At Issue: Supporting Our Immigrant Children

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> *"Give me your tired, your poor, your huddled masses yearning to breathe free, The wretched refuse of your teeming shore. Send these, the homeless, tempest-tossed to me, I lift my lamp beside the golden door!"*
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> *- Emma Lazarus (1883)*

Fearful, threatened children from across the world are fleeing their home countries seeking the safe haven promised by these words. Whether it be traveling north on the dangerous train, *La Bestia* (the Beast), from Central America or risking treacherous waters in rickety rafts fleeing Myanmar, children are fleeing for their lives trying to escape traumas including violence, extreme poverty, environmental degradation, and persecution.

Researchers have extensively studied trauma in children, and found that it leads to changes in brain function and structure and poor long-term health outcomes (Shonkoff et al., 2012). Many immigrant and refugee children are suffering from accumulated trauma: the underlying pre-migration trauma; the trauma that can occur during migration; and the trauma of acculturation in adjusting to life in a foreign community (Giacco & Priebe, n.d.). Through this process, children may be exposed to violence, sexual abuse, or the death of a parent, and may not be able to share the experience because of their developmental stage or the effects of the trauma. Traumatized children may present with symptoms of recurrent headaches, stomachaches, or behavioral problems, symptoms similar to those seen in children exposed to domestic violence or neglect. Despite the trauma, many children show signs of amazing resilience and strength.

Most children have migrated in the spirit of hope. This hope can be a source of resiliency for recently migrated children. A study done by Cooch et al. (2017) examining the evaluation of a program that involved group therapy in the school setting showed that immigrant children had high levels of resiliency to begin with, and that group therapy in the school setting helped to improve the Pediatric Symptom Checklist (PSC) score. Interventions that aim to improve mental health through utilization of resiliency shift the mindset away from a problem-based focus to a solution-based mentality. Further research needs to be conducted on how to sustain hope and build resiliency in all our children.

In the last few years, the safe havens sought with such hope have become sources of ongoing traumas. New threats seem to be aimed at children and families every day. Both immigrant children and U.S.-born citizen children with immigrant parents are suffering from the fear of parental separation due to deportation. We are seeing more and more children in our clinics exhibiting signs of separation anxiety, afraid to go to school or leave their parent's side. This fear is not an unfounded fear.

This very fear potentially can affect a child's overall health, whether the child has adequate food in the home or is able to access rightfully deserved healthcare. The current administration is considering a policy change in defining what is public charge. The current definition of public charge is "a person who is primarily dependent on the government for more than half of personal income" (Perreira, Yoshikawa, & Oberlander, 2018).

This policy will discourage immigrants and their dependents (including U.S. citizen children) who are seeking permanent residency from using any government-supported health care (National Immigration Law Center (NILC), 2018). This is alarming to us all, and we are already feeling its effects. Under this plan, a lawful immigrant could be denied permanent residency, a "green card," if they use Medicaid, the Women, Infants, and Children (WIC) Nutrition Program, food stamps, tax credits, or other noncash government benefits (NILC, 2018). Already, many of the parents in our clinics are not renewing Medicaid for their children. We are seeing a decrease in the numbers of patients coming into our clinics for appointments. Many families are afraid of seeking services like WIC due to the possible policy change. This results in more children going hungry. While this policy is not yet in place, merely hearing about it is chilling. This is already occurring, with a WIC agency in Beacon, New York reporting that it has lost 20% of its caseload due to this fear (Evich, 2018). These factors have a direct impact on the health of our children. Fear of family separation is behind all of this.

Earlier this year, the Department of Homeland Security (DHS) formalized a policy— "Zero Tolerance" —to remove immigrant children from their parents at the southern border if families enter the United States without presenting at the official ports of entry, the bridges across the Rio Grande River. Officials have turned many families away at the bridges, forcing them to swim the river. Then, they wait on the riverbank to turn themselves into a DHS agent. This is considered an unlawful entry into the United States, subject to the Zero Tolerance Policy. Officials then separated the children from their parents, and placed the parents into a detention facility or deported them. The disastrous results of this separation continue to play out in the lives of children and their families. DHS agents had been informally practicing the separation of children from their parents for many months, even among asylum seekers. An asylum seeker is defined by the United States Citizenship and Immigration Service (USCIS) as someone who is already in the United States, or who is seeking admission at the port of entry due to persecution based upon race, religion, nationality, membership in a particular social group, or political opinion (USCIS, n.d.). Asylum seekers have a lawful right to come to any country to request asylum from dangers that threaten their lives.

Child protection team members, perhaps more than anyone in this country, understand the trauma of separating a child from his/her parent. And yet, we as a country are separating children from their parents as punishment for seeking safety at our borders. Many of these separated children continue to be held as "unaccompanied children" in Office of Refugee Resettlement detention centers (shelters), because DHS does not know where their parents are. The American Academy of Pediatrics (AAP) issued a Policy Statement on the Detention of Immigrant Children in March 2017, which included advising that agents should not place immigrant children in detention, and should never separate them from their parents, unless the child is at risk of abuse at the hands of the parent (Linton, Griffin, & Shapiro, 2017). The AAP Policy Statement clearly states that detention is never in the best interest of the child (Linton et al., 2017).

Detention of unaccompanied minors, however, is not a new issue. The Flores Settlement Agreement, which was approved in 1997 after 10 years of legal work, stipulates that unaccompanied minor children should be treated with dignity, respect, placed in the least restrictive environment, released with unnecessary delay to their sponsor, and not held with unrelated adults (Reno v. Flores, 1993). In early September, the Departments of Homeland Security and Health and Human Services proposed regulations regarding the Flores Settlement Agreement that strip vulnerable children of vital protections, jeopardizing their health and safety (Department of Homeland Security & Department of Health and Human Services, 2018). If approved, the proposed regulations pave the way for major expansions of family detention centers where children could be held indefinitely and in conditions that put their health and safety at great risk. This potential change to the Flores Settlement Agreement undermines state child welfare laws regarding licensure for residential child care facilities, and threatens basic protections for children. There is no evidence that any amount of time in detention is "safe" for children. In fact, even short periods of detention can cause psychological trauma and long-term mental health risks for children (Linton et al., 2017). Leaders can change these detrimental policies, and as child health advocates we have a role in facilitating that change.

Pediatricians across the country are standing up for

immigrant children. We are training ourselves in trauma-informed care, first recognized and designed for children in foster care. We are advocating in Washington, DC and locally, using social media and writing op-ed articles. Many child maltreatment professionals are already writing and advocating for the protection of immigrant children. As mandatory reporters of child abuse, we cannot sit still and allow administrative abuse to harm our children. We need your continued support. Please lend your voices to the outcry by medical and mental health providers across the country. Standing on the sidelines, remaining quiet, is no longer an option.

About the Authors

Padma Swamy, MD, MPH, *is dedicated to improving the social factors impacting immigrant families. She is part of the Program for Immigrant Refugee Child Health (PIRCH) at Baylor College of Medicine/Texas Children's Hospital. She is also a leader for the Immigrant/Refugee Health Committee of Doctors For Change, a Houston-based non-profit.*

Marsha R. Griffin, MD, *lives and works on the Texas/Mexico border and has spent the last 10 years writing and speaking about her concerns for the trauma inflicted on the children living along the border, as well as those children who are forced to pass through this region in search of safe haven. She continues to help mobilize individuals and institutions to better serve the migrating poor. She is Co-chair of the American Academy of Pediatrics Immigrant Health Special Interest Group.*

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At Issue: Supporting Our Immigrant Children

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