

Editorials

U.S. Policies and Their Effects on Immigrant Children's Health

Ranit Mishori, MD, MHS, FAAFP, Georgetown University School of Medicine, Washington, District of Columbia

When thinking about immigrant children today, we are likely to picture clusters of kids crowded into dirty detention centers, scared and crying behind wire fences.¹ The zero-tolerance policy enacted in April 2018 has put a spotlight on the more than 5,400 children separated from their parents at the U.S.-Mexico border,² along with thousands more kept in detention with their families.

But the category of immigrant children is significantly larger than those caught in the turmoil at the U.S. southern border. Immigrant children, defined more broadly as all children of all immigrants living anywhere within the United States, represent 19.6 million children, nearly one-fourth of all children in the United States.^{3,4} This is a heterogeneous group that includes refugees, asylum seekers, recipients of the Deferred Action for Childhood Arrival policy or of special temporary status, and unaccompanied minors. The group also includes first-generation Americans who are U.S. citizens by birth—children born to immigrant parents or those living in households in which at least one parent is an immigrant⁵ (*Table 1⁵⁻⁷*).

Immigrant children are a vulnerable group, requiring special protections under U.S. and international law.⁸ Compared with nonimmigrant children, they face additional dangers to their physical and mental health—regardless of their country of origin—that stem directly from immigration policies, including the right to asylum, detention and deportation protocols, regulation of health coverage, and access to physical and mental health care.⁹

The health of our patients is tightly linked to forces beyond biology, lifestyle, and genetics. The recognition of the role of the social determinants of health has prompted many, including the American Academy of Family Physicians (AAFP), to promote actions and activities that address these determinants. The immigration experience is now recognized as one of those social determinants.^{10,11}

It is time to identify and respond appropriately to what I call the political determinants of health,¹² that is, the idea that nearly all of the social determinants of health are affected by political decisions. Policy making is ultimately political, which is not necessarily a bad thing. Children have benefited, for example, from programs such as the Children's Health Insurance Program and the Vaccines for Children Program, which are both outcomes of political wrangling that produced valuable policies. However, the recent series of specific policy decisions on immigration has produced profoundly negative physical,

emotional, mental, and developmental consequences for immigrant children.

For example, the family separation policy has been associated with acute and longer term psychological, social, and health problems.¹³⁻¹⁶ Family detention and efforts to allow indefinite detention of children¹⁷ contributed to overcrowding in detention centers. In these situations, children had no access to blankets, beds, clean water, personal hygiene products, or age-appropriate foods and conditions, and they were exposed to harsh environmental conditions such as cold temperature and continuous lights for 24 hours a day.¹⁸⁻²² These conditions, as reported by lawmakers, legal representatives, and physicians who visited the facilities, have been associated with negative mental health effects such as exacerbation of trauma, fear, anxiety, and depression.^{23,24} The deaths of at least seven children have been attributed to substandard conditions in immigration detention.²⁵ Detention was also associated with dysregulation of circadian rhythms, scabies, and infectious disease outbreaks.^{18,26} In parts of the United States other than the southern border, the expansion and stricter implementation of deportation that removed or threatened to remove immigrant parents of children born in the United States have been associated with trauma, fear, and depression.^{27,28}

What can family physicians do to help immigrant children through addressing the social and political determinants of health?

We must first recognize the effects of political decisions on the health of immigrant children and inquire about how these policies are affecting our individual patients and their families. We should offer referrals to appropriate resources, including legal assistance. The American Academy of Pediatrics has created a toolkit to guide clinicians who care for immigrant children.²⁹ The toolkit covers common clinical issues, addresses access to care, reviews immigrant children's mental health needs, and provides links to legal resources and guidance on advocacy activities.

Regarding advocacy, we can look to examples set by leaders within the AAFP who spoke up.^{30,31} We can support and applaud the AAFP's collaboration with other physician organizations to issue statements and to offer a unified voice demanding change.³² See a recent piece in *American Family Physician* for additional resources about patient advocacy³³ and the AAFP website for an advocacy toolkit.³⁴

We can learn from efforts by physicians and experts seeking to influence their elected officials by starting letter writing campaigns, writing op-eds, issuing public comments, and participating in rallies and demonstrations. We can be inspired by family physician colleagues such

