

Children Seeking Safe Haven: The Health Impact of Migration across our Southern Border



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- 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 CME activity.
- I do not intend to discuss an unapproved/ investigational use of a commercial product/ device in my presentation.

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Learning Objectives

- Provide background for understanding the experiences of immigrant children
- Discuss the migration experience of newly-arrived immigrant children
- Understand the critical roles of community-based health care, education, and legal representation for newly-arrived immigrant children

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Current State of Affairs

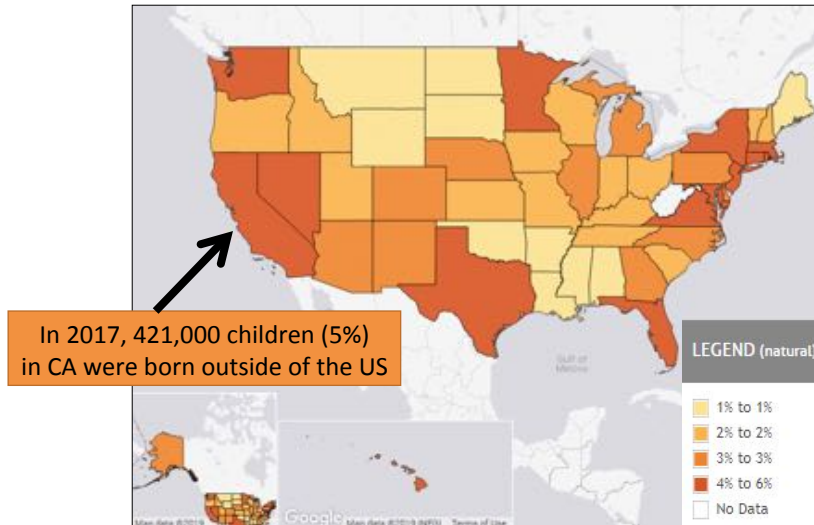
- Increased border enforcement
- Expanded interior enforcement
- Refugee and Muslim travel ban
- Termination of DACA
- Threatened participation in public programs: “Public Charge”
- Ongoing rhetoric that criminalizes immigrant families and threatens health and wellbeing



Photo Credit: Veronica G. Cardenas

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Immigrant Children



Data and map from: Kids Count data Center, <https://datacenter.kidscount.org/>

Framework: Understanding the Experience of Immigrant Children at our Southern Border



Slide Adapted from Alan Shapiro, MD

Toxic Stress Framework

American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



Organizational Principles to Guide and Define the Child
Health Care System and to Improve the Health of all Children

POLICY STATEMENT

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health

abstract

Advances in a wide range of biological, behavioral, and social sciences are expanding our understanding of how early environmental influences (the ecology) and genetic predispositions (the biologic program) affect learning capacities, adaptive behaviors, lifelong physical and mental health, and adult productivity. A supporting technical report from the American Academy of Pediatrics (AAP) presents an integrated ecobio-developmental framework to assist in translating these dramatic advances in developmental science into improved health across the life span. Pediatricians are now armed with new information about the adverse effects of toxic stress on brain development, as well as a deeper understanding of the early life origins of many adult diseases. As trusted authorities in child health and development, pediatric providers must now complement the early identification of developmental concerns with a greater focus on those interventions and community investments that reduce external threats to healthy brain growth. To this end, AAP endorses a developing leadership role for the entire pediatric community—one that mobilizes the scientific expertise of both basic and clinical researchers, the family-centered care of the pediatric medical home, and the public influence of AAP and its state chapters—to catalyze fundamental change in early childhood policy and services. AAP is committed to leveraging science to reform the development of innovative strategies to reduce the precipitants of toxic stress in young children and to mitigate their negative effects on the course of development and health across the life span. *Pediatrics* 2012;129:e224–e231



COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND
FAMILY HEALTH, COMMITTEE ON EARLY CHILDHOOD,
ADOPTION, AND DEPENDENT CARE, AND SECTION ON
DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

KEY WORDS
adolescence, brain development, ecobio-developmental framework,
family pediatrics, health promotion, human capital investments,
new mortality, toxic stress, resilience

ABBREVIATIONS
AAP—American Academy of Pediatrics
EBD—ecobio-developmental

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- Consider the role of pediatricians as advocates

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What Drives This Migration?

