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ADOLESCENT MEDICINE (MA GOLDSTEIN, SECTION EDITOR)

Collateral Damage: Increasing Risks to Children in a Hostile Immigration Policy Environment

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Abstract

Purpose of Review To identify how recent immigration policies have affected the health of children in immigrant families (CIF).

Recent Findings As the number of children and families arriving to the US border has increased, so too have immigration policies directly targeting them.

Summary Anti-immigrant policies increase the dangers experienced by children migrating to the USA, while also limiting access to needed resources and medical care for CIF inside the country, including many who are US citizens. The resultant deprivation and toxic stress are associated with adverse consequences for children's physical and mental health.

Keywords Immigrant health · Policy · Immigrant children, Immigrant families

Introduction

Rising xenophobic political rhetoric spurred hundreds of changes to immigration policy in recent years, while the number of migrant families and unaccompanied children arriving at the border reached record highs. Children in immigrant families (CIF)—who have at least one immigrant parent or are immigrants themselves—represent 25% of the US pediatric population, but policies designed to protect them are increasingly treated as legal "loopholes" in need of closure to deter migration. Children are uniquely vulnerable to the long-term health effects of toxic stress, and policy changes targeting immigrant families have taken a toll on the physical and mental health of foreign born and US citizen children alike.

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Immigration Policies Targeting Youth and Families

The journey to the border is notoriously difficult and dangerous, but many children and families undertake it out of desperation. Research conducted at the US-Mexico border by the United Nations High Commissioner for Refugees in 2013 suggested that the majority of unaccompanied children arriving from the Northern Triangle countries of El Salvador, Honduras, and Guatemala met criteria for international protection on the basis of experiencing abuse or threats in their home communities. Other powerful drivers of migration commonly cited by the children included poverty and family reunification [1].

Yet policies like the Migrant Protection Protocols (MPP), which forced migrants to "Remain in Mexico" pending their asylum hearings, and Title 42, which prohibits asylum seekers from entering the USA during the COVID-19 public health emergency, have further endangered this already vulnerable population. More than 16,000 children, including 500 infants, were sent back to dangerous areas of Mexico in just the first 9 months of MPP, and hundreds were kidnapped while awaiting their hearings in squalid camps [2]. At least 350 children in MPP crossed into the USA unaccompanied after their parents determined it was too dangerous for them to wait any longer in Mexico, or after their caregivers fell victim to cartel violence and disappeared [3]. Thousands of

unaccompanied children were also expelled to Mexico under Title 42 [4], during the process of which hundreds were temporarily detained in hotels utilizing private contractors with no independent oversight of detention conditions, despite ample capacity to accommodate such children at Office of Refugee Resettlement (ORR) shelters [5].

Processing conditions for children encountered at the border in recent years were also notoriously unsafe. As migrant family apprehensions surged in late 2018 and 2019, children were detained for prolonged periods of time in increasingly crowded and unhygienic Customs and Border Protection (CBP) facilities, where many were subjected to abnormally cold temperatures, inadequate access to shower facilities and basic hygiene products, open toilets, poor sleeping conditions, inadequate nutrition or clean drinking water, and confiscation of needed medications without provision of replacements [6••, 7–11]. Government lawyers argued in court that maintaining "safe and sanitary" conditions for children in CBP custody did not require providing them with soap, even after five children died from infectious diseases in immigration custody between September 2018 and May 2019 [12]. A sixth child in custody died from complications of congenital heart disease, and a seventh died of complications from infection shortly after release. Still, in August 2019 the federal administration issued a regulation—subsequently enjoined—that would have permitted the government to ignore custody standards for unaccompanied children in emergency situations. Congress attempted to improve the safety of detention conditions by increasing CBP's funding for "consumables and medical care," but a Government Accountability Office report found that CBP misspent a substantial amount of the appropriation to instead fund its canine program and purchase enforcement equipment like dirt bikes and riot helmets [13].

