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Historical and Contemporary Reproductive Injustices at the Border and Beyond.

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Historical and Contemporary Reproductive Injustices at the Border and Beyond

See also Messing et al., p. 339.

The article by Messing et al. in this issue of *AJPH* (p. 339) highlights the importance of a reproductive justice framework for examining the policies and practices of the current administration in their treatment of detainees in the US immigration system. The authors thoroughly document and explain how current immigration detention policies violate the tenets of reproductive justice, with a focus on the treatment of pregnant and parenting migrants in detention.

We extend their argument to (1) highlight how current detention policies connect with longstanding narratives and policies that dehumanize immigrants—particularly immigrants of color, (2) discuss how the resulting reproductive injustices and impact on public health extend beyond the detainees, and (3) amplify the call to action of public health professionals.

Detained women are part of broader immigrant communities rather than solely individuals experiencing these injustices. Loretta Ross, a leader in developing the reproductive justice framework wrote:

> The ability of any woman to determine her own reproductive destiny is directly linked to the conditions in her community and these conditions are not just a matter of individual choice and access. For example, a woman cannot make an individual decision about her body if she is part of a community whose human rights as a group are violated.[1(p600)]

Violations of reproductive justice for women in detention cannot be separated from violations that occur for immigrant women and women of color elsewhere in the United States.

The specific policies described by Messing et al. are part of the system of policies and practices that treat immigrants of color as "other" and strip them of human rights. Anthropologist Leo Chavez explains, "Once [dehumanization] is accomplished, it is easier to lack empathy for those objects and to pass policies and laws to govern their behavior."[2(p6)] Dehumanization enables policymakers to view immigrants as less deserving of the same protections and rights as the dominant White society. As an example, Chavez argues that as part of the process of constructing Latinos as undesirable and a growing threat to the United States, Latinas' fertility has historically been cast as "out of control" relative to non-Latina White women's fertility; these views serve as the foundation for anti-immigrant and anti-Latino discourse and policies.

These processes have historical roots and—similar to the Department of Health and Human Services role in detaining minors in the present day—public health institutions have played a role in racialization processes. Historian Natalia Molina documented how Mexican immigrants in the early 20th century were viewed as racially inferior to White Americans.[3] Before the institution of an official border patrol agency in the United States, public health agencies processed incoming migrant laborers from Mexico and subjected them to dehumanizing treatment (e.g., intrusive physical examinations, harmful baths) because they were unfairly viewed as carrying disease.[3] This view and treatment of Mexicans was incorporated into the Bracero program—a contract labor program between 1942 and 1964 that brought millions of Mexican men to fill short-term agricultural labor contracts—and remnants of this perspective are present today.

Importantly, US policy in the 20th century focused on importing labor from Mexico for taxing and arduous jobs such as building railroads or sustaining the growing agricultural system. There was little regard for the humanity of these (mostly male) laborers and their possible desires to have a family and raise them in a healthy environment. The implication being that immigrants are welcome to come build this country but not to build a life and family in the society they are helping to create.

Historical sterilization policies and practices carried out by health institutions also reflect this desire to limit childbearing by immigrants and communities of color. For example, between 1919 and 1952, at the height of California's involuntary sterilization program, Latina women were sterilized at a rate that was 59% higher than non-Latina women for being feebleminded or insane.[4] The laws that allowed nonconsensual sterilization in California were in place between 1909 and 1979 and resulted in the sterilization of more than 20 000 individuals.

The racist and dehumanizing logic of these unjust historical policies is still present today. Alongside current detention policies, many conservatives use the harmful rhetoric of "anchor babies" and Stephen Miller—the US president's top immigration policy advisor—has promoted fringe ideas of replacement theory (e.g., fear that White Americans will be replaced by growing immigrant populations).

Dehumanization of immigrants of color is central to the reproductive injustices experienced by detained women. Additionally, many undocumented immigrants living in the current US sociopolitical climate similarly do not fully have the right to have children, to not have children, and to parent children in a safe and healthy environment. Recent research shows that current immigration policies and practices negatively affect birthweight[5] and are associated with a preference to delay childbearing.[6] Undocumented immigrants have limited access to health care to ensure a

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healthy pregnancy or prevent or terminate an undesired pregnancy. Finally, the climate of fear created by the current sociopolitical environment—one in which a parent can suddenly be detained through immigration raids and immigrant policing—is not a safe and healthy environment to raise a family.[7]

The impacts of these policies and practices are long term. Detained women and other immigrants experiencing these reproductive injustices will live with the trauma their entire lives. Moreover, there will likely be lifelong health consequences for children who were deprived of pre- and postnatal health care while their mother was detained, children who were raised in a detention center or a community targeted by immigration enforcement operations, or children who were separated from loved ones because of family separation policies or deportation.

CALL TO ACTION

Public health professionals must play a central role in working toward reproductive justice. First, public health professionals must recognize that immigration issues and public health are intertwined. Immigration policies (e.g., raids, detention) affect public health, and public health policies (e.g., immigration-related barriers to Medicaid) affect immigrant communities. Furthermore, the violations of reproductive justice highlighted by Messing et al. occurred under the purview of public health officials at the Department of Health and Human Services. Second, recognizing their role as change agents, public health professionals need to engage in reflexive praxis, a key characteristic of equity-centered social change movements that emphasizes collective dialogue, reflection, and action. For example, public health institutions need to create space for dialogues about policies, practices, and ideologies regarding immigrant rights, family unity, and reproductive autonomy. This dialogue might identify institutional and individual strategies to raise concerns when reproductive injustices emerge, rather than following orders that violate tenets of reproductive justice.

Extending beyond immigration detention, such dialogue might highlight subtle ways that public health institutions erode reproductive autonomy for immigrants and communities of color. Finally, this reflection should mobilize public health professionals to elect politicians and pass legislation that support reproductive justice. Public health professionals need to speak out to bring a public health lens to issues of immigration policies and reproductive justice. This activism should be in true partnership with immigrant rights and reproductive justice movement leaders. Together, we must heed the call of Messing et al. to not be a bystander to reproductive injustices. AJPH

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CONFLICTS OF INTEREST
The authors have no conflicts of interest to declare.

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A Population Health Perspective on the Trump Administration, Brexit, and Right-Wing Populism in Europe

See also Koltai et al., p. 401.

Recent electoral outcomes in many Western welfare democracies show a rise in voting for populist political options. Arguably, the two most impactful cases of this kind are the election of Donald Trump in the United States and the results of the referendum conducted in 2016 in the United Kingdom to leave the European Union, popularly known as "Brexit." Public health scholars and health professionals are already identifying ongoing and projected consequences of these electoral outcomes in terms of the effects on health care services and on the broader social determinants of health. After a steady decline in the level of the uninsured population in the United States, the recent data suggest that the number of uninsured people might be rising again, while in the United Kingdom, even the most positive Brexit scenarios are projected to lead to an overall negative effect on the National Health Service.[1]

That there are consequences of electoral outcomes for health via policy changes is not surprising. Perhaps a more fundamental question is that of whether a population's health has played a role in the electoral shifts

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