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Anti-Immigrant Arizona: Ripple Effects and Mixed Immigration Status Households under “Policies of Attrition” Considered

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Anti-Immigrant Arizona: Ripple Effects and Mixed Immigration Status Households under “Policies of Attrition” Considered

Anna Ochoa O’Leary and Azucena Sanchez*

Abstract

Although the seeds of legislated restrictions for immigrants can be traced to 1994 with California’s unsuccessful Prop 187, more recent trends epitomized by Arizona’s Senate Bill 1070 signed into law in April 2010 have renewed concerns about the impact of such policies on the life and livelihood of immigrant communities. We argue that in Arizona, emerging anti-immigrant policies that by design single out undocumented immigrants for exclusion grossly neglect important historical and geographical factors that have resulted in the prevalence of mixed immigration status households: domestic units in which the immigration status of at least one member is different from the others. As such, this feature of social organization will make the implementation of such policies untenable.

Introduction

Arizona’s anti-immigration measure, Senate Bill 1070 (SB1070), signed into law in April of 2010,¹ has brought into focus the nation’s uneasy relationship with contemporary immigrants. This law, challenged by the US Government later in July of the same year, proposes that local police be required to investigate the immigration status of those detained for other violations. In the broadest of terms, SB1070 reveals a growing animus towards immigrants, more specifically towards those with ties to Latin America who do not possess official authorization to work or reside in the United States. With an escalation of very public and virulent outspokenness against them, immigrants find themselves increasingly surrounded by state-level legislative proposals intended to scrutinize their access to public health care programs, schools, and the work place. Not considered by these policies, however, is the far-reaching “ripple effect” (Fix and Zimmerman 2001, 402) on others when those singled out for restriction belong to a mixed immigration-status household. This household is a domestic unit in which the immigration status of at least one member—and therefore their relationship to the state—is different from that of other members. Although the immigration status in question may be any one available to the foreign-born, increasingly so, this falls into the category of “undocumented.”

The term, undocumented, is saturated with ambiguity, and its variety of meanings have both real and symbolic consequences for immigrants (Plascencia 2009). In the United States, where this growing category of immigrants has become the focus of state-level immigration enforcement polices, being undocumented prevents most from legally working and residing in the United States. There are different ways for individuals to fall under this label. Therefore, for our research, we relied on Cornelius (1982, 378) to help us formulate a description: the undocumented are those individuals who enter the United States without inspection (at a place other than a port of entry) and are present without authorization; they may have entered legally but subsequently overstayed the term limit of their visa; they may have entered legally and are legally present but are not legal residents and, therefore, not entitled to public benefits.

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Inherent contradictions resulting from the incorporation of undocumented immigrants into the US economy has long been debated, and complications arising from complex immigrant household composition have not gone unnoticed. In 1988, Chavez pointed out that undocumented immigrants often form families in the United States, resulting in children who are US citizens. Referred to as “binational families,” such social organization forms present administrative challenges for government-sponsored social services bureaucracies charged with implementing policies that restrict access for undocumented immigrants (Chavez 1988, 102; see also Magaña 2003 and Talavera 2008). For undocumented women especially, conditions are doubly precarious as both immigrants and females. After they have settled in the United States, they face greater uncertainties because gendered prescriptions pressure them into negotiating on a daily basis an array of reproductive and productive activities.

Arizona’s anti-immigrant policies are due in part to the nation’s growing awareness of the presence of undocumented immigrants in the country and the state’s border with Mexico as a major migration corridor. Negative attention has been fomented by sensationalized media reports and images depicting the border region as a lawless wasteland, rampant with violent drug runners and welfare-benefits-seeking migrants (Inda 2006; Wilson 2000). Compounded by the nation’s post-9/11 fears,² a highly charged debate over the nation’s outmoded immigration system has politically driven demands for increased border enforcement. As a result, other states throughout the United States have also developed “policies of attrition”: immigration enforcement measures designed to reduce the number of undocumented immigrants in the country by discouraging their settlement and encouraging their leaving (Vaughan 2006). Thus, Arizona’s notable foray into what many legal experts believe to be the federal government’s exclusive authority to determine immigration policy through legislative measures should come as no surprise.

The long-term impact of Arizona’s proposed SB1070 on its immigrant communities has yet to play out. However, it is important to consider that this law represents only one among a plethora of state measures that have, since 2004, with greater frequency and intensity focused negatively on undocumented immigration. However, the negative attention has extended to those who are not necessarily undocumented but share traits with those being stigmatized (Romero 2008; Short and Magaña 2002, 709). This makes such policies also anti-immigrant and anti-Latino. Scholars have noticed this ripple effect of anti-immigrant sentiment on the broader Latino population.³ For example, Michelson (2001) examined major immigration-related political events and found that the political rhetoric that policy measures incited made Latinos—who more often than not are citizens or legal residents—perceive greater discrimination. Greater discrimination has been reported as difficulty finding work or housing, difficulty using government services or traveling abroad, and the increased likelihood of being asked to produce documents to prove their immigration status (Pew Research Center 2007). The implications of health-care access restrictions for immigrants in California is discussed by Marchevsky and Theoharis (2008), who find that because health-care service agents are influenced by the public discourse and prejudices, their decisions result in the denying of eligible applicants from applying and receiving much-needed public benefits. Romero (2008) finds that public intimidation exhibited by police during immigration raids in Chandler, Arizona in the form of unwarranted stops and searches of presumed undocumented immigrants serves to normalize disrespect and contempt for all immigrants, regardless of their status, including US citizen family members. Finally, research by Goldsmith et al. (2009) finds that policing authorities mistreat barrio residents who exhibit more Mexican ethno-racial characteristics than those with Anglo characteristics, and that citizenship, class, and education level offer them little protection. These are important studies in light of criticisms of SB1070 for its potential to encourage racial profiling (also see Short and Magaña 2002). More to the point, although there are legal differences between immigrants, the ability of the public and the media to make this distinction is less clear, which makes Latinos in general more susceptible to prejudice and discrimination because they share many phenotypic and cultural traits with immigrants (Plascencia 2009; Romero 2008; Short and Magaña 2002, 709). Therefore, although the proposed policies are often defended by their proponents as “anti-*illegal* immigrant, such policies are

known to have broader ramifications throughout the communities in which they live—often heavily Latino—and regardless of legal status.

