Editorial
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Migration Policies as a Social Determinant of Health

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Gabriela[1] left her country because of hunger. A 38-year-old woman, 1.65 meters tall, weighing less than 50 kilograms. In her final months there, if someone had administered the Latin American and Caribbean Food Security Scale (ELCSA)[1], she would have answered affirmatively to questions regarding her fear of running out of food, her unvaried diet, and the adults in the household skipping meals so that the children could eat. Her nail salon business was generating less and less income, while organized crime was demanding an increasingly unaffordable extortion fee. She had been contemplating migration to the United States for some time but had not made a decision. The day her teenage son was assaulted and her daughter threatened with kidnapping, she knew she could wait no longer. She borrowed money, sold what little she owned, and set off northward.

After nearly a month of travel, Gabriela and her children arrived at the Mexico–United States border. Although she was unfamiliar with the technicalities of the Cartagena Declaration[2] and other international agreements, she knew that fleeing her country due to violence entitled her to seek asylum or refugee status. She also knew that the U.S. government had implemented an app, "CBP One," through which one must schedule an appointment to initiate the asylum process. As soon as she could, she downloaded the app and requested an appointment. Nearly three months passed before a notification with a date appeared on the app. That night, for the first time in a long while, Gabriela slept peacefully. It was January 19. The next day, following instructions from the newly inaugurated President of the United States, all appointments were suspended. The app displayed the message: "Appointments scheduled through CBP One are no longer valid." The hope that had sustained her throughout the journey was suddenly extinguished.

Had someone administered a scale to assess depression or anxiety during those days, Gabriela would very likely have exceeded the clinical threshold.

To state that migration is a social determinant of health[3] is to summarize the complex web of political, economic, and social institutional factors that define whether migration becomes a driver of personal and collective development or a condition fraught with multiple health risks. In a different world, Gabriela might have migrated to accept a job offer, to explore other cultures, or to benefit from living in a country with a lower cost of living—just as many digital nomads do freely. In such a counterfactual scenario, migration would not have posed a health risk to Gabriela and her children.

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Instead, her decision—made under severely restricted options[4]—exposed her to numerous health hazards. Along the way, she could have suffered harm from extreme temperatures, poisonous animal bites, or violence, to name only a few. During both the journey and the wait at the border, she likely experienced periods of severe food insecurity[5]. The uncertainty during this time likely impacted her mental health[6], and with the cancellation of the scheduled appointment, this risk may have increased.

Migration policies are a social determinant of health. Beyond the justifications a government may present for tightening or modifying such policies, from a public health perspective, it is critical to recognize their impact on the health of migrants, displaced persons, and asylum seekers. For instance, when the U.S. government modified and extended the wall along the Mexico–U.S. border, increasing its height, the number of deaths and accidents among migrants in the region also increased[7]. The wall did not deter everyone—many continued to arrive and attempted to cross, driven by necessity—but it did raise the burden of disease and costs for healthcare systems. Regarding mental health, measures such as the cancellation of CBP One appointments or proposals to revoke protected status for Venezuelans and other nationals in the U.S. place individuals in precarious or undefined migratory circumstances. Studies on refugees and asylum seekers in Europe have consistently shown such conditions are associated with depression and anxiety[8]. Migration policies also influence the risk of communicable diseases, as remaining in migrant shelters or other high-density facilities (including detention centers) increases the likelihood of transmission[9]. All of these circumstances not only affect the health of migrants but also impose potential costs on the healthcare systems of host countries[10,11].

In the face of restrictive migration policies that endanger the health of migrants, Latin American countries have the opportunity to stand out as inclusive societies. To do so, they could draw on lessons learned during the COVID-19 pandemic—extending healthcare coverage to all individuals within their borders, where it does not yet exist, and addressing the barriers to healthcare access experienced by migrants[12]. From a public health standpoint, we must continue to document how migration policies affect the well-being of migrants, the challenges they pose to healthcare systems, and explore viable responses to these pressing issues.

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