FIGURE 1
The homicide rate in the Northern Triangle is far higher than that in the United States
 Homicides per 100,000 people, by country



Notes: The most recent data available for the United States are from 2016. Data for the Northern Triangle countries are from 2017.
 Sources: Tritan Clavel, "Insight Crime's 2017 Latin America Homicide Round-Up," Insight Crime, January 18, 2018, available at <https://www.insight-crime.org/news/analysis/2017-homicide-round-up/>; Federal Bureau of Investigation, Crime in the United States by Volume and Rate per 100,000 Inhabitants, 1997-2016 (U.S. Department of Justice, 2016), table 1, available at <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/topic-pages/tables/table-1>.



<https://www.americanprogress.org/issues/immigration/reports/2018/06/01/451474/still-refugees-people-continue-flee-violence-latin-american-countries/>

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What Drives This Migration?

The Push	The Pull
<ul style="list-style-type: none"> • Violence – homicide • Food insecurity • Poverty • Political instability • Domestic violence, child abuse • Environment (e.g. severe drought) • Targeted persecution (youth, ethnic minorities, LGBTQ, girls) • Trafficking: labor, sex 	<ul style="list-style-type: none"> • Reunification with family • Education • Economic opportunities • Safety
Lack of Protection	Seeking Protection

Rosenblum & Ball, Migration Policy Institute, 2016

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The Journey



Unaccompanied minors ride atop the wagon of a freight train, known as La Bestia (The Beast) in Irigapa, in the Mexican state of Oaxaca on June 18, 2014. Foto de Jesus Cortes-Rodriguez

In Children's Words

"I tied my belt to the train so I wouldn't fall off if I fell asleep."

"I often spent days without eating and had to wash cars to make enough money to buy food."

"My family sold their farm to finance my trip to the US."

Slide Adapted from Alan Shapiro, MD

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Crossing the Border



In Children's Words

"I almost drowned crossing the river when the inner tube deflated."

"We walked for six hours in the desert and ran out of water. I wasn't sure I would survive."

"We were kidnapped at the border by our guide and my parents couldn't pay the ransom. I thought I was going to be killed."

Slide Adapted from Alan Shapiro, MD

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Complex Trauma



Honduran migrant flees tear gas with her children

Image Credit: <https://widerimage.reuters.com/story/honduran-migrant-flees-tear-gas-with-her-children>

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Apprehension and Detention

Apprehension



Processing



ROSS D. FRANKLIN/ASSOCIATED PRESS/POOL/FILE 2014

In Children's Words

"I was wet from crossing the river and didn't get dry clothes until the next morning."

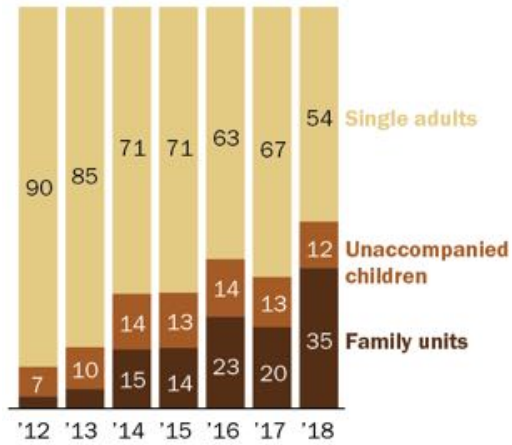
"They separated me from my older sister. I thought I'd never see her again."