For this paper, we highlight results from a study that examines immigrant women's access to reproductive health care programs in the climate created by Arizona's anti-immigrant legislation to argue how the application of such measures are sure to have a ripple effect throughout the broader immigrant community. The seeds of legislated health care restrictions for immigrants can be traced to 1986 with California's unsuccessful Prop 187.⁴ More recently, similar approaches have sparked alarm about the effects that such measures will have over time and across a broader base of residents (Talavera 2008). After a brief summary of Arizona's legislative history that provided context for the research, we describe the research and some of its findings. In this binational study, teams of researchers addressed related questions on both the US and Mexican sides of the border. However, here we focus on the results from the research conducted in Arizona, which we use to argue that Arizona's anti-immigrant measures in practice deny important historical and geographical realities that have given rise to the mixed immigration status household.

The household is the most basic of social units and a well-established sociological unit of analysis (Netting, Wilk, and Arnould 1984). Households are strategic social groupings of individuals who may be but are not necessarily co-sanguinely related, organized into the most basic of decision-making structures (Hackenberg, Murphy, and Selby 1984). As such, individual decisions inevitably impact the entire unit. For our research, a special effort was made to include study participants whose households were of a mixed immigration status. Ferreira-Pinto (2005) predicted that the application of policies aimed at excluding those who were undocumented would, in practice, have a generalized adverse chilling effect on health care access. Since individuals do not live in isolation but are part of social groupings, we examined households where by definition individuals share a multitude of task-oriented and symbolic activities with others. In this way, we relied on time-honored social science research on households as a "locus of negotiation" (Hackenberg et al. 1984, 187), where collective decision-making necessarily weighs its interest in light of the often conflicting interests of its individual members. This is essential to the understanding why policies of attrition will fail to achieve their stated goals and work instead to undermine the basic rights, and the health and human capital development of an incalculable number of the state's residents regardless of their immigrant status.

Background: the Context for Arizona's Anti-Immigrant Legislation

Arizona's anti-immigrant policies have been largely framed by post-9/11 politics and efforts to safeguard the nation's borders and its peoples from those who would do them harm (Hines 2002; Romero 2007). As Hines (2002) notes, almost overnight, public outrage over the 9/11 attacks and widespread fears about foreign enemies led to a scapegoating of immigrants. To be sure, Arizona's SB1070 can be seen as part of the growing popularity of state-initiated measures intended to bolster policing, surveillance, and increasing the frequency of prosecutions and intensifying penalties for those found to be living and working in the United States without official authorization. In Arizona, such policies began in 2004 with the Arizona Taxpayer and Citizens Protection Act, commonly known as Prop 200. With financial backing of a right-wing group called Protect Arizona Now (PAN), enough signatures were gathered to put Prop 200 on the November ballot. Support for Prop 200 relied on discourse amounting to accusations that noncitizens were subverting the US electoral system by voting. In the absence of any evidence of voter fraud or fraudulent voter impersonation by immigrants, Prop 200 was passed to amend the state's laws to require potential voters to show proof of citizenship to register to vote. However, by including other provisions not related to the electoral process, such as the requirement that agencies administering state and local public benefits verify applicants' immigration status, a harmful precedent was established.⁵ To date, there is no evidence that Prop 200 resulted in significantly less voter fraud at the polls or savings in the cost of the affected public-benefit programs (Crawford 2008). Nonetheless, the inflammatory anti-immigrant

rhetoric and resulting political tactics it unleashed proved to be just the beginning of deepening social divisions (O'Leary 2009a).

Nation-wide, Latinos in the United States today are feeling a range of negative effects from the increased public attention on immigration issues such as the one generated by Arizona's Prop 200. Michelson (2001) argues that notable political events that shift public attention to immigration issues succeed in altering the national mood towards immigrants in negative ways. In 1996, the public gaze turned to immigrants in the United States with the National Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which was propelled by widespread perceptions about immigrants' use of publicly funded programs, especially for healthcare (Inda 2006). Contained within this narrative is a discourse that supports myths to portray them as undeserving and in need of discipline and control through punitive remedies. King (2007) lists these popularized myths as:

- US public health insurance programs are overburdened with immigrants.
- Immigrants consume large quantities of limited healthcare resources.
- Immigrants come to the United States to gain access to healthcare services.
- Restricting immigrants' access to the healthcare system will not affect American citizens.
- Undocumented immigrants are free-riders in the American healthcare system.

Nativist responses in Arizona have coalesced around such misperceptions. Consequently, 2004 proved to be a watershed year from which a deluge of proposed measures began to flow, targeting in its wake almost every aspect of immigrant livelihood: health, education, and employment.

Arizona's Policies of Attrition: A Summary of Selected Measures

A year after Prop 200 was passed, in 2005, close to 30 bills were introduced into Arizona's 46th legislative session. By now, it was clear that a nativist agenda dominated the legislature. A nativist perspective distinguishes between those who consider themselves natives of a country and those considered to be immigrants (Johnson 1997; Kilty and Vidal de Haymes 2000). In the United States, nativism has a long history, having emerged from 19th-century politics against those immigrants from cultures that were markedly different from the European-American, most notably non-Western European and Chinese (Ngai 2004; Zollberg 2006). Nativism has contributed to the politically charged debate on immigration-policy reform and animosity towards immigrants from Latin America, and in particular, those from Mexico (Johnson 1997). Among the laws that were passed during 2005 were House Bill 2592, a day labor center prohibition law. This law bans a city, town, or county from constructing and maintaining work centers (day-labor sites) if any part of the center is to facilitate the knowing employment of an immigrant who is not entitled to lawful residence in the United States.

In 2006, Arizona Governor Janet Napolitano signed Arizona House Bill 2448 that amended section 36-2903.03 of the Arizona Revised Statutes related to the indigent healthcare system, known as the Arizona Health Care Cost Containment System (AHCCCS). The bill replicates the provisions already contained in the federal 1996 PRWORA, which among other things put a five-year wait before recent immigrants become eligible for federally funded public benefits programs. The 1996 act had already affected Medicaid eligibility elsewhere in the United States and Arizona's equivalent, AHCCCS. The program for indigent health care operates through various agencies, depending on the category of service. For example, pregnant women, families, and children generally enter AHCCCS by way of Arizona's Department of Economic Security. In addition, eligibility for programs like *KidsCare* (medical insurance for children of low-income households), long-term care, and Medicare cost sharing are handled by AHCCCS itself.

