Undocumented Immigrant Children
Supporting Their Health and Development

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Director, Division of Child and Family Health
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Community for Children
33 UTHSCSA participants
31% of total 105

Where they go
21/105 Have stayed in Texas for residency = 20%

Our issue is immigration
Children’s Lives on the Border

1. Children exposed to violence in Mexico
2. Dreamers
3. Citizen-children living in mixed-immigration status
4. U.S citizen children who know the above children as classmates and neighbors
5. Children from Central America

“Old-fashioned anti-immigrant prejudice always brings out some old-fashioned racists.”

Molly Ivins

Objectives

1. Define the magnitude of the migration problem
2. Identify the Articles of the UN Convention on the Rights of the Child which pertain to immigrant children
3. Recognize the impact of violence and trauma on the physical and psychological health of children.
4. Discuss the AAP’s Policy Statement, Detention of Immigrant Children.
5. Have tools for screening and caring for immigrant children and advocating for their needs.

“I have no financial conflict of interest to declare.”

Migrating Children

Top five destination states

- California (10.7 million)
- Texas (4.7 million)
- New York (4.5 million)
- Florida (4.1 million)
- New Jersey (close to 2 million)

Where are they crossing?

<table>
<thead>
<tr>
<th>Sectors</th>
<th>FY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Bend Sector</td>
<td>1,051</td>
</tr>
<tr>
<td>Del Rio Sector</td>
<td>3,549</td>
</tr>
<tr>
<td>El Centro Sector</td>
<td>1,583</td>
</tr>
<tr>
<td>El Paso Sector</td>
<td>5,644</td>
</tr>
<tr>
<td>Laredo Sector</td>
<td>1,640</td>
</tr>
<tr>
<td>Rio Grande Sector ***</td>
<td>**** 82,006</td>
</tr>
<tr>
<td>San Diego Sector</td>
<td>2,863</td>
</tr>
<tr>
<td>Tucson Sector</td>
<td>3,139</td>
</tr>
<tr>
<td>Yuma Sector</td>
<td>6,169</td>
</tr>
<tr>
<td>Total</td>
<td>77,674</td>
</tr>
</tbody>
</table>

http://www.migrationpolicy.org
A study of more than 400 unaccompanied children conducted by UNHCR (The UN Refugee Agency) revealed that 58% of unaccompanied and separated children raise potential for international protection needs.


Why they flee – credible fear

- Family member killed, kidnapped or threatened
- Family member raped
- Witness to assassination or other violence
- Forced to work for gangs
- Persecuted by gangs
- Domestic violence

**Dangers on the Journey**

- Experience or witness violence
- Kidnapping
- Rape
- Extortion by military or the gangs
- Drownings
- Death in the desert

**Separation of Families**

- Part of the processing procedures
- “Mama, is this when they are going to kill us?”
- This is often done forcibly
- No records of number of separations
- No tracking of where family members are sent
- John Kelly now threatening to separate all children from their mothers

**US Detention Conditions**

- Prisonlike conditions
- Intentionally cold
- Lights on 24 hours a day, or flashlight checks
- Inconsistent access to quality medical or dental care
- Virtually no mental health care
- Lack of year round education
- Law enforcement mentality
- Lack of interpreters
- Lack of legal access
- Arbitrary outcomes and timing
In 5 states and D.C., immigration status does not impede a child’s access to public insurance.

**Access to Medical Care**

A Quick Guide to Immigrant Eligibility for ACA and Key Federal Means-Tested Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>Eligible for coverage if income below 138% FPL.</td>
</tr>
<tr>
<td>CHIP</td>
<td>Eligible for coverage if income below 138% FPL.</td>
</tr>
<tr>
<td>SCHIP</td>
<td>Eligible for coverage if income below 138% FPL.</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Eligible for coverage if income below 138% FPL.</td>
</tr>
</tbody>
</table>

**Immigrant Child Health Toolkit**

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

**Trauma-related RED FLAGS**

<table>
<thead>
<tr>
<th>Bodily Functions</th>
<th>Behavior</th>
<th>Development and Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping problems</td>
<td>Detachment</td>
<td>Frequent severe tantrums</td>
</tr>
<tr>
<td>Eating Problems</td>
<td>Numbing</td>
<td>Limited working memory</td>
</tr>
<tr>
<td>Toileting Problems</td>
<td>Aggression</td>
<td>Organizational problems</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exaggerated responses</td>
<td></td>
</tr>
</tbody>
</table>

Providers can recognize red flags and help parents to address symptoms.

AAP Trauma Toolbox for Primary Care. www.aap.org/traumaguide

**Access to Public 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

**Access to Legal Services**

- Previously detained children have no right to government appointed counsel
- Small percentage get legal representation
  - FY 2014: 32% had representation*
- Outcomes immensely improved with representation
  - 73% with attorney vs. 15% without win legal status*

*Immigration TRAC, 2014
Medical-Legal Partnerships

- Healthcare improves legal outcomes:
- Uncover histories not revealed to lawyers
- Identify/treat medical/mental health conditions
- Facilitate communication with attorney
- Provide professional letters of support
- Improved asylum grant rate (adults)
- 89% with medical evaluations vs. 38% without won asylum †


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 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 crimes who have suffered substantial physical or mental abuse 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>

UN Convention on the Rights of the child

- Article 37 “freedom from arbitrary arrest”
- Article 22 “provision of special protection to children seeking asylum”
- Article 37 “humane and appropriate treatment of children in detention”
- Article 9 “guidelines regarding family unity”


It is not illegal to come to our border and seek protection.

Collecting Evidence – The Team
**Detention of Immigrant Children**

is never in the

“Best interests of the child”

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**Key Points**

- Children should never be separated from their parents or caregiver.
- Children should never be placed in detention centers.
- Children deserve our compassion and assistance.
- All children in the U.S. should have access to health care, education, and other essential services.

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**Recommendations for pediatricians**

- Immigrant children deserve access to comprehensive medical care
- Immigrant Child Health Tool Kit
- Trauma Toolbox
- Elicit specific history of abuse, neglect, abandonment, persecution, trafficking, or violence to screen children for legal needs
- Refer to legal services
- Integrated care in the clinic, MLAF and counselors trained in Trauma Care
- Get them in school

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**Detention of Immigrant Children**

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Immigrant Child Health SIG

To join the SIG, AAP members must first join the Council on Community Pediatrics (COCP), which manages the group’s activities.

Join the COCP Online (log in with AAP ID) or call the AAP Division of Member Services at 800-433-9016 ext. 5897. After becoming a COCP member, you will receive an email to confirm your interest in signing up for the Immigrant Health SIG. Please allow up to 3 weeks to receive this email.

Please contact cocp@aap.org for assistance, or more information.

Resources

- AAP Immigrant Health Toolkit
- AAP Trauma Toolbox for Primary Care
- www.immigrationadvocates.org/nonprofit/legaldirectory
- https://www.womensrefugeecommission.org/rights/gbv/resources/1450-betraying-family-values
- http://www.alk.org
- https://www.unicef.org
- http://physiciansforhumanrights.org
- www.migrantclinician.org
- www.communityforchildren.org

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