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HMSR**VIEWPOINT
Health Policy**

Deportation and Deprivation: How Discriminatory U.S. Immigration Policy Restricts the Right to Healthcare Access for Latinx Citizen-Children

Sebastian Werner, B.A.¹

¹University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, NC 27516, USA
Correspondence should be addressed to S.W. (sebastian_werner@med.unc.edu)

Recent detention and deportation policies in the U.S. target undocumented Latinx immigrants and engender an environment of fear. U.S. citizen-children in mixed-status Latinx families are impacted in the form of decreased healthcare accessibility. The barriers to care faced by this disproportionately victimized population constitute a human rights violation.

INTRODUCTION

In recent decades, U.S. immigration enforcement policy has become increasingly punitive with an intensified focus on the removal of undocumented immigrants [1]. A greater proportion of removals are carried out by the U.S. Immigrations and Customs Enforcement (ICE) agency and increasingly take place in the nation's interior rather than in border regions [2]. This evolution in tactics has led to greater rates of detention and deportation among undocumented Latinxs, who comprise the majority

of the unauthorized migrant population [3]. The criminalization of unauthorized status and perception of ethnically charged immigration enforcement policy have contributed to a growing sense of fear in Latinx communities [4].

While some may laud the efforts to remove this increasingly polarizing population from within our nation's borders, the consequences of deportation and detention have proven detrimental for a vulnerable and oft-forgotten group: Latinx citizen-children, or U.S.-born children of undocumented

immigrant parents. Nearly six million citizen-children live in mixed-status households with one or more undocumented relatives [5]. For every two adults deported, one citizen-child is directly affected [6]. Between July 2010 and September 2012, nearly 205,000 parents of citizen-children were deported [7]. The same policies that claim to protect Americans from illegal immigrants actually expose American citizen-children to a litany of stressors and impede them from enjoying the freedoms to which they are entitled. This paper highlights how deportation and detention policies negatively affect the health of Latinx citizen-children of mixed status families by fomenting community-wide fear that hinders access to and utilization of public services. The disproportionate damage inflicted upon this targeted minority constitutes a violation of the right to healthcare access and freedom from discrimination specified in the Universal Declaration of Human Rights (UDHR).

THE DISCRIMINATORY NATURE OF RECENT IMMIGRATION POLICY

Though all migrant communities feel the effects of deportation policy, Latinx populations have been disproportionately targeted. Indeed, Latinxs have faced ethnically driven violations of their rights for decades, as in the arrest that led to the 1974 Supreme Court case *United States v. Brignoni-Ponce*. California officers arrested and charged Humberto Brignoni-Ponce with knowingly transporting immigrants; however it was found that the officers had targeted him solely because he appeared to be of Mexican descent—a violation of the Fourth Amendment right of protection from unreasonable search and seizure [8]. Though the court ruled that the appearance of Mexican ancestry was not legal ground to stop a vehicle and demand proof of citizenship, the incident exposed the leeway that non-federal agencies gave themselves in apprehending and charging suspected migrants.

Over the past two decades, a flurry of deportation-centered policies has reignited this debate by extending deportation duty to non-federal agencies. Over 1,500 new pieces of immigration legislation were passed by states between 2005 and 2011, many of which pass on the authority to apprehend

and arrest suspected migrants from federal bodies to state and local forces. Colorado's 2006 Senate Bill 90 requires state and local police forces to report undocumented arrestees to ICE. Arizona's SB 1070 authorizes a "show me your papers" policy that requires immigrants to carry proof of citizenship and allows law enforcement to demand this documentation, provisions upheld by the US Supreme Court in *Arizona v. United States* [9]. A policy known as the Secure Communities enacted in 2008 also strengthens the ability of local law enforcement to act on behalf of federal immigration agencies [10]. In January 2017, President Donald Trump issued a series of executive orders aimed at increasing deportation of unauthorized immigrants regardless of prior criminal convictions. He called for the hiring of 10,000 immigration officers and authorized state and local law enforcement to carry out these duties [11].

As rising detention and deportation numbers coincide with deputizing of state and local forces, studies show that Latinx populations are disproportionately victimized. Mexican immigrants, who comprise 58% of unauthorized U.S. residents, accounted for 73% of those forcibly removed by Homeland Security forces in 2010 [12]. According to a 2011 report by the Warren Institute on Law and Social Policy at the University of California at Berkeley regarding the 2008 Secure Communities Act, "Latinos comprise 93% of individuals arrested through Secure Communities though they only comprise 77% of the undocumented population in the United States" [10]. The same report revealed that 3,600 individuals apprehended by ICE through the program were actually U.S. citizens mistakenly identified as undocumented due to poorly updated naturalization registries. During an April 2018 raid of a Tennessee meat-processing plant, ICE forces detained 86 predominantly Mexican immigrants, the largest single workplace raid in a decade [13].

