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Report | November 2024

# **An Im/migrant Well-Being Analysis of the Presidential Candidates' Immigration Policies**

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## INTRODUCTION

Where do the Presidential candidates stand on immigration policy? Immigration has been in the spotlight during the 2024 election season, with voters [consistently ranking it among the most pressing issues](#) as they prepare to cast their ballots on November 5th, 2024. With early voting underway and Election Day fast approaching, the Im/migrant Well-Being Scholar Collaborative shares the following analysis to provide an assessment of the proposed immigration policies supported by each candidate and their parties and their potential impacts on im/migrant well-being. This analysis builds upon a recent podcast episode of "[Im/migrant Lives](#)," entitled "[The 2024 Presidential Candidates' Immigration Policies and Their Impact on Im/migrant Well-Being](#)" published on October 22, 2024.

The purpose of this analysis is to provide a comprehensive comparison of the immigration policies proposed by the Republican and Democratic platforms. Focusing on the substance of the policies, this analysis aims to objectively assess how these policies may impact key areas such as public health, economic stability, social integration, human rights, and national security. Situating the discussion within the context of existing empirical research, we aim to project the real-world implications these policies may have on immigrant communities and American society.

## METHODOLOGY

For this analysis, we reviewed the official platforms of both the Republican and Democratic parties and examined the campaign websites of their presidential candidates, former President Donald Trump and Vice President Kamala Harris.

Our evaluation goes beyond mere policy summaries. We analyze the potential impacts of their main policies on immigration through various dimensions of im/migrant well-being, focusing on how these measures influence key aspects such as public health and economic well-being impacts. The Im/migrant Well-Being Scholar Collaborative is non-partisan and, in this analysis, we do not argue for or against the party/candidates' positions. Instead, we analyze policies with respect to well-being by tying their potential impacts to empirical research.

In this analysis, our goal is to share what we know from research on im/migrant well-being and what may be on the horizon in terms of the potential impacts of immigration policies on the well-being of immigrants and their families. This analysis marks the start of a series in which we will track the 2024 Election with regard to im/migrant well-being before and after the next President of the United States is elected.

## CENTRAL PILLARS OF THE REPUBLICAN PARTY/FORMER PRESIDENT DONALD TRUMP'S IMMIGRATION POLICY PLATFORM

*One of the cornerstone proposals of Donald Trump's 2024 campaign is what he describes as the "largest domestic deportation operation in American history."*

The plan involves deporting an estimated 11 million unauthorized migrants over several years. This means that nearly 5 million mixed-status American families would be at risk of being split apart, including 5.5 million U.S.-born children who live in households with at least one undocumented resident ([Lisiecki and Apruzzese 2024](#)). The proposed policy would involve a massive, coordinated militarized effort utilizing local police officers, National Guard soldiers from Republican-

led states, and the reassignment of federal agents to Immigration and Customs Enforcement (ICE) ([Hogan 2024](#)). Trump has pledged to accelerate deportations by modifying ICE procedures to allow expedited removals, including workplace raids. The proposal also calls for using military resources, including thousands of troops currently stationed overseas, to secure the U.S.-Mexico border. Additionally, the policy would utilize the 1996 Illegal Immigration Reform and Immigrant Responsibility Act to expedite removals by bypassing hearings and appeals for migrants, while the Alien Enemies Act of 1798 would be invoked to deport suspected drug cartel and gang members. This policy seeks to intensify enforcement by also building new detention facilities along the border to accommodate migrants awaiting deportation.

A second pillar of Trump's immigration policy is the continued expansion of the U.S.-Mexico border wall. During his presidency, 458 miles of barriers were constructed, including 52 miles of new fencing ([Hogan 2024](#)). The proposed policy aims to add another 200 miles of barriers. The policy reflects a broader push for continued border militarization and security, emphasizing physical deterrents as central to managing unauthorized migration. Trump also aims to reinstate the Migrant Protection Protocols (MPP), often referred to as "Remain in Mexico." This policy requires asylum seekers arriving at the southern U.S. border to stay in Mexico while their cases are processed in U.S. immigration courts. Under Trump, this policy applied to most non-Mexican asylum seekers, excluding children and certain vulnerable individuals ([American Immigration Council, 2024b](#); [Hogan 2024](#)). Although Trump has pledged to reinstate the program if re-elected, Mexico has already expressed opposition to resuming MPP.

