The Violence of Uncertainty — Undermining Immigrant and Refugee Health

Breanne L. Grace, Ph.D., Rajeev Bais, M.D., M.P.H., and Benjamin J. Roth, Ph.D., M.S.W.

Hawa rushed her husband Ahmed to the emergency department when she found him unconscious. For months, Ahmed had refused to go to the hospital because he knew Immigration and Customs Enforcement (ICE) officers were nearby. Ahmed is a U.S. citizen, but he fears deportation — he knows refugees who were deported. In Somalia, he was tortured. He's afraid the government will send him back, but he's also afraid the same thing could happen here: it feels like violence is imminent. His daughter was supposed to come to the United States after 25 years of separation, but the Trump administration's travel ban ended any hope of reunification. And now, despite having citizenship, Ahmed feels unsafe going to the hospital. The uncertainty nearly killed him.

As a sociologist who studies forced migration, a physician working in a clinic for refugees and torture survivors, and a social work scholar of immigration, we have each witnessed an alarming number of cases like Ahmed's in our research and practice. Uncertainty is emerging as a form of violence that shapes physical and mental health.

Paul Farmer popularized the term "structural violence" to capture the harm and suffering inherent in health disparities that are both caused and obscured by inequality.[1] Immigrants and refugees in the United States have long faced structural violence due to unequal access to health care. Now we are seeing an emerging form of violence inflicted on these groups, enacted through systematic personal, social, and institutional instability that exacerbates inequality and injects fear into the most basic of daily interactions. We refer to such violence as "the violence of uncertainty." It is perpetuated by policies of uncertainty that are intended to create systematic insecurity by constantly changing the terms of daily life and targeting what matters most to people — by separating immigrant children from their parents, for instance, or ending reunification of refugee families.

These policies are creating two major health crises in the immigrant and refugee communities where we work. First, current immigration policies are undermining trust in U.S. institutions and consequently changing the way immigrants and refugees seek health care and other social services — and indeed whether they do so at all. Second, immigration policies are harming people's mental and physical health. Taken together, the two crises create a vicious cycle that plays out partly in the health care system; policies of uncertainty enact the violence of uncertainty.

As the government targets immigrants and refugees in social institutions such as schools and hospitals, the policies of uncertainty deter immigrants and refugees from seeking education and health care. As uncertainty has become the new normal, some refugees and immigrants have weighed the risks posed by engaging with institutions and are eschewing care out of fear of becoming known. That is, they are hesitant to seek health care from unknown providers for fear that one day — possibly today — their information will be used against them or they will be deported while seeking care.

Even naturalized citizens fear that their status is no longer secure. These are not unfounded fears. Immigration-enforcement efforts in the country's interior no longer prioritize immigrants with criminal convictions; any undocumented immigrant is now considered a criminal, and it is unclear whether places like hospitals are safe from ICE actions. Refugees, too, are being targeted for deportation for minor infractions. Making U.S. hospitals serve as proxies for immigration control risks affecting all social determinants of health and injects more uncertainty into communities that are already precarious.

Whereas uncertainty is deterring some immigrants and refugees from seeking health care, among those who already have established relationships with a clinician, we are seeing substantial increases in the numbers of patients seeking care for symptoms related to posttraumatic stress disorder — especially refugees who have survived torture. Although some sites experiencing increased demand are specialized clinics with the capacity to address these patients' needs, in many parts of the United

States, free clinics are the primary or trusted health care providers for immigrant and refugee communities. Members of these communities express concern that ICE targets these locations specifically because they serve immigrants.

Moreover, this dynamic is not restricted to health care. ICE also targets organizations that provide other vital sources of social inclusion, such as nonprofit organizations that assist with housing, education, and employment, further increasing the vulnerability of immigrants and refugees by affecting the social determinants of their health.[2] These attacks create a feedback loop that further diminishes health and health care access. We fear that these dynamics, if left unchecked, will have significant negative effects on health and social outcomes at both the individual level and the population level.

The government's policies of uncertainty affect immigrants' and refugees' physical and mental health and well-being by undermining their security, often by targeting families. Examples are numerous. Young children are separated from their parents at the border, and parents are held in detention facilities while children are isolated, placed in temporary foster care, or held at military bases. The travel ban redefined which relationships count as familial for refugees, stranding loved ones in war or refugee camps. The United States is deporting immigrant parents of citizen children and subjecting children to foster care or uncertain guardianship when parents are removed. The government is using minor children and familial relationships to discourage migration and punish people who have come seeking security.

An audio interview with Dr. Grace is available at NEJM.org

And even as immigrants and refugees fear for their safety and the future of their families, they are being publicly degraded. Reports from the Southern Poverty Law Center reveal a 25.9% increase in hate crimes after the 2016 election; one third of these crimes were motivated by anti-immigrant sentiment.[3] The Council on American–Islamic Relations received 1597 reports of potential hate incidents between January 1 and March 31, 2017; half of all verified incidents involved abuse by employees of federal agencies.[4] The mental and physical health effects of discrimination are well documented,[5] yet discrimination against immigrants and refugees is becoming increasingly normalized.

Current U.S. immigration policies use the violence of uncertainty to make life in the United States untenable for immigrants and refugees. A year ago, the American Medical Association (AMA) adopted policies to support immigrant and refugee health, and in 2018 the AMA expressed opposition to separating children from their families at the border. The AMA policy statements are a starting point, but the degeneration of immigrant and refugee health is under way, as members of these groups refrain from seeking vital services, encounter xenophobia and hate crimes, and fear for their families' security. We introduce the concept of the violence of uncertainty to name the suffering the government is inflicting on these communities and to highlight that health care is used as one of its many weapons. Others have described ways in which health care providers can establish trust with immigrant patients and engage politically in immigration issues, as well as ways for hospitals and clinics to establish sanctuary status to ensure the privacy of immigrants and refugees. But health outcomes are also shaped by systematic instability and fear that extend far beyond any single institution.

We are witnessing an unfolding health crisis. Though policy can be rewritten, the social norms and ideologies that normalize xenophobia will be more difficult to combat. How can you convince someone to seek medical treatment from a hospital that once facilitated the deportation of her sick child? We fear that these challenges will outlive the policies that created them.

Disclosure forms provided by the authors are available at NEJM.org.

From the Colleges of Social Work (B.G., B.R.) and Medicine (R.B.), University of South Carolina, Columbia.

1. Farmer P. On suffering and structural violence: a view from below. Daedalus 1996;125:261-83.
2. Derose KP, Escarce JJ, Lurie N. Immigrants and health care: sources of vulnerability. Health Aff (Millwood) 2007;26:1258-68.
3. Ten days after: harassment and intimidation in the aftermath of the election. Montgomery, AL: Southern Poverty Law Center, November 29, 2016.
4. Civil rights data quarter one update: anti-Muslim bias incidents January–March 2017. Washington, DC: Council on American-Islamic Relations, 2017.
5. Pascoe EA, Smart Richman L. Perceived discrimination and health: a meta-analytic review. Psychol Bull 2009;135:531-54.

DOI: 10.1056/NEJMp1807424