed to become citizens. Ozawa was born in Japan, and denied citizenship because as the court decision reads, "The provision is not that Negroes and Indians shall be excluded, but it is, in effect, that only free white persons shall be included. The intention was to confer the privilege of citizenship upon that class of persons whom the fathers knew as white, and to deny it to all who could not be so classified" (Landsberg & O'Malley, 2017). In the case of Thind who was born in India, the Supreme Court also denied him citizenship on the basis that,

> "The children of English, French, German, Italian, Scandinavian, and other European parentage, quickly merge into the mass of our population and lose the distinctive hallmarks of their European origin. On the other hand, it cannot be doubted that the children born in this country of Hindu parents would retain indefinitely the clear evidence of their ancestry. It is very far from our thought to suggest the slightest question of racial superiority or inferiority. What we suggest is merely racial difference, and it is of such character and extent that the great body of our people instinctively recognize it and reject the thought of assimilation" (Landsberg & O'Malley, 2017).

Gee and Ford argue that immigration policies impact health because health exams are required for entry, different legal status provide access to different services, and an anti-immigrant climate contributes to discrimination, stress, and illness (G. Gee & Ford, 2011).

From this foundational work, there is consensus that immigration policies 1) impact economic and social position, 2) create different legal statuses that provide

varying access to healthcare and other social services, 3) impact health through various pathways (i.e. access to care, stress, hazardous occupations), and 4) impact the entire family and community via spillover effects. Although there has been much work conducted, researchers have called for future work that provides a more nuanced understanding of how immigration and immigrant policies influence health that considers long-term and intergenerational effects. (G. Gee & Ford, 2011; Perreira & Pedroza, 2019; Philbin et al., 2018)

Outline of the dissertation

Drawing on scholarship across disciplines, this dissertation explores the impacts immigration and immigrant policies have on the everyday lives of families living in California's San Joaquin Valley. Chapter two draws upon narratives shared in caregiver interviews to illustrate the ways that family separation characterizes U.S. immigration policies. Chapter three draws together insights from my ethnographic study with existing literature to argue that immigration enforcement policies create chronic fear that impacts families' mobility, relationships, finances, and well-being. In chapter four I draw connections between the immigration trajectories shared by participants and early childhood trauma and resilience, thus providing insights into why ACEs studies among children of immigrants concluded that children of immigrants experience less adversity compared to U.S. born children. I summarize my findings in Chapter five, and close with research and policy recommendation.

Chapter 2: Immigration Policies and Family Separation

"*No nos abandonó porque siempre estuvo al pendiente de nosotros, pero tenía que estar él acá y nosotros allá. Nunca estuvo ahí." – Marta*

In recent years, there has been an increase in anti-immigrant policies and heightened interest and media attention paid to the separation of immigrant families at the southern border and across the United States (Ainsley & Martinez; Dickerson & Kanno-Youngs). In 2018, then Attorney General Jeff Sessions announced a "zero-tolerance" policy calling for the prosecution of all individuals who enter the United States "illegally" ("Attorney General Announces Zero-Tolerance Policy for Criminal Illegal Entry," 2018). It should be noted that seeking asylum is legal in the United States (U.S. Citizenship and Immigration Services, 2015). This policy separated families when parents were referred for prosecution and children were placed in the custody of a sponsor or more likely held in detention centers. Prior to the Trump administration, families were detained together, deported immediately, or paroled into the country (Valverde, 2018). Although egregious there are several other examples in U.S. history where policies were used to separate families. These include the enslavement of Black Americans, the relocation of indigenous communities, and the internment of Japanese Americans (Casebeer, 2014; Lockley, 2018; Nagata, Trierweiler, & Talbot, 1999). Researchers have documented the adverse consequences of children being separated from their parents (Guo et al., 2016; Tang et al., 2018).

Family separation has previously been linked to trauma and the inability to return to Mexico because of financial and/or legal constraints as a source of emotional suffering for many immigrants (Crocker, 2015; A. Miller, Hess, Bybee, & Goodkind, 2018). Family separation can damage parental attachment relationships, cause toxic stress, and perpetuate othering (Wood, 2018). Children's attachment to their parents impacts neurological development and subsequently physical, emotional, and cognitive development, (Sullivan, 2012) Children who are separated from their parents for prolonged periods of time may feel abandoned and reject their parents or feel shame and responsible for the separation (Claesson & Sohlberg, 2002). Children separated from their parents also have higher levels of behavioral disorders, stress disorders, and mental health visits (Gorman, Eide, & Hisle-Gorman, 2010). In addition to the individual level impacts, policies that separate children from parents serve as a form of structural racism that perpetuates the dehumanization and othering of immigrants. This othering normalizes the suffering of the group and has impacts on the social determinants of poor health. The dehumanizing of immigrants allows those in power to create laws and create practices that maintain the economic and political determinants of poor health (Epps & Furman, 2016; Holslag, 2015; Weil, 2020).

In this paper, I draw from 30 interviews conducted with Mexican immigrant caregivers and utilize the historical trauma framework (Brave Heart & DeBruyn, 1998) to argue that family separation characterizes U.S. immigration policies and negatively

impacts health. While forced family separations at the southern borders and deportations within the United States are acute events with long-lasting impacts, the family separations I present are chronic, intergenerational, and normalized. Historical trauma framework describes an event or set of traumatic events perpetrated against a group of people because of a shared identity, affiliation, or social status (Brave Heart & DeBruyn, 1998). Prior research has used the historical trauma framework to link the high prevalence of disease among Native Americans to trauma transmitted through generations socially, behaviorally, and biologically (Brave Heart & DeBruyn, 1998). In this paper, I aim to highlight how historical policies and social conditions aimed at Mexican-origin immigrants are a form of historical trauma and set the foundation for socioeconomic disadvantage and health disparities. First, immigration entry policies make immigrating as a family challenging and leave family members waiting years to be reunited. Second, immigration enforcement policies leave some individuals trapped in the United States and unable to fulfill their social and emotional obligations in their home countries. Third, legal statuses (i.e., including undocumented, temporary, uncertain, and permanent status) provide family members differential access to services. For example, legal status will dictate what type of health insurance a family member is eligible to receive. Lastly, I will provide examples of how family separation is an intergenerational phenomenon for transnational families. My use of the historical trauma framework answers the call of scholars like Nancy Krieger who suggest that the way we develop, age, and die is a reflection of the interplay of our social and biological histories (Nancy Krieger, 1999).

Historical Trauma

In contrast to post-traumatic stress disorder (which largely examines stress responses to an acute event), the concept of historical trauma is intergenerational and refers to the way family members inherit trauma through stories told, conversations overheard, and behaviors exhibited. In the United States historical trauma has been associated with adverse health outcome among Indigenous populations and African Americans (Gone et al., 2019; Halloran, 2019). Historical trauma and stress have also been linked to obesity and diabetes in racial minorities (Hale, 2012).

Antonio Estrada contends that given the social and historical experiences of Mexicans and Mexican Americans in Mexico and the United States, the concept of historical trauma can be applied to examine health issues among this population (Estrada, 2009). Estrada argues that Mexican-origin individuals have had a 500-year legacy of domination and subordination by European powers and Anglo–Americans in the United States including Spanish colonization, the Treaty of Guadalupe Hidalgo, and the militarization of the border. Estrada hypothesizes that these social and historical events created institutions and perceptions that are racist and discriminatory toward Mexicans and Mexican Americans. In turn these racist and discriminatory attitudes create obstacles to healthcare access. He further hypothesizes that this lack of proper care has resulted in higher prevalence of mental and physical illness associated with chronic stress, such as increased rates of substance abuse, hypertension, metabolic syndrome, and Type 2 diabetes mellitus. Further work by Teresa Evans-Campbell suggests a multilevel framework can be used to understand how historical trauma impacts health at the

individual, family, and community levels (Evans-Campbell, 2008). At the individual level responses to historical trauma include post-traumatic stress disorder, guilt, anxiety, depression, obesity, and depressive symptoms. At the family level responses include stress around parenting and attachment disorders in children. Lastly, at the community level effects include abandonment of cultural practices, traditional values, and health practices (Evans-Campbell, 2008; Prussing, 2014).

Historical trauma aligns well with Pierre Bourdieu's theory of symbolic violence which refers to the internalization and normalization of social hierarchies. In his work, Nicholas P. De Genova describes the legal production of migrant "illegality" as a form of symbolic violence. He asserts that "illegality" is not a natural part of migration, but a product of immigration policies. The production of the "illegal alien" is useful and profitable because it produces a vulnerable and cheap workforce. In the United States a distinction between legal and "illegal" has been used to stigmatize and regulate Mexican migrant workers and has become central to the racialization of all Mexicans regardless of immigration status (De Genova, 2002). Ethnographic work conducted by Seth Holmes also employs Bourdieu's theory of structural violence to elaborate the normalization of labor segregation on U.S. farms. He interviewed farm laborers at different levels of the labor hierarchy including farm owners, crop managers, supervisors, administrative assistants, and contract field workers. His interviews with laborers at different levels reveal how each group sees themselves with respect to the others and how people normalize the unfair treatment the contract laborers receive (Holmes, 2013).

There is clear evidence that U.S. federal immigration policies have racialized and criminalized immigrants from Mexico and other parts of Latin America by recruiting them as inexpensive labor without offering pathways for citizenship (Massey, Durand, & Malone, Beyond Smoke and Mirrors: Mexican Immigration in an Era of Economic Integration). Undocumented migration from Mexico to the United States is overwhelmingly labor migration.

Historically, the United States has viewed Mexican labor as disposable (Massey, Durand, & Malone, 2003). For example, Douglas Massey describes the United States' relationship with Mexican labor between 1900-1929 as the era of "enganche" because U.S. industries actively recruited Mexican workers. The year 1929 marked the start of the Great Depression as well as the era of deportation. From 1929-1942, the United States was in a panic over unemployment. To remedy the situation, federal and state governments instructed social workers to encourage Mexican Americans including citizens to "return" to Mexico. It is estimated that between half a million to 2 million were expatriated. The U.S. Border Patrol was also operated under the auspices of the Department of Labor from 1925 to 1940 (Basch, Glick-Schiller, & Szanton-Blanck, 1994).

The labor shortage that occurred during WWII brought Mexican laborers back into the United States, this time in the form of the Braceros Program which ran from 1942-1964. In 1965, the Immigration and Nationality Act was passed eliminating the

quota system. The quota system provided immigration visas to 2% of the total number of people of each nationality in the United States as of the 1890 national census. The new act favored relatives of U.S. citizens and legal permanent residents and skilled workers. Labor markets still depended on Mexican labor and with the Bracero program terminated, 1965-1985 is described as the wave of undocumented migration.

In 1986, the Immigration Reform and Control Act was enacted and consisted of three main parts: increased border patrol, employer sanctions, and the legalization of 2.7 million unauthorized immigrants (Massey, Durand, & Malone, 2002). The 1986 Act awarded green cards to 2.7 million people, but in 1986 it was estimated that there were over 5 million people living in the United States without documentation leaving at least 2 million people still without documentation (Plumer, 2013a). These individuals either did not hear about the new legislation, couldn't afford the $185 application fee, or didn't qualify because they arrived after 1982, had been absent more than 45 days, or had previously received federal support. The 1986 legislation included a public charge provision, "an illegal alien may not receive legal status if he appears likely to become a 'public charge.' Aliens may be asked for evidence to show whether they are 'self-supporting,' whether they have a 'history of employment' or whether they have been on welfare" (Pear, 1987). At the time, policymakers believed employer sanctions would drive undocumented laborers out, but they did not. The employer sanctions were weak; employers only needed to make sure workers had paperwork that appeared authentic (Plumer, 2013b). The 1996 Illegal Immigration Reform & Immigrant Responsibility Act criminalized unauthorized immigration and started the current era of mass deportation. Four million people have been deported since 1997 (T. M. Golash-Boza, 2015). The 1996 Act mandates that immigrants who are unlawfully present in the U.S. for 180 days must remain outside the United States for three years and those in the U.S. for 365 days or more must stay outside the United States for ten years unless they obtain a waiver (Macias-Rojas, 2018). Before the mid-1980s, Mexican migration was predominantly composed of seasonal male laborers who came into the United States to work seasonally and then returned to their families. (Cohen, 2011; Sosnick, 1978) Restrictive immigration policies meant less mobility and more time away from family. The results were an increase in families separated for longer periods of time or families immigrating together.

