



Editorial

The Negative Health Consequences of Anti-Immigration Policies



Racism and trauma have well-documented detrimental impacts on the long-term health of children, so it is unsurprising that the United States' recent xenophobic public policies and climate of racial tension is damaging the health of the country's largest population of minority youth, Latinos [1,2]. Since January 2017, the United States has seen widely publicized and debated changes in our immigration policy including restrictions targeting those from Muslim nations, plans to build a wall along the southern U.S. border, ending Temporary Protection Status (TPS) for some immigrant groups, expansion of Immigration and Customs Enforcement (ICE) by 300%, expansion of priority deportation groups, policies punishing sanctuary cities, and rescission of the Deferred Action for Childhood Arrivals (DACA) program, among others [3–8]. Many of these policy changes have been abrupt, chaotic, and of questionable legality, leading to ongoing court challenges and wide confusion about who is at greatest risk of deportation at any given time. All of these events are also occurring in the context of heightened racial tensions and animosity across the country. According to the Southern Poverty Law Center's Hatewatch, the number of hate groups has risen across the United States for the past three years. 2017 saw a 50% increase in anti-immigrant hate groups, and the number of anti-Muslim groups has more than tripled since 2015 [9]. In their paper titled, "Impacts of immigration actions and news and the psychological distress of US Latino parents," Roche et al. present cutting edge research investigating the impacts of the nation's current confluence of racial/ethnic hostility and the resulting chaotic policy changes on the psychological and health behaviors of the parents of Latino adolescents [10].

This study is extremely timely, with initial data collected immediately following the President's Executive Order rescinding DACA, in the midst of speculation about the fate of TPS for several immigrant groups, and while ongoing court cases related to adjacent policies such as the Muslim ban, penalties for sanctuary cities, and the legality of the proposed border wall were being widely publicized [5,6,11]. This period represented a peak moment of xenophobic federal legislation that placed tremendous strain on immigrant communities throughout the United States. Dr.

Roche and her colleagues succeeded in capturing a snapshot of stress associated with this anti-immigrant political activity for the parents of Latino youth in one community [10]. Despite the well-documented challenges of recruiting from relatively hidden populations of immigrants without documentation, these researchers were able to recruit a diverse sample, balanced between U.S. citizens, legal permanent residents, TPS, and undocumented parents, allowing them to assess the impacts for each of these groups [12].

It is unfortunate and unsurprising that parents with more tenuous legal statuses (TPS or no documentation) reported greater worry about family separation, negative impacts on their children, and concern about their children's educational attainment. However, even more concerning is the isolation from support systems, including health care, that some parents are employing as a strategy for promoting their children's safety in the current climate of fear [10]. The isolation strategies used by these parents are well-meaning in the context of multiple high-profile cases in which former sanctuary sites such as schools and hospitals have been the targets of ICE activity. In one highly publicized example, Rosa Maria Hernandez, a 10-year-old with cerebral palsy, was taken into ICE custody with armed guards outside of her hospital room after she crossed a border patrol checkpoint to have gallbladder surgery at Driscoll Children's Hospital in Texas [13]. In multiple other cases, parents have been arrested by ICE while taking their children to school [14,15]. Numerous examples such as these are eroding the basic social contract between families and the medical systems and public intuitions that have previously been committed to the health and well-being of the nation's children.

Additionally, policy shifts such as the pending discontinuation of DACA may further erode access to health care by limiting access to employer or state-based insurance for youth and families. These changes leave parents to navigate difficult tasks, such as identifying immigrant-friendly clinicians and balancing the risks and benefits of enrolling eligible children for health care, whereas other family members might have to go without care and/or risk exposure to government institutions in order for health-care eligible family members to obtain benefits.

Among Roche et al.'s most surprising findings is the lack of a psychological protective effect for recipients of TPS. The authors initially hypothesized that stress levels would be dose-dependent,

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varying with the relative permanence of each participant's legal status [10]. However, participants with TPS did not follow this pattern. Instead, despite residing in the United States for as long as some U.S. citizens in the sample, participants with TPS reported higher rates of psychological distress or isolating behaviors than participants without documentation [10]. This suggests that in some ways the potential to lose a protected status may be even more detrimental to well-being than not having temporary protection, particularly in these politically volatile times. This finding aligns with the anxiety and emotional toll documented among DACA recipients who report anxiety related to long-term planning because of their temporary legal status [16]. Together, these findings demonstrate that longer term immigration reforms will be critical to providing stability and protecting the well-being of families and youth in immigrant communities.

Immigration policy in the United States continues to change rapidly, with the potential to support or harm the country's 41 million immigrants and their 37 million U.S.-born children [17]. If programs granting temporary reprieves from deportation such as DACA and TPS continue, it will be important to assess their impact on the health of youth over time and with continued shifts in the nation's political environment. As Roche et al.'s finding suggest, despite the reprieve from deportation granted by these programs, youth with temporary statuses may be at high risk of psychological stress, as well as isolation from health care, education, and community resources. Additionally, a child's legal status also has the potential to compound a parent's psychological stress and isolating behaviors. For example, some parents may act to isolate children with temporary or no legal status; other parents may experience stress related to having children with differing immigration statuses. Finally, we have much to learn about the impacts of regional and organizational sanctuary policies, which are gaining popularity across the country. Clinicians, social scientists, and lawmakers can all learn from the rapid policy evaluation of Roche et al., which is essential to a future rooted in evidence-based policy that can promote the health and well-being of the country's children regardless of where they or their parents were born.

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