TABLE 1

Legal Categories of Immigrant Children

Category	Description
Asylum seeker	Legal status that offers protection to those who meet the definition of a refugee who are already in the United States or are seeking admission at a port of entry
Child with immigrant parents	First- and second-generation immigrant children
Deferred Action for Childhood Arrival	Legal status conferred on young unauthorized immigrants who are at least 15 years of age and who entered the United States before 16 years of age, in addition to meeting other eligibility criteria
First-generation immigrant children	Foreign-born child with at least one foreign-born parent
Lawful permanent residents (green card holders)	Reserved for noncitizens who are lawfully authorized to live permanently within the United States; residents may apply to become U.S. citizens if they meet certain eligibility requirements; multiple groups are eligible for lawful permanent resident status, including economic and humanitarian immigrants and refugees
Refugee	Legal protection granted to those who meet the definition of a refugee; it generally applies to those outside of their country who are unable or unwilling to return home because they fear serious harm or persecution
Second-generation immigrant children	U.S.-born child with at least one foreign-born parent
Special immigrant juvenile status	Legal status for those in juvenile court because of a history of abuse, abandonment, or neglect by a parent
T visa	Legal status that protects victims of human trafficking; it allows survivors and their immediate family members to remain and work temporarily in the United States; T visa creates a path to a green card
Temporary protected status	Legal status offered to those whose home countries experience natural disasters, armed conflicts, or other circumstances making return unsafe; temporary protected status offers work authorization and protection from deportation for six- to 18-month periods
U visa	The U nonimmigrant status is for victims of certain crimes who have experienced mental or physical abuse and are helpful to law enforcement or government officials in the investigation or prosecution of criminal activity
Unaccompanied minor or unaccompanied alien child	A person who is younger than 18 years, does not have legal status as an immigrant in the United States, has no parent or legal guardian in the United States, or has no parent or legal guardian in the United States available to provide care and custody; managed by Office of Refugee Resettlement/ Department of Health and Human Services

Information from references 5-7.

as Drs. Claudia Mercado and Patricia Lebensohn who work at the frontlines with immigrant children and their parents.^{35,36}

Ultimately, changing policies requires holding politicians accountable through voting. Our votes (and our patients' votes) can determine what happens to immigrant children, how well or poorly they are treated, where they end up, and their overall health and well-being.

Address correspondence to Ranit Mishori, MD, MHS, FAAFP, at mishorir@georgetown.edu. Reprints are not available from the author.

Author disclosure: No relevant financial affiliations.

References

1. Joung M. What is happening at migrant detention centers? Here's what to know. *Time*. Updated July 12, 2019. Accessed October 15, 2019. <https://time.com/5623148/migrant-detention-centers-conditions/>
2. Spagat E. Tally of children split at border tops 5,400 in new count. *Associated Press*. October 25, 2019. Accessed November 24, 2019. <https://apnews.com/c654e652a4674cf19304a4a4ff599feb>
3. Child Trends. Immigrant children. 2018. Accessed October 14, 2019. <https://www.childtrends.org/indicators/immigrant-children>
4. Zong J, Batalova J, Burrows M. Frequently requested statistics on immigrants and immigration in the United States. March 14, 2019. Accessed October 13, 2019. <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states>