In recent years, an increase in deportations and decrease in undocumented laborers crossing into the United States has created a labor shortage for the agricultural industry that has to be addressed. Employers are turning to another temporary worker program (Sieff & Gowen, 2019). In 1952 the Immigration and Nationality Act introduced a visa category for temporary laborers: the H-2 category for foreign agricultural and non-agricultural workers who were coming to the U.S. to perform temporary work. The 1986 Immigration Reform and Control Act separated out the visa categories to the H-2A (an uncapped category for temporary agricultural workers) and H-2B (a capped category for non-agricultural fields) ("H-2A Program Use Continues to Rise," 2017). The first visas were issued in 1992 and for the first 17 years of the program the number of H-2B visas issued outnumbered the H-2A visas. These were largely issued for the information technology and computer industries. However, since 2009 the

number of H-2A visas has outnumbered the H-2B (Council on Foreign Relations, 2019; "H-2A Program Use Continues to Rise," 2017). The H-2A visa program allows U.S. employers to bring foreign nationals to the United States to fill temporary agricultural jobs with visas issued for up to 3 years. According to the Department of Labor, since 2016 the number of U.S. agricultural visas has increased from 165,000 to 242,000; a record high. The H-2A visa program allows U.S. employers to bring foreign nationals to the United States to fill temporary agricultural jobs. As one of the migrant laborers I spoke with said,

> It's difficult. I have sisters [in Mexico], and their husbands are over there too. They don't have the opportunity to have someone to fix their papers [sponsor them/legalize their status] and come. Before in the village a lot of men would come [to work] and then go back. It wasn't as difficult as it is now. Do you know how a lot are coming now? As contracted laborers. They are contracting a lot of laborers now. I have two nephews that are working with contracts, but it is very difficult.

Farm employers have been pressing for an alternative guest worker program since the end of the Bracero program in 1964. In 2004, President George W. Bush proposed immigration reform legislation that would create a temporary work program and provide over $4 billion for more border enforcement, but the proposed legislation did not advance past the Senate and in 2007 he announced he would move on to other issues (Smith, 2007). Similarly, in 2009 the debate around a guest worker program was part of the national discourse. President Barak H. Obama also attempted to pass immigration legislation, but the Senate and the House of Representatives could not reach consensus and the legislation was not successful (MacGillis, 2016; Nakamura, 2013).

The United States' relationship with Mexican laborers is complicated. Benefits are largely focused on U.S. industry and the ramifications are not only experienced by the laborers, but also by their families. Migrant families span borders, have mixed legal statuses, and experience separation at some point in time since not all family members are able to migrate together. Separations may be temporary or permanent with unification occurring in Mexico or the United States. As border enforcement laws intensified and pathways to legalization diminish cyclical migration became less of an option and migrant families were left with few choices if they wished to remain together. In California, 12% of the population or 4.7 million people live in a mixed-status family meaning at least one member does not have documentation (Center for American Progress, 2017). Transnational families are defined as familial groups with members living some or most of the time separated from each other, while nonetheless feeling a sense of collective welfare, unity and familyhood across national borders (Bryceson & Vuorela., 2003).

In the following sections, I draw upon narratives compiled from interview participants to illustrate how immigration policies shape family separation throughout the life-course and across generations. I start at childhood and provide the narratives of

women who were left in Mexico as children so their parents could work in the United States. These women are now mothers themselves, living without documentation in the United States. Next, I move onto adulthood and provide narratives to illustrate the loss associated with leaving children and parents behind and building a new family in the United States. Then, I present how differences in immigration status create separation within the family. Lastly, I present examples that illustrate the impacts of family separation across generations. Pseudonyms are used throughout to protect the anonymity of participants.

Separated by entry policies: Waiting in Mexico

Mexican nationals have limited pathways for legal migration to the United States. Permanent residency is usually obtained through employer sponsorship or because an immigrant has a close relative living in the United States. Employer sponsored visas are difficult to obtain because they typically require the employer to prove they need the employee for a particular job and even then, visas are very limited. The current cap is set to 140,000 per year from all countries. This includes spouses and children, so the actual number of employment-based immigrants granted visas is less. This limit applies to immigrants coming from all countries (American Immigration Council, 2020). The family reunification pathway presents difficulties because wait times are long, and the family member in the United States must have an income above the poverty line and must be financially responsible for the family member they seek to bring into the United States (American Immigration Council, 2019). Currently there are approximately 1.2 million Mexican nationals waiting for a family-sponsored green card (U.S. Department of State, 2017).

In the following I draw upon field notes and transcripts from interviews I conducted to illustrate the challenges immigration entry policies present to those attempting to immigrate as a family, including the pain of leaving family members waiting years to be reunited.

I drive 40 miles south-east of Fresno to talk with Alma, passing miles and miles of citrus orchards. California growers supply over eighty percent of the nation's fresh citrus and export to over sixteen countries. The San Joaquin Valley accounts for approximately 75% of the state's citrus acreage, producing primarily oranges and mandarins (California Citrus Mutual, 2015). When I arrive at her home for the interview, Alma is not home and her daughter is hosting a bible study with two other women. I tell her daughter I'll wait outside and walk around the apartment complex until Alma arrives. Alma apologizes for not being home; her Zumba class ran late. We enter and start talking at the kitchen table. Alma tells me about her family's decision to emigrate to the United States from rural Mexico. She remembers going to the well to get water, going hungry when there was no food, and not having enough pots to catch all the water when the rain leaked through the ceiling of her childhood home. Like many of the other women I spoke with, Alma's family migrated in search of work opportunities and with the idea of improving their lives.

Alma is the second of five children and she was 10 years old when her parents made the decision to immigrate. Her mother and father came to the United States to work and left Alma and her siblings with their grandmother. Estimates for the number of children left in Mexico by migrating parents are not readily available, however data from a national Mexican survey suggests that 20% of children in Mexico are expected to experience parental absence at some point during childhood because of migration (Nobles, 2013). These findings are consistent with a 2005 survey conducted at Mexican consulates throughout the United States. The study found that 18% of Mexican-Origin immigrants surveyed had at least one child still living in Mexico. (Oliveira, 2016) Migration is the top reason for parental absenteeism in Mexico (Nobles, 2013) and a father's absence is associated with children's behavioral problems, psychological problems, and feeling abandoned (Ojeda, Magana, Burgos, & Vargas-Ojeda, 2020). Children's outcomes are even worse when their primary caregiver, typically their mother, is the migrant (Heymann et al., 2009).

Alma's parents left when she was ten years old and she remembers her childhood as the worst time in her life. She was left with her grandmother but remembers going hungry and being physically abused. As she says "Those things stay with you forever, they don't go away, they stay. For us it was very hard, my mom and dad came [to the U.S.] and left us [in Mexico]. For me it was the worst thing that has happened to me." Sociologist Joanna Dreby describes the familial tensions that arise when parents and children live separated by national borders. Parents in the United work long hours in low paying jobs while their children in Mexico depend on remittances and on their temporary caregivers (Dreby, 2010).

In Alma's case the separation lasted six years. Her father decided it was better for the family to be together and for Alma and her siblings to immigrate to the United States. She remembers crossing the border with her two brothers and her mother. They were separated along the way and she stayed with her one of her brothers. He had asthma and Alma remembers the journey was difficult because he didn't have his medications. When she arrived in the U.S., she thought she would go to school, but as she recalls, "When I arrived, I was 16 years old and my dad said, "No, daughter. Why study?" I lost the opportunity because he didn't know I could still study. But thank God my siblings did [go to school] and they live well because an education gives you benefits."

The expectation that older siblings work while younger siblings go to school was a common element in women's narratives. Alma came to the United States in 1995 at the age of 16 making her ineligible for the deferred action for childhood arrivals (DACA) program because the eligibility criteria include being under 31 years old in 2012 and she was already 33 years old. This makes her the only member of her family who does not have legal status. DACA was supposed to help address the issue of unauthorized migration, but similar to the 1986 Immigration Reform and Control Act, it left out a group of people. Alma's birth-order impacted her ability to get an education and her ability to change her legal status. Alma's immigration status may also impact her oldest daughter's ability to get an education. When we discussed how the family would handle her deportation should it

occur, Alma said her oldest daughter was 20 years old and would be responsible for her younger siblings. She also shared that her oldest daughter experienced depression and that it could be related to all the issues they were managing. Alma's husband had recently been assaulted and the family moved to be closer to Alma's extended family. She also mentioned that the assault may make her and her husband eligible for a U Visa. A U visa is a United States nonimmigrant visa which is set aside for victims of crimes who have suffered substantial mental or physical abuse while in the U.S. and who are willing to assist law enforcement and government officials in the investigation or prosecution of the criminal activity (U.S. Citizenship and Immigration Services, 2018b). As Alma told me,

> "Right now, I don't know if it's everything we've gone through. [My daughter] is going through a depression, she's getting treatment, she's taking medications, and sometimes I don't know if it's that I infect/influence her. She's in a depression and right now we're dealing with that." My children are doing well [in the United States], they are studying. It's better for them to stay here and if they have the opportunity to visit me during their school breaks that would be good and if they can't I prefer to suffer than have them suffer I know they will suffer my absence, but they will have a better future here than [in Mexico].

Alma was separated from her parents as child and reunited with them in her teens. She is currently unable to legalize her status and is fearful of being separated from her children. In addition to physical separation Alma's legal status also separates her from the rest of her family. Her parents and siblings were able to legalize, and her children were born in the United States, so they are citizens, but she remains separated and left out of services and benefits.

Marta lives in the middle of an almond orchard. When I scheduled the interview with her she told me I would see rows of almond trees and a mailbox. "I live there, but you won't see any houses from the road," I arrive 10 minutes early to the interview and decide to follow a dirt path on the edge of the almond orchard. About two minutes later, there is a clearing and three houses and several trailers. Marta greets me as I park my car. Her husband manages the orchard and her father managed it before him. Once inside her home, she introduces me to her mother. I can smell the cleaning products and notice the house is immaculate. I give her the bread I brought, and she offers me coffee. I ask for water instead and she gives me a bottle of water. We sit in the living room and start our conversation. Marta grew up in Mexico with her mother, but not with her father. She has happy memories of her childhood and said it included a lot of working, but not as much as she does here in the United States. Marta's father worked in agriculture in the San Joaquin Valley and would return to Mexico once a year to visit when he had time off from work, but there was a period of time in which she did not see him for four years because he could not return to Mexico. As she describes the experience, she had all the material resources she needed, but not a father figure. "You don't have a memory of dad. Just mom. We didn't want for food, we didn't want for clothes, but [our dad] was not there physically. Now I see and I tell my daughters. You have [a dad] we didn't. He

didn't abandon us because he was always [attentive] of us, but he had to be here and us [in Mexico]. He was never there." Marta grew up in Mexico, married her husband, and did not have plans of coming to the United States until she gave birth to her first daughter. Marta's oldest daughter was born with Cerebral Palsy. She lived in the rural countryside of Mexico and had to travel several hours to seek necessary medical treatments. Marta's father told her husband he would help him come to the United States if he wanted. Her husband crossed the border and worked for six months and then asked Marta if she was willing to come. Wanting a better life for her daughter, she decided to make the move. As she told me, "The decision to come was so I could be a better mother because I wouldn't be able to do all that I've done for her in [Mexico]."

Marta's father was a U.S. legal permanent resident because of the 1986 Immigration Reform and Control Act and could have filed a visa petition for her, but because she was over 21 and married, she was considered a "third preference relative," in the family-based visa preference system. In this category wait times are especially long because of the limited number of visas available to sponsor extended family members. In 1990, Congress passed the Immigration Act and set a maximum of 480,000 family-based visas each fiscal year. Wait times for visa applicants vary based on the category of family preference and the country of origin. Family-based petitions for married children from Mexico processed in 2019 were those submitted in 1996 meaning Marta's application would likely still be in process today (Kandel, 2018). I heard about long wait times resulting in family separation from other families as well.

Marta and her family did not contemplate wait times. She came as soon as she could to get her daughter medical treatment. Her father died two years after she arrived in the United States. At that time if a sponsor died while a visa application was being processed the application was revoked, so hers would have been revoked. I heard similar stories from other participants. "At that time my dad was fixing his papers [legalizing his status] and he got sick with cancer. He died at 52 and immigration said, 'no when the person dies everything dies.' We couldn't fix anything there. When that happens, you say now we don't have a dad, but at least we know how to work." In 2009 a change in policy was made to address this issue and it gave people the ability to file their application through a deceased qualifying relative in certain circumstances (U.S. Citizenship and Immigration Services, 2018a). This change came too late for the women I spoke with and would not make a difference in their cases.

In addition to the trauma of separation, women shared the difficulties they faced when they traveled to the U.S. Marta describes her journey to the United States as the worst experience of her life. "I think that many [people] have gone through worse than me, but I feel that the worst thing I've experienced in my life was [the journey to the United States]." She crossed with her daughter who was 18 months old at the time. Marta crossed through the desert walking for three days while her daughter was brought by a *coyote* (smuggler). She remembers handing over her daughter with a diaper bag, a blanket, and a change of clothes. When they were reunited three days later, the baby was still wearing the same diaper and clothes. Marta recalls her daughter's nonstop crying

when they were reunited. Her daughter was the reason for her journey and yet once they arrived, she was inconsolable. “Then they took me to a store because [my daughter] would not stop crying. It was really sad, [my daughter] was the reason for me to come to this country. Thank God [the United States] has helped her. I have so much to be thankful for.” Marta was reunited with her parents and her daughter received the care she needed. “Here [my daughter] was able to go to school, even college. She speaks both languages and uses the computer. She would not have been able to do that in Mexico. Maybe it’s more advanced now, but before there was nothing.” Immigrant parents caring for children with disabilities face challenges including language barriers, financial hardships, service utilization challenges, discrimination, and social isolation (Alsharaydeh, Alqudah, Lee, & Chan, 2019). But Marta only expresses gratitude for the services and opportunities her daughter receives in the United States. She is grateful although as I will discuss in the next chapter she lives with constant fear.