Conventional wisdom holds that the lack of healthcare and healthcare access has a negative impact on all facets of life: from economic productivity and educational attainment to the prevention of crime and the spread of disease. However, healthcare and healthcare access is a particular problem for Latino populations, and contributes to the nation's health care disparities. Latinos are more likely to be engaged in high-risk occupations, such as construction and farm labor, which produces a great need for health care. The lack of culturally competent, Spanish-language-proficient medical service providers also adds to the problem (Hayes-Bautista 2002). Moreover, because of the high cost of insurance, Latinos have low rates of health-insurance coverage (Brown and Yu 2002; King 2007). Many Latinos work in Latino-owned businesses, which cannot afford to offer employer-based health insurance (EBHI) to their employees. Therefore, despite Latinos low rates of unemployment—4.9% in 2006 (Pew Research 2008)—the lack of EBHI also significantly contributed to Latinos limited access to healthcare. The type of jobs they hold is another factor. A disproportionate number of Latinos work in formal and informal service-sector jobs (as janitors, domestics, and care-givers), construction, and food-service occupations and are, therefore, more likely to be employed part-time, temporarily, or seasonally, making them ineligible for EBHI. Even when they are eligible for EBHI, such occupations and the low wages they earn are not enough to pay their portion in cost-sharing health insurance plans (Brown and Yu 2002). Many Latinos are thus unable to meet their most basic healthcare needs, such as regular checkups, routine immunizations, and necessary medications, and are more likely to rely on a hospital emergency room as their usual source of care (King 2007).

In 2006, about 37 immigration-related bills flooded Arizona's second regular legislative session (see appendix in O'Leary 2007). These were but a fraction of the more than 500 anti-immigrant state-level bills introduced that year across the United States, many of which replicated established federal immigration-enforcement responsibilities (Harnett 2008). Harnett (2008) reports that in 2007, the nationwide number of bills dealing with immigrants tripled to 1,562, as every state in the union considered some form of immigration regulation. Debate over immigration is not new (Hagan and Rodriguez 2002), but recent state and municipal responses to the broken US immigration policy (Harnett 2008, 366) can be understood as a backlash that further disenfranchises immigrants' integration into their host society. This occurs not only through legal, legislatively mandated means but also through heated political rhetoric and misinformation that influences social perceptions about immigrants and their descendents in a negative way (Kilty and Vidal de Haymes 2000) that threatens to marginalize them politically (O'Leary 2009a) and harm their mental well-being (O'Leary and Romero 2011). Indeed, anti-immigrant rhetoric has helped to win support for these legislative bills, which result in mounting barriers to health and human capital development. Hence, Arizona's legislative history that thrust SB1070 into the nation's lime-light in the spring of 2010 is an important indicator of the increase in public scrutiny resulting from negative political discourse about immigrants. Both of these trends, greater control and harsher retributions for immigrants, constitute a recipe for harm due to widening structural health and economic disparities based on race and ethnicity that may, in the long run, undermine the ability of the United States to maintain its economic and human capital advantage.⁶

Two propositions that sought to target the common reasons thought to encourage immigration (education and employment) failed to pass in 2005, but were reintroduced and made law in 2006. Senate Concurrent Resolution 1031 in 2007, commonly called Prop 300, affected adult education programs and immigrant students' access to institutions of higher learning. The adult education provisions restricted eligibility for state-funded services offered by the Arizona Department of Education (ADE) Division of Adult Education. Adult education programs were targeted because of a perception that primarily Spanish-speaking undocumented immigrants attend English classes. The law now requires state-funded programs in school districts and other institutions and agencies to provide adult education services only to US citizens, legal residents, or people otherwise lawfully present in this country. Prop 300 also prohibits adults who are not citizens or legal residents of the United States from receiving child-care assistance from the Arizona Department of Economic Security (DES).⁷ Thus, just when English became the state's official

language and necessary for conducting official business in Arizona, the state legislature mandated obstacles to learning English.

Prop. 300 also restricted immigrant student access to public post-secondary education. Previously, students only had to prove local residency to qualify for in-state tuition rates at Arizona's colleges and universities and for state financial aid. Now, Prop 300 restricts Arizona students in a number of ways:

- A student with an unauthorized immigration status does not qualify for in-state tuition.
- A student in this country unlawfully is not entitled to state-funded financial assistance.
- A student whose immigration status is unauthorized cannot be classified as an in-state student or a county resident.

No provisions were made for the effect these restrictions would have on the children of undocumented immigrants who have resided in the United States for most of their lives and have already completed most of their schooling here.

In 2007, an employer-sanctions law went into effect. The law, officially titled the Legal Arizona Worker Act, targets businesses that intentionally or knowingly employ unauthorized immigrants. It largely replicates provisions in the 1996 Immigrant Responsibility and Immigrant Reform Act (IRIRA). However, the Arizona version of the law provides for more severe penalties for employers who are found to be in violation by temporarily suspending their business licenses or revoking the license altogether. The new law also requires that all employers in Arizona check the employment eligibility of those hired after January 1, 2008, through E-Verify, formerly known as the Basic Pilot Program. E-Verify is an online federal database through which employers can check if an individual is authorized to work in the United States. Use of the E-Verify system by employers is voluntary under federal law, but under the new Arizona law, participation is mandatory when hiring new employees as of January 1, 2008.

