

Anti-Immigrant Sentiment and the Crisis of Caregiver Separation

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The Trauma of Childhood Deprivation

Over the course of a 25-year reign, Romanian dictator Nicolae Ceausescu unveiled harsh policies in the 1970s – 1980s that resulted in the mass institutionalization of thousands of infants. Years later, the effects of caregiver deprivation during the critical period of neural development would become clear. The 2003 Bucharest Early Intervention Project conducted by Zeanah et al [1]. studied attachment, cognition, social-emotional intelligence in 136 infants, half of whom were randomly assigned to remain in institutional settings or be placed in foster care. After 2 years, researchers found a strong connection between early foster care placement and better outcomes, while those in the control situation who had never experienced early nurturing relationships went on to become insecurely attached and have impaired intellectual ability [2]. Recently, the study synthesized data from nearly two decades of observational follow-up, long after the original trial concluded, and confirmed that the stunted benchmarks among institutionalized infants discovered in early childhood regrettably persisted into adolescence [3]. Likewise, the provision of resources and secure environments that promote resilience attest to the plasticity of the developing brain and case for early intervention whenever possible.

Around the same time that Zeanah and colleagues were studying the fate of Romanian orphans, researchers in the United States (US) were undertaking a large epidemiological study to understand the lasting effects of adverse childhood experiences (ACEs). As expected, childhood deprivation in the form of physical and emotional neglect constitute traumatic events that undoubtedly alter the trajectory of future development. Such changes occur on a biological level, chronically activating adrenaline and cortisol response [4]. Under a strictly medical model, deprivation has a singular source (i.e. failure of parent/guardian presence) with little regard to antecedent factors. However, the effects of poverty and racism cannot be discounted in assessing each child holistically within the context of their social environments. Recently, a greater spotlight has been placed on the differences in ACEs between racial groups [5]. with findings revealing a higher burden of adversity for Black and Hispanic children.

Negative Sentiment Surrounding Immigrants and the Human Stakes Involved

Such structural factors coalesce in the topic of immigrant health, a phrase whose adjective descriptor “immigrant” conjures polarizing emotions among the American public, while the root “health” often falls to the wayside. Like the thousands of infants orphaned in Romania due to circumstances out of their control, children across the Global South and Middle East have experienced despicable turmoil that affect their future development. Their families’ pathways to a better life largely depends on how they are viewed in the public eye, and whether they deserve a clean bill of health. All too often, discussions pertaining to healthcare access for immigrants comes from a point of protectionism over perceived lack of resources. In reality, immigrants with healthcare access contribute far more to the healthcare trust [6] than they reap in benefits [7]. Public attitudes of immigrants have been found to stem from individual psychological traits such as perceived low locus of control [8], yet the sentiment around immigrant populations can undergo drastic shifts with changing sociopolitical conditions. Prior surveys have found that US citizens hold pluralistic views of immigrants and are partisanly divided. While many believe that immigrants are a net benefit to society, they also find that they pose a threat [9] to tradition and culture. The concept of “Schrodinger’s immigrant” [10] also encapsulates the cognitively dissonant belief that immigrants simultaneously work hard and behave lazily.

Despite former president Barack Obama’s administration deporting a then record number of immigrants throughout his 8-year term [11], it was not until Donald Trump’s campaign that beliefs seemingly began to shift among the public. The brazen demonization of immigrants with racist tropes as criminals and sex offenders had activated a base of voters, many of whom already held negative views and found more fertile terrain to express them. The harmful rhetoric would lay the groundwork for Trump’s draconian policies including a travel ban from Muslim-majority countries and mass deportations. Particularly, the separation of parents and children seeking asylum at the US southern border and subsequent detention of unaccompanied migrant children (in violation of international law) drew mass condemnation



from Trump's Democratic political opponents and immigrants' rights groups in 2018 [12], when the number of asylum applications granted reached an all-time low [13].

During the 2024 election cycle, anti-immigrant sentiment has made a resurgence. Trump is again on the ballot, but he does not stand alone in his platform of border militarization as the Democrats have joined in lockstep. Earlier this year, Biden had pushed for a border security bill that would sharply curtail asylum claims processing and create pathways for expulsion at the border. Meanwhile, the Kamala Harris campaign has voiced her support for the bill and has united with Trump on the rhetoric of "securing the border" [14]. These capitulations in posturing mirror a shift in polling among Americans indicating more exclusionary views [15]. And yet, the public shift on immigration cannot exist in a vacuum. Larger media fixation with immigrants as a demographic phenomenon that poses a national security threat further emboldens negative sentiment. It also elides the human stakes of the matter: the health of those who flee dangerous living conditions in the Global South and elsewhere in search of a better life. Immigrants and refugees need not be political pawns to further partisan agendas of any political campaign.

