

Unauthorized Immigrants, Occupational Injuries and Employment Verification Laws PIMSA. Policy Report

In 2017, an estimated 11.2 million Mexican-born immigrants lived in the US, representing 25.3% of the foreign-born population, and of which approximately 4.9 million did not have the required documentation to lawfully live in the country. Due to increased border control, circular migration by unauthorized Mexican immigrants has become less common, leading many unauthorized Mexican immigrants to establish deep roots in the US. As a result, the current unauthorized Mexican-born immigrant population is highly stable and settled. It is also highly socioeconomically disadvantaged, leading many scholars to speculate that this population will experience disproportionate health burdens.

As part of the research project “Unauthorized immigrants, occupational injuries and employment verification laws”, three studies centered on Mexican-born migrants were developed. The first one examined how legal status in the US is associated with the risk of incurring a work-related accident or illness; the second analyzed the association between the migration of Mexicans in the US to Mexico and health outcomes; and the third study focused on the relationship between the intent to remigrate to the US and family separation, using the health status of migrants as a concomitant factor. All studies use data from the Survey of Migration in the Northern Border of Mexico (*Encuesta sobre Migración en la Frontera Norte de México*, or EMIF Norte). The survey is conducted within Mexico, primarily in the border region, where individuals are interviewed in bus stations, train stations, airports, international bridges, ports of entry, and Mexican customs inspection points. The main findings of these studies and their public policy implications are presented below.

Unauthorized Mexican-born immigrants, occupational Injuries, and the use of medical services in the US

Background: Immigrant workers are more likely than US-born workers to work in jobs with occupational hazards, in large part due to immigrants’ average lower levels of human capital. Unauthorized immigrants are in a particularly precarious position due to their limited legal rights in the labor force. The negative effects of suffering a work-related injury are exacerbated by the fact that access to health care and the use of health care services tend to be low among unauthorized immigrants. Nonetheless, we do not have good estimates of legal status differences in the incidence of occupational injuries among immigrant workers.

Analysis: We focus on Mexican-born immigrants in the US and examine how unauthorized immigrant status is associated with the risk of suffering a work-related accident or illness and with the use of medical services after experiencing an injury. Using individual-level data on 81,004 Mexican immigrants in the EMIF Norte from 2010 to 2018, we estimate a series of probit models and non-linear decompositions. The results show that unauthorized status is associated with a greater probability of experiencing an occupational injury among men but not women. The higher injury rate among unauthorized men is partly driven by the fact that they work more hours per day, more days per week, and are employed in riskier occupations than authorized men. The findings also suggest that the larger injury rate of unauthorized immigrants is not a product of unauthorized workers’ individual-level characteristics but the result of the structural disadvantages they encounter in the US labor market. Unauthorized status is also associated with a lower likelihood of using medical services after suffering an occupational injury because unauthorized workers have less access to medical care and are less likely to seek medical services.

Policy recommendations: If the demand for cheap labor by US employers surpasses legal immigrant and work visa quotas, employers will continue to hire immigrants without legal status, and workers will continue to resort to unlawful means in their quest to enter and obtain employment in the country. Factors that can reduce the occupational risks of unauthorized workers in the US include access to better equipment and safety training that takes into account English language abilities. Nevertheless, to substantially improve the working conditions of the unauthorized population, employers need the necessary conditions and incentives to do so. The Immigration Reform and Control Act of 1986 penalizes employers who hire unauthorized immigrants, therefore restricting these workers to a labor market characterized by subcontracting and under-the-table wages. The enactment of a comprehensive legal temporal-worker program, which adapts to US labor demand shortages and surpluses, guarantees access to health care, and clearly states occupational risks, would benefit both countries and, by granting legal certainty to potential unauthorized workers and protecting employers, would greatly reduce this population's high levels of vulnerability.

Legal status, deportation, and the health of returned migrants from the US to Mexico

Background: Between 2005 and 2015, unprecedented numbers of Mexican immigrants in the US returned to Mexico, many who were deported by the US government. Theory and research argue that US immigration policy undermines the health of immigrants through the deprivation of fundamental rights; restricted access to social services and institutions; surveillance and hyper-policing; and the violence and human rights violations of detention and deportation. These harms likely affect the health of the large population of returned migrants in Mexico, many who were undocumented in and/or deported from the US. For the most part, existing research on the health of returned Mexican migrants does not disentangle the combined and unique exposures to US immigration enforcement.

Analysis: We examine the health of Mexican migrants upon return to Mexico, considering their combined exposure to US immigration enforcement, as measured by legal status in the US and deportation from the US. In doing so, we ask two research questions: first, how does the health status of Mexican migrants vary with exposure to US immigration enforcement? Second, does the confounding of deportation and undocumented status obscure the unique health status of documented deported returnees and undocumented voluntary returnees? We estimate the age-adjusted probability of poor self-rated health, recent physical health symptoms, and recent mental health symptoms by legal status and deportation experience among 42,853 Mexican migrants surveyed in the EMIF Norte between 2012 and 2014. We find that deportation experience is more strongly associated with health than legal status. Deported returnees have a 0.09 higher probability of poor self-rated health, 0.03 higher probability of recent physical health symptoms, and 0.24 higher probability of recent mental health symptoms than voluntary returnees.

Policy recommendations: Considering the two dimensions of immigration enforcement combined reveals the especially poor health status of deported returnees. Because the majority of deported returnees are undocumented and the majority of voluntary returnees are documented, studies that only disaggregate by legal status will overstate the health difference by legal status, obscuring the relatively good health of undocumented, voluntary returnees and the poor health of documented deportees. The Mexican public health system will have to attend to the great needs, especially mental health needs, of the large number of forcibly returned Mexican immigrants from the US.

Family separation and remigration intentions to the US among Mexican deportees

Background: Increasingly stringent immigration enforcement in the interior of the US has led to the deportation of large numbers of long-term Mexican immigrants with families in the United States.

Analysis: We examine the statistical association between intent to return to the US and leaving minor children with spouses or other people in the US among Mexican immigrants deported from the US interior in 2014-2018, considering their sociodemographic characteristics, social integration in the US, and experience with immigration enforcement. We also explore if this association varies by sex and year of deportation. We employ the deportees' section of the EMIF Norte. The results indicate that having left children in the US considerably increases the likelihood of a plan to return to the US, especially in the short term and when deportees left minor children with a spouse. Remigration plans are higher among women and slightly decreased over time among parents. However, the remigration plan of those who left minor children with a spouse increased in 2018. Health status was not an important mediator in the effect of family separation on the intention to return to the US. In spite of increasingly punitive immigration policies, parent-child separation continues to nurture the desire for remigration among deportees, suggesting a continued failure of policy to account for the family circumstances of immigrants.

Policy recommendations: The results of this study reveal that deported parents continued to report a high propensity to plan to reunite in the US with their minor children in 2014-2018, who are mostly US-born children. Indeed, intent to return to the US grew in 2018 when minors were in the care of partners, despite the higher risks and penalties imposed by immigration laws in cases of illegal reentry following a deportation. It is clear that immigration policy has failed in the case of families separated by deportation, indicating disregard for the family unity and interests of US citizen children of immigrants. *A greater emphasis on family unity and reunification in immigration laws and practice vis-à-vis deportees would support both the laws' effectiveness and the human rights of US citizen children.* If no changes are made, immigration policy will continue to produce undesirable consequences for deported immigrants and their families and exacerbate the criminalization of Mexican deported parents with mixed-status families in the US.