

“This is a national health emergency”

## WSWS interviews Fulbright scholar Chris Fradkin on impact of mass deportations

Our reporters  
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World Socialist Web Site reporter Eric London recently spoke with Professor Chris Fradkin about his recently authored commentary in the journal *Frontiers in Pediatrics* on the 2017 study “Fear of massive deportations in the United States: Social implications on deprived pediatric communities.”

Fradkin is a Fulbright Award-winning scholar who splits his teaching time between California and Brazil. His research interests range from the internationalization of emerging-nation journals to resilience-building among vulnerable youth. He has published in *Health Psychology*, *Academic Pediatrics*, and *Child Abuse & Neglect*.

WSWS: In your review of the existing academic literature on this subject, you make the point that the socio-psychological effects of widespread fear of deportation go beyond the immigrant population to impact society more broadly. Can you explain what you meant by this?

CF: When a group of people is “living in fear,” it spreads through society like a contagion. And among the “living in fear” group, there is a sense that life and the population as a whole has rejected them. This affects allostatic load, as well.

WSWS: What is allostatic load?

CF: When we feel threatened, our body goes into fight or flight mode. There are physical changes. Cortisol, the stress hormone, is released. Adrenalin is released. Our responses are heightened to maximize our response to the threat. When the threat has passed, our body gradually returns to baseline.

Among people with continuous stressors overlapping one another, their bodies do not return to baseline as in the single-stressor case. Baseline is necessary for health

because it provides balance, equilibrium. Thus there is a wear and tear on the body which debilitates the body over time.

WSWS: And in children, the impact of such stress has long-term effects. Can you describe what some of these effects might be?

CF: Touching on the three studies I included in my review, there are fewer diagnoses of anxiety-related disorders among children of DACA [Deferred Action for Childhood Arrivals]-eligible mothers, when compared to non-DACA-eligible (i.e., deportable) Hispanic mothers. There are also more instances of low birth weight (LBW) among infants born in times of “fear of deportations.” The long-term effects of LBW include higher likelihood of diabetes, heart disease and high blood pressure.

WSWS: Would these cumulative effects have an impact on life expectancy?

CF: Absolutely. Although I don’t have the figures, the consequences of LBW I just mentioned (higher prevalence of diabetes, high blood pressure, heart disease) certainly impact an individual’s life expectancy.

WSWS: Do the generally lower incomes of undocumented people also impact issues like stress, diabetes and blood pressure?

CF: Absolutely. This is called the social gradient. It describes the positive relationship between resources (financial, educational) and health. Looking at it another way, it describes an inverse relationship between resources and health risk. And the social gradient would certainly come into play.

WSWS: You also mention post-traumatic stress disorder.

CF: Yes, this ties in with allostatic load and the presence of cumulative stressors. For many immigrants the question is: How many straws does it take to break a camel's back?

WSWS: And the Leiner et al article which you cite also talks about how crucial these stressors are for children undergoing crucial periods of brain development.

CF: It goes back to chronic stressors. An atmosphere of "living in fear" and heavy allostatic load is not conducive to neurological development. It's not conducive to proper sleep or diet, or regular attendance at school, or regular checkups at the doctor.

Leiner and colleagues write: "Children living in poverty are more likely to have a diminished frontal cortex volume." The frontal cortex is the "executive center" of the brain, involved in decision making, planning, short term memory. A reduced volume would suggest reduced functioning in these critical cognitive areas.

But remember, Leiner et al associated the reduced frontal cortex volume with poverty, not with deportation. However, the stressors are the same and overlapping.

WSWS: And do you believe undocumented people are affected by lack of access to public services, education and health care?

CF: Yes, yes, yes.

WSWS: How does this lack of access impact cognitive development? Do you believe the increase in random immigration arrests will have negative consequences in this regard?

CF: For me, what's profound is the rippling macro effect caused by the outward wave of fear and apprehension.

In a perfect world, these problems wouldn't exist. As scientists dealing with children's health, we look to prevent the avoidable: we counsel mothers of lower educational levels on taking prenatal vitamins, not smoking, not drinking. We encourage them to breastfeed, to have the fathers participate. All these suggestions are based on scientific findings that that these measures are protective to the child, and increase the likelihood of the child reaching their potential both emotionally, physically and cognitively.

The resources these children need are the resources we all need: a safe place to sleep, food on the table, and

knowing that our family's safe and will be waiting when we come home. This is the solution, in my opinion. As far as compensating for the consequences of immigrant children living in fear, these stressors can be eliminated by curtailing the current deportation program.

This is a national health emergency. Does our country still have a heartbeat? As far as immigrant children, no, at least not at this point. Because many members of their families are reluctant to make their children's problems public, for fear of further deportation. It's a national health crisis, with years of repercussions, but it has yet to be recognized, by the administration, at least.

This crisis is directly related to the aggressiveness of the current deportation program. The bottom line: families should not be split up.



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