CHILDREN IN IMMIGRANT FAMILIES:
ADVOCACY FROM THE BEDSIDE TO THE HILL

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DISCLOSURE

• In the past 12 months, I have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this presentation.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
**EDUCATIONAL OBJECTIVES**

| Consider evolving demographics in South Carolina and how all pediatricians have an opportunity to support the health and well-being of children in immigrant families |
| Describe current immigrant policy and the potential health impact on children in immigrant families |
| Identify strategies to improve the provision of comprehensive care for children in immigrant families, including newly-arrived immigrant children |
| Illustrate the role of pediatricians and all social service providers as advocates at multiple levels |

And, yes, words matter. They may reflect reality, but they also have the power to change reality – the power to uplift and to abase.

- William Raspberry
Common Language

Children in Immigrant Families

Citizens
- Mixed-status Families
- Family members are all citizens

Non-citizens
- Lawfully present/lawfully residing immigrant children
- DACA Youth
- Immigrant children without lawful status/undocumented

PERCENT GROWTH IN IMMIGRANT POPULATIONS:
THE TOP 5 STATES

<table>
<thead>
<tr>
<th>State</th>
<th>Percent Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Dakota</td>
<td>129%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>105%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>103%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>101%</td>
</tr>
<tr>
<td>Delaware</td>
<td>99%</td>
</tr>
</tbody>
</table>

Available at: https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Numbers
CHILDREN IN IMMIGRANT FAMILIES IN SC

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>46,000</td>
<td>114,000</td>
</tr>
<tr>
<td>Percent</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>

IMMIGRANT CHILDREN, 2017

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CURRENT STATE OF AFFAIRS

- Increased border enforcement
- Expanded interior enforcement
- Muslim travel ban
- Drastic reductions in refugee resettlement
- Termination of DACA
- People seeking asylum wait in Mexico
- Threatened participation in public programs: “Public Charge”
- Criminalizing rhetoric that threatens health and wellbeing
TOXIC STRESS

We have created a collection of articles on toxic stress since the American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health, the Committee on Early Childhood, Adoption and Dependent Care, and the Section on Behavior and Developmental and Behavioral Pediatrics published their landmark policy statement. "Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health." Since this seminal and much-cited policy statement, the field has expanded significantly.


ADVERSE CHILDHOOD EXPERIENCES

<table>
<thead>
<tr>
<th>ACES Definitions</th>
<th>Immigration policy considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse</strong> <em>(emotional, physical abuse, sexual)</em></td>
<td><strong>Conditions that families flee</strong> <em>(violence, armed conflict, abject poverty)</em></td>
</tr>
<tr>
<td><strong>Household challenges</strong> <em>(mother treated violently, household substance abuse, household mental illness, parental separation or divorce, criminal household member)</em></td>
<td><strong>Conditions at the border and in detention</strong> <em>(Customs and Border Protection processing centers, Immigration and Customs Enforcement family detention, systematic family separation, militarization of the border)</em></td>
</tr>
<tr>
<td><strong>Neglect</strong> <em>(emotional, neglect)</em></td>
<td><strong>Conditions in communities</strong> <em>(threatened or actual parental deportation, discrimination, exclusion from public programs including health coverage, immigration court w/o lawyer)</em></td>
</tr>
</tbody>
</table>
SOCIAL DETERMINANTS OF HEALTH

Consider these

- Insurance status
- Poverty
- Housing insecurity
- Food insecurity
- Education

Also include these

- Racism
- Xenophobia
- Family language preference
- Family immigration status

AND intersections between social determinants

UNDERSTANDING CHILDREN’S JOURNEYS

Pre-migration/ Country of Origin

Migration/ Journey

Apprehension/ Detention

Release into community/ Reunification

Slide Adapted from Alan Shapiro, MD
PRE-MIGRATION TRAUMA

“The adverse events that necessitated their flight are often only the beginning of a long period of turbulence and uncertainty” (Fazel et al., 2012)

Studies discussed: von Werthern et al., BMC Psychiatry, 2018; Perreira & Ornelas, Int Migr Rev 2013