The emphasis on forcible deportation has impacted the broader Latinx community, from undocumented and documented migrants to established American families with Latino origins. In a study of self-reported feelings of discrimination in Los Angeles, Landale et al. revealed that native-born young Latino men are more likely to feel mistreated by

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authority figures, including police, than their undocumented counterparts [14]. Similar results have been reproduced in Durham, North Carolina [15], indicating that interactions between police and the Latinx community engender feelings of ethnic discrimination across generations regardless of documentation status. In a cross-sectional analysis of Latinxs nationwide, Almeida et al. found that the perception of discrimination is correlated with the strength of anti-immigrant policies by state, especially among third-generation Latinx immigrants [16]. It takes no stretch of the imagination to postulate that feelings of persecution among Latinxs are in response to the targeting of their community by immigration forces.

The disproportionate effect of detention and deportation policies on Latinx populations clearly evinces an environment of discrimination that violates Article 7 of the UDHR as adopted by the United Nations, which states, “all are equal before the law and are entitled without any discrimination to equal protection of the law,” [17]. The continued influx of migrants may be cited as reason for passage of more punitive policies. This alone would not be a violation of human rights. Statistics showing greater rates of detention and deportation among Latinx immigrants, however, suggest that this population is being unfairly affected. Latinx immigrants are being targeted and removed more than any other demographic, leaving behind a community-wide fear of discriminatory authorities.

The consequences of this fear include restricted access to healthcare for Latinx citizen-children. Were the effects felt evenly by citizen-children across all migrant populations, recent deportation policies could be perceived as cruel but would remain ethnically indiscriminate. The reality, however, is that the U.S. government has implemented tactics that subject its own Latinx citizens to unfair and damaging health effects based on their cultural backgrounds. The perception of discrimination is not without merit given the record of ICE and legislation like Secure Communities. Though this targeted legislation itself infringes upon the right to freedom from discrimination, its downstream consequences for citizen-children violate a separate article of the UDHR altogether.

THE EFFECT OF POLICY CHANGES ON HEALTH

Removing a child’s parent from the household threatens lasting consequences on a child’s quality of life resulting from unexpected loss of family income, poor relationships with fathers due to higher rates of male deportation, and emotional insecurity [18]. In the case of Latinx citizen-children, detention and deportation have a measurable negative impact on health and wellness. Latinx citizen-children affected by forced parental removal were found to report more symptoms of attention deficit and hyperactivity disorder (ADHD). Rates of depressive symptoms were also higher under these circumstances when compared to citizen-children whose undocumented parents are not under investigation or do not have a history of detention or deportation [19]. Rojas-Flores et al. described increased parent-reported rates of post-traumatic stress disorder (PTSD) symptoms in citizen-children who experience separation from a parent either through detention or deportation [3]. Corroborating what parents report, clinicians measured poorer overall functioning among these subjects using the Child and Adolescent Functional Assessment Scale (CAFAS). This holds true when compared to citizen-children of legal permanent resident parents as well as citizen-children of undocumented parents who have not faced forced parental removal. Evidence abounds demonstrating the negative health impact delivered to citizen-children when immigration law is enforced via detention and deportation.

Though these findings are significant, the direct negative health outcomes experienced by citizen-children are not sufficient to label deportation and detention policy a human rights violation. One may expect a child whose parent is forcibly removed from the home to suffer mental health consequences, whether that parent is a citizen criminal who has been incarcerated or an unauthorized immigrant who has been detained or deported. In both cases, the parent has violated the law and may be expected to face certain consequences. This paper, however, seeks to argue that recent immigration policies have moved beyond punishing those guilty of violating immigration law. They have sewn disproportionate panic among the local Latinx community, leading to

restricted access to healthcare for a group of vulnerable Americans.

THE EFFECT OF POLICY CHANGES ON HEALTHCARE ACCESSIBILITY

By removing undocumented Latinxs, punitive immigration policies alienate citizen-children not only from their parents, but also from the benefits to which they are entitled as Americans. Healthcare usage and social service access have been shown to be compromised in communities fearing deportation. In a focus group project on immigrant populations, Hacker et al. found that both documented and undocumented subjects reported reluctance to share personal information for insurance applications because they believed that the U.S. Immigration and Customs Enforcement (ICE) may apprehend this data and use it against them or a family member [20]. In the same study, interviewed participants also pointed to a fear of deportation as a reason for missing healthcare appointments. Other research shows that although undocumented children experience the greatest reduction in frequency of visits to dental care visits and public assistance enrollment, a disparity also exists between children of citizen mothers and citizen-children of non-citizen mothers [21]. This suggests that access to health resources for entitled Americans may be limited by the concern for removal of a parent, even if that parent is not the individual seeking the service.

Given regional differences in immigration policy and rates of migrant removal, recent studies have quantified deportation risk and used it to predict enrollment in federal health programs. Medicaid enrollment is negatively correlated with the risk of deportation in mixed-status Mexican families [22]. The risk of deportation, in this case, is a jurisdiction-specific measure of likelihood of deportation given the estimated number of unauthorized immigrants within the area and the number of unauthorized immigrants deported from that area. Vargas & Pirog also analyzed deportation risk as compared with enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a program over 40 times more likely to be utilized by mothers in mixed-status families of Mexican origin than U.S.-born white mothers [23].