In September 2008, the Employers Sanctions Law was challenged on procedural grounds in the 9th Circuit Court of Appeals where, without dissent, a three-judge panel rejected claims by business groups, employers, and immigrant-rights advocates that the law infringed on the rights of the federal government to control immigration and that Arizona state lawmakers acted illegally in requiring employers to check the immigration status of all new workers through E-Verify. Judge Mary Schroeder, writing for the panel of judges, defended the ruling by pointing out that federal law reserves the power of states to decide a company's suitability to do business based on its hiring practices (Fischer 2008). At the time of the ruling no Arizona employer had been charged with a violation of the law, which raises questions about the laws effectiveness to crack down on employers who knowingly hire undocumented workers.⁸

Research

The research, *A Multidisciplinary Binational Study of Migrant Women in the Context of a US–Mexico Border Reproductive Health Care Continuum*, was designed to document and analyze the reproductive health care strategies of immigrant women, and their access to reproductive health care services.⁹

Conducted in 2008–2009, the reproductive health care strategies that immigrant women adopt are couched within increased exposure to various types of risks associated with the migratory process, which include the risk of death (Cornelius 2001; O'Leary 2008, 2009b; Rubio-Goldsmith et al. 2006), sexual assault (Falcon 2001), and illness when health care services in settlement communities are restricted, denied, or underutilized (see, for example, Fuentes-Afflick, Korenbrot, and Greene 1995; Guendelman et al. 2005; Ojeda 2006). Such services are seen as critical to women's health and safety in the course of migration, and, ultimately, to their well-being in destination communities.

Central to the research was the development of a concept developed for the research: the “reproductive health care continuum.” The continuum consists of immigrant women’s repertoire of reproductive health-care strategies and the associated knowledge that women draw upon in the context of their plans to migrate northward. The continuum develops continually, and in particular, in response to scarce resources or hostilities. Therefore, two locations were selected to gather data by binational research teams who employed both quantitative and qualitative methods. Colegio de Sonora researcher Gloria Ciria Valdéz-Gardea headed the research team that interviewed migrant women in Altar, Sonora—a major staging area for migration north (Valdéz-Gardea 2008). Parallel research was conducted by a team of University of Arizona researchers 60 miles north of the border and along the migrant corridor in Tucson, Arizona.

Methods

Fieldwork in Tucson, Arizona, consisted of survey research using a short demographic and health indicators survey with both open and closed-ended questions posed to immigrant women. Researchers partnered with the Mexican Consulate’s health referral program, *Ventanilla de Salud* and El Rio Community Health Center to help recruit 80 respondents. In the initial phase of our research, we attempted to employ the snowball technique such as described by Cornelius (1982) to recruit subjects into the study. These were unsuccessful. Our recruitment efforts changed remarkably with the incorporation of two *promotores de salud* (community health workers) from El Rio as they were well-versed in recruitment methods as part of their networking strategies for their own outreach and recruiting for their diabetes education workshops. Moreover, by virtue of previous collaborative research experiences, they had undergone human subject protection training and certification. Both were Mexican-heritage, native Spanish speakers and sensitive to the project’s need to gain the trust of the participants who, because of the constant political assault on their dignity, may have been fearful or reluctant to cooperate. The high response rate (100%) of those they invited to participate is attributed to these qualities and experience.¹⁰

Once permission was obtained from respondents, interviews were recorded for accuracy. We used the statistical program, SPSS for quantitative analysis, and open-ended questions were transcribed for later content analysis. From the data, two subsamples were constructed using proxy variables and the narratives from the open-ended questions that would help us determine those households where an undocumented member was not present (sample C), and those in which at least one member of the household was present without legal authorization (sample D).

The issue of how fear influences research has been little studied. However, an early article by Cornelius (1982) addressed some of the trade-offs in research design where fear of reporting self-incriminating information is a potential factor. Cornelius’ fieldwork among undocumented migrants in California made use of less threatening questions to ascertain the legal status of respondents. Similarly, in the current study also, no direct question about respondent’s legal status was asked. Instead, proxy questions were used as indicators for behaviors consistent with efforts to avoid attention, and specifically, in terms of accessing health care services. In other words, questions about the difficulties immigrants might negotiate for accessing health care programs for members of the family were used to determine if respondents were assigned to subsample C or D. Together with our analysis of the textual responses, selected question and answer combinations allowed us to claim with reasonable certainty that we had met our goal of interviewing and identifying at least 40 respondents in which at least one member of the household was undocumented.

Findings: Implications of Proposed Restrictions on Mixed Status Households

To determine if the anti-immigrant climate in Arizona had any impact on a respondent’s access to health care, researchers in Tucson, Arizona, where the US component of the binational study was conducted, gathered data from immigrant women about household composition and health service seeking behaviors. Issues for accessing health care generally arise from an immigrant status that makes the applicant ineligible,

such as the category, undocumented. Following this logic, proxy variables that would indicate ineligibility to receive service were checked against the narratives to help us conclude that households in sample C contained no person who was ineligible for services was present in the household. In contrast, Sample D consisted of households in which at least one member was ineligible for services, presumably due to legal status.

To test if there were any differences between the two household types (C and D) with regard to the ability to access some form of health care plan or program, respondents from both samples were asked if they had any type *aseguranza* (health insurance). Because it was anticipated that many might not afford commercial forms of health insurance, the definition of health insurance included any health care program in which they were enrolled. Consistent with the notion that the combined anti-immigrant rhetoric and the ensuing policy restrictions (such as those mandated by Prop 200) produces a chilling effect on health care access (Ferreira-Pinto 2005), our null hypothesis posited that there is no difference between subsamples C and D. Table 1 shows the χ^2 (chi-square) test results of the comparison of these two groups.

The difference between these two samples (in terms of accessing health programs for all household members) proved significant. The Pearson χ^2 and Fisher tests yield significant differences between the two samples of households. The explanation of the difference between the two samples is informed by the research context, suggesting that for those who live in households with at least one member who is undocumented, access to health care programs is a problem that may have consequences for others. This finding is remarkable because it shows that policies impact not just ineligible individuals but entire households that include eligible persons, resulting in diminished health-care utilization for the entire unit.

A content analysis of the narratives of women interviewed in the study confirms this assertion. For those unable to access health-care programs, reasons noted included that they did not have the documents necessary for the application, or that they did not have *all* of the documentation necessary with them at the time they applied for assistance. Fifty-nine percent stated that they had difficulty for accessing services, while 41% did not report having issues. In addition, a majority of the respondents (65%) stated they had felt in some way unwelcomed, discriminated, or otherwise made to feel uncomfortable by medical staff.

