Health Outcomes for Undocumented Children and Families in America: A Moral and Ethical Concern

Foifon Teawdatwan

Washington and Lee University

Introduction

In 2016, nearly 20 million or one in four children had at least one immigrant parent, with nine out of the ten children identifying as United States citizens. (Artiga, 2018a). According to the Pew Research Center, about 10.7 million immigrants living in the United States are undocumented, representing a little more than 3% of the entire U.S population in 2016 (Krogstad, Passel, & Cohn, 2018). Since the nature of undocumented immigration makes it hard to track and record exact demographics, many estimates underestimate the actual population of undocumented immigrants, meaning the population could be much more expansive than previously publicly thought.

The growing interest surrounding the estimated 11 million unaccounted, undocumented immigrants in America brings to light the issue not only from a governmental policy perspective, but also on a community level framework (López, Bialik, & Radford, 2018). The increasing amount of media attention paid to undocumented immigration, coupled with the tense political climate surrounding the issue, has raised awareness on the various challenges undocumented immigrants today face in society compared to other Americans. Among the issues, mental and physical health have become highly publicized as an important area of study.

On a basic level, health and wellness are acknowledged as important factors to overall human functioning. Public health research has shown how individual health and societal improvements are complementary to eachother (Nass, Levit, Gostin, & Rule, 2009). Therefore, it is in society's best interest to promote the wellbeing of all who live within the country. However, disparities in health outcomes go against the advancement of society, presenting an important moral and ethical concern that deserves closer investigation.

Literature Review

Defining Health and Health Outcomes

According to the World Health Organization, health is defined as "the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Parrish, 2010). In other words, health is not simply about a person's physical status, but also about their holistic well-being. This means that health outcomes can be applied to not only an individual level, but on a wide scale approach to population health outcomes as well (Parrish, 2010). Population health is focused on analyzing the different factors that exist in society that can affect communities and individuals, emphasizing the complex interactions of factors (*Ibid*). Ideally, health indicators should measure these complex interactions and can include "functioning well mentally, physically, and socially… having a sense of well-being" (*Ibid*). According to the Department of Health & Human Services, health outcomes can be measured through assessing the quality of care that healthcare professionals or organizations provide to their patients (Agency for Healthcare Research and Quality, 2011). The three levels of measures that can be analyzed are structural, process, and outcome measures (Agency for Healthcare Research and Quality, 2011). While all three levels interact with each other, they emphasize different aspects of healthcare and outcomes. These structural measures look into actual systems in place, procedural factors analyze how those systems affect the provision services, such as immunizations or blood treatments (Agency for Healthcare Research and Quality, 2011). Outcome measures are physical measures of quality of care, such as rate of readmission to emergency rooms or deaths per year following a type of surgery (Agency for Healthcare Research and Quality, 2011). Since the World Health Organization and the Department of Health

and Human Services are both large, governmental entities residing over international and domestic healthcare issues, it is most likely that these are widely held views across the academic and medical community that could potentially guide public health research moving forward.

Disparities in Health

After looking into different definitions of health outcomes, it was important to review previous literature on the undocumented population, specifically if undocumented immigrants do have lower outcomes as compared to their documented counterparts. Most of the research was connected to poorer mental health outcomes among undocumented populations in the United States as compared to documented immigrants. The studies found were based on self-reported data or larger literature reviews. One article discussed how researchers performed an extensive interdisciplinary review focused on the effects of documentation status on mental health of Mexican immigrants (Sullivan & Rehm, 2005). An important part of the authors' methodology was separating the outcomes of those who identified as Mexican compared to those who identified as Latino/a immigrants. While some studies tried to parse out the literature to distinguish between different populations of immigrants, many studies were unclear in distinguishing between immigrants with different documentation status (*Ibid*). Another study from 2017 was performed with a random sample of 122 undocumented Latino/as in the United States in various age groups from Arkansas and Texas. The study analyzed questionnaires asking about different psychosocial factors the participants faced on a daily basis, such as racial identity, sense of cultural knowledge, and depressive feelings (Cobb, Xie, Meca, & Schwartz, 2017). A similar study was done on undocumented young adults ages 18-31 of Asian and Pacific Islander ethnicity in California that focused on the importance of social networks in building trust within

their community and how those can affect health outcomes (Sudhinaraset, Ling, To, Melo, & Quach, 2017).

A small amount of literature also exists investigating physical health outcomes of undocumented immigrants in America. A study from 2005 examined health related behaviors of immigrant Latino women over the age of eighteen living in northern Texas (Marshall, Urrutia-Rojas, Mas, & Coggin, 2005). Researchers attempted to quantify physical health outcomes through observational data and surveys at a university medical center, using self-reported data such as health status and diseases as measurements of physical wellness *(Ibid)*. Looking specifically at physical health outcomes of younger undocumented immigrants, many studies focused on specific pediatric populations and analyzed if disparities in health existed depending on differences in immigration status. One study from California focused on if disparities existed for children with asthma dependent on immigration status of their families (Javier, Wise, & Mendoza, 2007). Another study focused on children with special health care needs, characterized by those with chronic illnesses that require more medical care and resources (Javier, Huffman, Mendoza, & Wise, 2010). They classified children ages one to eleven based on whether or not they were from immigrant families before further dividing the study sample into different immigration status subcategories. The researchers then analyzed the population based on variables such as perceived health status, healthcare utilization, and general accessibility (*Ibid*).

