Deportation and Public Health

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Summary

In the 21st century, United States Immigration and Customs Enforcement (ICE) have greatly increased their rate of raiding and detaining migrants for deportation to their country of birth. Between 2001 and 2011, the numbers of people deported each year by the United States more than doubled. Deportation negatively impacts the health of families, neighborhoods, and wider communities. The threat of deportation and deportation itself has serious mental health implications and has been tied to increases in depression and drug usage.

Children of migrants experience fear of their family being deported, bullying comments from their peers, and, in many cases, loss of economic stability and even family dissolution when one or more parent is deported.

Fears of parental deportation and separation from a parent due to immigration detention and/or deportation contribute to childhood trauma. Such early trauma is known to pose significant risk factors for adverse adult health and mental health conditions.

Gender and sexuality disparities place certain migrants at an even greater risk. Public health and the health of individual migrant families are negatively affected by the threat of deportation and distrust in institutions that threat engenders.

Mental Health of Deportees

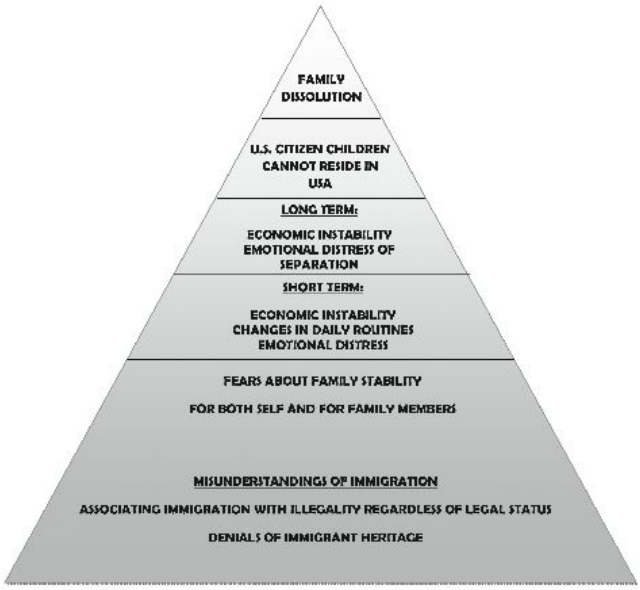
A 2014 study showed that 12% of deported men and 40% of deported women experienced symptoms of common mental disorders, especially major depression (Bojorquez, Aguilera, Ramírez, Cerecero & Mejía 2014). The authors found that prevalence of mental health disorders was higher both for recent migrants and those who had been in the U.S. for a long time, suggesting that being uprooted from a long-held community in the U.S. as well as immigration itself are both harmful to mental health. During a 3-month period in this same study, the authors estimated that 9,247 persons

deported to Mexico were in need of mental health care. Their results indicate a need for public health policy to address the mental health needs of deported migrants.

Clinicians in Oregon report an increase in fear and dread and attendant mental health problems since the Trump administration took office. Children of immigrant parents experience mental health issues, bullying comments such as “you don’t belong here” and “go back to Mexico,” and a mental health system that is overwhelmed and unable to accommodate them. Health professionals also report a severe shortage in mental health therapists who speak other languages, especially Spanish, or have cultural competency to work with migrant families from Central America.

Children of Deportees

The number of U.S.-born children with migrant parents rose from 2.7 million in 2003 to 4 million in 2008 (Dreby 829-830). Many of these children face fears of one or both of their parents being deported, reporting distress at the thought of separation. In two-parent families where a working parent has been deported, the financial burden on the remaining family makes it more difficult for children to receive appropriate health care, can destabilize housing, and create food insecurity. In families where a parent had been detained or deported, families reported behavior changes including “increased frequency of crying, loss of appetite, sleeplessness, clingy behavior, an increase in fear and anxiety, and generic fears of law enforcement officials” (Dreby 833). Even in cases where no family member is deported, the threat of deportation causes children to dissociate with their immigrant heritage and internalize negative stereotypes of ‘illegality.’ For many children, the threat of a parent’s deportation is a daily stressor occurring every time they leave the home.



Deportation Pyramid to Assess the Burden of Deportation on Children (Dreby 2012)

Immigrant families face incredible challenges and fears imposed by the U.S. Immigration system. At the same time, these families show incredible resilience, have strong unity and strive for the well-being of their children and communities.

Based on the research about childhood trauma from the studies on “Adverse Childhood Experiences” (“ACES”) , it is known that events such as separation from trusted caregivers, parental incarceration, poverty related issues, and parental substance use are all potentially traumatic factors for children. And further, childhood trauma is now known to have lifelong consequence in terms of negative health and mental health sequelae (ACES reference). Flores and Salazar (2017) point out that traditional ACES questions do not cover domains important to the millions of children with non-U.S. born parents who could face detention and/or deportation. These authors suggest adding the following areas for consideration as sources of childhood trauma: (1) ICE arrests or deportations of parents or guardians, (2)

being a victim of or witnessing ICE arrests or raids, (3) parent or guardian separation because of migration, and (4) experiencing anti-immigrant discrimination (pg. 2).

Concerns about the impact of immigration detention on children themselves prompted the American Academy of Pediatrics to issue a policy statement on the health risks and needs of children in Immigration Detention facilities (Linton, Griffin, et al., 2017). Children are held in immigration detention when they are picked up by Border Patrol agents when entering the U.S. either with a parent or as an unaccompanied child. Very often the child or family is fleeing horrific past violence and trauma in their country of origin or from the difficulties of migration. Thus, the children in DHS Detention are already at high risk and vulnerability. Health professionals and human rights groups who have visited Department of Homeland Security family detention centers report concerns about adequacy of health services for the needs of childhood and adult detainees. In these facilities, medical care is often delayed, immunizations are not consistently maintained, educational opportunities are inadequate and mental health services are extremely limited (Linton, Griffin, et al). Health concerns include communicable illnesses not being adequately treated, depression, signs of emotional trauma, developmental delays, dental problems not being managed, and behavioral problems.