Slide Adapted from Alan Shapiro, MD

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Family units make up an increasing share of U.S. border apprehensions

% of apprehensions at the U.S. southwest border from January to December, by type



Pew Research Center,
<http://www.pewresearch.org/fact-tank/2019/01/16/border-apprehensions-of-migrant-families-have-risen-substantially-so-far-in-2018/>

Child Deaths with Processing



Felipe Gomez Alonzo

The Flores Settlement

- Requires government to prioritize child welfare when assuming custody of immigrant children seeking safe haven in the US
- Protects immigrant children from over-incarceration in unsafe and inappropriate conditions:
- Applies to unaccompanied children and children in family units

Through a proposed regulation, the Flores Settlement is at risk!

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Unaccompanied *Alien* Children The Homeland Security Act of 2002

- Under the age of 18
- Without legal immigration status
- Without a parent or guardian in the United States available to provide care and physical custody... *at the time of apprehension*
- Primarily from **non-contiguous** countries



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

Slide Adapted from Alan Shapiro, MD

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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 have been proposed.

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Unaccompanied Immigrant Children ORR Children's Shelters



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Unaccompanied Immigrant Children: Release to Sponsors

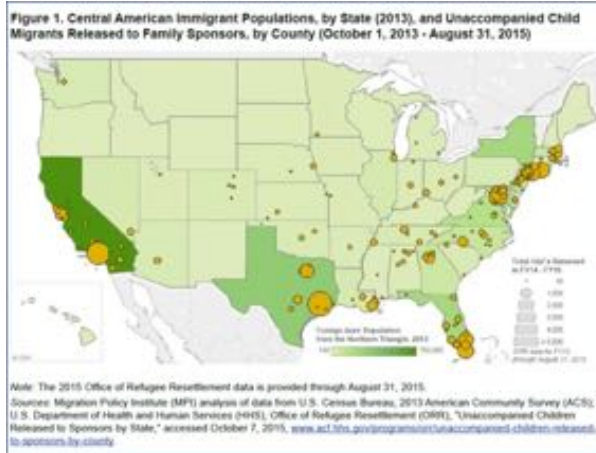


Photo credit: TOBIAS SHEARER

Unaccompanied Immigrant Children Release to Sponsors: CA

FY 2014	FY 2015	FY2016	FY 2017	FY 2018
5,831	3,629	7,381	6,268	4,655

Release by County: October 2018 – December 2018	
Alameda County	139
Contra Costa County	55
Los Angeles County	654
Orange County	65
Riverside County	79
San Mateo County	69
Santa Clara County	64

Source: ORR UAC release data by county: <http://www.acf.hhs.gov/orr/unaccompanied-children-released-to-sponsors-by-county>

<https://www.cnn.com/2018/12/10/politics/ice-potential-sponsors-arrests/index.html>

ICE arrested 170 potential sponsors of unaccompanied migrant children

By Geneva Sands, CNN
Updated 7:06 PM ET, Mon December 10, 2018



MORE FROM

NEW YORK, NY - APRIL 11: U.S. Immigration and Customs Enforcement (ICE), officers process detained undocumented immigrants on April 11, 2018 at the U.S. Federal Building in lower Manhattan, New York City. (Photo by John Moors/Getty Images)

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Children in Family Units: Detention Centers



Source: ICE
Berks Family Residential Center



Satellite View of South Texas Family Residential Center (ICE) - CoreCivic

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NATIONAL
A Toddler's Death Adds To Concerns About Migrant Detention
August 28, 2018 - 7:06 PM ET
Heard on Morning Edition
JOEL ROSE



Mariana Juárez and her mother Yázmin Juárez. Mariana died after being detained along with her mother at the South Texas Family Residential Center in Dilley, Texas.
Courtesy Yázmin Juárez

<https://www.npr.org/2018/08/28/642738732/a-toddlers-death-adds-to-concerns-about-migrant-detention>

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Family Detention: Not a Solution to Separation

Children in Family Units: Community Release



Photo Credit: American Academy of Pediatrics

Children in Family Units: Community Release



Photo Credit: Benard Dreyer, MD, FAAP

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Children in Family Units Community Release



Asylum-seekers wait at a Greyhound bus station in [El Paso](#), Texas, after being dropped off by Immigration and Customs Enforcement, on Dec. 23, 2018. (PAUL RATJE/AFP/Getty Images)

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Separation of Children and Families

Image: https://www.huffingtonpost.com/entry/border-separation-weekly-status-numbers_us_5b926780e4bd7b003ee9ed



“Studies overwhelmingly demonstrate the irreparable harm caused by breaking up families.”

