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## Commentary

## Unintended Trauma: The Role of Public Health Policy in the Detention of Migrant Children

Michele Statz, PhD<sup>a,\*</sup>, Lauren Heidbrink, PhD<sup>b</sup><sup>a</sup> University of Minnesota Medical School, 1035 Campus Drive, Duluth, MN 55812, USA, Tel: 608-566-0876<sup>b</sup> California State University, Long Beach, 1250 Bellflower Boulevard, LA3-200A, Long Beach, CA 90840, USA, Tel: 562.985.8530

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Within the first three months of 2021, an unprecedented 33,000 unaccompanied children arrived at the United States-Mexico border. The U.S. Department of Health and Human Services (HHS) responded by opening new facilities for detained migrant children in converted convention centers, stadiums, and military bases. Ranging from 1000 to 5000 beds, these facilities are not unique to the U.S.: Europe and Australia have adopted similar models of detaining arriving migrants and refugees.<sup>1</sup> Responding to these trends, global public health scholars have identified how large post-reception models negatively impact migrants' mental and physical health and further contribute to increased vulnerability to COVID-19.<sup>2</sup> Considerably less attention has been paid to how pandemic-related public health policies have actually fueled the recent demand for mass detention facilities.

Indeed, most of the children arriving at the U.S.-Mexico border did not travel alone but were effectively made "unaccompanied" owing to Title 42, a policy that instructs U.S. Border Patrol to refuse entry to adults recently in a country where a communicable disease is present.<sup>2</sup> As families are turned away under Title 42, many parents send their children to the U.S. alone rather than remain in Mexico under dangerous conditions.<sup>3</sup> Unlike adults, children from noncontiguous countries cannot be deported immediately. Instead, children enter HHS custody and are held in these unlicensed sites

until they are reunited with family in the U.S., enter federal foster care, or are deported.<sup>4</sup>

In recent years, the American Academy of Pediatrics, the American Public Health Association, and other professional organizations have condemned the detention of migrant children and families.<sup>5,6</sup> They have also called for culturally-sensitive, evidence-based and trauma-informed health care for detained migrant children, and have highlighted when and where this care is lacking.<sup>7</sup> Experts concur, the detention of children—no matter how brief—can result in high rates of posttraumatic stress disorder, anxiety, depression, and suicidal ideation. It also perpetuates the historical and intergenerational trauma experienced by many young migrants and families. Consider, for instance, that youth are detained at the Pomona Fairplex, the very site where Japanese Americans were interned during World War II. The cruel irony of this placement also perpetuates moral distress among health workers unable to provide meaningful care for migrant children at these mass sites.

The need for trauma-informed care extends well beyond detention. Bicultural, bilingual mental health and social service professionals are critical to supporting children as they reunify with family or enter federal foster care, and as they navigate a kafka-esque immigration system—often without legal counsel. So too, cultural brokers and community health workers must ensure that young

\* Corresponding Author.

E-mail addresses: [mstatz@d.umn.edu](mailto:mstatz@d.umn.edu) (M. Statz), [lauren.heidbrink@csulb.edu](mailto:lauren.heidbrink@csulb.edu) (L. Heidbrink).

people and their families, many of whom lack access to federal benefits, might access needed care to recover from the enduring traumas inflicted by Title 42 and detention.

There is clear consensus that structural and political factors, including mass detention and ongoing exclusion from appropriate healthcare, impacts migrant health.<sup>8</sup> Yet, public health experts must not stop here. In addition to opposing Title 42, we must critically examine how other COVID-era policies may contribute to, rather than mitigate, the trauma experienced by young migrants worldwide.

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Both authors, Michele Statz and Lauren Heidbrink, contributed equally to conceptualizing the Correspondence letter of interest, conducting the literature search, verifying data, and designing and writing the original draft.

### Conflict of Interest Statements

Neither author reports any relationships, activities, or interests related to the content of our manuscript.

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### Ethics committee approval

This commentary is exempt under US 45 CFR Part 46, as it is neither research nor involves human subjects.

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