> “Yes, I came [to this country] because I wanted a better life for my daughter, my husband, and my other daughters born here. For me this country-- it’s just immigration that creates that fear that you are not from here, you don’t have documents, you’re in danger, but until now I say, [The U.S.] has helped me with my daughter and that’s why I need to be grateful to this country.”

Marta grew up in Mexico separated from her father and did not contemplate coming to the United Stated until her daughter was born with cerebral palsy. Despite her family being together Marta, her husband, and oldest daughter remain separated because of their legal status. Marta lives in fear of immigration enforcement as I will discuss in the next chapter.

Separated by enforcement policies: Trapped in the United States

The next set of narratives illustrates how immigration enforcement policies leave some individuals trapped in the United States and unable to fulfill their social and emotional obligations to their families in Mexico and/or the United States. Lupe lives in a one-bedroom trailer she shares with her partner and two children. I interviewed her in late October; there were Halloween decorations adorning the outside of the house. She tells me the kids decorated over the weekend and I ask her if they are going to dress up for the holiday. She tells me her daughter is going to be a ninja and her son a zombie. Lupe asks me if I want to sit inside or outside. The neighbor’s dog is barking loudly so I tell her I prefer to sit inside. Once inside, I notice the trailer is organized but jam-packed. There’s a bed in the living room and piles of clothes. We sit on barstools at the kitchen counter and start to talk. Lupe’s experience is an example of the increasing phenomenon of transnational motherhood, the practice of mothers living and working in different countries from those of their children resulting in a “care deficit” in many developing countries (Hondagneu-Sotelo & Avila, 1997). She has been in the United States for 15 years where she lives with her younger daughter and son. She also has two older sons living in Mexico. As she recounted in our interview, Lupe grew up in Mexico with just her mother. She is the oldest of four in her family and described herself as her

mother's right hand and nanny to her younger siblings. In Mexico, Lupe's mother sold flowers while Lupe took care of her younger sibling. Lupe left Mexico without saying goodbye to anyone including her mother and children. She separated from her husband and her plan was to come to the United States to make some money and return to her sons in Mexico. Her aunt helped her get to Texas and paid for the *coyote* that helped her cross. Lupe started working with her cousin cleaning houses for which she was paid $150 every 15 days, significantly less than the Texas minimum wage of $7.25 per hour (Passel & Cohn, 2017). Although difficult to measure, the average wage gap between documented and undocumented immigrants ranges from 8-41% (Hsin & Ortega, 2019; Rivera-Batiz, 1999). Lupe knew she needed to make more money and asked an aunt in California for help. As she recalls, "Arriving in California, it was January. When I arrived, I noticed the difference from Texas. It was so isolated, and I said 'Oh well, I'm here now, it's not worth it to cry. I'll stay here.' I stayed here and started working two or three days later." She started working at her aunt's food truck. At first, her aunt worked with her, but after some time she started dropping Lupe off at the food truck and having her work alone. That's when Lupe met her current partner. He worked at a nearby dairy and would have dinner each evening at the food truck before going to work at 7PM. Lupe's aunt would pick her up from his car at 7PM then 8PM, sometimes as late as 11PM. She began to cry as she told me that she didn't regret having her children in the United States, but that her plan was never to stay. In her words, "I don't regret my children, but that wasn't the idea. I didn't plan on making a life here. I planned to work, make something, and quickly returning [crying]. My daughter is going to be 13 and I have 15 years here." Lupe came to the U.S. with the intention of returning to Mexico. It's been 15 years since she last saw her sons in Mexico. She talks to them infrequently and it is very difficult for her to talk about them without getting emotional. She is proud that they are both attending university, one studying literature and the other psychology.

In another, but similar context, Geraldine Pratt discusses the challenges Filipino children face connecting with their mothers who work abroad as caretakers in Canada. The distance and separation make the mother-child connection difficult; phone calls are infrequent and there is a lack of day to day physical contact (Pratt, 2012). Sociologist Rhacel Parreñas has shown that while mothers may try to overcompensate because they are not physically with their children, children still feel abandoned (Parreñas, 2017). Mothers are expected to be the primary caregivers in their families, while fathers are expected to be the primary breadwinners. Because of these social expectations, fathers' migration and separation from family is acceptable while mothers' migration and separation from family is stigmatized (Menja-var, Abrego, & Schmalzbauer, 2016). Mothers who leave their children rarely stop remittances and tend to send money for longer than fathers even though women earn less money in the United States (Abrego, 2006). Cathy R. Schen argues that mothers who are separated from their children in traumatic ways are mostly mothers who are cut off from sources of power because of poverty, immigration status, or mental illness (Schen, 2005). Latinx mothers separated from their children because of migration are at increased risk of stress, depression, and suffer poorer mental health (McCabe, Mitchell, Gonzalez-Guarda, Peragallo, & Mitrani, 2017; Miranda, Siddique, Der-Martirosian, & Belin, 2005).

Lupe's intention was never to stay in the United States and although she is a pleased with her younger children, she feels the loss of her older children but feels trapped by US immigration enforcement policies. Without a way to legalize her status she is not able to sponsor and reunite with her older children in the United States and severe enforcement policies at the border restrict her ability to visit her children in Mexico. As such she is not able to meet her social and emotional obligations as a mother.

Similarly, I heard about challenges women face in trying to meet their social and emotional obligations as daughters when they are separated from their parents. In her ethnography, Leah Schmalzbauer discusses the guilt and distress immigrants face when their legal status prevents them from caring for a sick parent or grandparent. She also discusses the frustration and deep emotional pain immigrants feel when they can't grieve the loss of a family member with the rest of their family. Schmalzbauer notes that for Mexican women it is especially difficult because they must place their role as mothers above their role as daughters (Schmalzbauer, 2014). Additionally, parents whose offspring emigrated to the United States are at increased risk of experiencing loneliness and sadness (Yahirun & Arenas, 2018). In my work I encountered other women with similar narratives.

Sandra serves as president of her school's parent advisory council. I watched as she ran meetings with great confidence and provided marriage advice to other women. During one meeting we were separated into groups for an icebreaker activity and while the women were moving their chairs into circles, the topic of family communication came up and Sandra shared that her husband works as a factory supervisor and at times it feels like he wants to run their household like a factory. She told him he didn't need to boss her and the kids around and that he should leave that approach for work and not their household. Her husband was receptive, and the family agreed to turn off their cellphones at dinner and talk to each other. She encouraged the other women to speak up if they weren't happy with their husbands' behavior. In the context of our interview. Sandra shared a different side of her story, including recalling her time in Mexico as the happiest she had ever been. She grew up with her parents, siblings, and extended family. What she liked most about that time was how united she was with her family. She said they could count on each other for parties, weddings, or funerals everyone contributed and on Sundays the family would get together at her grandmother's house. She didn't want to come to the United States, but when she was three months pregnant, her husband gave her two options. They could both come to the United States or he would go, and she could stay in Mexico with the baby. As she says, she didn't get married to live separated or raise her children alone, so she made the journey to the United States five months pregnant. At this point in our conversation Sandra's eyes welled up and she began to sob. I told her we could stop, and she said she didn't realize she would become emotional, but she wanted to continue. As she recalls,

> "At that time, I didn't understand the gravity of crossing illegally. I said I want to come to [the United States] to better myself not to cause harm. At that time, I wasn't aware of the gravity of the situation. There were 80 or 90 of us in a closed truck and we were packed like ham, like cold meat. It was ugly and distressing to be locked in that trailer without

> enough oxygen, where you saw people faint. That was really traumatizing for me."

Sandra would make this journey a second time eleven years later with her husband and four children when her mother became ill in Mexico. The family stayed to care for her until she passed away, a decision Sandra does not regret because she was with her mother in her time of need. As she states, "Eight days in the desert walking only at night. Although it was difficult because the journey was ugly, I went to see my mother. In the time she needed me I was with her." When her father was sick, Sandra was older and could not make the journey again, as she says,

> "My father recently died. I didn't dare go. I don't want to die and for my children to be left alone. I remember talking to my dad and he told me, "Daughter you need to think of your children. Don't risk your life. I felt at peace because I was able to say goodbye even though it was just over the phone. I couldn't see him, but he made me feel good. He said 'Don't risk yourself, don't come, your children are more important. Your children need you.' That made me feel good."

With harsh immigration enforcement at the border, Sandra felt she had no other option than to stay in the United States. Had she made the journey to Mexico to be with her father at the end of his life she may have never been able to return to care for her children.

Separated by legal status: Differential rights, opportunities, and access to services

In addition to the physical separation of families created by immigration policies, immigration policies also divide and separate individual family members by their designated legal status. All the mothers I interviewed live in mixed-status households. Mixed-status families are made up of individuals with different immigration statuses including citizens, permanent legal residents, undocumented, temporary, and uncertain. The examples I present here illustrate how legal status provides family members' differential rights, opportunities, and access to services.

I met Gaby in her home in a trailer park. She shares one room with her four children and husband. I came inside through a sliding door that was covered with a sheet, mostly likely for privacy. Her kitchen is very small and stocked full of food and kitchen supplies. She prepared coffee on the stove and her home smelled like cinnamon. The living room is sparse; just a television, some folding chairs, and blankets neatly folded in a corner. I assume the family uses the space for both entertaining and sleeping. Gaby came to the United States when she was 17 years old. In Mexico she had several different jobs including cleaning houses, working as a store clerk, and as a mechanic's assistant. She's from a rural part of Mexico and before coming to the United States she went to work in Mexico City. As she recalls,

> "I went to Mexico City, but I was only there a year. I worked for a lady and she paid me very little. I would wake up at 5 or 6 in the morning and work until 7 or 8 in the evening. When you work in [Mexico City] you have to stay there, you don't have Sunday off, and you can't go to your village. So, I thought I should come to the United States."

When she arrived, Gaby lived with her uncle and cousins and started working in the fields. She remembers how difficult it was to adjust, "I never thought I would work in the fields. It's a difficult job. In Mexico, I worked in the fields harvesting corn, but it was different. Over there you work at your own pace because it's your corn. Here if you don't work quickly you don't get paid."

I asked Gaby if she thought her work affected her health and she said she didn't know because she doesn't see a doctor regularly, "I wouldn't know because I don't go for check-ups. I don't have health insurance, so I don't go to the doctor. I only go if I feel very sick and then I go to the Emergency Room. I only have the emergency card." I then asked her about when she was pregnant and she said, "I went. I went because when you're pregnant, they'll see you and they give you health insurance then you can go and see the doctor." I also asked her about her children and where she took them when they were sick. She said, "My children were born here so they can go the doctor. They have health insurance. When they need something for their asthma or their allergies, I take them."

As Gaby noted, her children were born here. As an undocumented woman Gaby did not have access to health insurance. During her pregnancies she was given temporary access to healthcare because she was carrying her U.S. citizen children. Now her children have access to health insurance, and she goes without. This experience was similar for many of the mothers I spoke to, as Alma told me, "Yes, thank you God I have four children and I received Medi-Cal [California's Medicaid program] when I needed it. When I had my youngest, I was working in a packing plant that offered health insurance, so I used that insurance." When I asked women about their own access to health care, I heard responses similar to this, shared by Sandra "As an undocumented person I can go to the clinic, but it's not free. I have to pay and if the medicine is $60 maybe it's better to drink a tea and see if it goes away. You suffer in that aspect and more when they say you need lab work, just thinking about it. You get more sick thinking about how much it is going to cost. You struggle in that aspect too". Different family members have varying access to care. Undocumented women are ineligible for Medicaid services, but may be eligible for state programs during their pregnancy. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 added eligibility restrictions for immigrants. Immigrants must be in the country lawfully for at least 5-years before being eligible for Medicaid services. Since this law went into effect states may select to provide some services to immigrants (Kullgren, 2003). In California, pregnant women regardless of immigration status are eligible for the Medi-Cal Access Program which offers comprehensive coverage. The program requires a fee of 1.5% the yearly annual income and can be paid in installments (Covered California, 2020). Research conducted in

Lower Rio Grande Valley of South Texas noted similar patterns. In that study participants also discussed sharing prescriptions, using home remedies, and using informal practices (Castañeda & Melo, 2014).

Intergenerational Separation: Repeating the past

The following narratives illustrate the reproduction of family separation, caregivers who were separated from their father and whose children experience the same.

