Reviewer’s report

Title: Immigrant Health Access in Texas: Policy, Rhetoric, and Fear in the Trump Era

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Reviewer: Vanessa Grotti

Reviewer's report:

This timely and important article tackles migrant access to healthcare and social care services in the state of Texas (USA) since the beginning of the Trump administration, with a special focus on the most vulnerable cohort, undocumented migrant workers and their families, including minors. The article is short and aims to quickly publish some preliminary results from what appears to be a scoping exercise, although regrettably the overall research objectives, rationale and timeline are not sufficiently presented and explained to the reader. I fully support the authors' ambition to observe, record and critically analyse the changes experienced by vulnerable patients in the past few years - indeed it is interesting to read that changes have occurred on the ground and the authors have very interesting data to refer to, but I do think the article could be substantially improved in order to reach a wider readership and engage with existing scholarship on migration and healthcare. Whilst the data presented carries great potential, its impact is reduced because the readers are only given limited presentation of the wider context of migration and health governance in the USA in general, and in Texas in particular. I think there is scope for greatly improving the structure and overall argumentation without entirely re-writing the text. As the authors have acknowledged, one of the article's major weaknesses is that it does not include the testimonies of migrant patients themselves and only relies on interviews with one category of informants, Community Health Workers; this raises the ethical problem of further contributing to the silencing of vulnerable and marginalized populations in academia. A solution could be to develop the sections dedicated to the research rationale and methodology to explain in greater detail what the authors' analytical contribution is and to further situate the article within the current migration and health policy context. I would recommend also clearly explaining which ethical and methodological constraints the authors met when conducting field research under a tight schedule. Underlining the ethical importance of publishing quickly to encourage further research on recent changes in migrant health in the USA is recommended - although as stated above I highly recommend giving greater information about the authors' overall research ambitions in the immediate and longer term. For instance, considering the promising results, the authors might need to expand on future potential research plans and specific policy recommendations. Finally, the ethics section at the end of the manuscript should be further developed to give more information regarding the ethical protocol followed by the researchers (I was surprised to see that ethical clearance was only required at institutional level - what about the funding body?), data management and protection. I have organised my comments into separate sections and hope they will be useful. I wish the authors the best and look forward to reading a revised draft before seeing this article published.

Clarify context and concepts used in order to locate the article and ground the research context into its specific national, social and legal context with reference to migration and healthcare. This could be
done from the abstract onwards. One needs to understand the distinction between policy changes on the one hand, and the influence of overall rhetoric in changing attitudes among medical personnel - these are two separate subjects (with distinct scholarship) and I was quite confused to begin with as to what was the objective of the paper.

The abstract needs to clarify whether we are dealing with undocumented patients or long-term residents who are settled in Texas.

Migrant workers and their families are implicitly understood as Latino/Hispanic migrants, but the terms are sometimes used inter-changeably and uncritically. Please remind the reader why it is important to focus on the Latino/Hispanic population, especially in Texas, especially to non-regional specialists. Please clarify the historical migration flows which characterise the area where research was conducted, and whether the situation is currently changing with regards to arrivals (for instance, more on demographics, citizenship, etc.).

Please explain clearly whether you are focusing on perceptions of policy change or actual policy change in Texas (and/or at national level), these are two separate things. The use of the term 'immigrant' with its connotation of long-term settlement may be confusing. A clarification could be introduced from as early as the abstract to clarify whether the research participants were recently arrived or long-term residents. Indeed, the long-term undocumented status of Latin American migrants in the USA is well documented.

The first paragraphs jump from 'undocumented' to 'immigrant' and may lead to confusion in the reader. Also, the reference to 'citizen children' leads to a slight confusion as to what is understood by citizenship - conflated with US nationality? Are legally resident non-US nationals discriminated on the basis of nationality in the delivery of healthcare and social care services? Greater clarity could be brought by rephrasing and presenting each category examined here, rather than lumping them all together. These clarifications are needed as well from the first sentences to explain the type of healthcare system in place in the USA and what services are available to undocumented patients in the USA - this is actually essential and a way to strengthen the paper, as indeed arguably US healthcare is already characterised by high inequality which further marginalises and aggravates the situation of the most vulnerable patient. This is obviously a different situation than in neighbouring countries. Therefore, a paragraph or two on the specificities of the USA healthcare system are needed; thus introducing and highlighting how the specificities of US healthcare increase health inequity and reinforces marginalisation.