Another major element of Trump’s platform is the reinstatement of Title 42, a Public Emergency Health Order from the Public Health Service Act of 1944. Initially used during the COVID-19 pandemic, Title 42 allowed health officials to deny entry to migrants from specific countries to prevent the spread of disease. Though it officially ended in May 2023, Trump proposes reviving it to block migrants under the pretext of public health threats such as flu, tuberculosis, or other communicable diseases, as well as to return “trafficked children” to their families in their home countries. This measure effectively barred many asylum seekers during the pandemic and is viewed as a significant restriction on humanitarian immigration pathways (Hogan 2024). These policies collectively reflect a broader, enforcement-first approach to U.S. immigration that emphasizes border security, deportation, and limiting asylum access.

### **CENTRAL PILLARS OF THE DEMOCRATIC PARTY/VICE PRESIDENT KAMALA HARRIS’ IMMIGRATION POLICY PLATFORM**

Vice President Harris’ Immigration policy positions are contained in the section of her “[A New Way Forward](#)” policy platform entitled “Ensure Safety and Justice for All.” In discussing their immigration policies, the Harris campaign vows to “[secure our borders and fix our broken immigration system](#).” In this section, the Harris campaign points to human rights stating that throughout her career she “has fought to ensure everyone has the right to safety, to dignity, and to justice.” The immigration policy positions in this section are found under a header titled, “Secure Our Borders and Fix Our Broken Immigration System.”

The main pillar of this part of the Harris campaign’s policy platform is support for a bipartisan Congressional immigration reform bill as the Harris campaign notes: “The legislation would have deployed more detection technology to intercept fentanyl and other drugs and added 1,500 border security agents to protect our border... secured funding for the most significant increase in border agents in ten years. As President, she will bring back the bipartisan border security bill and sign it into law.” The main focus of this bill is more border security, more reliance on technology to “secure” the border, and more border security agents. The bill would also make some significant changes to asylum: it would give the Department of Homeland Security (DHS) the authority to summarily remove people within 100 miles of the border if DHS encounters an average of 4,000 non-U.S. nationals within a seven-day period. It would also establish an expedited process for asylum officers to adjudicate claims and a stricter threshold for individuals to remain in the U.S. pending the adjudication of their claim. The Border Security Bill was most recently re-introduced in May 2024 by Sen. Murphy, D-CT, [S. 4361](#).

Vice President Harris also expresses support for an “earned pathway to citizenship” in her proposed immigration policies stating, “she knows that our immigration system is broken and needs comprehensive reform that includes strong border security and an earned pathway to citizenship.” This notion of an earned pathway to citizenship is also spelled out in the [2024 Democratic Party Platform](#) which calls on Congress to provide a pathway to citizenship for Dreamers/DACA recipients and other long-term undocumented immigrants with protections like Temporary Protected Status.