Such outcomes might signal success that the goals of policies of attrition have been met in Arizona. However, complications arise with further analysis of the data. Figure 1 compares subsamples C and D, where it can be seen that as the sample size increases, even a small difference in number of respondents

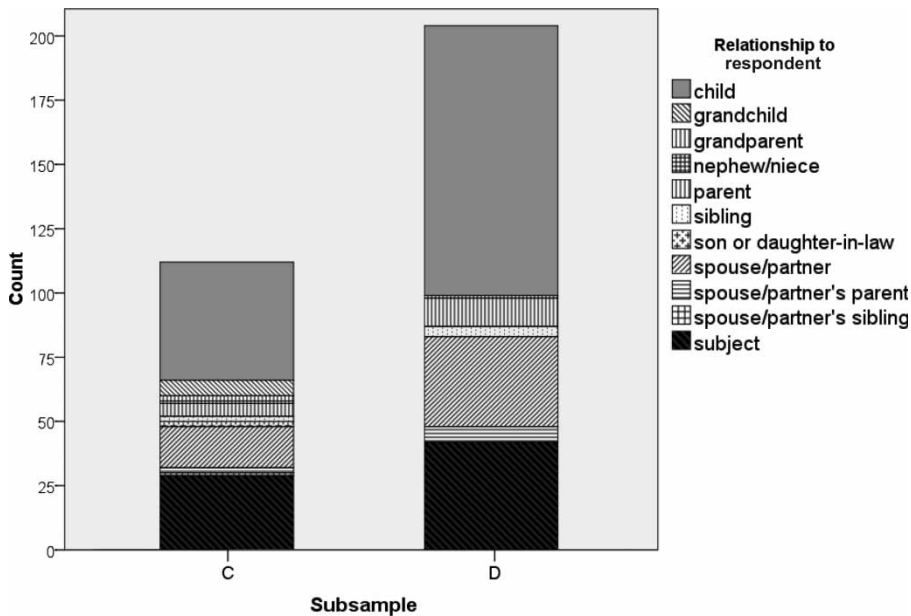
Table 1. Chi-Square Tests for Subsample (C and D) Differences in Access to Insurance.

	Value	df	Asymp. Sig. (two-sided)	Exact Sig. (two-sided)	Exact Sig. (one-sided)
Pearson Chi-Square	7.622a	1	.006		
Continuity Correction ^b	6.338	1	.012		
Likelihood Ratio	7.893	1	.005		
Fisher's Exact Test				.008	.005
Linear-by-Linear Association	7.514	1	.006		
N of Valid Cases	71				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.68.

b. Computed only for a 2x2 table

Figure 1. Household Composition by subsample



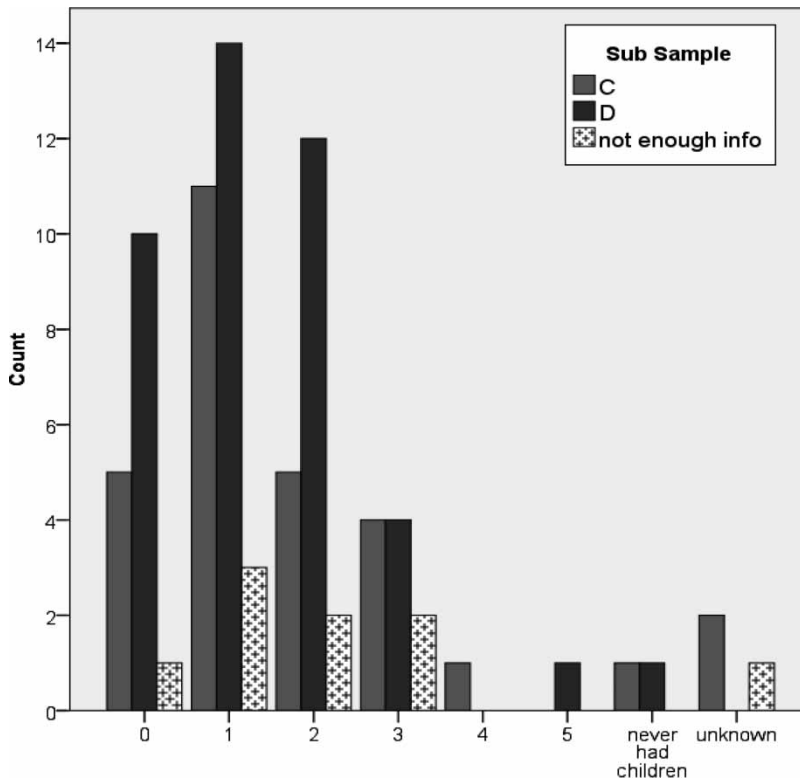
(immigrant women) becomes significant. The lower number of women who were categorized as belonging to subsample C ($n = 30$), where immigration status does not seem to be an issue, translates into a total of 107 household members. By contrast, the slightly larger number of women who were categorized as subsample D ($n = 41$), where at least one member of the household is thought to be undocumented, translates into a total of 209 household members who are potentially impacted by household decisions. In other words, if household heads in this category decide for any reason not to apply to a health service program, nearly twice the number of individuals, including a total of 105 US and foreign-born children, are more likely to be affected by these decisions.

The data also reveal that 55% of the immigrant women interviewed had children who were born in the United States. This is broken down by women in each of the two subsamples in Figure 2, which shows that women belonging to subsample D were more likely to have US-born children. By the same token, about half of the immigrant women interviewed (48%) had children born outside the United States. Figure 3 shows the distribution of mothers per subsample who had foreign-born children in their household.

In practice, then, women who live in households where at least one household member is undocumented may engage in household decisions to seek health care made difficult for fear that their application will invite additional scrutiny and possible reporting to authorities. As such, these decisions may result in de facto restrictions of members to health-care services who are eligible to receive them, including children.