'Deservingness' of Health Care Among Those Fearing Deportation

It has been observed that undocumented migrants who are sick often wait until their symptoms become severe before seeking treatment (Quesada 2012). This has been attributed to fear of being discovered and detained by Immigration and Customs Enforcement (ICE) officers while seeking treatment as well as having less access to health insurance and resources for care. This lack of access to and trust in institutions has clear negative repercussions for the individual health of migrant families as well as public health. Any measures that allow for local law enforcement to assist in the process of detaining migrants for deportation would further erode migrant families' trust in institutions. Anti-immigrant policies and popular discourse around migrants being undeserving of medical care also affects the choices made by medical practitioners, which impacts public health for all people (Quesada 2012).

Sexuality, Deportation, and Public Health

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people face disproportionate difficulties accessing medical care in the United States. There is widespread medical discrimination against LGBTQ migrants within detention centers, where they are often denied access to basic health care (Burns et al, 2013). HIV-positive detainees were denied antiretroviral drugs that suppress the progression of the disease. In 2007, a 23-year-old transgender HIV-positive detainee named Victoria Arellano was denied essential AIDS medication and died in a San Pedro detention center. Transgender detainees also face the significant burden of not receiving continued hormone therapy treatments.

LGBTQ individuals are disproportionately likely to suffer from poor mental health in relation to societal stigmas and discrimination. Undocumented LGBTQ persons suffer additional stresses including lack of health care. Undocumented migrants are legally barred from accessing federal health care benefits, which extends to the variety of exchanges offered through the Affordable Care Act. Gay, lesbian, bisexual, and or transgender adults are disproportionately likely to lack health insurance coverage.

Gender, Deportation, and Public Health

Women face disproportionate difficulties accessing medical care in the United States, especially when it relates to reproductive care. An additional, underrecognized concern relates to migrant women and domestic abuse. For undocumented women experiencing domestic violence, there is the additional risk of being punished for their documentation status and male partners have used that fear as a tool of silencing undocumented women suffering from domestic abuse.

In an extensive public health study conducted by researchers at the University of Toronto, migrant women noted several reasons for not reporting domestic abuse, including social stigma, an awareness of traditional gender roles, the well-being of their children, and a fear of losing social support (Ahmad et al, 2009). These fears are ever-present for women suffering from abuse and extends into the offices of medical practitioners where women are reluctant to disclose domestic abuse and violence (Ahmad et al, 2009).

Incarcerated women tend to face a health care system that treats them as being a greater “burden” than their male counterparts (Bergh et al, 2011). Mental stressors as a result are a major source of health problems amongst women in prison, with mental health problems reaching rates as high as 90% (Bergh et al, 2011). For undocumented women, the additional mental stressors related to their residency status can augment their existing mental health problems.

Additionally, Mexican women in the agricultural industry in Oregon have reported an epidemic of sexual harassment as their biggest daily concern. Spanish-language harassment trainings are not translated into migrant women’s indigenous languages, and women report preferential treatment being given to women who do not stand up to incidents of sexual harassment (Murphy et al, 2015). There are approximately 68,000 indigenous farmworkers from Mexico working in Oregon, many of whom do not speak English or Spanish.

Conclusion

Deportation and the threat of deportation negatively affect mental health, access to health care, and wider public health. Children of deportees are at risk of increased health problems due to loss of economic support and familial relationship. Migrant families often face deportation having already faced discrimination, racism, limited employment opportunities, and transportation difficulties creating employment and educational challenges.

Belief in the ‘deservingness’ of migrants’ right to health care impacts individual migrant family health and public health overall. Children, LGBTQ, and female migrants experience specific health risks under deportation and incarceration in immigration detention centers. On the local level, some progress has been achieved for the health of migrant families. In 2017, Oregon passed a law ensuring health care access for all children regardless of country of origin and immigration status.

Recommendations

Oregon Physicians for Social Responsibility (PSR) works to counter anti-immigration sentiments in order to protect the health of all Oregonians, regardless of their country of origin or immigration status. Deportation as a practice is inherently bad for public health, meaning that efforts to curtail its effect on families and communities will be a boon to public health. Incarceration of children, as is done by the Department of Homeland Security, is condemned internationally and is in violation of the United Nations Convention on the Rights of the Child.

Oregon PSR supports a 'clean' Dream Act in the U.S. Congress providing undocumented immigrants who entered the country under age 18 a path to citizenship without funding a border wall between the U.S. and Mexico or increased funding for Immigration and Customs Enforcement and Customs and Border Patrol. This would remove the threat of deportation for the nearly 800,000 recipients of the Deferred Action for Childhood Arrivals (DACA) program.

Oregon PSR opposes Initiative Petition 22, which would place on the November 2018 state ballot a measure to repeal Oregon's 1987 inclusivity law limiting local and state law enforcement from assisting federal immigration officers. Trust in local institutions is vital to creating an atmosphere of safety in seeking medical treatment, which positively affects the public health of all people.

Additionally, as health professionals, Oregon PSR recognizes the significant health and mental health impacts on children, families and all individuals facing the immigration system. We are called by the ethics of our professions to research, practice and advocate for human rights, which includes the right to health, for all immigrants.

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