Another focus of the literature wasn't necessarily looking at health outcomes of undocumented youth but was instead based on differences in maternal health by documentation status. According to the Office of Disease Prevention and Health Promotion under the National Institutes of Health, maternal health is considered an important public health concern that is a strong predictor for future generation's health as well as challenges ("Maternal, Infant, and Child

Health | Healthy People 2020," 2019). A consequence for poor maternal health is low birthweight, a factor that is correlated with a slew of other health complications and risks for the child, presenting a public health concern that extends beyond generations (*Ibid*). Few studies have been conducted to capture the magnitudes of these health risks among documented and undocumented immigrants. One study looked at differences in birthweight among foreign and U.S. born Latina mothers in New York City, distinguishing between undocumented and documented immigration status at time of childbirth (Kelaher & Jessop, 2002). Specifically, researchers wanted to determine if a relationship existed between residency status in the United States and low birthweights by analyzing various risk predictors (*Ibid*).

In terms of looking at health outcomes of undocumented compared to documented immigrant youth and families, lower quality of care reported among undocumented populations in the U.S. can be categorized under negative system or process outcomes of the healthcare system, addressing the second level of measurable health outcomes as previously discussed (Rodríguez, Vargas Bustamante, & Ang, 2009). Specifically, the researchers used descriptive levels of analysis to determine how an individual's experience with health services differed among foreign-born, U.S.-born, naturalized, and undocumented Latino individuals living in Los Angeles (*Ibid*). While social determinants of health encompass reasons for why individuals may report differences in satisfaction, quality of care itself is a strong indicator for efficacy of healthcare systems, representing health outcomes from a structural as opposed to an individual level perspective.

Overall, most of the existing literature has focused on a broad age range of undocumented and documented immigrants in the United States. Although there are few books dedicated to investigating the specific challenges undocumented youth have faced in past half

century in America, a majority of the research is focused around compiling data about undocumented immigrants as a whole. More specific case studies on young undocumented immigrants will be further utilized in the analysis section.

Indicators of Health

While health outcomes can be categorized as an effect, present literature also focuses on social determinants of health and how they may have strongly caused the outcomes seen in academic research. An issue brief from the Kaiser Family Research Foundation in 2018 found factors such as education, income, access to healthcare, and social networks to be important in determining health outcomes (Artiga, 2018b). Through reviewing other literature, these similar social determinants are also present in both the undocumented and documented populations in the United States (Derose, Escarce, & Lurie, 2007; Hacker, Anies, Folb, & Zallman, 2015). With access to care being a large social determinant of health, The Kaiser Research Foundation found that immigrants don't access many health services and are enrolled in fewer health programs than U.S. citizens, confirming access to care as a valid social determinant of health (The Henry J. Kaiser Family Foundation, 2017). Most of the literature was based on a mixture of survey data conducted by the authors of the papers themselves and data based upon previous survey research. While different cities and communities have been studied throughout the literature, much of the research has been centered among large metropolitan areas in states where both documented and undocumented immigrants take residence, such as in California and Texas (López et al., 2018).

Additionally, research has investigated other determinants of health, such as the heightened level of fear based on the constant threat of deportation that affects undocumented immigrants in the United States. A study conducted by the Project HOPE Undocumented

Immigrant HealthCare Access Survey focused on four major cities in Texas and California to examine how fear affected healthcare utilization (Berk & Schur, 2001). They wanted to examine not only if fear was a valid feeling within the undocumented population, but also if that fear was correlated with reduced health utilization. An issue brief published in 2017 highlighted individual quotes about how uncertainty in their immigration status as well as within their community affected their daily routines (Artiga & Ubri, 2017). Other literature has studied fear in conjunction with feelings of discrimination because of how intertwined the two factors are in contributing to healthcare utilization. A comprehensive literature review from 2015 worked to identify barriers to healthcare undocumented immigrants have faced, analyzing causes of health disparities from a governmental, medical, and individual perspective (Hacker et al., 2015).

It is important to note that not only was fear and discrimination examined as an indicator of health consequences on an individual level, but also based on effects for the entire familial unit (Landale, Hardie, Oropesa, & Hillemeier, 2015). This is important because even though extensive literature may not currently exist focused on younger undocumented immigrants in America, studies that have examined causes of health disparities for undocumented parents or families can still be applicable for undocumented youth. The connection between undocumented youth and family background is apparent in the current literature and provide an important foundation into the analysis portion.

Methodology

Conducting Literature Review

To address the research question, an interdisciplinary literature review was conducted on if there are differences in health outcomes among undocumented and documented immigrants. Online databases from Washington and Lee, PubMed, and Google Scholar were utilized to compile a list of online articles and studies that looked at the differences in health outcomes among undocumented compared to documented immigrants in America. A majority of the online sources are clinical health or survey research that examines not only whether or not there are disparities in health among the two populations, but also what factors may cause those differences. I also used Washington and Lee's library database to gather print sources to supplement the online resources. The purpose of using print material was to add specific case studies about young undocumented immigrants and their families in the United States. I used the case studies to examine potential causes, such as events or patterns of behavior related to their undocumented status, that may lead to adverse health effects.

While my literature review incudes documented and undocumented immigrants from a variety of age ranges, I chose to examine specifically undocumented youth and families. When looking at health outcomes, I focus on studies and articles related to physical and mental health, as well as reported quality of care from patients who have used health services in the United States. I approach the topic using a wide variety of health outcomes to capture the severity of the topic, emphasize holistic health measures, and to determine the magnitude of these outcomes. Literature not based on studies from the United States was excluded from the review.

Performing Analysis

I conduct my analysis on the causes for differences in health outcomes, known as social determinants of health, among documented and undocumented youth and families from two different levels (Artiga, 2018b). First, I focus on how large government structures, such as immigration and healthcare policy, affect health outcomes. Then I analyze how those large government policies affect how undocumented youth within society interact with their surroundings, such as through social networks, social pressures, discrimination, and stigmatization. I use a two-pronged method to emphasize the complexity and interrelatedness of the issue, allowing for a deeper analysis into the different levels and how they may interact with one another to affect the individual.