The most infamous policies undermining migrant children's wellbeing hinged on family separation. A Justice Department inspector general report quotes then-Attorney General Jeff Sessions as stating that in order to deter unauthorized border crossings, "We need to take away children" [14]. The administration quietly initiated a pilot program of family separation in the El Paso sector in 2017, which it then formalized as the "Zero Tolerance Policy" across the entire US-Mexico border in April 2018 despite the El Paso pilot finding that reunifying separated children with their parents would be difficult [15]. The policy weaponized legal protections for migrant children against them, arguing that all adults who committed the civil offense of unauthorized entry into the USA must be detained and criminally prosecuted without their children, since prolonged detention of children was prohibited under a legal agreement known as the Flores settlement.

Internal memos indicate that the government anticipated separating as many as 26,000 children from their parents under the Zero Tolerance Policy. However, the practice met with swift public condemnation and was officially terminated in June 2018, by which time approximately 4000 children had been affected; the true number remains unknown, as by its own admission the government lacked adequate technological infrastructure to track the children it separated [16]. Nevertheless, "for-cause" family separations continued in 2019 at twice the rate as in late 2016, with more than 1150 separations documented between the end of "Zero Tolerance" and March 2020 [17••]. "For-cause" separations have been justified using concerns as minor as old traffic citations or a parent not changing a child's diaper promptly enough [18]. Other cases have involved border patrol agents incorrectly doubting parentage, leading a federal court to rule in January 2020 that CBP must conduct rapid DNA testing before separating children from caregivers based on such suspicions [17••].

As family separation became a less viable deterrence strategy, the federal administration instead issued a rule in August 2019—blocked in court—that would have permitted indefinite detention of migrant families. In spring 2020, as COVID-19 cases began to surge in immigration detention facilities, a judge ordered the prompt release of all children in Immigration and Customs Enforcement (ICE) family detention to minimize their risk of infection. ICE refused to release their parents, effectively forcing families to choose between family separation or indefinite detention. The judge subsequently rescinded her order to protect the children from this prospect. Meanwhile, unaccompanied children experienced increasing lengths of stay in ORR custody as new information-sharing agreements between ORR and ICE led to the arrest and deportation of at least 170 potential sponsors, frightening many children's families out of trying to claim them [17••].

All the while, the indiscriminate militarization of the border increased, with troop deployments, new wall construction, and extensive application of concertina wire. US border security officials lobbed tear gas across the border at migrant groups including children several times and even considered utilizing a microwave "heat ray" weapon designed to make subjects feel as though their skin was burning [19, 20]. The Defense Department issued guidance authorizing troops to use deadly force at the border if they had "reasonable belief" that harm was imminent, even as a case was pending before the Supreme Court against a border patrol agent for shooting into Mexico and killing an unarmed child in 2010 [17••, 21].

Proliferating barriers to seeking asylum at ports of entry pushed families to attempt more dangerous routes into the USA. The year 2019 saw a record 20 pediatric deaths at the border, ten of which were caused by drowning, and five of which were attributed to dehydration, exposure, or hyperthermia [22].

Interior immigration enforcement also escalated after the 2016 election, with one of the new President's first acts including issuance of an executive order making "all removeable aliens" a priority for enforcement, as opposed to only those with criminal convictions and prior orders of removal. Hundreds of CBP and ICE officers were dispatched to surveil immigrants in sanctuary cities, and renewed emphasis on workplace immigration raids culminated in the "largest single-state workplace enforcement action in US history" on the first day of school in Mississippi, leaving many children without parents to come home to [23]. ICE deports tens of thousands of parents of US citizen children each year [24], disproportionately increasing the share of Latinx children in foster care [25].

Protections for immigrant families were rescinded, with the Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) program terminated in June 2017. A similar attempt to end the Deferred Action for Childhood Arrivals (DACA) program—which protects 644,000 young people brought to the USA as children from deportation—was blocked by the Supreme Court in June 2020, but new restrictions on the program were implemented immediately thereafter [17••].