THE JOURNEY

- Hunger and dehydration
- Injuries from train
- Experience/witness physical violence
- Sexual assault
- Extortion by military and gangs

Photo Credit: Veronica G. Cardenas
CUSTOMS AND BORDER PROTECTION (CBP) PROCESSING

POLICY PROTECTION: H.R. 3239

• Humanitarian Standards for Individuals in Customs and Border Protection Custody Act
• Requires minimum standards for children at CBP facilities
• All facilities with immigrant children have licensed medical professionals with pediatric expertise
• Timely health screening and necessary treatment
• Access to water, sanitation, hygiene supplies, nutrition/hydration, and shelter
POLICY PROTECTION: FLORES SETTLEMENT

- Requires government to prioritize child welfare when assuming custody of immigrant children
- Protects immigrant children from over-incarceration in unsafe and inappropriate conditions:
  - Release from custody without delay
  - Preferential release to a parent
  - If not able to be released, children must be held in the least restrictive and appropriate setting; generally, in a non-secure facility licensed by a child welfare entity

Efforts to undermine the Flores Settlement continue.

POLICY PROTECTION: TRAFFICKING VICTIMS PROTECTION REAUTHORIZATION ACT (TVPRA)

- Passed in 2008
- Mandates screening by Customs and Border Protection (CBP) for trafficking for unaccompanied children from Mexico and Canada before repatriation or placement in immigration proceedings

Efforts to undermine TVPRA continue.
Unaccompanied

Custody of Health and Human Services (HHS)

http://www.takepart.com/article/2015/12/10/undocumented-kids-border

Family Unit


Custody of Immigration and Customs Enforcement (ICE)

CHILDREN IN FAMILY UNITS: COMMUNITY RELEASE

Photo Credit: American Academy of Pediatrics
"Release" into Communities: Critical Needs

- Access to health care
- Free, public education
- Access to legal representation

IMMIGRATION COURT: CHILDREN AS ADULTS-IN-MINIATURE

- Children’s cases often separated from parents
- Children find and pay for their own lawyers
- Children must prove they shouldn’t be deported
  - Testimony and hostile cross examination
  - Confusion/mistakes can lead to designation as “not credible”
- No law requires judges or ICE to consider each child’s best interests.

Image Source: ProBAR, legal services provider, Harlingen, Texas

Slide Credit: Adapted from Jennifer Nagda, JD
POLICY PROTECTION: FAIR DAY IN COURT FOR KIDS ACT

• Requires that unaccompanied immigrant children be represented by government-appointed counsel during removal proceedings and any subsequent appeals.
• Children must be informed of this right and have access to a lawyer even if detained in a government facility.
• Recruitment of attorneys willing to help children on a pro bono basis
• Creates professional requirements and guidelines for legal representation of unaccompanied immigration children

POLICY PROTECTION: HEALTH COVERAGE

Health Coverage for Immigrant Children | January 2018

FEAR/UNCERTAINTY AND HEALTH

Studies discussed: Krieger et al., J Epidemiol Community Health 2018; Novak, Geronimus, & Martinez-Cardoso, Epidemiology 2017
Image: https://cdn.americanprogress.org/content/uploads/2017/03/15112450/KeepFamiliesTogether-brief.pdf

POLICY PROTECTION: DACA

Nearly all (94%) noncitizens who originally entered the U.S. without legal permanent resident (LPR) status have > 1 characteristic that DHS could potentially weigh negatively in a public charge determination.