Applying Ethical Reasoning

The final portion of my paper focuses on the ethical analysis of inequitable health outcomes among undocumented as compared to documented youth. I frame the argument from the lenses of an undocumented child. I discuss from their perspective the disparities in outcomes they would face as a result of not only themselves being undocumented, but also as a result of their mother's and family's immigration status as well. Then I discuss why it is unjust for children to be given differential treatment based on documentation status.

Then, I discuss how efforts need to stem from different aspects of society in order to address the issue of disparate health outcomes between the two populations. I elaborate on the importance of medical services in providing quality care to their patients, public services in expanding their coverage to benefit people regardless of citizenship status, and how the two former services mentioned need to be kept separate from immigration services. Finally, I

conclude with discussing how future policy recommendations to bridge the gap between health outcomes should, at the very least, address either expanding medical or social services for children and their families, while the ideal situation would be providing a pathway to citizenship.

Analysis

Outcomes

There are many general patterns in the findings found throughout the literature. Much of the literature found that there are differences in physical as well as mental health. One study looked at differences in birthweights between documented and undocumented Latina women in the United States (Kelaher & Jessop, 2002). They found that comparatively, women who were undocumented were at a significantly higher risk for giving birth to lower birthweight babies as opposed to women who were foreign born but documented in the United States (*Ibid*). Although data wasn't based directly on live birthweights of the children, risk was determined through assessing both current and historical factors through a logistical regression analysis, establishing a strong cause and effect relationship (*Ibid*). This finding shows how documentation can have an effect on one's health outcomes before they are even born. Considering the commonly known and well-established link between low birth weight and poor health outcomes, the children are now predisposed to having more health complications such as developmental delay, heart disease, depression, and other similar issues ("Maternal, Infant, and Child Health | Healthy People 2020," 2019). It is important to note as well how the health impacts of immigration status can span intergenerationally and magnify the potential disparities that extend beyond a generation.

Many studies also focused on physical outcomes under the term “health status.” Studies would ask participants to rate their own as well as their childrens’ health based on their own perceptions. A study focused on health perceptions and further emphasizes the point of how immigration status can span across generations to affect health. Researchers found that documented women were three times more likely to report excellent health as compared to undocumented women (Marshall et al., 2005). Additionally, while none of the documented women reported poor health, about 6 percent of undocumented women did so (*Ibid*). While this particular finding does not report on a directly clear physical outcome, it is important to consider perceptions of health as an outcome of the system to encompass a holistic care approach as well as show how self-reported data can be a strong predictor of individual health outcomes. These poor perceptions of health also have the potential to affect the outcomes of their future children through physical outcomes or contribute to other barriers of care.

Another study specifically looked into children with special health care needs and found that compared to U.S. born children with U.S. born parents, immigrant children with complex needs overall saw lower health utilization, access, and status (Javier et al., 2010). Additionally, they found that those living in undocumented families took longer to fill their prescriptions, were less likely to have a regular healthcare provider, and reported more fair/poor status as compared to their documented counterparts (*Ibid*). This finding is particularly alarming as special needs are more intensive than what would be expected from a typical healthcare provider. If basic healthcare needs, such as filling a prescription or regularly attending a physician, have not even been met, then it would seem logical that there exists an even larger gap between services provided and actual patient needs. The mentioned studies highlight how undocumented children

do not have the proper access to resources they need to thrive before and after birth, showing how drastic the health consequences can be as compared to documented children.

The differences were especially apparent in a study that used data from a 2009 California Health Interview Survey (CHIS) (Pourat, Wallace, Hadler, & Ponce, 2014). A significant result they found was when even controlling for those who were uninsured, 73% of undocumented children had visited a doctor in the past year compared to 84% of legal permanent residents and 89% for naturalized citizens (*Ibid*). These results show the effects immigration status can have on early childhood health and how there is an increased risk for future complications due to the lack of healthcare, particularly preventive services, early on in life. Similar results were also found in a qualitative study from the University of California on young DREAMers. Based on the data collected from nine focus groups, sixty-one individuals, there was a large need for better preventative care measures such as vaccinations, dental, annual physicals, reproductive health, and other similar medical services (Raymond-Flesch, Siemons, Pourat, Jacobs, & Brindis, 2014). Preventative care services are an important foundation for daily healthy functioning and according to the Centers for Disease Control and Prevention, can reduce the risk for many health diseases and physical ailments (“Preventive Health Care | Gateway to Health Communication | CDC,” 2018). While the study didn’t provide a direct comparison between the young DREAMers and their documented counterparts, the reasoning for why they expressed challenges and reported overall lower satisfaction with their current health situation can be linked specifically to differences in immigration status, unique causes that will be discussed later on in the paper.

In addition to disparities in physical wellness, another pattern was how undocumented youth and families also see lower mental health outcomes. Most of the studies were based on

self-reported data or comprehensive literature reviews. One article found that the largest negative health outcomes were surrounding reports of isolation, stress, and depression, especially among parents who were separated from their children (Sullivan & Rehm, 2005). The comprehensive literature review focused on Mexican American parents and compared differences in reported mental health among undocumented and documented populations. Although the authors acknowledged that large gaps existed in the literature and few studies specifically made distinctions between the two populations, they still determined that themes of marginalization, vulnerability, and stress led to negative mental health outcomes specific towards undocumented immigrants (*Ibid*). Similar results were seen in another study done on undocumented young Asian and Pacific Islander adults in California (Sudhinaraset et al., 2017). One participant in the study discusses the severity of her mental trauma:

> "I was pretty depressed for a while in college. Especially when I was going through all this [deportation proceedings]. I actually had to withdraw for a quarter because they [ICE] wouldn't let me go back to school … I also had an ankle monitor at one time, which is possibly the worst thing that's come out of all this … that's something I continue to struggle with (*Ibid*)."