Limiting Access to Resources and Medical Care

Anti-immigrant rhetoric and policy proposals since the 2016 campaign made more than half of US Latinx residents in one study feel unsafe regardless of their immigration status and caused some undocumented Latinx patients to delay seeking emergency medical care by days [26]. Patients with limited English proficiency (LEP) were also more likely to miss scheduled medical appointments after immigration enforcement increased in 2017 [27].

At baseline, immigrant patients face numerous challenges to accessing medical care, including language barriers, identification requirements, opaque bureaucratic systems contributing to confusion about the US medical system, financial and transportation constraints, discrimination, shame, and lack of health insurance [28•]. Only six states offer comprehensive insurance coverage to all income-eligible children regardless of immigration status, with several others providing limited coverage. As a result, more than a quarter of undocumented immigrant children are uninsured; however, due to confusion and fear around accessing public services, so are 17% of lawfully present immigrant children and 10% of US citizen children with at least one non-citizen parent, as compared to only 4% of citizen children with citizen parents [29•].

The chilling effect of anti-immigrant policies extends beyond health care to social services as well [30]. Localities with 287(g) immigration enforcement agreements between local police and ICE have higher rates of food insecurity for immigrant families with children [31]. The related Secure Communities immigration enforcement program led to significant declines in SNAP and SSI enrollment among mixed-citizenship status households eligible for such benefits, though the effect was notably muted for Latinx households in sanctuary cities [32].

These effects were exacerbated by issuance of an updated public charge rule in 2019, which stipulated that immigrants could be prevented from obtaining lawful permanent resident status (i.e., green cards) if they received certain public benefits. The rule caused significant fear and confusion among immigrant communities, creating chilling effects even for people and programs to which the rule did not apply. In the wake of the rule change, health care centers noted a reduction in immigrant patients seeking care for themselves and their children, and many observed immigrant parents disenrolling or declining to enroll their eligible children in public health insurance [33, 34]. Twenty percent of adults in immigrant families with children, including 29% of those with low income, reported avoiding one or more non-cash public benefits or other assistance with basic needs in 2020 due to concerns about potential ramifications for their immigration status. Eight percent of such families reported avoiding public health insurance and free care clinics, while 10% reported avoiding public nutrition benefits [35].

The official implementation of the public charge rule in February 2020 coincided almost exactly with the beginning of the COVID-19 pandemic in the USA, to devastating effect [36]. Immigrants were disproportionately represented among essential workers during the pandemic, and they suffered disproportionate infection rates due to factors like crowded housing, reliance on public transportation, inability to advocate for workplace protections, and inaccessibility of reliable public health information in languages other than English [37, 38]. They also bore the economic brunt of the pandemic, with nearly half of immigrant families with children reporting lost income, 28% reporting food insecurity, 18% reporting difficulty paying their bills, and 17% reporting difficulty paying their rent or mortgage [35].

Housing stability had already become a particular concern for immigrant families in 2019, when the Department of Housing and Urban Development (HUD) proposed a rule barring mixed status families (i.e., families with at least one undocumented member) from receiving federal housing aid. The rule would have precipitated the eviction of 55,000 low-income children who were US citizens or legal residents [39].

The right of undocumented children to access a public education, protected for the past 40 years by the Supreme Court ruling in Plyler v. Doe, has also come under threat [40]. Federal officials explored ways to overturn the decision in 2017

[41], and in 2022 the governor of Texas openly discussed trying to challenge the legal precedent [42].

Mental Health Implications

The harmful mental health effects of anti-immigrant rhetoric and policies on CIF extend from shame and stigma, to fears of violence and family separation, to coping with the economic and emotional ramifications of parental deportation [43, 44].

Lack of legal immigration status creates a sense of vulnerability and impermanence in families that can hinder children's development by restricting access to foundational pathways. This may manifest in early childhood as sub-optimal cognitive development, disadvantages in school readiness, and slowed educational progress [45]. By middle school, undocumented children and children in mixed status families become cognizant of fear in their families and communities, which can impede participation in normative rituals and predispose to anxiety and depression as they progress through adolescence into young adulthood [46–48].

