



Perspective

When Undoing Is Not Enough — Repairing Harms Inflicted on Immigrant Children

N. Ewen Wang, M.D., Ryan Matlow, Ph.D., and Alan Shapiro, M.D.

As one of its signature priorities, the Trump administration implemented substantial changes to immigration policy, which profoundly affected the health and welfare of immigrant

children and families. Actions by the Biden administration to end these policies are critically important, but policy reversals aren't enough to address the harm that has been done. As child-welfare advocates in pediatrics and psychology, we have observed, interviewed, and cared for immigrant children and families in U.S. immigration detention centers, Mexican migrant camps, and our clinical practices. Whereas current attention is focused on the border, we believe solutions must include creating conditions within the United States that will allow children not only to heal from traumatic experiences, but also to grow, learn, and thrive.

Since 2014, there have periodically been waves of large num-

bers of unaccompanied children and families arriving at the U.S. southern border — the most recent of which began in early 2020. Although most of these children and families are from Central America, others come from countries throughout the world. They have often survived staggering levels of poverty and violence and have undertaken dangerous journeys in search of safety and, in many cases, reunification with family members living in the United States. On arrival, they have been detained in border-processing centers designed for adult men and staffed by law-enforcement officers. These cold, crowded, unsanitary facilities lack appropriate supervision and medical care and contributed to the deaths of sev-

eral children in 2018 and 2019. Children and families have been detained for prolonged periods in settings known to be detrimental to their health and psychological well-being.¹ In recent years, the Trump administration's zero-tolerance policy separated more than 3000 children from their parents.

Other forms of deterrence, such as the Migrant Protection Protocols (the "Remain in Mexico" policy) and the enactment of Title 42 restrictions (ostensibly to protect the United States from Covid-19), have barred more than 85,000 asylum seekers — more than one third of them children — from entering the United States. Children and families continue to be forced to wait in camps in dangerous border towns without legally mandated protection or other due process safeguards. They live in crowded conditions without access to clean water or sanitation, which has resulted in

high rates of various infections, including Covid-19. They also face persistent danger, including the risk of assault, abduction, and extortion. In December 2018, one of us visited a shelter in Tijuana, Mexico, for unaccompanied minors denied entry into the United States. Days later, two of the boys residing in that shelter were murdered during an attempted robbery.

Within the United States, immigrants have also faced a barrage of assaults undermining their health and safety. The “Muslim ban,” the expansion of U.S. Immigration and Customs Enforcement raids and deportations, threats to deny immigrants a path to permanent residency if they use public benefits (the “public charge” rule), and attempts to end the Deferred Action for Childhood Arrivals (DACA) program have all contributed to a climate of fear. This environment has caused many families not to enroll their children in public benefits and to avoid medical care — including testing and treatment for Covid-19. There have been reports of immigrant children who are afraid to go to school for fear that their parents will be gone when they return.

These policies place children in a state of chronic stress, the effects of which are multiplied when trauma cannot be adequately mitigated by their caregivers, who themselves are under duress. The resulting toxic stress can compromise neurophysiological and cognitive function; impair growth, learning, and development; and contribute to disease in adulthood.² Physiological changes are often coupled with severe and lasting psychological consequences. Children and parents ex-

perience intense distress as they try to process their trauma, sometimes blaming themselves for events that are out of their control (such as government-sanctioned separation). Persistent exposure to threats may lead to pervasive hypervigilant or avoidant reactions that are protective in dangerous environments but maladaptive when danger is removed; it also frequently results in debilitating post-traumatic stress disorder, depression, and anxiety.


Once children and families are released into the United States pending their immigration-court proceedings, they face myriad social, educational, and health challenges. They are often reunited with family members after years apart and are thrust into new social and cultural structures with little support. The pandemic has magnified these challenges by increasing instability and financial stress. Access to health care is not a given. Only six states (New York, Massachusetts, Illinois, Washington, Oregon, and California) and the District of Columbia provide health insurance for children regardless of immigration status. Children and families settling elsewhere are subject to a patchwork of federal law and state regulations restricting and delaying health insurance access. Restrictive policies delay work authorization, thereby leaving newly arrived immigrants with little opportunity to become self-reliant. Moreover, most children receive few or no postrelease case-management services, which places them at heightened risk for poverty, homelessness, hunger, and medical and mental health conditions during critical and formative developmental stages.

