

APA Official Actions

Position Statement on the Care of Medically Vulnerable Migrants in the United States

Approved by the Board of Trustees, December 2019

Approved by the Assembly, November 2019

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

The United States Citizenship and Immigration Services’ “medical deferred action” policy allowed migrants to remain in the United States for 2-year periods on the basis of extreme medical need. These exemptions covered medical conditions for which individuals might not receive adequate care for in their home countries - either due to a lack of availability of necessary treatments, access to qualified health care professionals or financial limitations. Deportation would likely result in increased morbidity, a decline in their overall health and may be associated with mortality, such as through suicide and homicide in addition to worsening medical illness. The threat of deportation adds psychological stress that can worsen the individual’s medical condition and lead to additional psychiatric comorbidity. Effective treatments for psychiatric illness, including medications that are proven beneficial and potentially life-saving (1), may be unavailable or inaccessible as a result of cost (2) in their countries of origin. A substantial body of empirical research and our own clinical expertise as physicians specializing in the treatment of mental disorders shows that recently immigrated children are at risk for violence exposure and related psychological distress, including PTSD and depression, resulting from experiences before, during and after migration (4). Facing deportation while being treated for a potentially fatal medical illness and simultaneously navigating the stresses of migration can only add to suffering.

APA Position:

Individuals receiving life-saving medical treatment in the United States should complete their treatment without disruption of care or fear of deportation. Deferred action on migration status on the basis of extreme medical need and routine mental health screening of this population for psychiatric disorders and suicidality is appropriate.

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