The experiences of this participant are not unique as the researchers found that 59% reported general mental health challenges, while around 40% of the study population had been diagnosed or presented symptoms related to depression (*Ibid*). These negative mental health outcomes are tied directly to immigration status and represent how undocumented youth in America experience negative mental health disparities that are specifically a consequence of their immigration status.

While the above anecdote highlights poor mental health experiences, the study also focused on different indicators their participants reported as large causes for their negative health outcomes. These indicators are known as social determinants of health and are evaluated further in the next section.

Determinants affecting healthcare access

Patterns based on barriers to health care access can be categorized and analyzed into two main levels. The first level is on a government policy level, looking at how immigration and healthcare policies create structural barriers to care. One large barrier was how undocumented immigrants are not eligible to enroll in Medicaid or their government health programs (The Henry J. Kaiser Family Foundation, 2017). This means that many of the government benefits that are available to documented migrants are not accessible to their undocumented counterparts. This impacts not only current and future health outcomes, but also would have had an impact on children if they were born to mothers who were undocumented or came from families with other undocumented members. In this regard, Yoshikawa (2011) identified the "policy paradox:" even though children can be born in the United States and have the right to government assistance programs, such as SNAP or TANF, many of these children are not able to access these resources due to their parents being undocumented (Yoshikawa, 2011). The exclusion of parents from these programs due to unawareness, fear, or discrimination ends up affecting children who are eligible beneficiaries (*Ibid*).

Particularly, maternal lack of access to prenatal care has a significant effect on health disparities among mothers as well as their children. While there is no physical barrier between a pregnant mother and prenatal medical services, the fact that undocumented immigrants are

ineligible for government assistance programs means that services are now less affordable and accessible. In 1986, the Emergency Medical Treatment & Labor Act was created so uninsured patients still have access to emergency medical treatment as necessary, such as for life-threatening injuries or labor (Centers for Medicare & Medicaid Services, 2012). State-based Emergency Medicaid is another source of medical services undocumented mothers could turn to, provided that health complications prove severe enough (Lal, 2008). Even though these policies were designed to alleviate accessibility issues, they don't address issues concerning preventative medical services, such as prenatal care. Undocumented mothers still face the same accessibility issues as before, ultimately leaving the children to bear the negative consequences from this governmental policy hurdle. While this interaction between familial and individual effects of immigration status blurs the lines between health outcomes of undocumented compared to documented youth in America, it is important to remember that disparities are still tied to immigration and affect overall access to healthcare for undocumented immigrants.

After structural governmental policy barriers, the second category that leads to disparities in healthcare is through how those large government policies affect the interactions of younger undocumented immigrants with their surroundings, such as through social networks, fear, discrimination, and stigmatization. In *Immigrants Raising Citizens,* there was a large correlation between the Chinese study group and what was termed the "sending back phenomenon" (Yoshikawa, 2011). Essentially, many of the Chinese families in the study cohort would send their children back to China because the parents did not have the right resources, financially and personally, to support their children in the United States. A large factor of this phenomenon stems from the lack of a supportive social network that parents feel they can depend on, specifically in this case concerning child care. Ling and her husband, for example, were unable

to afford child care for their children due to the debt they already owed to friends back home in order to immigrate. While this means that their children received different healthcare benefits while in China, a potential postive benefit, many mothers were still unable to breastfeed their children who lived thousands of miles away in a different country. With the known public health benefits of breastfeeding, the lack of a reliable social network that could have cared for their children would be directly related to their higher risk for health issues, such as allergies, diabetes, and obesity, in the future ("Benefits of Breastfeeding," 2019). Another study based on over 2,000 households in Los Angeles, California found that children with undocumented mothers had significantly higher levels of internal and external behavioral problems than their documented counterparts (Landale et al., 2015). The researchers categorized "internal effects" as behavior that was withdrawn and had caused extreme sadness that manifested into anxiety and crying while "external effects" were defined by aggressive behaviors (*Ibid*). The study attributed this difference to a lack of financial resources and protective social networks, highlighting how important networks are to creating overall access to other beneficial resources. Additionally, the study showed how familial background can be a determinant of a child's eventual health outcome, creating certain complications that have made it hard in many studies to isolate the cause and effect relationships of health on undocumented as compared to documented populations.

Another factor that can be analyzed from the secondary, personal level is how fear, discrimination, and stigmatization play a role in creating barriers to healthcare that lead to the negative outcomes we see for undocumented youth. The results of one study found that fear did have an effect on healthcare utilization, with 39% of the sample reporting that they are afraid of receiving medical services due to their immigration status (Berk & Schur, 2001). In particular,

the fear of deportation as a barrier to care is unique to undocumented immigrants. A recent 2010 state law passed in Arizona, known as the Support Our Law Enforcement and Safe Neighborhoods Act (SB 1070), took steps towards expanding immigration enforcement and use of police power to apprehend those without documents (Hardy et al., 2012). A case study done on a mainly Latino community in Flagstaff, Arizona, found that fear, trust, and neighborhood safety were significant determinants in individual and community well-being (*Ibid*). Many residents were afraid to travel far from their homes to buy fresh produce, access health services, and even call the police in threatening situations (*Ibid*). The interaction of all these factors together would have a negative impact on immediate health outcomes, such as increased stress, as well as longer term effects, such as depression, obesity, and other related health outcomes. Even though the study didn't separately analyze youth compared to adult populations, many participants mentioned similar if not more concerns for their families and children, showing the intergenerational effects of fear on health outcomes (*Ibid*). While fear can be a factor that is present among all immigrant populations in the United States with the current political climate, undocumentation status has placed a legal weight upon the situation that wouldn't be placed upon documented immigrants, a factor that should be taken into consideration when analyzing causes for health disparities.