I arrived at Claudia's house at 11:30 am and she directed me to sit at the dining room table. She offered me lunch by saying, "I have leftover chicken soup from yesterday. Do you want some soup or are you like my kids? They don't like chicken soup, so I had to make them quesadillas." Because of the way she asked I didn't feel like I could say no, so we had lunch together and then started the interview. Claudia was very warm and hospitable. At the end of the interview she asked me if I needed to use the restroom and invited me to Thanksgiving dinner as she walked me to my car. Claudia is from a small town in Mexico with few people because most people have left to come to the United States. She explained that her husband worked in the United States for ten months out of the year and then returned to Mexico for two months until he was able to petition her and her two sons. Claudia described the challenges she faced balancing the need to provide resources for her children and wanting the family to be reunited. As she says,

> "When [my husband] sent money, he would tell me to make it last because it is very difficult to earn. And I would tell the boys, I can't give you more because if we spend it all your dad won't be able to save to come and visit. What do you prefer? And they would say no, no, we want our dad to come [to Mexico]."

When the boys' father would visit, she recalls goodbyes were always difficult.

> "The oldest would just see me packing my husband's luggage and he would get upset and say, 'Mom I'm going to feel this forever.' I would tell him that's life. But when we brought them [to the United States] it was difficult. The youngest would cry and say he should be in Mexico with his friends and that in school he knew everything in Mexico and [in the United States] he knows nothing. Right now, thank God that they are all studying and managing."

When she said "that's life" she was speaking from her own experience. Claudia's father was also a migrant laborer. Claudia discussed the resentment she felt for the United States as a child, calling it the "Devil in the North." Her father was working in the United States and would only return to Mexico every couple of years. She said she remembers him, but her memories of him are more like a dream. When she was six years old, he returned to Mexico for a visit and was there about a month before he died in an automobile crash. Claudia resented the time her father was in the United States because she believes he should have been with his family. As she says,

> "I would say, 'He shouldn't have been in the North those years, we should have been together. I would say we lost time with him because of the 'devil from the North'. I was little and I didn't understand that he was doing it out of necessity. I always tell my husband, together it doesn't matter if we are eating beans, but we need to be together because life goes by, life passes."

Claudia understands what it was like for her sons to be apart from their father because she experienced the same as a child. The pattern of family separation observed in Claudia's story constitutes a form of historical trauma faced by migrant Mexican labors and their families. The legal creation of the "illegal" Mexican immigrant serves not only to establish a cheap labor force, but also to dehumanize a group and normalize family separation. For Claudia's family the chronic uncertainty caused by family separation results in psychological and emotional pain that is experienced in multiple generations. The United States admits temporary laborers and makes the process of admitting their family members much more complicated.

I arrived early on a Saturday morning to Norma's house. She shares the home with her parents, younger brother, two sons, and two cousins. She directs me to the kitchen and offers me a seat at the table while she prepares coffee for the both of us. Once we began the interview, she described how her father lived most of his life in the United States and would only return to Mexico for the Christmas holidays,

> "It was sad because we saw him 15 days in December when he went [to Mexico] and it hurt because we were little, and he left us. We were just getting used to him and he would have to return. My mom would say he has to go to send us money for food and we would say he doesn't need to send us food, but don't leave. [Our mom] would say he has to leave to buy you shoes and we would say we won't wear shoes. Any excuse for him not to leave."

Norma's father is a legal permanent resident and Norma remembers pleading with him to petition her and her siblings so they could be reunited in the United States, her father would tell her they did not have the money. In 2019, the cost of an I-130 Family Immigration Petition was $535 and lawyers charge between $800 and $2,500 to fill out and file the form per family member (American Immigration Council, 2020; Ayón, 2014). On average petitioners file for four family members and in Norma's case her father was petitioning her, her brother, and her mother, making the process expensive. It wasn't until Norma and her brother were older and both working that the family was able to save the money and file the petitions. When they received their authorizations, Norma had just given birth to her first child and stayed in Mexico another four years to petition him while her brother and mother joined her father in the United States. Norma now works as a farmworker during the day and goes to school in the evenings to learn English. She wants to be a medical assistant. Her schedule is full: "I start working in the fields at 7 AM and I get out at 3:30 PM. I get home at 4:30 PM shower, help my son with

his homework, and start school at 6 PM. I go to school from 6 to 9:30 PM do my homework, sleep, and go to work the next day." While she works to save money, her husband waits in Mexico for her to petition him. Norma grew up without her father and was not reunited with him until she had her own son. Now her sons are growing up in the United States without their father. There are currently over one-million Mexicans waiting to hear about family reunification visas. Had the immigration process been more affordable or faster Norma may have been able to reunite with her father earlier and may have completed her schooling in the United States.

Conclusion

The narratives included in this chapter illustrate how immigration policies shape family separation for transnational families throughout the life course. During childhood, women described suffering because they were apart from their caregivers. Although they had material resources, they noted being eager to have their caregivers with them and saddened by their absence. During adulthood, women described being stuck in the United States and unable to fulfill their obligations to children and elderly parents. In addition to suffering physical separation, women experienced being separated or divided by legal status from other members of their households. This division by legal status means they do not have the same access to resources as their U.S. citizen children. Lastly, these stories illustrate the reproduction of separations across multiple generations.

The current immigration system often contributes to prolonged periods of family separation by setting numerical limits, prioritizing certain groups over others, and setting per country limits (American Immigration Council, 2020). The production of the "illegal" category by immigration policies serves as an example of historical trauma applied to Mexican Americans. For Mexicans, there is a long history of migration to the United States for labor, but few opportunities to migrate legally as a family. Anthropologists and epidemiologists have suggested that the human body may "translate" social structures into health inequality (N. Krieger, 2005; Nguyen & Peschard, 2003). Among Mexican-Americans women's social distress has been linked to depression and diabetes (Mendenhall, Seligman, Fernandez, & Jacobs, 2010; Rock, 2003). For young Mexican Americans acculturation has been shown to increase psychological distress and anxiety disorders (Escobar, Hoyos Nervi, & Gara, 2000; Kaplan & Marks, 1990). Grzywacz et al. conducted a mixed methods study and found that separation from family and community was a common work-family strain experienced by Mexican immigrants who came to the USA to find work. The research team also found that higher levels of work–family strain were associated with more perceived stress, anxiety and depression (Grzywacz, Quandt, Arcury, & Marín, 2005). Research conducted in a large Midwestern city found parents separated from their children reported significantly higher levels of acculturative stress (Rusch & Reyes, 2013). Immigration policies produce and prolong family separation creating chronic stress in the lives of immigrant families and impact their wellbeing. Chronic stress has been linked to impairments in the cardiovascular, nervous, and immune systems ultimately resulting in diabetes, hypertension, and

cardiovascular disease (Brunello et al., 2001; Lloyd, Smith, & Weinger, 2005; Schnurr & Green, 2004).

Chapter 3: Fear and Pathogenic Policies

"Puede uno ser esa mamá que quiere uno ser, pero con límites. Hay límites, en realidad no haces todo lo que tú quisieras hacer."—Leticia

In 2015, Donald Trump announced his candidacy for president by insulting immigrants with the statement,

> "When Mexico sends its people, they're not sending their best, they're not sending you. They're not sending you. They're sending people that have lots of problems, and they're bringing those problems with us. They're bringing drugs. They're bringing crime. They're rapists. And some, I assume, are good people." –Donald Trump

Since his election in 2016, President Trump has ended the DACA program, started construction on a wall spanning the border between the U.S. and Mexico, expanded deportation efforts to include people without criminal records, and expanded fast track deportations (Dias, 2019; Kopan, 2018). Additionally, on February 24, 2020 the public charge rule, which makes immigrants who receive Medicaid and other publicly funded benefits such as food stamps and housing assistance potentially ineligible for green cards and visas, and, in some cases, subjects them to deportation, was implemented nationally (U.S. Citizenship and Immigration Services, 2020). A qualitative study that included 28 in-depth interviews with frontline staff working at Federally Qualified Health Centers found increases in fear of deportation and fear of family separation, increases in discriminatory and racist remarks, and decreases in? healthcare utilization after the 2016 election (Fleming et al., 2019).

Anthropologist Nolan Kline attributes changes such as these to a phenomena he terms "pathogenic policing," "an analytic frame that specifically indicts law, policy, and law enforcement agents in perpetuating poor health and health inequalities that fit into a larger rubric of health inequity shaped by race, gender, sexual orientation, immigration status, and other social markers of difference"(Kline, 2009). In this paper, I use Kline's frame in my presentation of findings from 106 self-administered surveys conducted at two community events and 30 in-depth interviews conducted with Mexican immigrant caregivers in California's San Joaquin Valley. I argue that immigration enforcement policies create chronic fear that impacts families' mobility, relationships, finances, and well-being. While previous work has largely focused on states with restrictive anti-immigrant policies or the effects on families directly impacted by arrest, detention, or deportation, this study illustrates the ways fear of immigration enforcement impacts families. As I will show, the chronic fear immigration enforcement policies create is another example of a chronic social condition that erodes health over time.

Pathogenic Policing

Michel Foucault argues that biopolitics is the way in which populations are divided and categorized for efficient means of control on behalf of governing bodies. Biopolitics can be understood as an application of power over populations (Foucault, 1998).

Anthropologists including Nicholas De Genova, Nolan Kline, and others have argued that immigrant policing is a form of biopower that attempts to discipline and control immigrants. Specifically, "it attempts to govern immigrants through fear, aiming to make them afraid of living their daily live" (Kline, 2009). In his ethnographic work Kline writes, "the fear immigrants experience is not just a byproduct of immigrant enforcement laws, instead the fear is an intentional form of controlling immigrants that not only affects their mobility, but also results in anxiety and trauma" (Kline, 2009). Other anthropologists have pointed to how police action can result in various forms of harm, using the term "pathogenetic law enforcement" to describe the health-related consequences of police officer intervention with vulnerable populations including undocumented immigrants (Alexander & Fernandez, 2014; Bourgois & Schonberg, 2009).

Deportation is a tool of immigration policy enforcement, and an effective disciplinary method utilized to govern and control immigrants in the United States. According to Immigration Customs and Enforcement, 267,000 deportations occurred in 2019 (Immigration and Customs Enforcement). The U.S. deportation system has grown throughout the years under both Democratic and Republican administrations. The increase in deportation was first observed after the 1986 passage of the Immigration Reform and Control Act. One component of the law started the deportation of any immigrant convicted of a deportable offense. As the years passed the definition of a deportable offense expanded. For example, legislation in 1996 mandated the removal of immigrants who had been convicted of an aggravated felony. For immigration purposes an aggravated felony could include tax evasion, failure to appear in court, or receipt of stolen property. In 2003 the establishment of the Department of Homeland Security increased the Customs and Border Protections budget, increasing the number of Immigration and Customs Enforcement Agents, and expanding enforcement to the interior of the country. In the early 2000s Customs and Border Protections began to work with the Department of Justice to deport individuals within the country who interacted with the Justice Department. Most of the individuals deported through this process are nonviolent and not serious criminals (Pew Research Center, 2018b). Concurrently, Customs and Border Protections rolled out the Consequence Delivery System in 2005, which mandated that immigrants apprehended at the border could no longer voluntarily leave. After an apprehension Border Patrol would either formally deport the individual, charge them with an immigration related crime, or repatriate the individual to a remote part of Mexico (American Immigration Council, 2014).

Sociologist Tanya Golash-Boza argues that deportation has disproportionately impacted Mexican and Central American male immigrants since the passage of the 1996 laws (T. Golash-Boza, 2015b). The U.S. Government Accountability Office reports that in 2019, male citizens from Mexico, Guatemala, El Salvador, and Honduras collectively accounted for most Enforcement and Removal Operations detentions (Woods & Hanson, 2016). Although males are most at risk for deportation, deportations impact entire families and communities.

Prior work has established the health consequences of immigration enforcement not only on the immigrants directly impacted, but also on the larger Latinx community regardless of immigration status (Fleming et al., 2019; W. D. Lopez, 2019; Novak et al., 2017). After a community experienced a worksite raid, infants born to Latina mothers had a 24% greater risk of low birth weight after the raid when compared with the same period one year earlier. The increased risk was observed for US-born and immigrant Latina mothers, but not White mothers (Novak et al., 2017). These findings illustrate the role of ethnicity although both US-born Latina mothers and US-born white mothers have the same citizenship status, only infants born to Latina mother were at greater risk for low birth weight. There are several possible explanations Latina US-born mothers may live in mixed status families and therefore while they are not directly impacted, they may fear the deportation of other relatives. It may also be that large scale raids like this influence the greater community and that Latina mother experience more racism and discrimination as a result. Roughly 40% of Latinos reported discrimination in the past year (Pew Research Center, 2018a).

In addition, researchers have documented the damaging impact deportation has on children's development and health. Rojas-Flores and colleagues found that post-traumatic stress disorder (PTSD) symptoms were significantly higher for children who had at least one detained or deported parent (Rojas-Flores et al., 2017). Similarly, children with a deported parent were more likely to display externalizing and internalizing problems (Allen et al., 2015) and report depressive symptoms (Suarez-Orozco et al., 2002).