A short presentation of the CHWs is needed for a wider readership - are these civil servants, NGO-workers? How are they funded and how autonomous are they? Considering CHWs are the main research participants it is necessary to introduce them properly as a cohort, their social and economic situation, their training and social role, etc. What type of care do they deliver and is it free at the point of delivery? Are these different from social care workers? How responsive were they to the research project? Which ethical problems did you encounter when dealing specifically with your research participants and which solutions did you put in place?

More generally, with regards to health and migration scholarship: there is regrettably little engagement with existing scholarship - not specifically dealing with changes since Trump in the USA but more generally on the effects of the irruption of migration restriction policies into healthcare (1) in terms of policy changes, (2) in terms of patient deciding not to use available services for fear of prosecution or because they think they do not deserve them, and (3) in terms of changes of attitudes of healthcare
personnel who respond to changes in health policy by either becoming stricter (as in the UK, where healthcare workers adopt discriminatory practices, see Reports by Doctors of the World) or more actively supportive (as in France, see Estelle Carde's work on Overseas France for example, her work should be engaged with, especially for France's departments in the Americas). These points should be integrated into the text from the beginning of the draft. For instance, the first sentences outline a fundamental point which as the authors suggest is still to be studied by academics - how hostile and anti-immigrant discourse can erect barriers to accessing health-care, even as a self-imposing barrier on the part of the immigrant population. I thus emphasise that in the revisions, the authors need to clarify what is examined here, the elective barriers, which have been well documented, the changing behavior of those meant to provide healthcare and care, or the introduction of specific restrictive policies. The authors then need to relate to existing research on the topic, in the USA and beyond (Canada for instance is a very interesting example similar to France but with a different legal context (see Ricard-Guay's work for example).

A few additional comments: The example of the post-Hurricane Harvey floods and the US Customs and Border patrols rescue boats is very telling. But it is unclear why Customs and Border patrol boats were used in the first place - to participate in rescue efforts because they were needed? (p.7). The erosion of trust of community workers such as the CHWs is quite telling, I would recommend more context for the quotes, and refraining from using colloquialisms such as 'joining the dots' unless these are an actual quote from an informant. When quoting CHWs, it is sometimes unclear whether they are talking about rumours or observations based on evidence.

Towards the end of the paper, there is reference to the extension of the border within the state of Texas, and the increase in checkpoints - this only comes up in a quotation, it would be good to have some contextualization to explain how concrete this is. Research on border controls, apprehensions and deportations show that it was actually under Obama that tighter immigration controls where introduced, that the border was hardened and deportations increased - Trump stoked anti-immigrant feelings, but policies on the ground were already changing. Can the authors address this issue to demonstrate that we are here witnessing a longer-term trend?

Finally the end of the draft feels a bit rushed, and a lot of statements are made which are not contextualised or critically discussed, it is often unclear whether the authors paraphrase their informants; for example Trump's use of SNAP as a way to identify and locate undocumented migrants: it is unclear whether there has been an implementation, whether it is only rhetoric, and how this has really had a quantifiable effect.

To conclude, the authors clearly argue that there is a correlation between a rising climate of hostility (actual and rhetorical) and self-imposed barriers on the part of the undocumented Hispanic population, and that most at risk are the most vulnerable. To a certain extend, the limits of the research are highlighted and acknowledged: but I would repeat that there is no direct communication with health seekers and beneficiaries, which increases their voicelessness. There is little sense of the magnitude of the phenomenon observed by the authors as only a few quotes are shared, we are not given a sense of how representative they are. This is what is acknowledged by the authors when they call for further quantitative research on the subject, including using surveys, but I would highly recommend conducting further qualitative research on the subject, and beyond Texas.

Finally, the ethical statement ought to include information on recruitment, data protection and informed consent. It should state whether the funding body requested another ethical review, as mentioned above.
Once these questions are addressed and the manuscript thoroughly revised, I am sure it will be ready for publication. I am happy to read another version.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
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Unable to assess

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