Another aspect that creates barriers to health services is discrimination and stigmatization. A study found ethnic identity of the undocumented Latino/a study group as a source of everyday discrimination that the participants faced (Cobb et al., 2017). Researchers concluded that everyday discrimination was the "only significant predictor of depressive symptoms," showing the magnitude of the factor as it specifically relates to immigration status (*Ibid*). The results of the study indicate how the effects of discrimination and issues with ethnic

identity may become more magnified in undocumented populations and lead to more negative health outcomes in addition to fueling the fear of apprehension. This fear that has been studied in undocumented adults is also prevalent and extends to children from undocumented families. A study found that children who live in families with undocumented parents, siblings, or other familial members also experience the fear of deportation and separation of their family (Vargas & Ybarra, 2017). This emphasizes how families are dynamic structures and how the effects of fear, stress, and other factors can extend beyond an individual. In *Shadowed Lives,* Angelina Ortega was forced to have a home birth for fear of deportation if she were to give birth to her son at the hospital (Chavez, 2012). Along with other possible medical complications that could have arisen from not having her son at a hospital, she also did not receive the proper post-natal care or record of birth for her son, leading him to not have a proper birth certificate (*Ibid*). This case shows how large the magnitude of fear can have on health outcomes of not only undocumented adults, but their families and children as well.

Specifically, some cases do focus on examining younger undocumented immigrants and how discrimination and stigmatization have shaped their lives. An article published in 2013 described the difficulties of growing up undocumented in America, using the phrase “the chronic stress of No Place to Belong” as a section for the paper (Gonzales, Suárez-Orozco, & Dedios-Sanguineti, 2013). The authors found that previous literature established how immigration status created many restrictions on the lives of undocumented youth, such as in education, health, and overall daily social activities (*Ibid*). Many participants from survey studies reported internalizing feelings of exclusion and discrimination that led to negative conceptions of themselves, leading to identity as well as developmental issues (*Ibid*). In *Shadowed Lives,* one of the case studies mentioned was about high schooler Carolina Valenzuela, born in Tijuana, Mexico, but had been

living in San Diego since she was a baby (Chavez, 2012). When asked about her immigration status, she discussed how lying to her friends and on applications is easier than letting others know she is an "illegal alien" (*Ibid*). Even though she excelled in school and was chosen to speak at her eight-grade graduation, she attributed her success to the fact that others believed she was a citizen as opposed to her own hard work (*Ibid*). Carolina's negative feelings towards her immigration status diminished her capacity to recognize her own successes, a negative behavior that, when repeated, would have had detrimental effects on Carolina's mental development during adolescence. Additionally, her desire to conceal her immigration status shows the prevalence of discrimination and marginalization on the experiences of not only Carolina, but of young undocumented immigrants in general.

Ethical Concerns

To begin the ethical analysis, although the topic of the paper focused on health outcomes between undocumented and documented youth in America, it is important to take a step back and acknowledge the similar differences between health outcomes of the two populations overall. Many papers found that undocumented immigrants have lower physical and mental health outcomes as compared to their documented counterparts (Mendoza, 2009; Zambrano, 2010). Taking this into account, we now analyze if these differences in health outcomes are ethically and morally just. The first perspective is under Rawls's Theory of Justice and how resources should be allocated similarly behind the veil of ignorance (Freeman, 2016). Behind this veil, no person would know where they would end up in society. Ideally, people would decide on a world with principles that are fair and just, not giving direct advantages to someone that violated the principles of fairness (*Ibid*). Under this ethical framework, the current state of how immigration status can affect health outcomes would be in violation of Rawls's Theory of Justice since the

inequities that exist are not to everyone's advantage, and there is not an equal balance in terms of accessing resources. Since the focus of Rawls's Theory of Justice is on fairness as opposed to equitable distribution of resources, the disparate health outcomes between undocumented and documented immigrants would be in violation of his conception of fairness. Although some may argue that social inequalities can exist under his concept of justice, the magnitude of differences in health outcomes between the two populations would violate the Difference Principle that states "the inequalities of income and welfare are considered to be fair if and only if these inequalities are for the benefit of the worst off" (Ekmekci & Arda, 2015). The distribution of healthcare services, especially from the government, is an example of a structural inequality not to the benefit of those who are "worst off" in society, thus deeming the society unethical and wrong.

However, some people argue that society under Rawls's theory would not include undocumented immigrants since the distribution of goods would be limited to citizens. Under this concept, undocumented immigrants would be excluded from society and thus not be afforded the same resources as others. Even with consideration of this argument, the differences in healthcare access and eventual outcomes would still be in violation of what philosopher Joseph Carens views as "general human rights" (Carens, 2013). He believes in essential rights, such as police protection, that all people living within a country or state possess. If we are to live in a fair and democratic society, society is morally required to provide certain rights to everyone (*Ibid*). While Carens gives the example of emergency medical services, his argument can be expanded to cover overall health services as they are equally important in contributing to overall quality of life. His position on "general human rights" is also supported by the philosopher Martha Nussbaum's ten central capabilities framework. Within her list, "bodily health" is

recognized as a central capability humans need to possess in order to live what she deems a life "not so impoverished that it is not worthy of the dignity of a human being" (Robeyns, 2016). Although the interaction of all ten capabilities are essential to living a good life, without bodily health, an individual would face detrimental physical, emotional, and mental harm. In the comparison between documented and undocumented immigrants, the rights of an undocumented immigrant would be valued just as equally as the rights of a documented immigrant. This means that differences in health outcomes due to documentation status are representative of an unethical and immoral society.

For those in society who remain unconvinced that health disparities based on immigration status are an ethical or moral concern, then at the very least, health outcomes between undocumented and documented children should be addressed. Under philosopher T.M. Scanlon's contractualism theory:

> An act is wrong if its performance under the circumstances would be disallowed by any set of principles for the general regulation of behaviour that no one could reasonably reject as a basis for informed, unforced, general agreement (Ashford & Mulgan, 2018).