The Urban Institute conducted a study examining the consequences of parental arrest or deportation in six locations across the country. They interviewed parents and spouses following an arrest from various enforcement circumstances. Parents were arrested from their worksites, homes, or in the community. Following the raids or arrest, parents reported that children displayed adverse behavioral changes. Children were afraid, cried more, changed their eating and/or sleeping habits, and were more anxious, clingy, and angry (Chaudry et al., 2010). Children also experienced decreased trust in parents' ability to protect and provide support (Valdez, Padilla, & Valentine, 2013). Immigration enforcement including immigration raids, parental arrest and deportation are all examples of how pathogenic policy impacts immigrants' health. Families directly affected experience poor health outcomes, but the wider community is also impacted.

A recent study using data from the National Survey of Latinxs conducted by the Pew Hispanic Center found that among Latinx noncitizens "the fear of deportation has been high and consistent since 2007 regardless of the national deportation rate. However, among Latinx US citizens, fear of deportation has increased substantially since the 2016 US presidential election" (A. L. Asad, 2020). This fear has a negative impact on mental and physical health and contributes to delaying or avoiding care (Asch, Leake, & Gelberg, 1994; Larchanche, 2012). Immigration policies and enforcement cause fear in the community that then results in anxiety, nervousness, and trauma. These in turn impact the behavior and health of immigrants and their families (Kline, 2009).

State immigrant policies

In recent years, states have increasingly developed, and enacted legislation related to immigration and immigrants. Given this heightened policy activity there is an emerging need for research on the impacts of immigrant policies. In 2017, enacted legislation related to immigration and immigrants increased by 110%. Lawmakers in 49 states enacted a total of 469 policies related to immigration and immigrants (206 laws and 263 resolutions) (Morse, Pimienta, & Chanda, 2018).

State-level immigrant policies can be categorized as restrictive (exclusionary or punitive) and inclusive (or integrative). Restrictive immigrant policies establish some measure which prevents or otherwise restricts access to services (e.g. employment verification). Restrictive immigrant policies are associated with increased community fear even among those not directly impacted, (Hacker et al., 2011; Navarro & Shi, 2001; Vargas et al., 2017) lower self-rated health among Latinxs, (Vargas & Ybarra, 2017) increased psychological and emotional stress (Crocker, 2015; Hatzenbuehler et al., 2017), increased risk for food insecurity, (Potochnick et al., 2017) a decrease in the use of preventative services (Toomey et al., 2014), and an increased prevalence of chronic disease (Hall & Cuellar, 2016). Arizona is known to have the most restrictive policies including Arizona's SB 1070, which required police to determine the immigration status of anyone arrested or detained when there is "reasonable suspicion" they are not in the U.S. legally. After the legislation was challenged in court by advocates, SB 1070 was revised, and Arizona law enforcement officers were informed they could not make immigration arrests and could not extend arrests based on suspicions about immigration status. Nonetheless, these types of restrictive policies can have lingering effects and create an anti-immigrant political environment for families and children with health ramifications. Interviews with Latinx immigrant parents following the passage and initial implementation of SB1070 indicate parents observed a wide range of behavioral changes in their children. Children felt concern, a sense of responsibility, fear and hypervigilance, sadness, and depression. Parents also reported their children expressed constant fear and concern over the threat of deportation or family separation (Ayón, 2014).

Inclusive immigrant policies relax or make it easier for immigrants to access services or integrate into society. An example of an inclusive immigrant policy consists of extending driver privileges to unauthorized immigrants which facilitates immigrants' access to institutions and resources (Korinek & Smith, 2011). Inclusive immigrant policies such as these are associated with higher rates of insured Latinx noncitizens (Young, Leon-Perez, Wells, & Wallace, 2017) and lower levels of poverty (Young, Leon-Perez, Wells, & Wallace, 2018). Immigrant policies also affect immigrants differently based on their race/ethnicity. Restrictive policies disproportionately impact non-white immigrants (Anderson & Finch, 2014) and research suggests more anti-immigrant policies are associated with higher levels of reported discrimination among Latinxs compared to non-Hispanic whites (Almeida, Biello, Pedraza, Wintner, & Viruell-Fuentes, 2016).

A subset of inclusive immigrant policies addresses the role of local municipalities and states in aiding federal authorities to enforce immigration law. Sanctuary policy is not clearly defined, but in general sanctuary policies restrict cooperation between local/state law enforcement and federal immigration enforcement (i.e. Immigration Customs and Enforcement) (American Immigration Council, 2017).

In 2017, Governor Jerry Brown signed the California Sanctuary Law SB54, that makes California a "sanctuary state." It prohibits local and state agencies from cooperating with Immigration Customs and Enforcement regarding undocumented individuals who have committed misdemeanors. While other cities and counties in California have passed their own sanctuary laws, the cities and counties where my research took place have not introduced any types of sanctuary policy. Media reports claim that local leaders believe sanctuary laws would lose the community federal funding and bring more attention to the issue from the federal government which is something they would rather avoid. There are also claims that sanctuary policies have the unintentional consequence of putting more ICE officers in the community (Carrigan, 2017; Mays; B. Miller, 2019; The Fresno Bee Editorial Board, 2017). Taking Immigration Customs and Enforcement out of the criminal justice system may make the larger community a target.

Methods

During my field work I attended, participated in, and observed several community events some focused on caregivers, some focused the parents of school aged children, and some focused local agencies and organizations. In the Fall of 2017, 2018, and 2019 I attended an annual daylong conference for caregivers hosted by the Migrant Education Program.

The Migrant Education Program is a federally funded program, authorized by the Elementary and Secondary Education Act of 1965. It is administered in all 50 states and is designated to support high quality and comprehensive educational programs for migrant children. California's Migrant Education Program is the largest in the country. One in three migrant children in the United States lives in California. To qualify for the program a child is considered a "migrant" if the parent or guardian is a migratory worker in the agricultural, diary, lumber, or fishing industries and the family has moved during the past three years. Qualifying moves include moving from one residence to another or across school district boundaries due to economic necessity. (California's Department of Education)

The Migrant Education Program hosts parent meetings throughout the year as well as conferences. The purpose of this conference was to celebrate caregivers and to provide them with resources. The day was structured with various workshops on different topics including communication with children, women's health, domestic violence, and nutrition. Local agencies and organizations were also invited to participate and set-up information booths and provide resources. Examples of organizations that attended include those whose work with immigrants, local universities, and health care centers. The women started their day with breakfast and a presentation introducing the conference and the day's activities. Then they attended workshops, had lunch, visited the information booths, and the day concluded with a keynote speaker. In the Fall of 2017 and 2019 I was provided an information booth and administered a short survey to conference participants. In the Fall of 2018, I also attended the conference, but as a volunteer with one of the local health organizations.

The short community survey I administered in 2017 and 2019 covered children's health status, whether children felt fear, anxiety, and/or nervous. how parents perceived immigration policies impacted their family, and demographic information. Data for children was collected for the eldest child in the family because I wanted to oversample children born outside of the United States. In addition to the survey data I also include narratives from the qualitative interviews I conducted to illustrate the common themes that emerged.

Results

The women I surveyed and interviewed described their experiences living in a time of heightened anti-immigrant federal policies. They live in a sanctuary state, and at the local level migrant labor is essential to the economy. Local leaders have been vocal about not wanting to enact sanctuary policy (Rodriguez, 2018; The Fresno Bee Editorial Board, 2017). In the following sections, I first present the results of the community surveys. Then I draw upon narratives from the interviews to illustrate the ways in which immigration enforcement polices shape the lives of immigrant families living in the San Joaquin Valley. I discuss how the fear created by immigration enforcement policies impacts families' mobility, relationships, finances, and well-being.

On average, survey participants were 42 years old. Most had less than a high school education (67%) and most were married (81%). The eldest child in the family was an average of 14 years old and most were born in the United States (85%). The majority of mothers reported their child had excellent or good health (87%), most children had visited the doctor in the last six months (73%), and most had Medicaid for insurance (89%). (Table 3)

Table 2. Survey Participants' Demographics N (%)

	Fall 2017	Fall 2019	Total
	N=62	N=44	N=106
Mother's Mean age (SD)	41.5 (6)	43 (8)	42 (7)
Education			
Less than high school	44 (71)	23 (53)	67 (63)
More than high school	18 (29)	21 (47)	39 (37)
California has favorable laws for immigrants	19 (30)	14 (32)	35 (33)

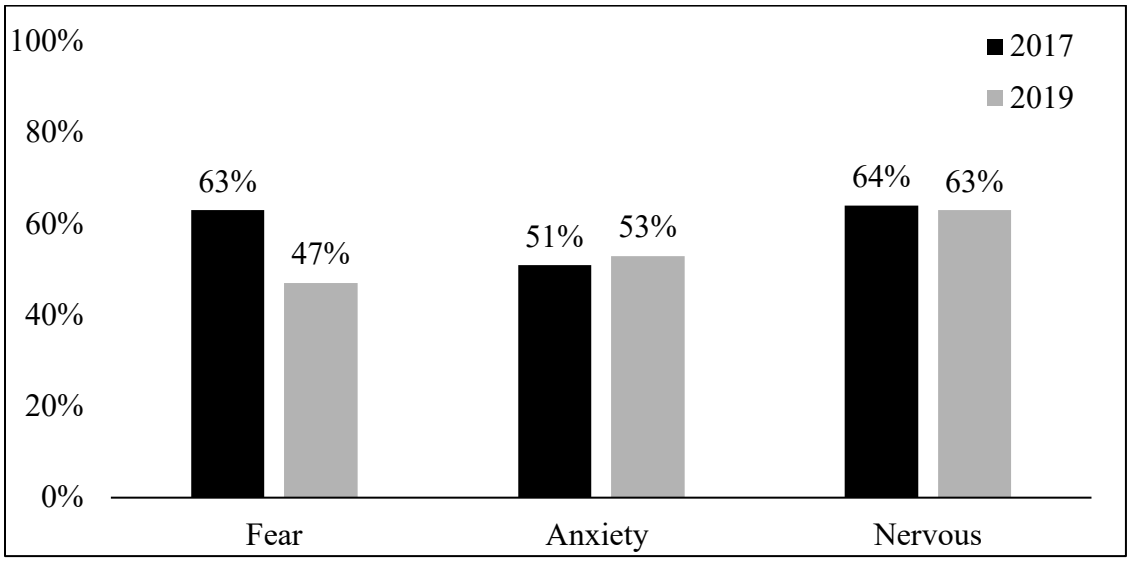
Table 3. Children's' Demographics N (%)

	Fall 2017	Fall 2019	Total
	N=62	N=44	N=106
Mean age of children (SD)	14 (8-27)	13 (2-29)	13.5 (2-29)
Born in the U.S.	48 (78)	37 (84)	85 (80)
Health Status			
Excellent or Good	47 (76)	40 (91)	87 (82)
Fair or Poor	15 (24)	4 (9)	19 (18)
Time since last doctor's visit			
Less than 6 months	43 (69)	34 (77)	77 (73)
6 months to less than 1	14 (22)	7 (16)	21 (20)
1 year to less than 3 years	6 (9)	3 (7)	9 (8)
Health insurance			
Medi-Cal (Medicaid)	56 (90)	38 (86)	94 (89)
Private	4 (7)	5 (11)	9 (8)
No insurance	2 (3)	1 (2)	3 (3)

***Demographic information was only collected for the eldest child.**

Most caregivers reported their child felt fear, anxiety, and nervous. Report of fear was lower in 2019 (47%) compared to 2017 (63%) while anxiety and nervousness remained consistent. (Figure 1)

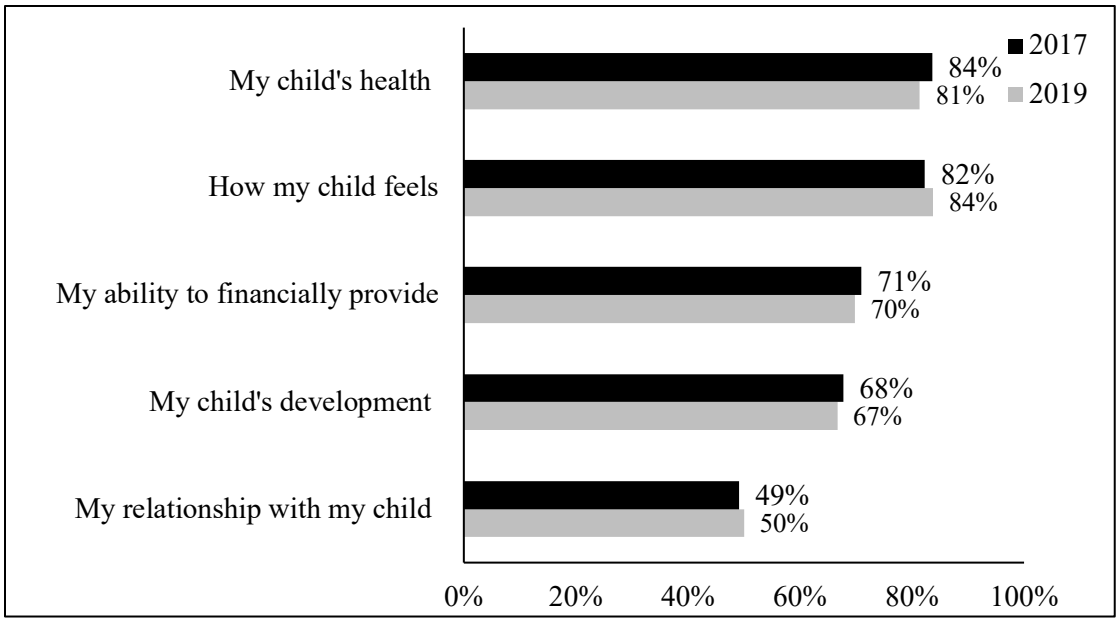
Figure 1. Percentage of mothers that reported their child felt fear, anxiety, and nervous



(For 2017 N= 62 and for 2019 N=44)

Mothers were asked if they agreed with statements relating to how immigration policies impact their children, their ability to provide financially, and their relationship with their children. Results were consistent across the two years. (Figure 2)

Figure 2. Percentage of mothers that reported they agreed to the following statement Immigration policies impact…



While the majority of mothers reported their children had excellent or good health (82%) and the majority of children had seen a medical provider in the last six months (73%), their responses also reveal a community living with chronic fear. Responses from 2017 and 2019 were consistent with mothers reporting their children felt fearful, anxious, and nervous. Mothers also reported that immigration policies impact their children's health, their ability to provide financially for their children, and their relationship with their children. The following section provides a more detailed look into how fear of immigration enforcement shapes the lives of families in the San Joaquin Valley. Pseudonyms are used to protect the anonymity of participants.