A Crisis of Refugee Health

The physical health effects that immigrants face at all stages of their journey are well-documented. Refugees and asylees typically come from lower standards of living in their home countries and are often fleeing environmental calamity, political unrest, or torture [16]. During the migration process itself, refugees again face immense challenges and stressors including injuries, dehydration, and human trafficking. Post-migration, they may then experience the difficulty acclimating to Western norms and face language barriers, leading to social isolation. This acculturative stress is then compounded by exploitative working conditions from their vulnerable positions and lack of healthcare access [17]. Refugees may reduce interactions with the healthcare system due to fear that their undocumented status may be reported to Immigration and Customs Enforcement (ICE) [18]. In 2019, the Trump administration implemented the public charge rule [19], which sought to exclude immigrants from entry based on their likelihood of using services such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP). It had a chilling effect on the likelihood of immigrants to use both preventative and emergency services-even if they had legal papers.

Migrant children experience the above hardships in addition to the sheer trauma from caregiver separation leading to social deprivation [20]. One medicolegal analysis found that children who experienced separation from their family at the border developed somatic symptoms, developmental regression, and strained attachment upon reunification [21]. Later in life after chronic toxic stress response, they are at risk for developing a range of mental health conditions including depression, anxiety, and PTSD [22]. Access to early psychiatric care for those affected is thus crucial, and disparities in access map onto already entrenched barriers for this population. Although some states include provisions for unaccompanied children to receive health insurance via enrollment in Medicaid/Children's Health Insurance Program (CHIP) or access to Federally Qualified Health Centers (FQHCs), most do not [23]. In addition, the lack of languages other than English for community and school-based clinics impart additional difficulty in ensuring culturally sensitive and trauma-informed psychiatric evaluations.

Centering Immigrant Health in Media

Regrettably, media depictions instead invert the picture and lead the public to believe that the "crisis" is inadequate militarization of the border excluding families seeking asylum, rather than the crises of traumatic experiences at the border. Amplification of this harmful rhetoric in turn poses additional mental health challenges in which

immigrants internalize negative self-worth as a result of feeling otherized or unwelcome [24]. Mere knowledge about legislation such as Arizona's SB1070, for example, have led to significant fear of being deported at any time, even if the bill was not actively enforced. Latino adolescents were also found to exhibit decreased academic performance and behavioral regulation if they were aware of the bill [25]. Generally, the emotional trauma of witnessing the deportation of a family member led to increased rates of suicidal ideation, substance use, and externalizing behaviors. For those who themselves are detained in facilities at the border, they are acutely in need of comprehensive mental health resources yet have little means to access them.

Indeed, a crisis lies at the doorstep of the border: a crisis of migrant child mental health and the lasting neuropsychiatric damage from caregiver separation [26]. More sympathetic sources however have highlighted the plight of "Dreamers" who were protected from deportations at a young age as part of the Deferred Action for Childhood Arrivals (DACA) program [27]. In 2018, conventional outlets did draw attention to mass detention of children in mass detention centers [28]. Seminal literature and film from this century such as Khaled Hosseini's *The Kite Runner* and the television anthology *Little America* have shone a light to humanize the plight of immigrants and showcase to the American public what life could be like in their positions.

The present moment thus calls for greater integrity on part of everyday news media organizations to ensure that this vulnerable population is not betrayed in the 2024 election cycle. Recently, the Immigrants Legal Resource Center (ILRC), published "A Report from the Texas Border" which featured surveys of predominantly Hispanic residents in Laredo, TX at the US-Mexico border [29]. Respondents identified high law enforcement presence, lack of robust public infrastructure, and lack of access to healthcare as the key issues facing their communities. It is incumbent on the media to report on such very real crises.

Conclusions and Insights from Texas

The confluence of xenophobic policies and media rhetoric have contributed to disparities in mental health care and outcomes for refugee immigrant populations in the US. Recently, Texas Governor Greg Abbott unveiled a disturbing order mandating hospitals collect data on patients' immigrant status [30]. This new requirement further perpetuates depictions of immigrants as criminals, and falls under the backdrop of Abbott's cruel 2021 Operation Lone Star crackdown at the Texas border, separating children from their caregivers and instituting a regime of parental deprivation [31].

Rather than media outlets merely reporting on unfolding developments in such instances, the additional contexts that journalists provide ought to be rooted in the humanity of the most vulnerable. Often absent from discourse are the findings of the 2020 Cato Institute Report revealing that the conviction rate for undocumented immigrants was forty-five percent lower than that of US citizens [32]. The result of immeasurable sacrifices to uproot one's livelihood need not be further persecution or stigmatization, but rather basic respect and access to comprehensive health services.

To help combat the erosion of immigrant rights, policies such as California's inclusion of all eligible undocumented immigrants for Medi-Cal, their state's health insurance program for low-income people [33], may be a step in the right direction in centering health first for both children and adults. Ultimately, the passage of a federal single-payer healthcare system that guarantees to all residents of the United States healthcare as a human right would build on this foundation, ensuring that no one is excluded on the basis of their immigration or socioeconomic status.



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