Caring for these children has shown us their resilience, but also the complexity of the migration experience and the effects of compounded trauma. On the basis of our experiences, we believe there are several approaches that would help mitigate the trauma faced by migrant children.

First, under the Biden administration’s leadership, the United States could minimize the amount of time that migrants spend in Mexico and in detention. We believe that unaccompanied children, pregnant women, and families should never have to wait to cross the border. In many Mexican border towns, dangerous environments threaten lives and deprive children of the stability, autonomy, and safe spaces that are necessary for learning and recreation. Experts in child welfare and health could work alongside immigration officials at border-detention facilities to ensure that children’s needs are met. Cost-effective, community-based immigration programs, including some government programs implemented as alternatives to family detention, have been successful in providing case-management services, social services, and legal aid while improving attendance at immigration hearings.³

Second, the Biden administration could carefully consider the unintended consequences of allowing children, but not entire families, to enter the United States. This policy forces parents to choose between prolonging their children’s exposure to life-threatening trauma in Mexico and sending them into the United States unaccompanied. Third, it could provide access to high-quality and timely health, mental health, and dental care — on par

with the care provided to U.S. citizens — for all immigrant children and families. Policymakers could resolve regional inequities in insurance coverage stemming from the current patchwork

 An audio interview with Dr. Wang is available at [NEJM.org](https://www.nejm.org)

of state laws. Innovative programs such as medical–legal partnerships offer children and families wraparound services, including health care services provided by clinicians trained in the care of new immigrants, legal counsel, and linkages with social services to facilitate community integration.⁴

Finally, we believe that asylum seekers (people who seek protection at the border or when already in the United States) and refugees (people who are granted protection from outside the United States before arrival) should be treated equally when it comes to social benefits, work authorization, and economic-development opportunities. Currently, asylum seekers don't have access to U.S.

refugee-resettlement programs or the broader social safety-net systems that facilitate successful transitions to life in the United States.

U.S. immigration policy is dehumanizing. By international standards, under Donald Trump it met the definition of torture.⁵ The U.S. government faces important challenges with record numbers of children and families arriving at the southern border amid the Covid-19 pandemic. But once unaccompanied children and families seeking U.S. protection are allowed into the country, it would be short-sighted not to create systems that ensure access to basic social resources, including health care. We believe there is a need for a new framework to protect migrants seeking refuge — one that not only minimizes harm, but that also puts children and families on a trajectory for healthy and productive lives.

Disclosure forms provided by the authors are available at [NEJM.org](https://www.nejm.org).

From the Department of Emergency Medicine (N.E.W.), and the Department of Psychiatry and Behavioral Sciences (R.M.), Stanford University School of Medicine, Stanford, CA; the Department of Pediatrics, Division of Academic General Pediatrics, Montefiore Medical Center; Albert Einstein College of Medicine; and Terra Firma: Healthcare and Justice for Immigrant Children — all in New York (A.S.).

This article was published on May 5, 2021, at [NEJM.org](https://www.nejm.org).

1. Linton JM, Griffin M, Shapiro AJ. Detention of immigrant children. *Pediatrics* 2017; 139(5):e20170483.
2. Shonkoff JP, Garner AS, Siegel BS, et al. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics* 2012; 129(1):e232-e246.
3. The Family Case Management program: why case management can and must be part of the US approach to immigration. New York: Women's Refugee Commission, June 2019 (<https://s33660.pcdn.co/wp-content/uploads/2020/04/The-Family-Case-Management-Program.pdf>).
4. Linton JM, Kennedy E, Shapiro A, Griffin M. Unaccompanied children seeking safe haven: providing care and supporting well-being of a vulnerable population. *Child Youth Serv Rev* 2018;92:122-32.
5. Oberg C, Kivlahan C, Mishori R, et al. Treatment of migrant children on the US southern border is consistent with torture. *Pediatrics* 2021;147(1):e2020012930.

DOI: 10.1056/NEJMp2103956

Copyright © 2021 Massachusetts Medical Society.