If a caregiver is detained by immigration enforcement, the family unit structure is destabilized, increasing anxiety and social isolation which may cascade into behavior problems among children left behind [49–52]. Even awareness of strict immigration policies among school age CIF is associated with classroom behavior problems and anxiety [53], which can predispose to higher rates of dropping out or being held back a grade [54].

CIF, regardless of their own immigration status, are vulnerable to increased rates of emotional distress, fear, confusion, and anxiety related to stigma and conflation of "foreignness" with illegality [45, 55••]. Indeed, immigrant children are more likely to experience bullying in school than their US-born peers, an experience with adverse effects on their emotional and physical health [56].

Programs that provide deportation relief have demonstrable positive effects on CIF's mental health. DACA recipients, for example, can more readily access foundational pathways and normative experiences, such as attending college or obtaining a driver's license [46]. They enjoy an increased sense of safety and belonging that translates into better mental health [57]. The benefits extend to their families and communities, as DACA recipients' access to education and employment enables them to contribute to their full potential [58].

Physical Health Implications

Immigration enforcement actions lead to toxic stress and behavior changes that can adversely affect immigrants' health [59]. Some US citizen Latinx adolescents from immigrant families have demonstrated sleep difficulties and blood pressure changes associated with the anxiety of perceived immigration policy vulnerability [60]. Regardless of citizenship status, self-reported physical and mental health is worse among Latinx individuals living in areas with harsher anti-immigrant policies [61].

The physical health ramifications of aggressive immigration enforcement are manifested even among the youngest children. Latinx parents in areas with 287(g) agreements are more likely to delay seeking prenatal care [62]. The rate of low birth weight infants born to Latinx parents—immigrants and US citizens alike—increased in the wake of a major immigration raid [63]. Similarly, the anti-immigrant rhetoric of the 2016 election correlated with an isolated increase in the rate of preterm births among US Latinx parents, regardless of citizenship status [64•].

Conclusion

Escalating xenophobic political rhetoric, proliferating policies restricting migration, increased interior enforcement, and regulatory changes impeding resource access all contribute to a hostile environment that is detrimental to the healthy development of the one quarter of US children growing up in immigrant families. The unique legal protections historically afforded to children have made them a target in recent immigration policy changes, to the detriment of their physical and emotional health. The long-term effects of toxic stress cannot be discounted; future attempts to adjust immigration policy must prioritize children's wellbeing.

Declarations

Conflict of Interest The authors declare no competing interests.

References

Papers of particular interest, published recently, have been highlighted as:
• Of importance
•• Of major importance

1. Refugees, U. N. H. C. for. (2010). Children on the run—full report. UNHCR. https://www.unhcr.org/en-us/about-us/background/56fc266f4/children-on-the-run-full-report.html. Accessed 22 Oct 2022.
2. A year of horrors: the Trump administration's illegal returns of asylum seekers to danger in Mexico. Human rights first. 2020. https://humanrightsfirst.org/library/a-year-of-horrors-the-trump-administrations-illegal-returns-of-asylum-seekers-to-danger-in-mexico/. Accessed 22 Oct 2022.
3. Alvarez P. At least 350 children of migrant families forced to remain in Mexico have crossed over alone to US. CNN. 2022. https://www.cnn.com/2020/01/24/politics/migrant-children-remain-in-mexico/index.html. Accessed 4 Sep 2022.