Once again, risk of deportation was negatively associated with WIC enrollment when holding constant the mother's age, education, marital status, economic hardship, employment and other demographic variables. These results suggest that in parts of the country with stricter deportation and detention policies, citizen-children in mixed status Mexican families are less likely to receive the social services for which they qualify.

Protection for mixed status families seems beyond reach as policies become more restrictive. A new executive order presented by the Trump administration further limits access to healthcare for Latinx citizen-children by threatening previously protected applicants with potential deportation or denial of citizenship application [24]. Perreira et al. described how the order would expand the definition of a "public charge" from someone who depends on government assistance for greater than half of personal income to include "any immigrant who 'uses one or more public benefits'" [25]. Enrollment in health and nutrition programs once excluded from consideration, even by citizen spouses and children, would then be considered in public charge determinations. With a possible Medicaid and Children's Health Insurance Program (CHIP) disenrollment rate between 15% and 35% if the measure is approved, approximately 875,000 to 2 million citizen-children with a noncitizen parent would lose coverage despite retaining eligibility [26]. Thus, programs designed to serve less fortunate citizens would become a black mark for mixed status families and further isolate them from the healthcare community.

The impact of losing access to services like Medicaid and CHIP for those who cannot afford private insurance is significant, as loss of healthcare coverage has long been a predictor of poor health. In 2002, the Institute of Medicine found that uninsured adults in the U.S. have less access to recommended care, receive poorer quality of care, and experience worse health outcomes than insured adults [27]. Systematic literature review also finds that having health insurance provides robust health benefits for adults suffering from chronic and acute conditions [28]. Though they are commonly thought to be healthier and therefore less needing

of insurance, children are similarly affected by loss of coverage. Uninsured children experience a delay in care when they develop a health problem and are at increased risk of missed diagnoses of serious problems. These undiagnosed and untreated conditions can have negative effects on functioning and quality of life [29]. Dafny & Gruber further showed that Medicaid expansions between 1983 and 1996 decreased avoidable hospitalizations among children by 22% [30]. Since the implementation of CHIP in 1997, there has been a 63% drop in the uninsured rate among U.S. children [31]. A significant decline in enrollment would therefore put more children at risk of delayed hospital care and loss of access to preventive medical care.

Clearly, the fear of forced removal directly affects the health of citizen-children whose caregivers may be at risk and indirectly impacts health by hindering citizen-children's ability to access the resources they need. This opposes the right conferred by Article 25, Section 1 of the UDHR, which reads, "Everyone has the right to a standard of living adequate for the health and well-being of himself and

of his family, including ... medical care and necessary social services" [17]. A legitimate fear of deportation due to widespread punitive policies affects the entire Latinx community and consequently reduces their utilization of public health resources. Citizen-children are not enjoying the rights to which they are entitled according to the UDHR and may suffer greater risk of adverse health outcomes as a result. Through community-wide fear spurred by increasingly aggressive immigration policy, a large number of citizens are being denied the right to medical and social services they are guaranteed.

CONCLUSION AND RECOMMENDATIONS

The current situation created by immigration policy-makers places citizens in harm's way by generating community-wide fear through discriminatory policies. The right to freedom from discrimination has been violated by punitive measures that disproportionately affect the Latinx community. Legislation empowering state and local forces to act on behalf of federal immigration forces has driven a wedge between Latinxs, both documented and un-



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documented, and the agencies that are meant to protect the citizenry. Objective measurements of deportation rates demonstrate targeting of Latinxs and the perception of immigration policy as discriminatory by the Latinx community mirrors this trend. The right to freedom from discrimination agreed upon in the UDHR has therefore not been respected.

Increased rates of deportation and detention result in crippling fear of enforcement agencies. This alienates citizen-children of mixed status families from the institutions that are meant to protect them and serve their needs. The stress of being identified by ICE or other government forces, even among authorized citizens, decreases enrollment in programs like Medicaid and hinders attendance at healthcare appointments. This is an infringement of the right to access medical care as guaranteed by the UDHR.

With both healthcare and immigration policy in upheaval under the Trump administration, protecting access to affordable medical care and social programs for citizen-children must become a top priority for all healthcare professionals. The medical community risks losing contact with a vulnerable patient population unless providers make a concerted effort to maintain hospitals and clinics as refuges for community members regardless of documentation status. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), medical facilities must protect sensitive information and safeguard it from intrusive forces, including ICE, that attempt to turn clinics and hospitals into tools for tracking undocumented immigrants. It is also imperative to maintain trust by expanding outreach programs and Spanish language services to better serve a progressively isolated community.

Beyond clinic walls, medical associations and advocacy groups must lobby local, state, and federal legislative bodies to understand the far-reaching consequences of immigration policy. While undocumented adults may be the primary targets, a generation of citizen-children is suffering life-altering consequences. It is the responsibility of medical professionals to communicate the impact of detention and deportation on the public health of our citizens.

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