Artiga et al. KFF. Available at: https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/

JAMA Pediatrics | Original Investigation
Implications of Changing Public Charge Immigration Rules for Children Who Need Medical Care

Leah Zallman, MD, MPH; Karen E. Finnegan, PhD; David U. Himmelstein, MD; Sharon Touw, MPH; Steffie Woolhandler, MD, MPH

Figure. Estimates of Children With Medical Need Who Would Lose Current Benefits Under Disenrollment Scenarios as a Result of the Proposed Public Charge Rule
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Cultural Humility and Cultural Safety

- Cultural humility: Openness and respect for differences\(^1\)

- Cultural safety: Recognition of power differences and inequities in health and the clinical encounter that result from social, historical, economic, and political circumstances\(^2\)


**KEY CLINICAL DOMAINS**

(1) Setting the stage
(2) Medical screening
(3) Developmental screening
(4) Mental health and trauma
(5) Social determinants of health
“NEW” PATIENT VISITS: KEY CONCEPTS

- “New patients:”
  - new to our pediatric practice
  - new to our nation

- Key concepts:
  - Cultural humility
  - Cultural safety
  - Health literacy

- Newly-arrived immigrant children are part of a “special population” with typical pediatric needs and unique considerations.

SETTING THE STAGE

- Welcome the family to your space
- Confirm and communicate using the family’s preferred language
- Create a “safer” space
  - Sit down
  - Speak slowly, calmly
  - Maintain eye contact
  - Avoid jargon
  - Attend to nonverbal cues and body language

- Verbally set the stage
  - “I would like to ask you a lot of personal questions that all relate to helping to keep your family as healthy as possible.”
  - DESCRIBE CONCEPT OF CONFIDENTIALITY

- “Tell me about your journey”
Key Clinical Resources

- CDC Refugee Health Guidelines
- Office of Refugee Resettlement
- AAP RedBook
- AAP Immigrant Health Toolkit

HISTORY AND PHYSICAL EXAMINATION

- Primary Care Naïve
- Migration journey
- Prior surgical procedures, blood transfusions, tattoos, female genital cutting
- Undiagnosed, under-treated, or chronic conditions
- Vision/hearing screening
TIERED APPROACH TO LABORATORY SCREENING

Consider child's insurance status when ordering costly tests


CDC Domestic Refugee Screening Guidelines

CBC WITH DIFFERENTIAL

CBC:
- WBC 10.8 (6-17 x 1000)
- HGB 13.6 (11.5-13.5 G/DL)
- HCT 41.7 (34-40%)
- PLT 365 (160-360)

Differential:
- 57% Neutrophils
- 21% Lymphocytes
- 5% Monocytes
- 0% Basophils
- 17% Eosinophils
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Absolute Eosinophil Count 1836 (Eosinophilia if > 450)

OPPORTUNITIES FOR PRACTICE CHANGE

Image: Screen shot from the electronic medical record, Wake Forest Baptist Health

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ADVOCACY: MANY FACETS, MANY LEVELS

Individual
Clinic
Community
Regional
National
“Public Sphere”

CREATING SAFER SPACES

All children and their families are welcome here.
Todos los niños y sus familias son bienvenidos aquí.

Image from Bellevue Hospital, courtesy of Dr. Benard Dreyer

Image from the Downtown Health Plaza, Wake Forest School of Medicine
SUPPORTING FAMILIES

- Read, talk, sing, play
- Parental self care
- Cultural pride reinforcement
- Know Your Rights

LEGAL REPRESENTATION

“Does your family need a lawyer to help with your landlord, housing, immigration, or taxes?”

- Detention and deportation of parents and/or children
- Uncertainty surrounding DACA
- Threatened family separation: short-term, long-term
- Access to public benefits
ACCESS TO LEGAL SERVICES

No child should ever have to represent himself or herself in court.

- 60% of unaccompanied children in deportation proceedings do not have attorneys in immigration court.
- Children without counsel are 5 times more likely to be deported, regardless of the merits of their case or the dangers to which they would return.
- Improved asylum grant rate (89% vs. 38% with medical evaluations**


LEGAL RELIEF: MOST COMMON

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asylum</td>
<td>Based on well-founded fear of persecution by or permitted by the government based on one of five grounds: race, religion, nationality, political opinion, or membership in a particular social group.</td>
</tr>
<tr>
<td>Special Immigrant Juvenile Status (SIJS)</td>
<td>Noncitizen minors who were abused, neglected, or abandoned by one or both parents.</td>
</tr>
<tr>
<td>U Visa</td>
<td>Victims of certain serious crimes who and have cooperated with law enforcement in the investigation or prosecution of the crime.</td>
</tr>
<tr>
<td>T visa</td>
<td>Victims of a severe form of trafficking and can demonstrate that he or she would suffer extreme hardship involving unusual or severe harm if removed from the United States.</td>
</tr>
</tbody>
</table>
ACCESS TO EDUCATION