Interview Results: Living in fear results in restricted mobility

I first met Leticia at a county-level parent meeting for the Migrant Education Program. Each school in the district has a parent advisory council made up of a president, vice president, treasurer, secretary, and district representative. The purpose of the Parent Advisory Committee is to support the mission of the district by facilitating the quality input of parents with children enrolled in the Migrant Programs ("Fresno Unified School District," 2020). During my observations, agenda items often included signing up for college financial aid programs, trainings on Robert's Rules of order, information on the upcoming 2020 Census, children's mental health, and updates on local and state level

conferences for students and/or parents. Meetings were purposefully scheduled after work and dinner and childcare provided to support participation.

On the evening I met Leticia, I arrived at the meeting at 5:30 PM and was greeted by staff from the Migrant Education Program. Meetings are typically held in a conference room, classroom, or in the cafeteria. That day the meeting was in the cafeteria and families were hectically grabbing a seat and lining up for dinner. As the kids ran around, the Migrant Education staff set up a projector and finished preparing their meeting packets. By around 6:15 PM the room had settled, folks were finishing their dinner and the children were going to a separate room to work on homework or play board games. There were small clusters of parents sitting throughout the room.

Leticia is president of the parent's advisory council and at around 6:30 PM she formally called the meeting to order. The board approved the meeting minutes from last month and started to work down the list of new agenda items. The meeting agenda included a presentation by the 2020 census workers. As the Census workers presented, a woman raised her hand and asked, "Is it true they're going to ask if you're a citizen? I saw the President say that on TV. That you have to answer if you're a citizen. Is that true?" This question caused the whole room to breakout into small conversations. The census worker brought everyone back together by posing the question to the room, "What have others heard?" Leticia was the first to speak up, "No I heard they decided not to include that question. But we have to answer the questions. We need to be counted. It's like when they ask you to register to vote. I know I can't vote so I just say no thank you. I don't say why." The census worker nodded with approval, "Yes, that's correct. It's very important that you know that we are not asking any questions about citizenship and we don't report any information to immigration. That's why I'm here today because I need you all to help me tell everyone you know. That question is not going to be included."

Leticia is well informed and a leader in her community. It's not until I talked to her in her home, that I understand how fear shapes her daily life. Leticia is a single mother. She has three daughters and a son diagnosed with attention deficit hyperactivity disorder. Although Leticia spoke confidently at the parent meeting and is well informed about her rights as an undocumented person, her answer to my question about immigration policies revealed a deep insecurity and fear. Even immigrant caregivers who are leaders in their community, know their rights, and present themselves confidently are fearful about their future.

> "The truth is that right now I live with that fear, immigration [policy] is a disease. You don't know when you're going to get it and how it's going to attack you, if it's going to be deadly or if it's going to be curable. If it is curable then you were able to fix your papers and stay. If it is deadly that means they sent you far away from your family. That's how I look at immigration [policy], like a disease."

Leticia uses an analogy to compare immigration policies to disease. Just like a disease spreads, fear of immigration enforcement spreads and influences thoughts and actions throughout a community. Leticia describes living on constant alert,

> "Right now, I have a group of people. We're in communication. If we hear immigration is out, we alert each other. You're more alert, more nervous, more anxious, more worried. My kids see a patrol car and ask, 'Mom is that immigration?' I tell them no that's the police. Even [my kids] are on alert. At school they hear someone's uncle got deported and then come home and ask, "What will we do?' The teachers also talk to them about the topic. They try to calm them down and tell them school is safe."

I heard similar accounts from other mothers, that children bring home what they hear at school,

> "Yes, my youngest is always scared. She would go to school, hear about it, and ask me. I always tell her, 'No God doesn't want that to happen. We are in [God's] hands.' I think it affected her at that time a lot, but you get used to it, but always with the fear. Always with the fear. At first it was a lot of fear. Now we're still afraid, but entrusting ourselves to God whenever we go out, asking God that we return."

Leticia and her children live their lives on alert, aware of their surroundings and not wanting to encounter immigration enforcement. To mitigate possible encounters, Leticia has changed the way she moves in her community. As she notes,

> "I try not to be out so much like before with the kids. I used to take them to [after-school] activities. They had a program and leaving school I would pick them up and take them to those activities. It's been about two years that they don't participate. It's not like before, we don't go out like that anymore. Although you want to do a lot of things. There's a line that stops you that's the fear of deportation"

Lack of participation in afterschool activities is not just a byproduct of fear of deportation, but it is also a way to limit children's ability to acquire skills that may serve them in their academic journeys. When we discussed how Leticia explains missing events she says,

> "I tell [my daughter] *con la pena* [with sorrow/grief]. It's better for you to go on the school bus and I'll cheer for you from home. The fear of going out deprives you of things you used to do. Before I would say let's go it's close. It's only 30 minutes away and I would take the other kids too and we would go out to eat after. Now I think about it more."

Leticia not only limits her children's after school activities, but also her activities outside the home in general.

> "We try to be more reserved now, not closed but a little. When we need to go out, we go out and when we don't, we stay [home]. Sometimes I take advantage when I leave them at school and I go to the store, I run errands, make payments, all at once. When I pick them up [from school] or on my day off, we don't even go out because I already did everything."

Leticia's description of fear and restricted mobility was expressed in other interviews. As another participant told me,

> "[After the 2016 elections] there was more fear because [Donald Trump] insults Mexicans more. Since then things have changed. You get scared if you see police. Everyone has that fear because you don't know. Before we would go out more and now it's the fear that you can't. Before like they say this is 'a free country' in some ways yes, but now you feel closed, you can't go out freely, because you always have that fear."

These experiences were not new for the women who came to the United States as children in the 70s and 80s. They described a similar sense of fear and alertness as children,

> "We would go out to play, but we needed to be very careful. My dad would say we needed to be aware if a car stops or whenever we went out. [When I was growing up] it wasn't so difficult, but we had to be careful and not just go anywhere and if we heard that immigration was out, we wouldn't go out."

Similar to Leticia's actions, Anna's parents adjusted the family's mobility to reduce encounters with immigration enforcement,

> "It was hard because we were new to the country, we were undocumented. My mom was one of those that never wanted to go anywhere because she was scared of immigration, so if we went somewhere it would have to be late in the evening, like to the food store. She only took one of us because she said that if immigration took her and one, it would just be one. My dad got deported a few times working in the fields and he would just cross back in. That was her fear, that if [Immigration Enforcement] crossed her path one day and her kids were with her, she would be so scared that we would all be taken and then separated or lost in the border. It was really hard. Now when I think about it, was it really harder living in Mexico or is it really hard living here? Because you had the freedom in Mexico to live as you pleased. We weren't rich, we were dirt poor, but we survived because we would work for our food."

This pondering about the difference between life in the US and Mexico, particularly in regard to freedom of movement, fear, and policing, is something that I heard often from the women I spoke with. In Mexico they had very limited resources and sometimes nothing to eat, but they were free to go about their lives. While in the United States they still have limited resources, they don't worry about going hungry, but they live more restricted lives.

The fear that the migrant women describe does not go away once their immigration status is legalized, as Anna recalls,

> "Yes, I still have flashbacks of seeing Immigration, and then my husband tells me his stories. He got picked up by Immigration like six times in the '80s, and he would cross by himself back. He tells me his stories of almost being dead in the desert. I didn't have to go through that, but there's still that fear, even though I'm a US citizen, there's still that fear that they will take you back. You really always feel like you just don't belong here 100%. You're going on with your life and doing what's right, getting settled, but there's always that little piece in your mind, what if the government said, 'You guys, all the Mexicans have to go back to Mexico?' In reality, it's never like if you were born here."

Fear of immigration enforcement is a chronic social condition that shapes mobility for immigrant families. Fear impacts the whole family, puts everyone on alert, creates restrictions on mobility and has life-long impacts.

Interview Results: Living in fear results in restricted finances

The next set of narratives illustrate how fear of immigration enforcement shapes the lives of immigrants and limits their ability to provide financially for themselves and their families. Immigrants living in the US without legal documentation engage in a variety of risk minimization strategies that have financial implications. One such strategy that I heard about in my interviews was limiting work to one parent. As a participant recounted, "If we both work and [Immigration Customs and Enforcements] gets us who will take care of the children? That impacts us. My income is not coming into the household." Migrants who already have very limited resources make additional sacrifices to stay together as a family unit. Research on immigration enforcement found that families lost an average of 70% of income within six months of a parent's immigration related arrest, detention, or deportation (Capps et al., 2016). In this example, there hasn't been an arrest, detention, or deportation, but the fear of separation is altering behaviors.

Sandra who came to the United States with her husband and has two U.S. citizen children discusses how her finances are affected. First, because she needs to limit her mobility to reduce chance encounters with ICE and second because she needs to be available to her children to ease their fears.

> "We were at church and when the mass finished the priest said, 'Don't pass by this place because immigration is there.' How is someone going to feel? You don't have the liberty to move around. Before we would go to Washington [during the picking season] now we don't go. Why? Because I don't want to get stopped on the way there. It has affected us economically too. Our income has gone down a lot."

These findings are consistent with what I observed from the survey data I collected. In 2017, 71% of caregivers reported that immigration policies impact their ability to provide financially for their children. When the survey was repeated in 2019, 70% of caregivers reported that immigration policies impact their ability to provide financially for their children. Immigrant families are forced to mitigate the risk of deportation at the expense of their finances.

Later in the interview, Sandra also discussed how she stays home from work when her children are anxious,

> "Sometimes I see it in my kids. They'll watch something in the news about a raid at a packing facility and they see the kids crying left at school with no one picking them up. How do they feel? It's sad. My husband will see them like that and tell me to stay home with them for a couple days, watch them, talk to them, take them to school, see what they need. I notice that helps them. My husband says it's okay if we don't have a lot of money. It's more important that they feel safe."

Sandra also reflected on how her immigration status lowers the amount she is paid and limits her ability to receive unemployment and social security benefits,

> "You don't have the same rights as a [U.S.] resident or citizen. For benefits it's the same, even if you and your husband work hard what you earn isn't the same as a resident even if you do the same job. Even if you work more and the job is more strenuous, you don't qualify for unemployment. You have to keep working, it doesn't count for anything one day it will be like you didn't work in this country. When we can no longer work, we won't get [social security] we won't get [back] what we earned."

Women's stories outline the chronic fear experienced in response to immigration enforcement which influences their behavior in efforts to mitigate risk. Additionally, although they contribute to social security and unemployment, they are not eligible for these benefits. Ultimately, they face long-term economic instability that impacts their well-being and their children's well-being.

Conclusion

Prior work has largely reported the effects of immigration on family well-being in states with restrictive anti-immigrant policies, or the impacts to families directly impacted

by arrest, detention, or deportation. This study illustrates the ways fear of immigration enforcement impacts families. The women I spoke to live in a sanctuary state and are at lower risk of getting deported because of their gender, (T. Golash-Boza, 2015a) yet their accounts are similar to those of immigrants living in more restrictive states (Ayon, 2018; Rubio-Hernandez & Ayon, 2016). Mothers commonly reported their children had good or excellent health and the majority of children had seen a doctor in the last six months. California' inclusive policy may be able to get children access to services but might not be able to protect them from the fear generated by immigration enforcement. Even caregivers that hold leadership positions and know their rights live in fear. My findings are consistent with research conducted in other settings. Roche et al., for example, found that 88% of undocumented parents living in a mid-Atlantic city were worried that family members would get separated and 56% believed their children were negatively affected by immigration news and events (Roche, Vaquera, White, & Rivera, 2018). A cohort study of 397 US-born adolescents in California found that fear and worry about the personal consequences of current US immigration policy were associated with higher anxiety levels, sleep problems, and blood pressure changes (Eskenazi et al., 2019). Similarly, work in Maricopa County, Arizona found that families live in a state of perpetual fear that limits their work opportunities and social interactions (Ayon, 2018).