Under this framework, there is a unified concept of what a reasonable human would find to be moral or immoral based on the idea of "wrongness," an unjustifiable action (*Ibid*). In America, it is commonly accepted that society has a duty to protect children. There seems to be an unspoken but acknowledged special obligation in society to care for the needs of children, shown through governmental programs like Headstart, TANF, and Social Services (U. S. Department of Health and Human Services-Assistant Secretary for Public, 2019). Therefore, in this case, America would have an ethical and moral responsibility to the needs of an undocumented child as much

as a documented child. Contractualism would view the differences in health outcomes between these two populations as a societal failure to meet their moral and ethical obligations, raising the question on how to address these disparities moving forward.

Considering that in 2016, about two-thirds of undocumented immigrants had been living in the United States for more than twenty years, it seems probable that there are a large proportion of children living in the United States who are citizens with undocumented parents (Krogstad et al., 2018). With the research presented in this paper explaining the multigenerational effects of parental documentation status on child health outcomes, solely addressing child health outcomes would not be addressing the root cause of the issues. This means that future policies would eventually need to provide pathways to citizenship if society is truly dedicated to ethical, fair, and moral values.

Policy Recommendation

Potential policy recommendations with ethical considerations in mind inform the framework created in Figure 1 below.

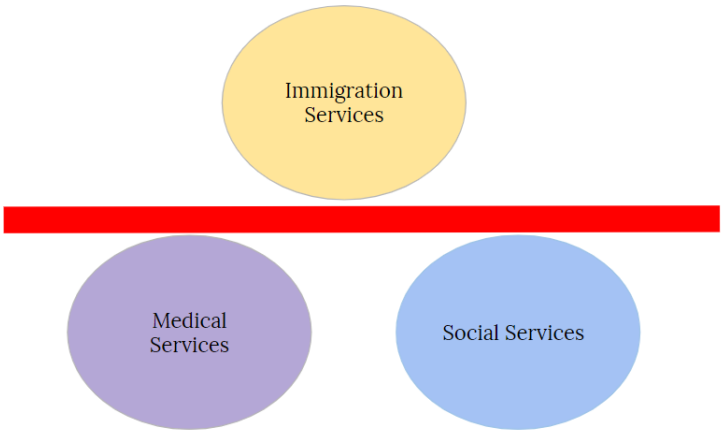

Figure 1: Policy Framework. *This framework shows how future policy recommendations should address at least one of the sectors, with a barrier demonstrated by the red line that shouldn't be crossed.*

Carens makes a strong distinction between having rights to resources and accessing those resources (Carens, 2013). In order to address this issue, he suggests a firewall should be maintained between immigration law and general human rights (*Ibid*). Examples of how the framework can be applied to improve health outcomes for undocumented immigrants, specifically children, is through physician advocacy and sanctuary cities.

While it may not seem important, healthcare providers play an integral role in ensuring all their patients have equitable quality of healthcare. While undocumented patients can access the emergency room just as much as other patients, the quality of care from an emergency room is different from the constant access to care other populations of patients receive through health insurance. An important role of a health care worker is to be an advocate for their patient and ensure that immigration status has no effect on health access and outcomes (Berlinger & Raghavan, 2013). In other words, immigration status should not play a role in deciding the worth of someone's life, meaning that health care resources should be allocated equally to ensure populations of patients are not negatively impacted. Additionally, in the role as an advocate, healthcare workers are important in maintaining the firewall between medical services and immigration law enforcement. Since fear is a determinant in predicting health outcomes for undocumented immigrants, hospitals or sites of medical services should make it well known that they don't report to immigration services. Addressing the barrier from the beginning would help increase use of medical services among undocumented immigrants, improving health outcomes for them as well as their children, such as through increased use of prenatal services (Fabi, 2019).

Sanctuary cities are also another example of how the policy framework can be applied to address health disparities. An interesting policy that led to improved health outcomes for

undocumented immigrants were sanctuary cities with open health services that did not require paperwork (Aboii, 2014). Due to the safe community and inclusive policies within sanctuary cities, undocumented immigrants in Central Texas were seen to seek more often health services, thus helping improve their quality of life (*Ibid*). There are potential benefits to this program that can be expanded to other metropolitan areas with a larger immigrant population. While studies have shown sanctuary cities to be another way to improve health outcomes of undocumented populations, it still would not address the second level of barriers to healthcare access, such as reducing fear, discrimination, etc. (*Ibid*).

As mentioned in the ethical analysis section, the United States needs to consider pathways to documentation for current undocumented immigrants in the United States as an attempt to alleviate the large amount of inequity that currently exists. Although the literature is sparse, studies conducted in the past give support to documentation as a pathway towards improving health outcomes. One study showed the positive mental health benefits of DACA on individuals who were previously ineligible for the program, highlighting the important role of immigration status as a social determinant of health (Venkataramani, Shah, O'Brien, Kawachi, & Tsai, 2017). Another article discussed more broad immigration policies on undocumented immigrants and how changes in government policy can positively affect individual outcomes of health (Martinez et al., 2015). These studies highlight how documentation leads to increased health care access and reduced stress (Martinez et al., 2015). While expansion of programs like DACA coupled with access to government healthcare services would be a large step towards improving health outcomes for undocumented youth, health can be improved even further if parental needs were also addressed.

Conclusion

From a public health standpoint, improving the well-being of patients should be at the forefront of the field. From an ethical perspective, specifically improving not only health outcomes in general, but of undocumented youth in America is pertinent and should be address if we are to live in a just society. While previous researchers and current literature have studied undocumented populations in the past, a particular emphasis wasn't placed on studying the lives of undocumented youths. It is important as a society that we pay attention to populations in America who are adversely affected by governmental restrictions to healthcare access as well as analyze the rhetoric behind legally labeling someone as an "alien." Addressing these disparities requires people to analyze not only what their individual values are, but also what values they want their community to foster. Is it truly enough to be morally concerned with undocumented children and their outcomes? Or are we as a society held to a higher ethical and moral standard that should be upheld for all participants within our borders, no matter immigration status? Health is the foundation to many functions of becoming a productive member in society and to progress as a country, we need to start paying more attention to those previously ignored.

