



I am writing on behalf of the American Psychological Association (APA) to respond to Topic 6: Deportation and the afterlife of movement in the recent [Call for Input: WGEPAD's 37th session on "Crossings and journeys: people of African descent in global migration and the enduring architecture of racialization."](#) APA is a leading scientific and professional organization representing psychology, comprising a membership of more than 172,000 clinicians, researchers, educators, practitioners, consultants, and students across the United States (U.S.) and around the world. We work to advance the creation, communication, and application of psychological knowledge to benefit society and improve lives. APA provides the secretariat for the [Global Psychology Alliance](#), a coalition of more than 80 associations, universities, and other organizations who come together to apply psychological science to address complex global challenges. We hold special consultative status with the Economic and Social Council, are associated with the Department of Global Communications, and have active teams of volunteer psychologists advocating at the United Nations in New York and Geneva, the latter in collaboration with the European Federation of Psychologists' Associations and the Federation of Swiss Psychologists.

Immigrant health is harmed by public policies that increase fear and hinder access to appropriate supports and services. Due to the fear of deportation and harassment from law enforcement, immigrants often shy away from accessing health services which can lead to broader health concerns for communities and nations. Immigrants and refugees of color, including people of African Descent, are particularly vulnerable to discrimination. We encourage culturally responsive and evidence-based interventions as well as leveraging research to support immigrant health.

With impending deportation, many immigrants fear family separation. Children are especially susceptible to the negative mental health effects of forced deportations, due not only to being separated from their families, but also simply because they are afraid that they *will* be separated. Therefore, children separated or scared that they will be separated can suffer severe psychological distress, resulting in anxiety, loss of appetite, sleep disturbances, withdrawal, aggressive behavior, and decline in educational achievement.

Our policies oppose the use of excessive force by law enforcement against people of color, including people of African Descent and other marginalized people, including within the context of migration. Experiencing excessive force by law enforcement has both immediate and long-term effects on overall health and well-being. It is associated with suicidality, psychological distress, and depression. Excessive force has a demonstrable and devastating impact on the well-being of both adults and children. Children and adolescents who observe the use of excessive physical force by law enforcement or who are themselves victimized, often experience negative, life-altering effects that potentially continue into adulthood.

We encourage the consideration of intersectional inequities at local, national, and global levels on immigration policies to address the disproportionate harm faced by people of African Descent and those with additional marginalized identities. Intersectionality considers systems of oppression that render individuals vulnerable due to their possessing more than one socially devalued identity and, as a result, experiencing greater oppression and discrimination. Immigrants from minoritized backgrounds in the United States are more likely to be exposed to experiences and systems that uphold racism, discrimination, stereotyping, and structural barriers to opportunities.

Finally, we encourage the use of approaches that consider health equity and social justice, including a population health-based approach when addressing immigration. This approach aims to address the cultural, economic, systemic, historical, environmental, relational, and occupational contexts that influence health status, well-being, and functioning across the lifespan.

Thank you for the opportunity to share our insight on deportation and the afterlife of movement as it relates to immigration health. We hope these comments inform your work. If we can provide any further information or other assistance, please feel welcome to contact Kelley Haynes-Mendez (khaynes-mendez@apa.org) or Gabriel Twose (gtwose@apa.org).

References:

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