## **POTENTIAL IMPLICATIONS OF THE REPUBLICAN PARTY’S PROPOSED IMMIGRATION POLICIES FOR IM/MIGRANT WELL-BEING**

Republican policies propose ramping up immigration detention and deportation programs, including mass deportations and bolstering ICE’s capacity. However, existing evidence from past enforcement efforts reveals that such detention policies can severely harm the physical and mental health of detainees, especially in overcrowded and unsanitary facilities. Several studies and analyses have noted that conditions in many U.S. immigration detention centers are substandard, with overcrowding, poor sanitation, and inadequate healthcare services being prevalent issues ([Baker and Timm 2021](#); [Nguyen 2020](#); [Lue et al. 2023](#); [Saadi et al. 2020](#)). The use of mass detention without proper medical oversight exacerbates public health concerns, particularly during pandemics or outbreaks of communicable diseases. Facilities often lack adequate healthcare services and fail to meet even basic needs like sanitation and access to clean water ([Baker and Timm 2021](#)). Prolonged detention in immigration facilities has also been linked to detainees’ increased risks of depression, anxiety, and post-traumatic stress disorder (PTSD). Overcrowded and poorly ventilated conditions also heighten vulnerability to infectious diseases, exacerbating risks during health crises like the COVID-19 pandemic ([Nguyen 2020](#); [Saadi et al. 2020](#)). Research during the pandemic revealed dangerous conditions in which social distancing, sanitation, and mask usage were nearly impossible to implement, creating public health hazards that extended beyond the facilities ([Nguyen 2020](#)).

*Moreover, the detention of children, particularly under policies like “zero tolerance,” has had devastating mental health consequences ([Baker and Timm 2021](#)).*

Many children separated from their parents experienced trauma, depression, and anxiety in detention centers. Facilities even denied them access to essential care, with children lacking adequate food, sanitation, and flu vaccinations ([Baker and Timm 2021](#)). These failures led to preventable deaths and long-term cognitive and emotional challenges ([Baker and Timm 2021](#); [Lue](#)

et al. 2023). The stress stemming from these conditions has lasting negative effects on children's cognitive and emotional development. U.S.-born children of immigrants are not exempt from these impacts, as they experience heightened anxiety and uncertainty over the potential deportation of their parents. Research shows that these children are more likely to experience social isolation, developmental challenges, and cognitive delays, resulting in poorer academic performance ([Gándara et al. 2023](#)). Research shows that 61% of educators reported students experiencing declining academic performance due to concerns about family safety, while heightened immigration enforcement has been linked to a 9% decline in English Language Arts scores for Latinx English Language Learners ([Gándara et al. 2023](#)).

Immigration policies that rely on mass detention and deportation exacerbate social inequalities, placing immigrants in precarious situations that undermine their physical and mental health. The relationship between immigration and health is twofold: immigration is both influenced by social determinants of health and serves as a social determinant itself ([Castañeda et al. 2020](#)). The continuous threat of deportation and the uncertainty of legal status foster chronic stress and anxiety, compounded by perceived discrimination, which can further deteriorate mental and physical health ([Szaflarski and Bauldry 2019](#)). Immigrant communities, particularly undocumented individuals, are more likely to face social exclusion, fear of deportation, and reduced access to healthcare services due to these policies, which further compound health disparities ([Castañeda et al. 2020](#); [Perreira and Pedroza 2019](#)). The public health impacts are severe, as marginalized communities are deprived of critical services that are essential for preventing illness and ensuring overall well-being. Exclusionary immigration policies—such as those limiting access to public services, education, and employment—can increase stress, legitimize discrimination, and institutionalize racism ([Perreira and Pedroza 2019](#)). Moreover, policies restricting public health insurance access or discouraging immigrants from enrolling in benefits programs (due to fear of deportation or being labeled a public charge) contribute to higher levels of food insecurity, lower health care utilization, and increased stress ([Castañeda et al. 2020](#); [Perreira and Pedroza 2019](#)). These studies also note the critical role of social support in buffering the negative effects of discrimination on health, though immigrants who experience higher levels of discrimination often have reduced access to these support systems ([Perreira and Pedroza 2019](#); [Szaflarski and Bauldry 2019](#)). Framing immigration as both a result of and a contributor to social determinants of health, it becomes clear that punitive immigration policies perpetuate cycles of inequality by worsening the health and well-being of immigrant communities. The enforcement-first approach disproportionately impacts marginalized communities, exposing them to greater health risks, institutionalized racism, and barriers to accessing essential services.