4. Montoya-Galvez C. Nearly 9,000 migrant children have been expelled under pandemic border policy, court documents say. CBS News 2022. https://www.cbsnews.com/news/8800-migrant-children-have-been-expelled-under-pandemic-border-policy-per-court-documents/. Accessed 4 Sep 2022.
5. Shoichet C, Sands G. The US detained hundreds of migrant children in hotels as the pandemic flared. CNN. 2022. https://www.cnn.com/2020/09/03/us/migrant-children-detained-hotels/index.html. Accessed 4 Sep 2022.
6.•• Linton JM, Griffin M, Shapiro AJ. AAP Council on Community Pediatrics. Detention of immigrant children Pediatrics. 2017;139(5):e20170483. https://doi.org/10.1542/peds.2017-0483. **American Academy of Pediatrics policy statement.**
7. Ebadolahi M. Neglect & abuse of unaccompanied children by U.S. customs and border protection. ACLU of San Diego and Imperial Counties. 2018. https://www.aclusandiego.org/civil-rights-civil-liberties/. Accessed 11 Jul 2020.
8. Cuffari JV. Capping report: CBP struggled to provide adequate detention conditions during 2019 migrant surge. Office of Inspector General, Department of Homeland Security. 2020. https://www.oig.dhs.gov/sites/default/files/assets/2020-06/OIG-20-38-Jun20.pdf. Accessed 11 Jul 2020.
9. Halevy-Mizrahi NR, Harwayne-Gidansky I. Medication confiscation: how migrant children are placed in medically vulnerable conditions. Pediatrics. 2020;145(1):e20192524. https://doi.org/10.1542/peds.2019-2524.
10. Peeler KR, Hampton K, Lucero J, Ijadi-Maghsoodi R. Sleep deprivation of detained children: another reason to end child detention. Health and Human Rights. 2020;22(1):317–320. https://www.hhrjournal.org/2020/01/sleep-deprivation-of-detainedchildren-another-reason-to-end-child-detention/. Accessed July 11, 2020.
11. Danaher F. Testimony of Fiona S. Danaher, MD, MPH, FAAP on behalf of Massachusetts general hospital for children before the U.S. House of Representatives Committee on Homeland Security. "Children in CBP Custody: Examining Recent Deaths and Assessing Medical Care Procedures." 2020. https://homeland.house.gov/imo/media/doc/Testimony%20-%20Danaher.pdf. Accessed October 8, 2022.
12. Flynn M. Detained migrant children got no toothbrush, no soap, no sleep. It's no problem, government argues. Washington Post. 2019. https://www.washingtonpost.com/nation/2019/06/21/detained-migrant-children-notoothbrush-soap-sleep/. Accessed 6 Jul 2020.
13. Armstrong TH. Matter of: US customs and border protection—obligations of amounts appropriated in the 2019 emergency supplemental. File B-331888. US Government Accountability Office; 2020.
14. Shear M, Benner K, Schmidt M. 'We need to take away children,' no matter how young, Justice Dept. Officials Said. NYTimes. 2020. https://www.nytimes.com/2020/10/06/us/politics/family-separation-border-immigration-jeff-sessions-rod-rosenstein.html?fbclid=IwAR3KMN60uRs2eY9UjH-SbIUWGqe1j7ykbKbMR-0ACPB28GkcEyBGNv_d_h4. Accessed 4 Sep 2022.
15. Ainsley J, Soboroff J. 2017 memo: separated migrant kids will struggle to find parents again. NBC News. 2020. https://www.nbcnews.com/politics/immigration/officials-said-2017-separated-migrants-under-12-couldn-t-find-n1242439?fbclid=IwAR3LTaW7M9DAsQnoKiD8gAMBMvO4Z8jy2nVLaBypwfxnV-cT7dgW-muingU. Accessed 4 Sep 2022.
16. Cuffari JV. DHS lacked technology needed to successfully account for separated migrant families. Office of Inspector General, Department of Homeland Security. 2019. https://www.oig.dhs.gov/sites/default/files/assets/2019-11/OIG-20-06-Nov19.pdf. Accessed 4 Sep 2022.
17.•• Pierce S, Bolter J. Dismantling and reconstructing the U.S. immigration system: a catalog of changes under the Trump presidency. Washington, DC: Migration Policy Institute; 2020.**Complete and concise overview of the more than 400 immigration policy changes under the Trump administration.**