Dr. Colleen Kraft; President, American Academy of Pediatrics

<http://www.latimes.com/opinion/op-ed/la-oe-kraft-border-separation-suit-20180503-story.html>

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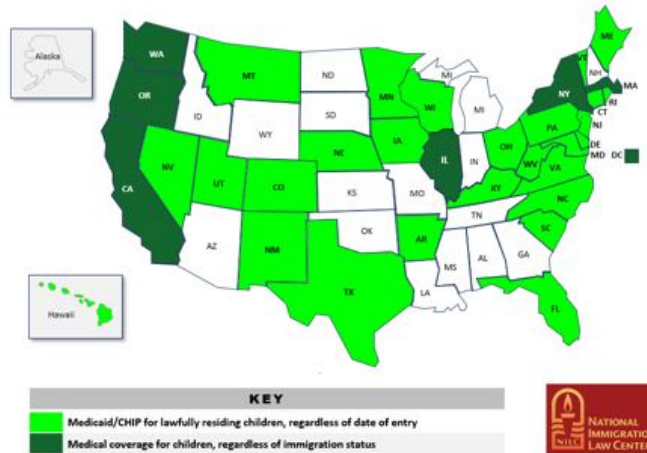
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Access to Healthcare

Health Coverage for Immigrant Children | January 2018



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Identifying Newly-Arrived Immigrant Children

- **Why?** Unique medical, psychosocial and legal needs
- **Where?** Schools, legal offices, CBO, homeless shelters/ drop-in centers, soccer fields, houses of worship, healthcare settings
- **How: 3 questions**
 - Did you meet border patrol at or near the border?
 - How old were you when you met border patrol?
 - Who were you with?
 - No parent/legal guardian = Unaccompanied
 - Parent/legal guardian = Family Unit
- **Corollary question:** Do you have a lawyer?

Slide Adapted from Alan Shapiro, MD

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Newly-Arrived Immigrant Children: A Special Population

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



AAP Council on Community Pediatrics. <http://bit.ly/1y6HR1D>

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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.
- Healthcare improves legal outcomes.
- Legal Services Corporation funding restriction for many immigrants without lawful status (exceptions: trafficking, crime victims).

Kids in Need of Defense Fact Sheet, <https://supportkind.org/wp-content/uploads/2017/06/Advocacy-KIND-Fact-Sheet-June-2017.pdf>

† Lustig et al. "J. Immigrant Minority Health (2008) 10:7–15.

Slide Credit: Adapted from presentation with Jennifer Nagda, JD and Lanre Falusi, MD, FAAP

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Children as Adults-in-Miniature

- Children's cases often separated from parents
- Children find/pay for their lawyer
- Children must prove they should not be deported
 - Testimony and hostile cross examination
 - Confusion/mistakes in any statement can lead to designation as "not credible" and not deserving of protection
- No law requiring judges or immigration officials to consider each child's best interests or even whether anyone is available and able to care for them if they are deported



Source:
ProBAR, legal services provider, Harlingen, Texas

Slide Credit: Adapted from presentation with Jennifer Nagda, JD and Lanre Falusi, MD, FAAP

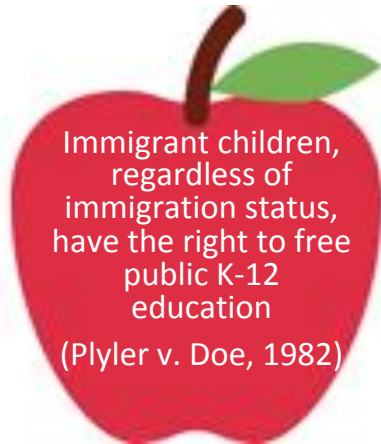
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Legal Relief: Most Common

Status	Description
Asylum	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.
Special Immigrant Juvenile Status (SIJS)	Noncitizen minors who were abused, neglected, or abandoned by one or both parents.
U Visa	Victims of certain serious crimes who and have cooperated with law enforcement in the investigation or prosecution of the crime.
T visa	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.