As the survey findings and interview narratives included in this study illustrate, pathogenic policing attempts to govern immigrants through fear, aiming to make them afraid of living their daily lives (Kline, 2009). The long-term impacts of this chronic fear may result in what Geronimus describes as "weathering." Weathering refers to the early health deterioration African Americans experience as a consequence of the cumulative impact of repeated experiences of social or economic adversity and political marginalization (Geronimus, 1992; Geronimus, Bound, Waidmann, Colen, & Steffick, 2001). The weathering effect has also been observed in studies of Mexican origin populations (Kaestner, Pearson, Keene, & Geronimus, 2009; Wildsmith, 2002). The chronic fear created by immigration policies may explain some of the structural level factors that contribute to the immigration paradox.

Chapter 4: Expanding the concept of adversity: A case for immigration related measures

> "Migración es una palabra que ahora debería ir acompañada así como trauma, porque ya nomás oyes migración y empiezas así como a temblar, "¿Dónde está?", tu corazón se acelera. Sí, sí te afecta." -Sandra

Adverse childhood experiences (ACEs) such as emotional, physical, or sexual abuse and household dysfunction have been associated with multiple risk factors for several of the leading causes of death in adults (Felitti et al., 1998). In the mid-1990s, Dr. Vincent Felitti observed that adult patients in his obesity clinic would drop significant amounts of weight and then regain it. After conducting interviews with over 100 patients, he found a relationship between histories of abuse and obesity (Felitti, 1991; Harris, 2018). This finding led to the ACEs Study. The ACEs study was conducted from 1995 to 1997 and included over 8,000 adults who had completed a standardized medical evaluation at a large HMO. Study participants were mostly white (79%), well educated (43% had graduated from college), and had a mean age of 56 years (Felitti, 1991). The researchers examined seven categories of adverse childhood experiences including psychological, physical or sexual abuse; domestic violence against the mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of exposures were then compared to measures of adult risk behavior, health status, and disease.

The study had three major findings. First, ACEs are common—52% of respondents had experienced at least one ACE. The most prevalent of the seven categories of childhood exposure was substance abuse in the household with 26% of respondents reporting experiencing it. Second, there was a relationship between childhood exposures and health risk factors including those frequently referred to as the actual causes of death in the United States (Mokdad, Marks, Stroup, & Gerberding, 2004). Both the prevalence and risk increased for smoking, severe obesity, and physical inactivity as the number of exposures increased. While these unhealthy behaviors were common, they were not the only explanation linking ACEs to disease. Among those with an ACEs of seven who did not smoke, were not obese and did not have high cholesterol, this group was still more likely to develop heart disease compared to those with an ACEs score of zero (Felitti et al., 1998). Third, the researchers found a dose-response relationship between the number of childhood exposures and each of the risk factors studied. Meaning that as the number of ACEs increases so does the risk for negative outcomes. Additionally, the researchers found a significant dose-relationship between the number of childhood exposures and several disease conditions including heart disease, cancer, chronic bronchitis, skeletal fractures, and poor self-reported health (Felitti et al., 1998).

Following the publication of the ACEs study much work has been done to better understand the consequences of ACEs. This research has shown the link between ACEs and risky health behaviors including smoking (V. J. Edwards, Anda, Gu, Dube, & Felitti, 2007), illicit drug use (Dube et al., 2003), and alcohol abuse (Dube, Anda, Felitti,

Edwards, & Croft, 2002). Among adolescents, ACEs are strongly related to early initiation of alcohol use (Dube et al., 2006) and pregnancy (Hillis et al., 2004). ACEs are also associated with several disease conditions including increased risk of headaches (R. Anda, Tietjen, Schulman, Felitti, & Croft, 2010), depression (R. F. Anda et al., 2002; Chapman et al., 2004), chronic obstructive pulmonary disease (R. F. Anda et al., 2008), lung cancer (Brown et al., 2010), ischemic heart disease (Dong et al., 2004), rheumatic diseases (Dube et al., 2009) and premature mortality (Brown et al., 2009). Several researchers have examined how ACEs effect brain development, hormones, and the immune system linking ACEs to weakened neural connections (Herringa et al., 2013), increased inflammation (Baumeister, Akhtar, Ciufolini, Pariante, & Mondelli, 2015), and telomere shortening (Epel et al., 2006).

Despite the growing popularity of the ACEs measures few studies have focused on ACEs among children of immigrants. Among those that have been conducted, findings suggest children of immigrants experience less adversity compared to U.S. born children. Further, studies reporting the prevalence of ACEs in Latinx populations found higher prevalence of ACEs, but the higher prevalence of ACEs did not correspond with stronger associations with disease (Llabre et al., 2017).

However, there are important caveats to these preliminary findings. First, immigration adversity may not be captured in current measures. For example, current measures capture parental separation because of divorce, imprisonment, or death. However, separation for immigration related reasons like the parent is working in another country or deportation are not captured. Second, being Latinx or an immigrant may provide some protective factors (Caballero, Johnson, Buchanan, & DeCamp, 2017; LaBrenz et al., 2020; Loria & Caughy, 2018; Slopen et al., 2016). For example, the Latinx community has lower levels of drug use compared to Whites (Welty, Harrison, & Abram, 2016). Previous research also suggests that Latinx families have larger social networks and integrate extended family members into their networks (Bornstein, 2002). Those Latinx born outside of the U.S. have lower levels of alcohol use compared to U.S. born Latinx (Loza, Castañeda, & Diedrich, 2017).

A key criterion for an ACE is the lack of predictability of the event. In her book, Childhood Disrupted: How Your Biography Becomes Your Biology, and How You Can Heal, Donna Jackson Nakazawa presents stories of childhood adversity that range from being bullied by family members to losing a parent. As she notes, “The developing brain reacts to different types and degrees of trauma so similarly because all the categories of Adverse Childhood Experience stressors have a very simple common denominator: they are all unpredictable. The child can’t predict exactly when, why, or from where the next emotional or physical hit is coming” (Nakazawa, 2015). As shown above, ACEs have serious long-term consequences.

The collection of ACEs data for research purposes is increasingly common. Many states collect information on ACEs in their Behavioral Risk Factor Surveillance System and the World Health Organization has also developed its own version (Centers for Disease Control, 2020; World Health Organization, 2020). Recently, there has also been

a move to screen for ACEs in clinical settings. As of January 1, 2020 California, became the first state to reimburse health care providers who screen children or adults enrolled in the Medi-Cal program for ACEs (Boyd-Barrett, 2019).

Some researchers caution against moving from population to individual level application and using the ACE score for screening purposes because the score does not assess the frequency, intensity, or chronicity of exposure or account for sex differences or differences in the timing of exposure. Researchers also advise that current ACE measures have not met standard screening criteria including assessments for accuracy and availability of evidence-based interventions for those that screen positive (McLennan, MacMillan, & Afifi, 2020). Additionally, the original measures were not systematically selected and omit important adversities like community violence and lower socio-economic status (Finkelhor, Shattuck, Turner, & Hamby, 2015; McLennan et al., 2020). Given these limitations and the lack of standardization using ACE score to may lead to both over and under estimating risk (Robert F. Anda, Porter, & Brown; R. Edwards, Gillies, & White, 2019).

Expanding ACE measures to include community-level stressors

As use of ACEs increases, there is a need to consider how well the measures work in diverse populations and whether ACEs categories need to be expanded to include community-level adversity. First, although ACEs have been used to understand how adversity early in life impacts the adoption of risky health behaviors and long-term health more work needs to be done to understand how applicable they are to more diverse populations. The participants in the original study were insured, well-educated, and white (Felitti et al., 1998). Similarly, this population typically represents those most likely to participate in the Behavioral Risk Factor Surveillance System (National Center for Chronic Disease Prevention and Health Promotion Division of Population Health, 2019). Second, Dr. Felitti's original ACEs measures are typically referred to as "conventional ACEs." Conventional ACEs were focused on household-level adversity (psychological, physical or sexual abuse; domestic violence against the mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned). Increasingly researchers recognize that experiences outside the home also shape the lives of children and influence behavior especially for minorities and those living in poverty. They therefore have called for the addition of expanded ACE measures that address community-level adversity (Cronholm et al., 2015; Joy & Beddoe, 2019; Karatekin & Hill, 2019). Expanded ACE measures include poverty, discrimination, bullying, and community violence.

To explore these issues, the Philadelphia ACEs Survey was conducted to determine the prevalence of conventional and expanded ACEs in a more diverse population and to understand whether there are unmeasured ACEs that might differentially impact specific demographic groups. Researchers found that over 70% of respondents had at least one conventional ACE and over 60% had at least one expanded ACE. Importantly, approximately 14% of respondents experienced an expanded ACE, but not a conventional ACE (Cronholm et al., 2015), suggesting that if only conventional

measures were used, these individuals would have been excluded. In order to better capture the experiences of diverse populations including immigrants I posit that ACE measures should include expanded measures including those related to immigration adversity. Factors related to immigration adversity include family separation, the migration journey, and fear of immigration enforcement.

ACEs Research with immigrant populations

In the following section, I present ACEs studies focused on children of immigrants to describe what measures were used and to report the studies' findings. Slopen et al. examined differences in the prevalence of ACEs between immigrants and US-born children (Slopen et al., 2016). The research team used a national data set and 9 measures (financial hardship, parental divorce/separation, parental death, parental imprisonment, witness to domestic violence, victim or witness of neighborhood violence, lived with mentally ill/suicidal person, lived with someone with alcohol/drug problem, and treated unfairly because of race/ethnicity) to evaluate ACEs occurrence. Immigration was measured using parent's birthplace and child's birthplace. They found that children of immigrant parents were exposed to fewer adverse events and had lower prevalence for almost all adversities compared to children of US-born parents. The notable exception was that unfair treatment due to race/ethnicity was more commonly reported for children of immigrant parents (Slopen et al., 2016). While children with immigrant parents experienced less childhood maltreatment and familial dysfunction, they reported experiencing discrimination in the community. This finding is consistent with other studies that found that immigrant parents report barriers to accessing care for their children including discrimination (Guendelman, Angulo, Wier, & Oman, 2005). Even though documentation is only needed for the child applicant, parents report being asked for their documentation when applying for services on behalf of their child (Ayón, 2014). Therefore, being eligible for health insurance does not equate to access to health care services for children of immigrants, and thus, this group commonly lacks a usual healthcare provider (Gelatt, 2016).

Loria et al. used the same national level data and nine measures to determine the prevalence of ACEs in low-income Latinx immigrant and non-immigrant children. This research team examined differences in the prevalence of adverse childhood experiences by immigrant generational status. The measures they used included financial hardship, parent divorce/separation, substance abuse, parent in jail, domestic violence, neighborhood violence, mental health illness in home, discrimination, and parent death. They found that 25% of all Latinx children were exposed to 2 or more ACEs and Latinx immigrant children had a lower prevalence (13%) compared with nonimmigrant Latinx children (40%) with the most common ACEs being financial hardship and parent divorce/separation. Exposure to adverse childhood experiences was highest among third- or higher-generation nonimmigrant children and lowest among second-generation immigrant children (Loria & Caughy, 2018). The researchers also noted that third-or higher generation nonimmigrant Latinx children are exposed to more ACEs, but their parents/caregivers report their children's health status as very good or excellent. Conversely, although ACEs experiences were less common among first- and second-

generation Latinx immigrant children, their parents reported children had good, fair, or poor health (Loria & Caughy, 2018).

Caballero et al. used the same national level data and nine measures to determine the prevalence of ACEs among low-income Hispanic immigrant and non-immigrant children. The researchers categorized parent reported child ACEs exposure as no ACEs, low ACEs, and high ACEs for those with greater than two reported ACEs. The study found children in immigrant families had significantly lower odds of ACEs exposure despite higher prevalence of poverty (Caballero et al., 2017). The authors included in their study limitations the possibility that there may be unmeasured factors that buffer children in immigrant families and that ACEs questions may not capture adverse experiences specific to immigrant families (Caballero et al., 2017). It should be noted that all three of the above studies used the same data set.

Vaughn et al. also used national level data, but eighteen measures to examine ACEs. The measures used included neglect, emotional and physical abuse, family violence, and sexual abuse. They found higher prevalence of ACEs among native-born Americans and second-generation immigrants compared with first-generation immigrants (Vaughn et al., 2017). The researchers found that native-born Americans and second-generation immigrants were more likely to report physical and emotional abuse, witnessing domestic violence, and sexual abuse. They noted that the only category of ACEs that was more common among immigrants was neglect. According to the authors, "It seems quite plausible that behaviors deemed neglectful in the American cultural context such as doing chores that are difficult or dangerous, ignoring or failing to obtain medical treatment when sick or hurt, going hungry, and not having clothes, shoes, and school supplies are part and parcel of the deprivation of the lived experience in less advantaged cultural contexts and a motivating force for emigrating to the United States." It may be that this category is a proxy for immigration experiences and the consequences of immigrant policies and not parent/care giver neglect. Immigration status is usually measured as foreign-born or U.S.-born limiting analysis to a comparison between the two groups and omitting immigration status (i.e., undocumented, temporary, uncertain, and permanent status) which influence health and health outcomes. In my search, I was only able to find studies that use national data sets. This may also limit results as immigrants may be underrepresented in these types of data sets (Lebrun & Dubay, 2010).

