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Immigration Policy and Access to Health Services

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Section 287(g) of the Immigration and Nationality Act (INA), added in 1996, authorizes the U.S. Immigration and Custom Enforcement (ICE) to enter into agreements with state and local law enforcement agencies to enforce federal immigration law during their regular, daily law-enforcement activity (www.ice.gov/287g). The original intent was to “target and remove undocumented immigrants convicted of violent crimes, human smuggling, gang/organized crime activity, sexual-related offenses, narcotics smuggling and money laundering.” Nationally, over 72 jurisdictions have implemented section 287(g) agreements in 23 states. More than 1,240 active 287(g) officers have been trained and certified, and since 2006, federal funding to facilitate 287(g) agreements has increased dramatically every year, growing from \$5 million allocated in 2006 to more than \$68 million in 2010 [1].

The section 287(g) program is criticized for its unintended impact on individual rights and liberties. According to reports, local officials are misusing their authority to enforce federal immigration law given to them through the program, by focusing more on minor offenses (such as traffic violations) rather than serious crimes [2]. It also has been associated with ethnic profiling and discrimination in traffic stops and through the use of checkpoints in heavily Latino enclaves (Figure 1) [3]. The section 287(g) program is one of ICE’s top partnership initiatives with local authorities. However, unlike other U.S. ICE initiatives, which limit local law enforcement immigration, Section 287(g) has a direct impact within communities. Local law-enforcement agents, such as police officers, are deputized to enforce immigration laws in their jurisdiction and without regard to civil or criminal misbehavior or suspicion [4].

Little is known about how the 287(g) program has affected willingness to seek public health services among Latino immigrants. However, based on previous research on immigration policies and access to health services [5-7], there is legitimate concern that people who are potentially subject to 287(g) enforcement, whether documented or undocumented, may refrain from seeking vital services, including medical, from any local government or private agency – even agencies unrelated to law enforcement – for fear of exposing themselves or their family members to legal sanctions or harassment.

Although funding increases may be leveling off in the future, some jurisdictions are still considering whether to adopt 287(g) programs. Furthermore, other jurisdictions that have adopted 287(g) are considering whether to drop their participation, based on a concern that the burdens and costs may outweigh the perceived benefits to the community or its leaders. Timely information about the 287(g) program's impact on public health concerns could critically inform these ongoing community participation decisions. Documenting the experiences of the 287(g) program could help inform similar debates nationally regarding local enforcement of federal immigration laws. Finally, a better understanding of whether and how immigration enforcement affects ability to seeking public health services could help to mitigate public health harms under ongoing enforcement programs.

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Photo courtesy of Omar Martinez

Figure 1.

Police set up a checkpoint in front of Latino-owned grocery store. Winston-Salem, North Carolina, U.S. (2012)