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What Rights Do Immigrant Children Have in Schools?



AAP Immigrant Health Toolkit: Section 2: Access to Health Care and Public Benefits

Slide Credit: Adapted from presentation with Jennifer Nagda, JD and Lanre Falusi, MD, FAAP

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What Can We Do?



Individual
Clinic
Community
Regional
National
“Public Sphere”

More to come in
our breakout
session!

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Conclusions

- Pediatricians have a responsibility to support all children, regardless of where they or their parents were born.
- Our work is inspired by compassion, informed by data, and moved forward through dedication and collaboration.



Photographer: Verónica G. Cárdenas-Vento; <http://veronicagabriela.com/>

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- Wake Forest School of Medicine colleagues
- Community partners in Winston-Salem, NC and Greenville, SC
- Children and families who offer the privilege of their trust



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References

1. AAP Council on Community Pediatrics Immigrant Health Toolkit, <http://bit.ly/1y6HR1D>.
2. AAP Council on Community Pediatrics. Community pediatrics: navigating the intersection of medicine, public health, and social determinants of children's health. *Pediatrics* 2013; 131(3): 623-628.
3. AAP Council on Community Pediatrics. Providing Care for Immigrant, Migrant, and Border Children *Pediatrics*, 2013, 131(6): e2028-34.
4. AAP. Trauma toolbox for primary care. M. D. Dowd, Editor. www.aap.org/traumaguide
5. CDC: Guidelines for the U.S. Domestic Medical Examination for Newly Arriving Refugees <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>
6. Garner AS, Shonkoff JP; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. *Pediatrics*. 2012;129(1). Available at: www.pediatrics.org/cgi/content/full/129/1/e224
7. KIND (Kids in Need of Defense): <https://supportkind.org/resources/knowrights-information-ice-raids-parentscommunityattorneys/>
8. Linton JM, Griffin M, Shapiro A. Detention of Immigrant Children. *Pediatrics*, May 2017, DOI: 10.1542/peds.2017-0483.
9. Lustig *et al.* *J. Immigrant Minority Health*; 2008; 10:7–15.

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References

10. Matema S. The are (still) refugees: people continue to flee violence in Latin American countries. Center for American Progress. Available at: <https://www.americanprogress.org/issues/immigration/reports/2018/06/01/451474/still-refugees-people-continue-flee-violence-latin-american-countries/>. Accessed 2/22/19.
11. National Center for Medical-Legal Partnership <http://medical-legalpartnership.org/>
12. National Immigration Law Center (NILC) Toolkit: <https://healthtoolkit.nilc.org/login/>
13. Physicians for Human Rights. *Examining Asylum Seekers: A Clinicians Guide to Physical and Psychological Evaluations of Torture and Ill Treatment*.
14. Rosenblum MR, Ball I. Trends in unaccompanied child and family migration from Central America. Migration Policy Institute 2016. Available at: <https://www.migrationpolicy.org/research/trends-unaccompanied-child-and-family-migration-central-america>. Accessed February 19, 2019.
15. US Customs and Border Patrol, 2018. <https://www.cbp.gov/newsroom/stats/usbp-sw-border-apprehensions>
16. Women's Refugee Commission, Lutheran Immigration and Refugee Service, Kids in Need of Defense. Betraying Family Values: How Immigration Policy at the United States Border is Separating Families. Available at: <https://www.womensrefugeecommission.org/rights/gbv/resources/1450-betraying-family-values>

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