Discussion: Mixed-Immigration-Status Households in Historical Context

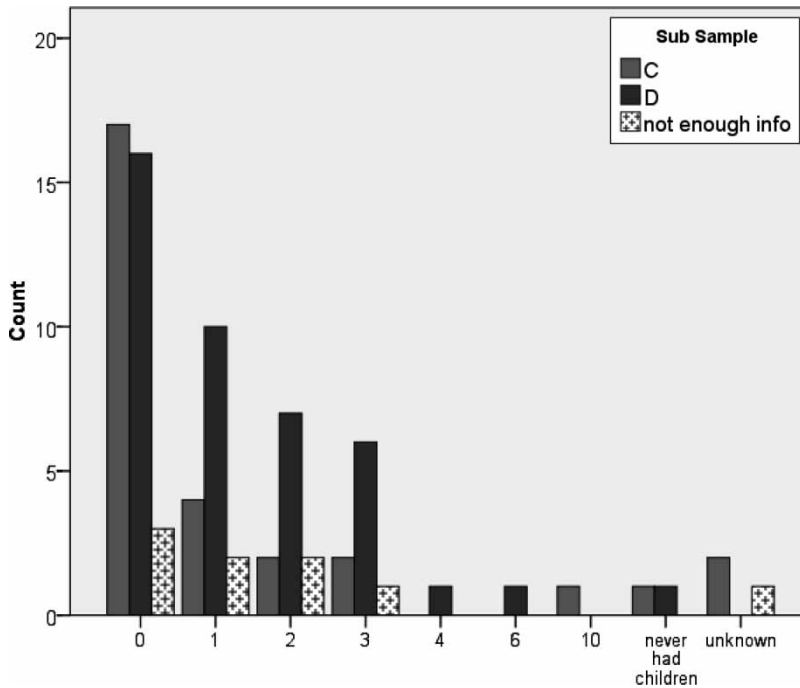
The border region's development is in part due to highly resilient household forms, including those of mixed immigration status, which will complicate the application of anti-immigrant policies. A cursory appraisal of Arizona's history and geography shows that the region depended heavily on a readily available supply of Mexican labor. Arizona was part of the region annexed to the United States with the Treaty of Guadalupe in 1848 and the Gadsden Purchase in 1853. While any detailed account is beyond the scope of

Figure 2. Number of Immigrant Women by Subsample, by Number of U.S.-born Children, per Subsample

this paper, several points are worth noting for a discussion of the relationship between the state's history and geography to the development of mixed immigration status households.

Except for its rich deposit of copper, Arizona lacked the natural resources that had attracted Anglo settlers to Texas and California. Consequently, and for a period of several decades, the region was spared the fierce competition for land that is blamed for inter-ethnic hostilities in states such as California and Texas (Sheridan 1992). To some degree, early Anglo settlers learned to coexist with and, to a large degree, respect their more numerous Mexican neighbors. Over time, economic and social ties between families on both sides of the border were strengthened in a mutually dependent manner.

However, with the influx of more Anglos into the area, patterns of institutionalized subordination of Mexican populations became entrenched. With time, poorly paid work was not enough to meet the subsistence needs of Mexican families. Affected families, however, did not as a rule accept the precarious conditions that they were dealt but rather engaged in creating and strengthening networks of support, entrepreneurship activities, and a wide range of mutual aid strategies. In this regard, the Mexican household composition serves as a "barometer" of the stress it was experiencing (Sheridan 1992, 140). According to the Mexican Heritage Project data (Sheridan 1992), by 1900, 20% of Mexican households were multiple family and extended family households, up from 9.6% in 1880, suggesting that with economic opportunities increasingly closed off to them due to discrimination, Mexican populations adapted by pooling and sharing resources through recruitment of additional members into households. In other words, by drawing on persistent social norms of cooperation,

Figure 3. Immigrant Women, by Subsample, by Number of Foreign-born Children

households adopted strategies of recruitment or redistribution that insured the survival of its members. This is consistent with how households are thought to work: as units of production, consumption and reproduction devoted to satisfying the needs of their members (Netting, Wilk, and Arnould 1984). Although household typologies often ignore variability, fluctuations of household size and composition are thought to mirror such adaptive processes at work (Netting et al. 1984).

On the border, complex family and household structures continue to be represented in a variety of ways. Border-balanced households take advantage of the benefits and resources that each side of the border has to offer (Heyman 1991). Coordination of household activities makes the best use of flexibility and binational kinship ties, including immigrants, for cross-border social visits, shopping, and execution of business enterprises. All of these contribute to the strong relational ties that bind families from both sides of the border in an almost seamless fashion. Indeed, strong extended family relations not only are shown to persist over time, but succeed in growing in strength, adaptability, and regional extension in cross-border clustered households (Vélez-Ibáñez 1996). These mitigate unstable labor markets and often involve immigrants by incorporating them into households as the research by Heyman (1991) demonstrates. An important development is noted, however, in regard to emerging state control of the border over the years: that reducing the risks involved in crossing the border involves additional investment in kin and migration related networks. This observation was reaffirmed years later in the research of migrant and family related social capital by Fussell (2004, 936) who finds that home base border cities facilitate migration for a relatively small number of border city residents who chose to make a career of it. Although other factors, such as education, age, and urban-origin, contribute to the odds of both legal and unauthorized migration to the United States, an important finding is that border residents have the advantage in generating the cross-border family ties through the accumulation of migration and family-related social capital that facilitate both legal and undocumented immigration to the United States.

The demographics of the subsamples (C and D) with their strong leaning towards respondents from neighboring Sonora make sense in light of the aforementioned research. The resultant sample from the research was overwhelmingly Sonoran (Figure 4) and may not be representative of other new settlement communities in nonborder states. This is not to say, however, that new immigrants have not settled in Arizona. Indeed, the US Census Bureau reports that Arizona is a new destination state, along with Massachusetts, Virginia, North Carolina, Georgia, Nevada, Oregon, and Washington (US Census 2008). Moreover, as a recent Pew Research Center (Kochhar 2008) report states, the demographic trends in Arizona with regard to immigration are similar to those in the nation as a whole: Hispanic native- and foreign-born populations grew at a faster pace in Arizona than in the nation from 2000 to 2006, than did the non-Hispanic population in general. As in other states, most of the immigrant population in Arizona has recently arrived with about one-third—217,000 of 666,000—arriving in 2000 to 2006, and another third, 231,000, arriving 1990 to 1999. The resultant subsample D falls into this immigration growth trend (Figure 5).

Light and von Scheven point out that the dramatic increase in the immigrant populations throughout the nation has registered shock among residents in destination sites by way of reactive intolerance toward Mexican immigrants (2008, 705). It follows, then, that Arizona’s legislative actions may have emerged in response to recent growth in immigrant populations in the state and greater nativist anxiety about this demographic shift.