18. Jordan M. No more family separations, except these 900. NYTimes. 2019. https://www.nytimes.com/2019/07/30/us/migrant-family-separations.html. Accessed 4 Sep 2022.
19. Yuhas A. U.S. agents fire tear gas across Mexican border. NYTimes. 2019. https://www.nytimes.com/2019/01/01/world/americas/migrants-border-tear-gas.html. Accessed 4 Sep 2022.
20. Shear M. Border officials weighed deploying migrant 'heat ray' ahead of midterms. NYTimes. 2020. https://www.nytimes.com/2020/08/26/us/politics/trump-campaign-immigration.html. Accessed 4 Sep 2022.
21. Williams P. Supreme Court rules Mexican parents can't sue Border Patrol agent who killed their son. NBC News. 2020. https://www.nbcnews.com/politics/supreme-court/supreme-court-rules-mexican-parents-can-t-sue-border-patrol-n1142486. Accessed 4 Sep 2022.
22. The Americas. In: Missing migrants project. 2022. https://missingmigrants.iom.int/region/americas?region=1422. Accessed 4 Sep 2022.
23. Sanchez R. Their first day of school turned into a nightmare after record immigration raids. CNN. 2019. https://www.cnn.com/interactive/2019/08/us/mississippi-ice-raids-cnnphotos/index.html. Accessed 4 Sep 2022.
24. Greenberg M, Capps R, Kalweit A, Grishkin J, Flagg A. Immigrant families and child welfare systems: emerging needs and promising policies. Washington, DC: Migration Policy Institute; 2019.
25. Amuedo-Dorantes C, Arenas-Arroyo E. Immigration enforcement and foster care placements. IZA Institute of Labor Economics. IZA DP No. 10850. 2017. http://ftp.iza.org/dp10850.pdf.
26. Rodriguez RM, Torres JR, Sun J, Alter H, Ornelas C, Cruz M, et al. Declared impact of the US President's statements and campaign statements on Latino populations' perceptions of safety and emergency care access. PLoS ONE. 2019;14(10):e0222837. https://doi.org/10.1371/journal.pone.0222837.
27. Jirmanus LZ, Ranker L, Touw S, Mahmood R, Kimball SL, Hanchate A, Lasser KE. Impact of United States 2017 immigration policy changes on missed appointments at two Massachusetts safety-net hospitals. J Immigr Minor Health. 2022;24(4):807–18. https://doi.org/10.1007/s10903-022-01341-9.
28.• Hacker K, Anies M, Folb BL, Zallman L. Barriers to health care for undocumented immigrants: a literature review. Risk Manag Healthc Policy. 2015;30(8):175–83. https://doi.org/10.2147/RMHP.S70173. **Comprehensive review of challenges immigrants face in accessing health care.**
29.• Health coverage of immigrants. Kaiser Family Foundation. 2022. https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/. Accessed 4 Sep 2022. **High level summary of insurance access for immigrants**.
30. Fleming PJ, Lopez W, Mesa H, et al. A qualitative study on the impact of the 2016 US election on the health of immigrant families in Southeast Michigan. BMC Public Health. 2019;19:947. https://doi.org/10.1186/s12889-019-7290-3.
31. Potochnick S, Chen JH, Perreira K. Local-level immigration enforcement and food insecurity risk among Hispanic immigrant families with children: national-level evidence. J Immigr Minor Health. 2017;19(5):1042–9. https://doi.org/10.1007/s10903-016-0464-5.
32. Alsan M, Yang C. Fear and the safety net: evidence from secure communities. National Bureau of Economic Research. Working Paper No. 2473. 2018 (Revised 2019). JEL No. I14,I3,K00,K37. https://www.nber.org/papers/w24731.pdf.
33. Tolbert J, Artiga S, Pham O. Impact of shifting immigration policy on Medicaid enrollment and utilization of care among health center patients. Kaiser Family Foundation. 2019. https://www.kff.org/report-section/impact-of-shifting-immigration-policy-on-medicaid-enrollment-and-utilization-of-care-among-health-center-patients-issue-brief/. Accessed 4 Sep 2022.
34. Blackburn CC, Sierra LA. Anti-immigrant rhetoric, deteriorating health access, and COVID-19 in the Rio Grande Valley. Texas Health Secur. 2021;19(S1):S50–6. https://doi.org/10.1089/hs.2021.0005.