References

Aboii, S. M. (2014). Undocumented Immigrants and the Inclusive Health Policies of Sanctuary Cities | Harvard Public Health Review: A Student Publication. Retrieved from http://harvardpublichealthreview.org/undocumented-immigrants-and-the-inclusive-health-policies-of-sanctuary-cities/

Agency for Healthcare Research and Quality. (2011, July). Types of Health Care Quality Measures. Retrieved January 17, 2019, from https://www.ahrq.gov/talkingquality/measures/types.html

Artiga, S. (2018a, April 18). Nearly 20 Million Children Live in Immigrant Families that Could Be Affected by Evolving Immigration Policies. Retrieved January 16, 2019, from The Henry J. Kaiser Family Foundation website: https://www.kff.org/disparities-policy/issue-brief/nearly-20-million-children-live-in-immigrant-families-that-could-be-affected-by-evolving-immigration-policies/

Artiga, S. (2018b, May 10). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Retrieved February 9, 2019, from The Henry J. Kaiser Family Foundation website: https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Artiga, S., & Ubri, P. (2017, December 13). Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health. Retrieved January 16, 2019, from The Henry J. Kaiser Family Foundation website: https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/

Ashford, E., & Mulgan, T. (2018). Contractualism. In E. N. Zalta (Ed.), The Stanford Encyclopedia of Philosophy (Summer 2018). Retrieved from https://plato.stanford.edu/archives/sum2018/entries/contractualism/

Benefits of Breastfeeding. (2019). Retrieved April 6, 2019, from Cleveland Clinic website: https://my.clevelandclinic.org/health/articles/15274-the-benefits-of-breastfeeding-for-baby--for-mom

Berk, M. L., & Schur, C. L. (2001). The Effect of Fear on Access to Care Among Undocumented Latino Immigrants. Journal of Immigrant Health, 3(3), 151–156. https://doi.org/10.1023/A:1011389105821

Berlinger, N., & Raghavan, R. (2013). The Ethics of Advocacy for Undocumented Patients. Hastings Center Report, 43(1), 14–17. https://doi.org/10.1002/hast.126

Carens, J. (2013). The Ethics of Immigration. Oxford: Oxford University Press.

Centers for Medicare & Medicaid Services. (2012, March 26). Emergency Medical Treatment & Labor Act (EMTALA). Retrieved April 2, 2019, from https://www.cms.gov/regulations-and-guidance/legislation/emtala/

Chavez, L. R. (2012). Shadowed Lives: Undocumented Immigrants in American Society. Cengage Learning.

Cobb, C. L., Xie, D., Meca, A., & Schwartz, S. J. (2017). Acculturation, discrimination, and depression among unauthorized Latinos/as in the United States. Cultural Diversity & Ethnic Minority Psychology, 23(2), 258–268. https://doi.org/10.1037/cdp0000118

Derose, K. P., Escarce, J. J., & Lurie, N. (2007). Immigrants And Health Care: Sources Of Vulnerability. Health Affairs, 26(5), 1258–1268. https://doi.org/10.1377/hlthaff.26.5.1258

Ekmekci, P. E., & Arda, B. (2015). Enhancing John Rawls's Theory of Justice to Cover Health and Social Determinants of Health. Acta Bioethica, 21(2), 227–236. https://doi.org/10.4067/S1726-569X2015000200009

Fabi, R. (2019). Why Physicians Should Advocate for Undocumented Immigrants' Unimpeded Access to Prenatal Care. AMA Journal of Ethics, 21(1), 93–99. https://doi.org/10.1001/amajethics.2019.93.

Freeman, S. (2016). Original Position. In E. N. Zalta (Ed.), The Stanford Encyclopedia of Philosophy (Winter 2016). Retrieved from https://plato.stanford.edu/archives/win2016/entries/original-position/

Gonzales, R. G., Suárez-Orozco, C., & Dedios-Sanguineti, M. C. (2013). No Place to Belong: Contextualizing Concepts of Mental Health Among Undocumented Immigrant Youth in the United States. American Behavioral Scientist, 57(8), 1174–1199. https://doi.org/10.1177/0002764213487349

Hacker, K., Anies, M., Folb, B. L., & Zallman, L. (2015). Barriers to health care for undocumented immigrants: a literature review. Risk Management and Healthcare Policy, 8, 175–183. https://doi.org/10.2147/RMHP.S70173

Hardy, L. J., Getrich, C. M., Quezada, J. C., Guay, A., Michalowski, R. J., & Henley, E. (2012). A Call for Further Research on the Impact of State-Level Immigration Policies on Public Health. American Journal of Public Health, 102(7), 1250–1253. https://doi.org/10.2105/AJPH.2011.300541

Javier, J. R., Huffman, L. C., Mendoza, F. S., & Wise, P. H. (2010). Children with Special Health Care Needs: How Immigrant Status is Related to Health Care Access, Health Care

Utilization, and Health Status. Maternal and Child Health Journal, 14(4), 567–579. https://doi.org/10.1007/s10995-009-0487-9

Javier, J. R., Wise, P. H., & Mendoza, F. S. (2007). The Relationship of Immigrant Status With Access, Utilization, and Health Status for Children With Asthma. Ambulatory Pediatrics, 7(6), 421–430. https://doi.org/10.1016/j.ambp.2007.06.004

Kelaher, M., & Jessop, D. J. (2002). Differences in low-birthweight among documented and undocumented foreign-born and US-born Latinas. Social Science & Medicine, 55(12), 2171–2175. https://doi.org/10.1016/S0277-9536(01)00360-4

Krogstad, J. M., Passel, J. S., & Cohn, D. (2018, November 28). 5 facts about illegal immigration in the U.S. Retrieved March 14, 2019, from Pew Research Center website: http://www.pewresearch.org/fact-tank/2018/11/28/5-facts-about-illegal-immigration-in-the-u-s/

Lal, A. (2008). Use of Emergency Medicaid by Undocumented Immigrants. AMA Journal of Ethics, 10(4), 217–219. https://doi.org/10.1001/virtualmentor.2008.10.4.jdsc1-0804.