EDITORIALS

5. Linton JM, Green A; Council on Community Pediatrics. Providing care for children in immigrant families. *Pediatrics*. 2019;144(3):e20192077. Accessed October 15, 2019. <https://pediatrics.aappublications.org/content/144/3/e20192077>
6. U.S. Citizenship and Immigration Services. Glossary. Accessed October 15, 2019. <https://www.uscis.gov/tools/glossary>
7. Immigrant Legal Resource Center. Deferred Action for Childhood Arrivals (DACA). Accessed October 14, 2019. <https://www.ilrc.org/daca>
8. United Nations Human Rights Office of the High Commissioner. Convention on the Rights of the Child. Updated November 18, 2002. Accessed October 15, 2019. <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
9. Oberg C. The arc of migration and the impact on children's health and well-being forward to the special issue—children on the move. *Children (Basel)*. 2019;6(9):E100.
10. Castañeda H, Holmes SM, Madrigal DS, et al. Immigration as a social determinant of health. *Annu Rev Public Health*. 2015;36:375–392.
11. National Academies of Sciences, Engineering, and Medicine. Immigration as a social determinant of health: proceedings of a workshop. August 30, 2018. Accessed December 6, 2019. <http://nationalacademies.org/hmd/Reports/2018/immigration-as-a-social-determinant-of-health-proceedings.aspx>
12. Mishori R. The social determinants of health? Time to focus on the political determinants of health! *Med Care*. 2019;57(7):491–493.
13. Dreby J. U.S. immigration policy and family separation: the consequences for children's well-being. *Soc Sci Med*. 2015;132:245–251.
14. MacLean SA, Agyeman PO, Walther J, et al. Characterization of the mental health of immigrant children separated from their mothers at the U.S.–Mexico border [published online September 4, 2019]. *Psychiatry Res*. Accessed December 6, 2019. <https://www.sciencedirect.com/science/article/abs/pii/S0165178119315501>
15. Physicians for Human Rights. U.S. government confirms migrant children experienced severe mental health issues following “family separation.” September 4, 2019. Accessed September 30, 2019. <https://phr.org/news/u-s-government-confirms-migrant-children-experienced-severe-mental-health-issues-following-family-separation/>
16. Society for Research in Child Development. The science is clear: separating families has long-term damaging psychological and health consequences for children, families, and communities. June 20, 2018. Accessed October 13, 2019. <https://www.srcd.org/briefs-fact-sheets/the-science-is-clear>
17. Margulies, P. What ending the Flores agreement on detention of immigrant children really means. Lawfare blog. August 29, 2019. Accessed October 15, 2019. <https://www.lawfareblog.com/what-ending-flores-agreement-detention-immigrant-children-really-means>
18. Czeisler CA. Housing immigrant children—the inhumanity of constant illumination. *N Engl J Med*. 2018;379(2):e3.
19. Brabeck KM, Lykes MB, Hunter C. The psychosocial impact of detention and deportation on U.S. migrant children and families. *Am J Orthopsychiatry*. 2014;84(5):496–505.
20. MacLean SA, Agyeman PO, Walther J, et al. Mental health of children held at a United States immigration detention center. *Soc Sci Med*. 2019; 230:303–308.
21. U.S. Department of Health and Human Services Office of Inspector General. Care provider facilities described challenges addressing mental health needs of children in HHS custody. September 2019. Accessed September 30, 2019. <https://www.documentcloud.org/documents/6380666-Inspector-General-Report-from-HHSOIG.html>
22. Hui C, Zion D. Detention is still harming children at the US border. *BMJ*. 2018;362:k3001.
23. von Werthern M, Robjant K, Chui Z, et al. The impact of immigration detention on mental health: a systematic review. *BMC Psychiatry*. 2018; 18(1):382.
24. Wood LCN. Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ Paediatr Open*. 2018;2(1):e000338.
25. Acevedo N. Why are migrant children dying in U.S. custody? May 29, 2019. Accessed October 15, 2019. <https://www.nbcnews.com/news/latino/why-are-migrant-children-dying-u-s-custody-n1010316>
26. Vaida B. Separated migrant children face infectious disease and other health threats. Association of Health Care Journalists. June 21, 2018. Accessed October 15, 2019. <https://healthjournalism.org/blog/2018/06/separated-migrant-children-face-infectious-disease-and-other-health-threats/>
27. Rojas-Flores L, Clements ML, Hwang Koo J, et al. Trauma and psychological distress in Latino citizen children following parental detention and deportation. *Psychol Trauma*. 2017;9(3):352–361.
28. Zayas LH, Hefron LC. Disrupting young lives: how detention and deportation affect US-born children of immigrants. American Psychological Association. November 2016. Accessed October 13, 2019. <https://www.apa.org/pi/families/resources/newsletter/2016/11/detention-deportation>
29. American Academy of Pediatrics. Immigrant child health tool kit: key facts. Accessed October 15, 2019. <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Immigrant-Child-Health-Toolkit/Pages/Key-Facts.aspx>
30. Perez AH. How U.S. immigration policy damages children's well-being. American Academy of Family Physicians. February 2, 2018. Accessed September 30, 2019. https://www.aafp.org/news/opinion/20180202gts_tedimmigration.html
31. Cullen J. Our treatment of immigrants should reflect our values. American Academy of Family Physicians. September 6, 2019. Accessed September 30, 2019. <https://www.aafp.org/news/blogs/leadervoices/entry/20190906lv-detentionhealth.html>
32. American Academy of Family Physicians. AAFP, other groups strongly object to new detention policy. August 30, 2019. Accessed October 15, 2019. <https://www.aafp.org/news/government-medicine/20190830floresstatement.html>
33. Haq C, Stiles M, Rothenberg D, et al. Effective advocacy for patients and communities. *Am Fam Physician*. 2019;99(1):44–46. Accessed December 6, 2019. <https://www.aafp.org/aafp/2019/0101/p44.html>
34. American Academy of Family Physicians. AAFP grassroots advocacy resources. Accessed December 6, 2019. <https://www.aafp.org/advocacy/involved/toolkit.html>
35. Mitchell D. Caring for immigrants at the border and on Capitol Hill. October 7, 2019. Accessed October 15, 2019. <https://www.aafp.org/news/family-doc-focus/20191007fdf-mercado.html>
36. Fink S. Migrants in custody at hospitals are treated like felons, doctors say. *New York Times*. June 10, 2019. Accessed October 15, 2019. <https://www.nytimes.com/2019/06/10/us/border-migrants-medical-health-doctors.html> ■