## Title 42

Initially invoked in March 2020 during the COVID-19 pandemic, Title 42 was framed as a public health measure to curb disease transmission by allowing rapid expulsions at the U.S.-Mexico border. However, the policy quickly became a political tool, restricting asylum claims without legitimate public health justification ([Ulrich and Crosby 2022](#)). The policy disproportionately affected Haitian nationals, with over 18,000 deported despite the country's instability and violence ([American Immigration Council 2022a](#)). It also failed to

*By 2022, over 1.8 million expulsions had been carried out, forcing migrants—many fleeing violence—into precarious conditions in Mexico or returning them to countries where they faced persecution, violating international non-refoulement obligations ([American Immigration Council 2022a](#); [Neusner and Kizuka 2022](#)).*

deter migration, leading to a rise in repeat border crossings, exposing migrants to exploitation by smugglers and unsafe conditions ([Gramlich 2022](#)). Public health experts criticized Title 42 for lacking scientific merit, as COVID-19 transmission within the U.S. was driven primarily by domestic travel, not migrant crossings ([Ulrich and Crosby 2022](#)). Despite its termination in May 2023, the 2024 Republican platform proposes

reinstating Title 42, expanding its scope to other diseases such as tuberculosis and RSV. Additionally, the platform controversially frames the policy as a way to return “trafficked children” to their home countries. However, rapid expulsions under Title 42 bypass child protection protocols, raising concerns that “trafficked” children could be sent back into dangerous situations without adequate screening or investigation ([U.S. Customs and Border Protection 2024a](#); [American Immigration Council 2024a](#)).

The misuse of a public health measure for immigration enforcement is dangerous, undermining both humanitarian protections and public health. It risks eroding the already fragile trust marginalized immigrant communities have in healthcare systems, making them less likely to seek medical care. This reduced engagement with healthcare services can leave diseases untreated or undetected, endangering not only individual well-being but also public health across the broader population ([Ulrich and Crosby 2022](#); [Hogan 2024a](#)).



### *Remain in Mexico and Alien Enemies Act*

Both the "Remain in Mexico" policy, officially known as the Migrant Protection Protocols (MPP), and the proposed use of the Alien Enemies Act present severe risks to the health and safety of migrants. These policies force vulnerable populations—particularly women, children, and the elderly—into precarious conditions, leading to significant public health and humanitarian concerns. The MPP required asylum seekers to wait in Mexico while their U.S. immigration court cases were processed. This policy resulted in migrants living in overcrowded camps with inadequate access to clean water, sanitation, and healthcare, creating conditions for the spread of respiratory infections, gastrointestinal diseases, and even COVID-19 ([Valadez 2023](#)). Many migrants experienced malnutrition, physical harm, and psychological trauma, including post-traumatic stress disorder (PTSD). Gang violence, extortion, and kidnapping were rampant in these encampments, contributing to a mental health crisis. Over 81% of families reported feeling unsafe in Mexico, and more than 60% of MPP enrollees experienced harm, such as theft, assault, or kidnapping ([Valadez 2023](#)).

The Alien Enemies Act, originally intended for use during wartime, allows for the detention and deportation of non-citizens based on nationality with minimal due process. The proposal to invoke this Act raises serious concerns about the displacement of individuals, the separation of families, and the resulting health crises. Deporting migrants en masse without proper medical care increases the likelihood of infectious disease outbreaks in detention centers and receiving countries ([Ebright 2024](#)). Moreover, the fear, uncertainty, and trauma inflicted by such policies extend beyond the individuals directly impacted, spilling over into immigrant communities and affecting second-generation immigrants (the U.S. born children of immigrants). These children and families may experience chronic health problems, both physical and mental, long after their migration journeys end ([Cox et al. 2023](#); [Sabo & Lee 2015](#)).

These policies highlight how restrictive immigration enforcement measures can exacerbate public health risks and inflict lasting harm on migrant populations. The combination of inadequate living conditions, exposure to violence, and family separation compromises migrants' well-being, creating ripple effects across generations and undermining public health efforts on both sides of the border.