Landale, N. S., Hardie, J. H., Oropesa, R. S., & Hillemeier, M. M. (2015). Behavioral Functioning among Mexican-origin Children: Does Parental Legal Status Matter? Journal of Health and Social Behavior, 56(1), 2–18. https://doi.org/10.1177/0022146514567896

López, G., Bialik, K., & Radford, J. (2018, November 30). Key findings about U.S. immigrants. Retrieved January 17, 2019, from Pew Research Center website: http://www.pewresearch.org/fact-tank/2018/11/30/key-findings-about-u-s-immigrants/

Marshall, K. J., Urrutia-Rojas, X., Mas, F. S., & Coggin, C. (2005). Health Status and Access to Health Care of Documented and Undocumented Immigrant Latino Women. Health Care for Women International, 26(10), 916–936. https://doi.org/10.1080/07399330500301846

Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieguez, A., Pinto, R., … Chavez-Baray, S. (2015). Evaluating the Impact of Immigration Policies on Health Status Among Undocumented Immigrants: A Systematic Review. Journal of Immigrant and Minority Health / Center for Minority Public Health, 17(3), 947–970. https://doi.org/10.1007/s10903-013-9968-4

Maternal, Infant, and Child Health | Healthy People 2020. (2019, April 1). Retrieved April 2, 2019, from https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health

Mendoza, F. S. (2009). Health Disparities and Children in Immigrant Families: A Research Agenda. Pediatrics, 124(Supplement 3), S187–S195. https://doi.org/10.1542/peds.2009-1100F

Nass, S. J., Levit, L. A., Gostin, L. O., & Rule, I. of M. (US) C. on H. R. and the P. of H. I. T. H. P. (2009). The Value, Importance, and Oversight of Health Research. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK9571/

Parrish, R. G. (2010). Measuring Population Health Outcomes. Preventing Chronic Disease, 7(4). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901569/

Pourat, N., Wallace, S. P., Hadler, M. W., & Ponce, N. (2014). Assessing Health Care Services Used By California's Undocumented Immigrant Population In 2010. Health Affairs, 33(5), 840–847. https://doi.org/10.1377/hlthaff.2013.0615

Preventive Health Care | Gateway to Health Communication | CDC. (2018, November 18). Retrieved April 2, 2019, from https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html

Raymond-Flesch, M., Siemons, R., Pourat, N., Jacobs, K., & Brindis, C. D. (2014). “There Is No Help Out There and If There Is, It’s Really Hard to Find”: A Qualitative Study of the Health Concerns and Health Care Access of Latino “DREAMers.” Journal of Adolescent Health, 55(3), 323–328. https://doi.org/10.1016/j.jadohealth.2014.05.012

Robeyns, I. (2016). The Capability Approach. In E. N. Zalta (Ed.), The Stanford Encyclopedia of Philosophy (Winter 2016). Retrieved from https://plato.stanford.edu/archives/win2016/entries/capability-approach/

Rodríguez, M. A., Vargas Bustamante, A., & Ang, A. (2009). Perceived Quality of Care, Receipt of Preventive Care, and Usual Source of Health Care Among Undocumented and Other Latinos. Journal of General Internal Medicine, 24(Suppl 3), 508–513. https://doi.org/10.1007/s11606-009-1098-2

Sudhinaraset, M., Ling, I., To, T. M., Melo, J., & Quach, T. (2017). Dreams deferred: Contextualizing the health and psychosocial needs of undocumented Asian and Pacific Islander young adults in Northern California. Social Science & Medicine, 184, 144–152. https://doi.org/10.1016/j.socscimed.2017.05.024

Sullivan, M. M., & Rehm, R. (2005). Mental health of undocumented Mexican immigrants: a review of the literature. ANS. Advances in Nursing Science, 28(3), 240–251.

The Henry J. Kaiser Family Foundation. (2017, December 13). Health Coverage of Immigrants. Retrieved January 16, 2019, from The Henry J. Kaiser Family Foundation website: https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants/

U. S. Department of Health and Human Services-Assistant Secretary for Public. (2019). Category: Programs for Families and Children [Text]. Retrieved April 7, 2019, from

HHS.gov website: https://www.hhs.gov/answers/programs-for-families-and-children/index.html

Vargas, E. D., & Ybarra, V. D. (2017). U.S. Citizen Children of Undocumented Parents: The Link Between State Immigration Policy and the Health of Latino Children. Journal of Immigrant and Minority Health; New York, 19(4), 913–920. https://doi.org/http://dx.doi.org/10.1007/s10903-016-0463-6

Venkataramani, A. S., Shah, S. J., O'Brien, R., Kawachi, I., & Tsai, A. C. (2017). Health consequences of the US Deferred Action for Childhood Arrivals (DACA) immigration programme: a quasi-experimental study. The Lancet Public Health, 2(4), e175–e181. https://doi.org/10.1016/S2468-2667(17)30047-6

Yoshikawa, H. (2011). Immigrants Raising Citizens: Undocumented Parents and Their Young Children. Russell Sage Foundation.

Zambrano, C. (2010). Health and Young Adulthood: Does Immigrant Generational Status Matter? Field Actions Science Reports. The Journal of Field Actions, (Special Issue 2). Retrieved from http://journals.openedition.org/factsreports/507