35. Haley JM, Kenney GM, Bernstein H, Gonzalez D. Many immigrant families with children continued to avoid public benefits in 2020, despite facing hardships. Urban Institute. 2021. https://www.urban.org/sites/default/files/publication/104279/many-immigrant-families-with-children-continued-avoiding-benefits-despite-hardships_0.pdf. Accessed 4 Sep 2022.
36. Wilson FA, Stimpson JP. US policies increase vulnerability of immigrant communities to the COVID-19 pandemic. Ann Glob Health. 2020;86(1):57. https://doi.org/10.5334/aogh.2897.
37 Figueroa JF, Wadhera RK, Lee D, Yeh RW, Sommers BD. Community-level factors associated with racial and ethnic disparities in COVID-19 rates In Massachusetts. Health Aff (Millwood). 2020;39(11):1984–92. https://doi.org/10.1377/hlthaff.2020.01040.
38. Ross J, Diaz CM, Starrels JL. The disproportionate burden of COVID-19 for immigrants in the Bronx, New York. JAMA Intern Med. Published online May 08, 2020. https://doi.org/10.1001/jamainternmed.2020.2131
39. Fessler P. Proposed rule could evict 55,000 children from subsidized housing. NPR. 2019. https://www.npr.org/2019/05/10/722173775/proposed-rule-could-evict-55-000-children-from-subsidized-housing. Accessed 4 Sep 2020.
40. Reyes RA. A landmark case ensuring education to undocumented children turns 40. NBC News. 2022. https://www.nbcnews.com/news/latino/plyler-v-doe-undocumented-children-supreme-court-40-anniversary-rcna33064. Accessed 4 Sep 2020.
41. Jacobs J, Sink J. White House sought ways to block undocumented immigrant children from attending public schools. Time. 2019. https://time.com/5654964/undocumented-children-public-schools/. Accessed 4 Sep 2020.
42. Griswold N. Abbott says Texas could 'resurrect' SCOTUS case requiring states to educate all kids. Austin American-Statesman. 2022. https://www.statesman.com/story/news/2022/05/04/gov-greg-abbott-supreme-court-case-requiring-education-undocumented-children/9652463002/. Accessed 4 Sep 2020.
43. Capps R, Koball H, Campetella A, Perreira K, Hooker S, Pedroza JM. Implications of immigration enforcement activities for the well-being of children in immigrant families: a review of the literature. Washington, DC: Urban Institute and Migration Policy Institute; 2015.
44. Torres SA, Santiago CD, Walts KK, Richards MH. Immigration policy, practices, and procedures: the impact on the mental health of Mexican and Central American youth and families. Am Psychol. 2018;73(7):843.
45. Yoshikawa H, Kholoptseva J. Unauthorized immigrant parents and their children's development: a summary of the evidence. Washington, DC: Migration Policy Institute; 2013.
46 Suárez-Orozco C, Yoshikawa H, Teranishi RT, Suárez-Orozco MM. Growing up in the shadows: the developmental implications of unauthorized status. Harv Educ Rev. 2011;81(3):438–72. https://doi.org/10.17763/haer.81.3.g23x203763783m75.
47. Potochnick SR, Perreira KM. Depression and anxiety among first-generation immigrant Latino youth: key correlates and implications for future research. J Nerv Ment Dis. 2010;198(7):470–7. https://doi.org/10.1097/NMD.0b013e3181e4ce24.
48. Landale NS, Hardie JH, Oropesa RS, Hillemeier MM. Behavioral functioning among Mexican-origin children: does parental legal status matter? J Health Soc Behav. 2015;56(1):2–18. https://doi.org/10.1177/0022146514567896.
49 Chaudry A, Capps R, Pedroza J, Castaneda RM, Santos R, Scott MM. Facing our future: children in the aftermath of immigration enforcement. Urban Institute; 2010.