## POTENTIAL IMPACTS TO WELL-BEING OF THE DEMOCRATIC PARTY'S PROPOSED IMMIGRATION POLICIES

With a heavy focus on border security and enforcement, the Democratic Party's proposed immigration policies also take on a restrictive and punitive approach. Some of the impacts would not be dissimilar to those of the Republicans' approach as noted above. Specifically, the Democratic approach leans heavily on a bipartisan border security bill, which would be the same status quo of the current U.S. immigration system which has a massive detention and deportation machinery. The bill has been described by some immigrants' rights advocates as anti-immigrant and anti-asylum.

As noted above, deportations can separate families and detention can mean that vital family and community members are locked away from supporting and being there for their loved ones, while also instilling fear and anxiety in communities. Restrictive asylum policies like the provisions contained in the Border Security Bill will likely create dangerous and deadly camp conditions on the Mexican side of the border, re-introducing people to danger, empowering smugglers and organized crime, and denying people with viable asylum claims the ability to seek safety. The effects of this bipartisan border security may be akin to Title 42 and "Remain in Mexico" given the bill provides DHS emergency authority to summarily remove or prohibit the entry of certain non-U.S. nationals within 100 miles of the southwest land border. [A study by KFF](#) found that asylum seekers who were expelled under Title 42 reported symptoms of depression, anxiety, and post-traumatic stress disorder. According to Human Rights First, there were [over 13,000 reports](#) of migrants and asylum seekers being kidnapped or facing physical or sexual violence as a result of being restricted from seeking asylum under Title 42 expulsions. Trump's "Remain in Mexico" policy produced similar consequences, where migrants in Mexico risked rape, kidnapping, extortion, and assault. As a result of violence and extortion by the Mexican police, migrants were afraid of reporting crimes and abuses. Stuck in border towns, they face health threats and lack of access to medical services ([Gilman, 2020](#)).

The bill's summary removal provisions are reminiscent of and build upon DHS' broad search and seizure powers within the [100-mile border enforcement zone](#) documented in the research of Dr. Nilda Flores-Gonzalez, Dr. Emir Estrada, and other scholars at Arizona State University. The potential impacts of the bipartisan border security bill would be continued discrimination in the 100-mile border enforcement zone which not only impacts immigrants but also impacts Black and Brown border residents who are U.S. citizen adult children of immigrants.

Arguably, this bill is more of the same “Prevention Through Deterrence” (PTD) strategies that have shown to be harmful to im/migrant well-being that we have seen over the last three decades. The “Prevention Through Deterrence” approach at the U.S.-Mexico border began through initiatives such as “Operation Gatekeeper,” which was a Clinton era border control plan to stem migration in the 1990s. This approach made border crossings more difficult, leading to more construction of the border wall, more security personnel, and greater border militarization and surveillance ([Nevins, 2010](#); [Martínez et al, 2020](#); [Rigglevan Schagen & Vaquera, 2022](#)). As a result of these PTD tactics, border crossings became both more costly and deadly.

*Border deterrence policies, while initially implemented in the 1990s, remain the dominant protocol and continue to impact immigrant families, contribute to the deaths and disappearances of loved ones, and spur family separation ([De Leon, 2015](#)).*

It is well documented that these policies intentionally funnel and push migrants towards more dangerous areas and environments, such as the harsh desert conditions along the U.S.-Mexico border ([Massey et al. 2002](#)). These tactics directly lead to the deaths and disappearances of thousands of migrants in the desert—a number that is difficult to

determine and likely underreported. Many of those who lost their lives while crossing the border were trying to reunite with family members in the U.S. ([De Leon, 2015](#); [Sawyer, 2024](#)). U.S. Border Patrol has reported about 10,000 deaths since 1994, when Prevention Through Deterrence was first implemented, but local rights groups at the border believe the number could be up to 80,000, with thousands more disappeared. Most of those dead are Indigenous, Brown, and Black people. The implementation of the bipartisan border security bill would likely exacerbate the incidence of deaths along the border.