In sheltering populations from—and forming resistance to—the emerging discourse of intolerance, the research by Vélez-Ibáñez (1996) is useful for showing that households are not strictly economic adaptive mechanisms, but also key to reproducing value systems that directly or subtly oppose the non-collective nature of the capitalist mode of production. To be sure, the basis of cross-border clustered households is not the ideal nuclear family model that is at the heart of the US legal structure as Heyman (1991, 197) points out, but rather the extended family household, clustered bilaterally on both sides of the US–

Figure 4. Respondents’ State of Origin, by subsamples C and D

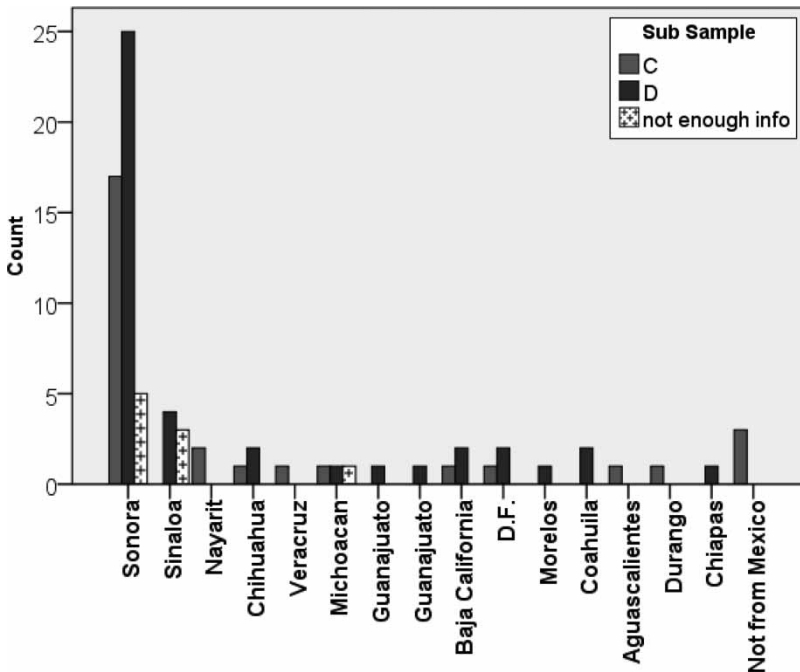
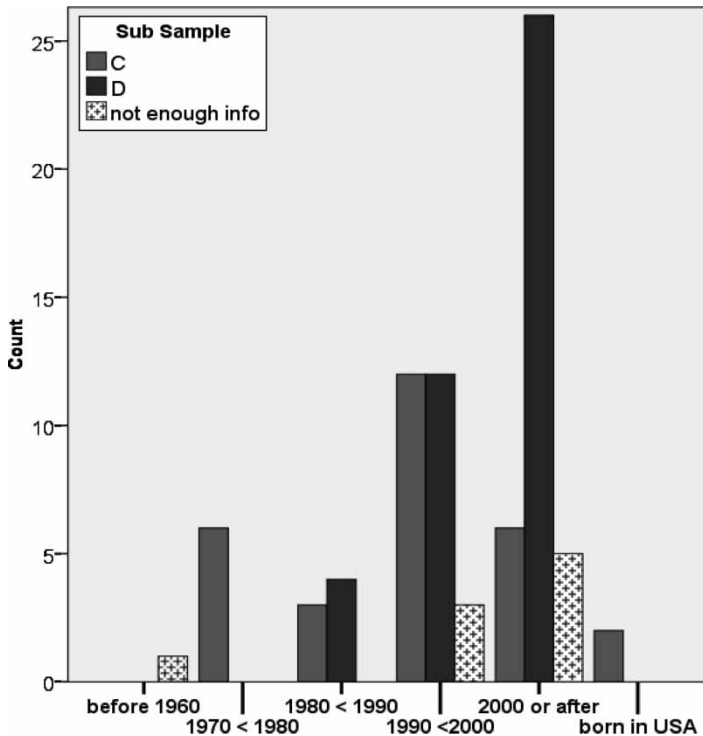


Figure 5. Period of Arrival, Subsamples C and D compared



Mexico border (Vélez-Ibáñez 1996). Related by marriage, friendship, and children, vast networks of households straddle the border and fluctuate over time in terms of size, composition, and functions consistent with cooperative arrangements, such as the care of children, the elderly, borrowing, lending, and the cultural ideologies that give them meaning. In this way, households build up and restore social bonds. Above all, bonds of trust (*confianza*) also work to buffer its members from symbolic violence, i.e. the use of denigrating language, labels (e.g. “illegals”) and images (e.g. criminals) that reproduce and legitimize relations of dominion (Bourdieu 1989), and other assaults to their dignity. Moreover, the cementing of familial bonds through household practices socializes children to the cultural values that compete with the interest of the state and the larger economy, as Hackenberg et al. (1984, 188) eloquently argue:

The state needs a skilled and disciplined work force to man its industries in the formal economy of modern capitalist firms and enterprises. These needs are met through recruitment of members from households of the poor . . . The households of the poor which lose their members also lose their battle for economic betterment . . . Sometimes the household wins, and through the combined efforts of . . . generations of kinfolk or grown children living together and working for the common good they are able to rise from destitution to a tolerable level of poverty and to achieve the beginnings decent life for all the members.

In summary, the household form and function can be understood as a mixture of procurement and provisioning practices that emerge in response to economic instability and limited resources. However, households also fulfill nonmaterial needs, such as providing emotional support and creating a sense of belonging and solidarity among members. The mutual aid ideologies and practices that lend themselves to

the construction and perpetuation of relational ties that are the basis for households of all types also reflect the inherent uncertainties associated with the search for a better life of dislocated individuals, including immigrants.

Conclusion

With an escalation of very public and virulent outspokenness against them, immigrants find themselves at the center of political discourse and surrounded by exclusionary state-level legislative proposals. These intend to exclude them from public health care programs, schools, and employment opportunities, an approach consistent with policies of attrition. However, these policies neglect important historical and geopolitical developments in the region that have resulted in the development highly adaptive and cohesive household forms, including those of mixed immigration status. These households entangle the application of anti-immigrant measures that makes health access and human development problematic for populations beyond those singled out for exclusion. This complication was noted over 20 years ago by Chavez (1988) in the context of anti-immigrant policies in California. The application of such policies there appears to have little effect in terms of curbing immigration to the state. Nonetheless, state approaches to controlling immigration nationwide still continue to be guided by the precepts articulated by policies of attrition (Vaughan 2006).