50. Dreby JUS. immigration policy and family separation: the consequences for children's well-being. Soc Sci Med. 2015;132:245–51. https://doi.org/10.1016/j.socscimed.2014.08.041.
51. Lovato K, Lopez C, Karimli L, Abrams LS. The impact of deportation-related family separations on the well-being of Latinx children and youth: a review of the literature. Child Youth Serv Rev. 2018;95:109–16.
52. Rojas-Flores L, Clements ML, Hwang Koo J, London J. Trauma and psychological distress in Latino citizen children following parental detention and deportation. Psychol Trauma Theory Res Pract Policy. 2017;9(3):352.
53. Santos CE, Menjívar C, VanDaalen RA, Kornienko O, Updegraff KA, Cruz S. Awareness of Arizona's immigration law SB1070 predicts classroom behavioural problems among Latino youths during early adolescence. Ethn Racial Stud. 2018;41(9):1672–90. https://doi.org/10.1080/01419870.2017.1311021.
54. Amuedo-Dorantes C, Lopez MJ. Falling through the cracks? Grade retention and school dropout among children of likely unauthorized immigrants. Am Econ Rev. 2015;105(5):598–603. https://doi.org/10.1257/aer.p20151113.
55.•• Linton JM, Green A, Council on Community Pediatrics, Chilton LA, Duffee JH, Dilley KJ, Gutierrez JR, Keane VA, Krugman SD, McKelvey CD, Nelson JL. Providing care for children in immigrant families. Pediatrics. 2019;144(3):e20192077. https://doi.org/10.1542/peds.2019-2077. **American Academy of Pediatrics policy statement**.
56. Maynard BR, Vaughn MG, Salas-Wright CP, Vaughn S. Bullying victimization among school-aged immigrant youth in the United States. J Adolesc Health. 2016;58(3):337–44. https://doi.org/10.1016/j.jadohealth.2015.11.013.
57. Brabeck KM. Authorized and unauthorized immigrant parents: the impact of legal vulnerability on family contexts. Hisp J Behav Sci. 2016;38(1):3–30. https://doi.org/10.1177/0739986315621741.
58. Yoshikawa H, Suárez-Orozco C, Gonzales RG. Unauthorized status and youth development in the United States: consensus statement of the Society for Research on Adolescence. J Res Adolesc. 2017;27(1):4–19. https://doi.org/10.1111/jora.12272.
59. Fleming PJ, Novak NL, Lopez WDUS. immigration law enforcement practices and health inequities. Am J Prev Med. 2019;57(6):858–61.
60. Eskenazi B, Fahey CA, Kogut K, et al. Association of perceived immigration policy vulnerability with mental and physical health among US-born Latino adolescents in California. JAMA Pediatr. 2019;173(8):744–53. https://doi.org/10.1001/jamapediatrics.2019.1475.
61. Vargas ED, Sanchez GR, Juaarez M. Fear by association: perceptions of anti-immigrant policy and health outcomes. J Health Polit Policy Law. 2017;42(3):459–83.
62. Rhodes SD, et al. The impact of local immigration enforcement policies on the health of immigrant Hispanics/Latinos in the United States. Am J Public Health. 2015;105:329–37. https://doi.org/10.2105/AJPH.2014.302218.
63. Novak NL, Geronimus AT, Martinez-Cardoso AM. Change in birth outcomes among infants born to Latina mothers after a major immigration raid. Int J Epidemiol. 2017;46(3):839–49. https://doi.org/10.1093/ije/dyw346.
64.• Gemmill A, Catalano R, Casey JA, et al. Association of preterm births among US Latina women with the 2016 presidential election. JAMA Netw Open. 2019;2(7):e197084. https://doi.org/10.1001/jamanetworkopen.2019.7084. **Powerful demonstration of ripple effects on broader population health caused by xenophobia**.