Immigrant children, regardless of immigration status, have the right to free public K-12 education (Plyler v. Doe, 1982)

Immigrant parents and students with limited English proficiency (LEP) are also entitled to language-assistance programs

AAP Immigrant Health Toolkit: Section 2: Access to Health Care and Public Benefits
Slide Credit: Adapted from Lanre Falusi, MD, FAAP

HIGHER EDUCATION

Current State Laws & Policies on Access to Higher Education for Immigrants | April 2019

Legend
- States with tuition equity laws
- States with tuition equity policies at major institutions
- States with tuition equity laws and scholarships
- States with tuition equity laws or policies and some state financial aid
- States that ban enrollment to undocumented students
- States where some colleges systems deny enrollment
COMMUNITY ENGAGEMENT: PASOS

PASOs

HEALTHY CHILDREN.
KNOWLEDGEABLE FAMILIES.
STRONG COMMUNITIES.
One paso (step) at a time.

Slide Credit: Rut Rivera

PASOS

- Mission: to help build a stronger South Carolina by supporting Latino communities with education, advocacy, and leadership development.

- Vision: to have healthy Latino communities contributing to a stronger South Carolina
NATIONAL AND REGIONAL ADVOCACY

June 7, 2018
The Honorable Kirstjen M. Nielsen
Secretary
U.S. Department of Homeland Security
3801 Nebraska Avenue, NW
Washington, DC 20016

Letter on family separation, signed by 540 national and state organizations

South Carolina
- American Academy of Pediatrics - South Carolina Chapter
- National Association of Pediatric Nurse Practitioners – South Carolina Chapter
- South Carolina Appleseed Legal Justice Center
- South Carolina Association for the Education of Young Children (SCAEYC)
- South Carolina Infant Mental Health Association

TRANSLATING SCIENCE TO THE PUBLIC

Immigration

Perhaps no issue presents the contradictions within Americans’ thinking more strongly than immigration. Americans struggle to find the right mix of policies that would both protect our national interests and welcome newcomers accordingly.

FrameWorks research, conducted over five years, answers the following questions: How do Americans think about immigration, why do they think what they do, what consequences does that have for immigration advocates, and how might they best engage Americans in a discussion about immigration reform?

http://www.frameworksinstitute.org/immigration1.html
MESSAGING: IMMIGRATION AND CHILD HEALTH

Shared Prosperity: Children are the basis of our future civic and economic wellbeing.

Human Potential: We need children’s talents and skills to be available to our communities.

Human Dignity: We have a moral obligation to respect people as people.

Slide Credit: Moira O’Neil, PhD, Frameworks Institute

APPLYING THIS FRAME

- Demonstrate impact of stress for both short- and long-term health
- Propose solutions

Immigrant Families in America Today: How Fear and Toxic Stress Are Affecting Daily Life, Well-Being, and Health

Published: Nov 30, 2017
CONCLUSIONS

- Pediatricians have a responsibility to support all children, regardless of where they or their parents were born.
- Caring for children in immigrant families involves taking what we know about caring for all children and adapting to meet the unique needs of this special population.
- Our work is inspired by compassion, informed by science, and moved forward through dedication and collaboration.

Photo Credit: Veronica G. Cardenas

REFERENCES, 1

REFERENCES, 2


ACKNOWLEDGMENTS

- American Academy of Pediatrics (AAP) colleagues and fellow pediatricians
  - AAP Immigrant Health Special Interest Group
  - NC and SC Chapters of the AAP
- Prisma Health Upstate Department of Pediatrics
- UofSC SOM-Greenville
- PASOs Greenville team (Rut Rivera, Sebastian Villacis, Guillermo Martinez)
- RWJF Culture of Health Leaders Program
- Community partners locally and nationally
- Children and families who offer the privilege of their trust