Popular arguments articulating support for such measures rely on the idea that they are only meant to impact those in the country whose presence is unlawful or unauthorized. However, the findings of our research indicate that, in fact, such laws are indeed anti-immigrant in general, with far-reaching implications for the broader Latino population. This ripple effect is in part due to the ubiquitous mixed immigration status household, whose development is closely allied with history and economic ties to Mexico. Thus, the application of such laws is misguided at best, and at worst, unsustainable and pernicious. Daily interactions among residents in the southern Arizona's border region are rooted in early settlement patterns, adaptive cross-border family ties, and later cultural ties with recent immigrants—as employees, employers, neighbors, co-workers, or family. All defy contemporary efforts to categorize populations along simplistic dichotomies based on immigrant/nonimmigrant status. We highlight only a few points of history and geography specific to household form and function that allows us to argue that when these fundamental social units of analyses are considered, attacks on undocumented immigrants are essentially attacks on all immigrants regardless of status and, by extension, attacks on Latino populations. As such, arguments claiming that such laws are justified because they adhere to the rule of law by punishing those who have broken the law institutionalizes racism (Romero 2008) and allows it to operate invisibly (Short and Magaña 2002). The systemic quality of this condition cannot be overstated. Making the point in a more historic framework, Caulfield (1974, 68) notes that over time and across geographies, capitalist systems have sought to eradicate resistant economic and social systems, while preserving their distorted forms for exploitation. Exploitative conditions are exacerbated for households, and more specifically, mixed immigration status households, whose access to services essential for carrying out portions of household productive and reproductive functions are systematically restricted. Essential household functions are nonetheless carried out, increasingly subsidized by the expansion of familial ties and, increasingly, by the unremunerated work of women in those households (Wilson 2000). Although central to the physical survival of its members and the reproduction of labor for the economy, households are simultaneously assaulted and exploited.

The solution to this contradiction is obvious, but unlikely. Replacing current policies of attrition with bilateral arrangements that address the root causes of recent immigration would help insure, as Hackenberg et al. (1984, 213) state that the majority of the people here and in other countries or the Third World are not robbed of the means to health, a decent life, and hope for their children. The continuing hostile dialogue of the state can only result in heavy-handed intrusions into the household's field of operation that aggravates unbalanced development and widens disparities of all types.

Postscript

In November of 2009, after the conclusion of the data-gathering portion of the research, changes to Arizona Revised Statutes (A.R.S. 1-501 and A.R.S. 1-1502) were implemented as a consequence of Arizona House Bill 2008 and now read as follows:

Section One—A.R.S. § 1–501(E) Failure to report discovered violations of federal immigration law by an employee of an agency of this state or a political subdivision of this state that administers any federal public benefit is a class 2 misdemeanor. If that employee’s supervisor knew of the failure to report and failed to direct the employee to make the report, the supervisor is guilty of a class 2 misdemeanor.

Section Two—A.R.S. § 1–502(E) Failure to report discovered violations of federal immigration law by an employee of an agency of this state or a political subdivision of this state that administers any state or local public benefit is a class 2 misdemeanor. If that employee’s supervisor knew of the failure to report and failed to direct the employee to make the report, the supervisor is guilty of a class 2 misdemeanor.

The new law established mandatory reporting requirements for federal, state or local public benefits programs that did not already have them. Similar provisions were made under Proposition 200 in 2004 with the electronic reporting to ICE, through a process by which agency employees are required to complete a web based form to report information when violation of federal immigration law are discovered. The Department of Economic Security policy states that

A Department employee shall assume there has been a discovered violation of federal immigration law when either:

1. An individual, in the course of conducting business with the Department related to receipt of federal, state or local public benefits, voluntarily divulges that they are in violation of federal immigration law; or
2. The Department has confirmed documentation from the US Immigration and Customs [agency]

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Endnotes

¹ The complete text of this bill as proposed and signed by Arizona’s governor, Janet Brewer, is available online at AZ.gov, or <http://www.azleg.gov/alispdfs/council/SB1070-HB2162.pdf>.

² For a comprehensive discussion of the implication of the relationship between border militarization, heightening risk of border crossing, and the development of anti-immigrant sentiment, see Wilson (2000).

³ Populations with ties to Latin America (Latinos) are historical amalgamations of social groupings. They include US-born, foreign-born, naturalized citizens, noncitizens, those with dual citizenship, and the undocumented, all with overlapping ties and interests that have only recently become more “visible” (Bada, Fox, and Selee 2006).

⁴ For a description and analysis of Prop 187, see chapter 4 in Magaña (2003).

⁵ The law ultimately obligates state employees, upon penalty of fines and imprisonment, to verify the immigration status and eligibility of applicants through the alien-verification system administered by the US Department of Homeland Security and report to federal authorities those applicants for public benefits whose legal status make them ineligible to receive them.

⁶ The implications of this widening socio-economic disparity cannot be overestimated, especially if we consider that the immigrant status among household members may vary. Currently, one in four children in the United States has a least one immigrant parent, and one in eight of these children are United States citizens. Among the children of undocumented immigrants, two-thirds are estimated to be US citizens. Children of immigrants are already more likely to live in impoverished conditions, substandard housing, and receive less health care (Correa et al. 2009).

⁷ A particular provision of Prop 300 that received little attention during the election of November, 2006, was that in addition to addressing eligibility requirement for education, the proposition also restricts eligibility for child care assistance to parents, guardians and caregivers.

⁸ A preliminary study by Gans (2008) found that only 5.6% of all the states companies had signed up to use E-Verify by 2006, suggesting that Arizona's business communities are not very supportive of E-Verify.

⁹ Three areas of critical reproductive health were singled out. The first area involves pregnancy (including prevention, counseling, termination, and prenatal care). The second involves sexually transmitted diseases (including HIV/AIDs, detection, prevention, and treatment). The third involves post-partum care and the risks to women and infants posed by malnutrition, anemia, infection, or depression.

¹⁰ Promotores also received training by the principal investigator for administering the questionnaire.

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