In the following sections I draw upon narratives from in-depth qualitative interviews conducted with thirty caregivers to demonstrate that 1) current ACE measures do not capture immigration related adversity and 2) caregiver narratives illustrate protective factors that may mitigate the effects of adversity.

Family Separation

Adversity due to family separation was a common theme that emerged in the narratives I collected. The caregivers that were left in Mexico as children discussed the challenges they experienced and how they were impacted. For example, one participant told me, "For me it was very difficult when my mom and dad came to the United States. I

started to lose my hair and the doctor told my grandmother it was because of the sadness. I had always been with my mom and dad and now people treated us poorly. Everyone felt they had the right to discipline us." Another participant shared a similar sentiment, "It was really hard on me. It took a lot of my mental—How do you say? It affected me a lot. I should have been one of the ones to come before, but my sisters were older and starting to get into some trouble." In addition to hearing the perspectives of women left in Mexico as children, I heard from mothers who expressed the challenges their children faced being apart from their father,

> "[My sons] see [their dad] on the phone, they talk to him, but it is not the same. That's why it's harmful for the kids. They grow up living far from their father. He can't hug them, and he can't play with them." [My son] asks me a lot of questions 'Mommy why isn't my dad here.' I don't know what to say. I tell him, 'Son your dad found a job over there and when he finishes, he'll come here.' That's better than saying, your dad can't come right now. It's better to try to say it in a manner that won't affect them because the kids get affected, it affects them."

Current ACE measures capture adversity related to family separation including divorce and incarceration, but not immigration. There is clear evidence that family separation because of migration has negative consequences. This includes research that shows a father's absence is associated with children's behavioral problems, psychological problems, and feeling abandoned (Heymann et al., 2009).

Migration Experience

Participants who migrated as children with their parents also shared stories of adversity, "It was traumatizing because my mom never even explained. She was just like, 'We can't go back. We're moving to the US, to el Norte.' We were just like, 'What?' It was so devastating because we were leaving cousins, grandparents, everyone."

Not only was the journey difficult but adjusting to her life was a challenge.

> "There were nine of us and they started bringing us two by two. Of course, they had no papers, so when we each crossed, we came undocumented. My sister and I were the only ones that crossed through the border running. My little sisters were asleep, so they got to cross easy. We had it hard. I came and, of course, it was hard. You start with not speaking the language, not knowing the culture, the food. We hated it. We wanted to go back to Mexico because it wasn't what we thought it was going to be. The only good thing was we were reunited with our parents and our sisters. Other than that, it was hard."

While she was happy to be reunited with her parents the process of reunification came with challenges. childhood immigration after an early-life formative period tends to constrain later human capital formation and economic opportunities over the life course (Hermansen, 2017).

Fear of Immigration enforcement

Fear of separation was another immigration related adversity that emerged from the narratives. Fear has been shown to impact health seeking behaviors, cause stress, and impact emotional well-being (Kline, 2009). As one mother notes,

> "My daughters [after the election] before they didn't say anything, but now they see what is happening and with the president and they are scared that [Immigration Customs and Enforcement] will get us and throw us out. My youngest is always scared. When this all started and [the president] started insulting Mexicans. She would go to school and the conversation was always about that. I told her, "no God doesn't want this to happen.' I think [right after the election] it affected her at school. [My daughters] were always fearful, but they have gotten used to it, but always with the fear, they're always with the fear."

Similarly, another mother noted her daughter's experience when a friend's father was deported,

> "The kids know, people may say they are just kids, but they know. They see it on the news, they see it, and it's close to them. My daughter has a friend whose dad was deported in a raid and she suffered a lot. My daughter suffered too. It didn't happen to her directly, but she suffered too. We told her no matter what someone will take care of you, but that's hard that someone else will care for them. I hope that doesn't happen."

Rojas-Flores et al. found that post-traumatic stress disorder (PTSD) symptoms were significantly higher for children who had at least one detained or deported parent (Rojas-Flores et al., 2017). Children may not directly suffer from the deportation of a parent, but they experience the aftermath and live worrying about what they would do and what will happen to them. Children whose parents are at risk of deportation also worry about what they will do as one mother noted, "My son says he'll stay, he says, 'I'll stay, I don't know over there [Mexico] to move.'" As another woman notes, "My oldest son is serious, he hardly talks. But he does say, 'What are we going to do if you leave? And he worries, but the little one doesn't understand." Prior work posits that immigration-related trauma is not captured in current trauma assessments (de Arellano et al., 2018). However, fear around immigration policies has been linked to higher anxiety, trouble sleeping, and increases in blood pressure (Eskenazi et al., 2019). The narratives above suggest what current ACE measures miss by not capturing immigration related adversity.

Promotive and Protective factors

In addition to the immigration related adversity that is currently not captured in ACE measures, there may also be protective or promotive factors that help children handle adversity. Researchers have noted that it may be useful to consider the framework of resilience or positive childhood experiences. Narayan et al. developed the Benevolent Childhood Experiences scale that focuses on promotive factors. Promotive factors are different than protective factors in that they are associated with favorable outcomes for

individuals and protective factors typically serve as moderators or buffers that reduce the probability of harm as risk (López & Radford, 2017). The scale was developed to be multiculturally sensitive and applicable to diverse backgrounds. Measures include positive experiences with parents, peers, teachers, and extended social networks, a supportive environment, and a predictable routine (Narayan, Rivera, Bernstein, Harris, & Lieberman, 2018).

Similarly, another research team administered a survey to Spanish-speaking caregivers with young children enrolled in a child maltreatment prevention program. The research team found U.S.-born respondents had significantly higher conventional ACE scores compared to foreign-born individuals, however there was no difference in expanded ACE scores (i.e. discrimination, community violence, neglect). Importantly, expanded measures in this study did not include immigration related adversity. The research team also measured parenting competence using the Parents Assessment of Protective Factors instrument which includes measures for parental resilience (I find ways to handle problems related to my child), social connections (I have someone I can ask for help when I need it), concrete support in times of need (I know where to go if my child needs help), social and emotional competence (I maintain self-control when my child misbehaves), and knowledge of parenting and child development (this measure is in progress). They found foreign-born caregivers had higher parenting competence scores than their U.S.-born counterparts (LaBrenz et al., 2020) . In the following table, I present narrative accounts consistent with the protective factors described above. Caregiver narratives illustrate how parents can support children and may mitigate experiences of adversity.

Table 4. Protective Factors and Narrative Examples

Protective Factor	Narrative Example
Parental Resilience (I find ways to handle problems related to my child)	*She's my daughter if she's sick I'm going to do what I need to do to make sure she's healthy. I paid for her doctor's visits, her vaccines, everything she needed I paid. I didn't get assistance. I didn't know those things existed.*
Concrete support in times of need (I know where to go if my child needs help)	*They are fine now, thank God. There was a time [My son] said he felt depressed and I went to his school to find help. They told me where to go and I took him to a place where he could talk and feel better. I kept taking him. He didn't feel like going out, he felt sad, he just wanted to sleep. I didn't think that was right (me puse las pilas) I took initiative and said I don't know much, but I can investigate and that's when I went to the school.*
Knowledge of parenting and child development	*When my oldest finished high school. She asked me how I read her books when she was younger if they were in English. I told her I never read them, I just made up a story based on the illustrations. She was surprised and said oh that's right you don't speak English so how could you read the books. I taught all of [my children] the habit of reading.*

Conclusion

In this paper, I provide some insights into how current ACEs measures fail to capture immigration related adversity. I also show that caregivers demonstrate protective factors that may mitigate the adversity their children experience. Children in immigrant families experience adversity related to being separated from their parents either because their parent is in another country working or because they fear a separation may occur due to a parent being deported. Conversely, parents seem to demonstrate parental resilience, an ability to seek out support, and the parent skills necessary to help their children. Current measures are mostly focused on individual and household adversity, yet children clearly face adversity outside their homes. These findings should remind researchers and clinicians that children in immigrant families require a different approach to ACE identification, not that they are at lower risk. ACEs researchers should work to expand current ACEs measure to better capture the lived experiences of diverse populations and also consider adding protective measures to their scales. If we know more about what protective measures mitigate adversity, we will be able to design better interventions.

Chapter 5: Conclusion

The central aim of this dissertation has been to trace, through women's narratives, ethnographic descriptions, and survey findings, the myriad of ways U.S. immigration policies impact the structure and well-being of families and children. Fundamental cause theory states that some social conditions remain persistently associated with health inequalities over time despite changes in diseases, risk factors, and health interventions, understanding the social, historical, and political contexts may help us better address the root causes of health disparities. Link and Phelan defined social conditions as "factors that involve a person's relationships to other people. These include everything from relationships with intimates to positions occupied within the social and economic structures of society" (B. G. Link & Phelan, 1995). As shown in the narratives I collected immigration policies are a fundamental cause of poor health as they 1) impact personal, economic, and social position, 2) create different legal statuses that provide varying access to healthcare and other social services, 3) impact health through various pathways (including stress and hazardous occupations), and 4) impact the whole family and community because of spillover effects.

Immigration policies impact individuals throughout their life and have lasting effects. Family systems theories have explored the intergenerational transmission of trauma, through which parents exposed to trauma or adversity may transmit it to their children (Abrams, 1999; Lev–Wiesel, 2007). Immigration related adversity including distress from separation of family and chronic fear may help partially explain the immigrant paradox.

As discussed in Chapter 2, U.S. immigration policies shape family separation experiences for transnational families. For Mexicans, there is a long history of migration to the United States for labor, but few opportunities to migrate legally as a family. As children, women in my study described suffering from being apart from their fathers. Although they had material resources, they noted being eager to have their father with them and sadden by the absence of their father. Resources towards increased immigration enforcement have not decreased the number of undocumented individuals living in the United States or prevented others from coming instead it has just generated suffering. Some women are stuck in the United States and unable to fulfill their obligations to children and elderly parents. In addition to suffering physical separation, women are separated or divided by legal status from other members of their households. This division by legal status means they do not have the same access to resources as their U.S. citizen children. Lastly, separations are reproduced in multiple generations. The stories I shared provide insight into how immigration policies shape family separation over time and contribute to the emotional toll of immigration.

In Chapter 3, I argue that immigration enforcement policies create chronic fear that impacts families' mobility, relationships, finances, and well-being. The women I spoke to live in a sanctuary state and are at lower risk of getting deported because of their gender, yet their accounts are similar to those of immigrants living in more restrictive states. They also have made changes in their daily lives to mitigate their fear of immigration enforcement.

Lastly, in Chapter 4, I discuss how current adversity may not be capturing immigration related adversity and provide insights why we see these findings. Despite

clear evidence of immigration related adversity, prior work suggests that children of immigrants have lower exposure to adverse childhood experiences. Current measures do not capture immigration related separation of parents or fear of separation. Additionally, current measures do not capture protective factors that might mitigate adversity.

Immigrant families in the San Joaquin Valley may live in fear, have limited work opportunities and limited access to health care services, but they will stay in the United States for the well-being of their children. At the time I'm writing this dissertation California's 400,000 agricultural worker are deemed essential workers and yet they are not receiving personal protective gear to protect them from COVID-19 transmission and they were excluded from the $2 trillion Coronavirus Aid, Relief, and Economic Security Act (Cagle, 2020; Uhler, 2020). Future work should consider how to address structural level productions of inequality. With regards to ACE measures, future work should include developing measures that capture adversity and promotive factors.

Limitations

This study is based on a convenient community sample. I was told by some of my study participants that they knew women who were fearful of participating so the study may have left out perspectives of those most vulnerable. Findings reflect only the experiences of the participants. No male caregivers participated in the study. While efforts were made to recruit fathers, long work hours limited their availability. Fathers' perspectives are necessary in future work. Prior work reports deported fathers expressed frustration from feeling unable to provide love, care, support, mentorship for their children (Ojeda et al., 2020).

Implications for practice, policy, and research

Current immigration policies contribute to the erosion of health and may be helpful in explaining the immigrant paradox. Health providers need to discuss distress related to immigration with their patients (Kohrt et al., 2018) and advocate for policies and procedures that directly benefit and reduce harm to Latinx families (Walsdorf, Machado Escudero, & Bermúdez, 2019). Researchers need to conduct longitudinal studies to provide further insights into the long-term consequences of living in fear. ACEs researchers should work to expand current ACEs measure to better capture the lived experiences of diverse populations and also consider adding protective measures to their scales. The more we understand the role of protective measures the better we will be able to design effective interventions. Lastly, policy makers need to work on comprehensive immigration reform that takes into account the well-being of families. In our increasingly globalized world, we must consider the impacts of migration on families and childhood adversity.

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