In addition to border deaths, a heavy emphasis on border security and enforcement can affect various aspects of immigrant well-being and have some unintended consequences. One study found there were “chilling effects” in which areas with high or aggressive immigration enforcement was associated with Hispanic respondents being less likely to have had an annual checkup or regular medical provider ([Friedman and Venkataramani, 2021](#)). Encounters with border enforcement and security officials in increasingly militarized borderlands are associated with heightened stress among Latinos – these impacts spillover beyond non-citizens to citizens and permanent residents ([Sabo and Lee, 2015](#)).

One study finds that intensified enforcement and security along the border in the Rio Grande Valley in Texas was associated with feelings of insecurity and fear with regard to traveling leading to social exclusion and a lack of mobility ([Castañeda and Melo, 2019](#)). A systematic review of the impacts of punitive U.S. immigration policies in the U.S. “shows that many punitive immigrant policies have decreased immigrant access to and utilization of basic healthcare services, while instilling fear, confusion, and anxiety in these communities” ([Vernice et al., 2020](#)).

## **CONTRASTS BETWEEN THE DEMOCRAT AND REPUBLICAN PARTIES’ PROPOSED IMMIGRATION POLICIES**

In contrast to Republicans’ focus on mass deportations of all undocumented immigrants and stated desires to eliminate programs like Deferred Action for Childhood Arrivals (DACA), the Democrats/Harris campaign calls for an “earned pathway to citizenship.” An “earned pathway to citizenship” or the creation of some legal pathway for immigrants to regularize their status can potentially provide a lifeline to undocumented immigrants living in the U.S. – although, admittedly, it is hard to know exactly what the Harris campaign means by an “earned pathway to citizenship.”

Legal status has a protective effect on immigrant well-being – immigrants with citizenship have better access to health care and fewer health disparities compared to non-citizens ([Tuohy, 2020](#)). Drawing from cross-sectional survey data from 487 Latino immigrant young adults in California collected in 2014 and 2015, Patler and Pirtle analyze the associations between changes in legal status and immigrants’ well-being. They found that a transition from undocumented to lawful status came with reported improvements in well-being ([Patler and Pirtle, 2017](#)). Further, DACA has been shown to be associated with improved career earning trajectories for recipients compared to non-recipients in California ([Patler et al., 2021](#)).

*Legal status has direct impacts on immigrants’ livelihoods and well-being.*

The support for an earned pathway to citizenship would also be a protective factor for public health. For example, children of mothers protected from deportation by DACA had 50% fewer diagnoses of adjustment and anxiety disorder compared to those without such protections ([Hainmueller et al., 2017](#)). Legal protections such as U.S. citizenship can create a “citizenship shield” ([Cadenas et al, 2022](#)) as demonstrated in the context of

the Covid-19 pandemic where persons with citizen status saw fewer health disparities given the protections that came with citizenship status. Another study compared the impacts of citizenship in mixed status families. Siblings without citizenship compared to



their siblings who had US citizen status faced higher health harms: “Noncitizen children were about twice as likely to have delays in medical care because of cost (6 percent versus 3 percent). They also had slightly worse reported health status than citizen children” ([Jewers and Ku, 2021](#)).

## **WHY SHOULD POLICYMAKERS CARE ABOUT THE WELL-BEING OF IM/MIGRANTS?**

Well-being has been identified by organizations such as the Centers for Disease Control, the National Institutes of Health, and the United Nations as a critical concept for both creating public policies and analyzing their impact. Elevating research on the social, emotional, relational, economic, psychological, and physical well-being of im/migrants explicitly addresses the needs of peoples excluded in contemporary empirical and policy-making approaches and benefits everyone.

Immigration policies in the U.S. impact everyone. As described above, many punitive, restrictive immigration policies spillover to other community members including those who are U.S. citizens. When immigrants face barriers to accessing healthcare, education, and employment, it undermines public health efforts, economic growth, and community resilience. The well-being of all community members is interdependent, meaning policies that harm one group can weaken the social fabric and public health outcomes for everyone.



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