Immigrant Child Health in Washington, DC: Scenes from a Sanctuary City

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“....you have to understand, that no one puts their children in a boat unless the water is safer than the land....”

Warsan Shire, “Home”
Learning Objectives

• Understand the definition of sanctuary city and the demography of immigrants in Washington, DC
• Describe the current situation of unaccompanied minors migrating to the U.S. from Central America
• Identify the medical, psychosocial and public health issues for immigrant children
• Discuss the effects of public policy changes on the health of immigrant children and their families
Immigrant

- "Foreign born" and "immigrant" are used interchangeably and refer to persons with no U.S. citizenship at birth
  - Naturalized citizens
  - Lawful permanent residents
  - Refugees
  - Asylees
  - Persons on certain temporary visas
  - Undocumented
  - Immigrant children also includes children born in the US with at least one foreign-born parent
Washington, DC: A Sanctuary City

• Jurisdictions that have informal policies or actual laws in place designed to limit cooperation with or involvement in federal immigration enforcement actions
• 300 nationwide
Sanctuary Cities in Practice

- Protect undocumented immigrants who are not otherwise engaged in criminal activity from being detained or deported
- 12 states and DC allow undocumented immigrants to get a drivers license
- Police cannot stop people solely to establish their immigration status
- Immigration status cannot be used to deny housing or other city services
- Health insurance provided to all residents, regardless of immigration status
- City funds used to provide legal aid to undocumented immigrants
- Reject detainer requests from federal Immigration and Customs Enforcement (ICE) agency - a detainer is the primary tool used by ICE to gain custody of criminal aliens for deportation
Snapshot of Immigrants in DC
Snapshot of Immigrants in DC

- Foreign-born persons: 1 in 7 (1/3 are naturalized citizens)
- Undocumented persons: 3%
- Hispanic immigrants: predominantly from El Salvador, Mexico, Dominican Republic
- DC Census in 2015: 672,228 residents
  - 9.1% Hispanic or Latino in 2010
  - 10.6% Hispanic or Latino in 2015
  - Most live in Wards 1 and 5
  - 90% of children in Latino families in DC are US citizens
“These children have crossed the U.S. border, but their journey is far from over.”
Factors Influencing Migration

PUSH Factors
- Poverty
- Gang violence
- Domestic violence
- Exploitation
- Drug abuse
- Family separation
- Lack of opportunity

PULL Factors
- Employment
- Reunite with family
- Education
- Adoption/permanent residency
## Who Is Apprehended at the Border?

<table>
<thead>
<tr>
<th></th>
<th>FY 13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaccompanied children</td>
<td>38,759</td>
<td>68,541</td>
<td>39,970</td>
<td>59,692</td>
</tr>
<tr>
<td>Family units</td>
<td>14,855</td>
<td>68,445</td>
<td>39,838</td>
<td>77,674</td>
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<tr>
<td>Individuals</td>
<td>360,783</td>
<td>342,385</td>
<td>251,525</td>
<td>271,504</td>
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<tr>
<td>Totals</td>
<td>414,397</td>
<td>479,371</td>
<td>331,333</td>
<td>408,870</td>
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</tbody>
</table>

Figure 1. Apprehensions of Unaccompanied Child Migrants, by Country of Nationality, FY 2009-15 (Projected)

http://www.migrationpolicy.org/sites/default/files/publications/TCM-Protection-UAC.pdf
Migration of Unaccompanied Minors

Source of photo: Miroff, Washington Post article, In Mexico, rails are risky crossing for a new wave of Central American migrants
July 15, 2013
What Happens at the Border?

- Apprehended by Customs and Border Patrol (CBP)
- Taken to a CBP Processing Center
- Unaccompanied minors must be transferred within 72 hours
  - Identify the child
  - May receive limited health screening: scabies, lice, varicella
- If the child is identified as unaccompanied, they are transferred to the custody of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Provided with shelter care, options are explored on a case-by-case basis to identify a sponsor, family member or foster care placement for the child
  - Medical and mental health care
  - Average length of stay with ORR is 34 days
Migration of Unaccompanied Minors

Unaccompanied minors released to sponsors (Oct 2015 - Sept 2016)

Total: 52,147

- California
- Florida
- Georgia
- Maryland
- Massachusetts
- New Jersey
- New York
- North Carolina
- Texas
- Virginia
Families at the Border

• Disposition
  – Released into community to await immigration proceedings, often with electronic ankle monitors
  – Expedited return to country of origin
  – Immigrations & Customs Enforcement (ICE) family residential centers

• 3 family detention centers – 2 in Texas, 1 in Pennsylvania

• Limited medical, dental, mental health services
Conditions in Processing and Detention Centers

- Lack of bedding and bathing facilities
- Cold temperatures
- Open toilets
- Constant light exposure
- Insufficient food and water
- Lack of access to legal counsel
AAP Border Visit, August 8-10, 2016
Judy Dolins, MPH
(Photos courtesy of Veronica G. Cardenas-Vento)
DHS’ immigration enforcement practices should operationalize the presumption that detention is generally neither appropriate nor necessary for families – and that detention or the separation of families for purposes of immigration enforcement or management are never in the best interest of children.

*DHS Report of the ICE Advisory Committee on Family Residential Centers, 2016.*
Impact of Detention on Children and Families

- Developmental delay
- Difficulties with school adjustment
- PTSD
- Anxiety
- Depression
- Suicidal ideation
- Undermines parental authority and capacity to respond to their children’s needs
- Musculoskeletal, neurologic, gastrointestinal symptoms
- **No evidence indicating that any time in detention is safe for children**
AAP Border Visit, August 8-10, 2016
Judy Dolins, MPH
(Photos courtesy of Veronica G. Cardenas-Vento)
What Happens When Children Arrive at Clinic?

- 85% Latino patient population
- Mixed immigration status
- 90% Medicaid patients
- 10,000 visits a year
Health Challenges of Immigrant Children

- Mental health
  - Stress/PTSD
  - Depression
  - Grief
  - Family separation and reunification
- Assault/Rape
- Immunization delay
- Infections, including TB, amebiasis
- Poor asthma control
- Developmental delays
- Anemia
- Dental caries
Health Barriers for Immigrant Children

Barriers

• Poverty
• Lack of insurance coverage
• Lack of access to health care
• Language/communication
• Literacy
• Education
• Fear
Protective Factors for Immigrant Children

• More likely to live in a 2 parent household
• Decreased incidence of low birthweight
• Decreased incidence of preterm birth
• Decreased infant mortality
• More likely to be breastfed
• Cultural and spiritual practices
• Initially may demonstrate better school adjustment
Healthcare Access for Lawfully Present Immigrants

- Eligible for Medicaid, CHIP, ACA benefits
- May have 5-year wait
  - State may remove waiting period for children and pregnant women (DC, MD, VA)
- Can use state exchanges
- Refugees also eligible for benefits
- Exception: DACA (Deferred Action for Childhood Arrivals) – Not eligible for federal benefits
Healthcare Access for Undocumented Immigrants

Federal
• Emergency Medicaid for deliveries

DC
• DC Healthcare Alliance
• Immigrant Children’s Program

Maryland
• Montgomery County: Care for Kids
• Prince Georges County: None

Virginia
• None

Where to?
Community Health Centers / Federally Qualified Health Centers
Emergency Departments
Safety-Net Hospitals
Social Determinants of Health

Food
- Supplemental Nutrition Program (SNAP)
  - Documented immigrants must have resided in the US for at least 5 years to be eligible
  - Citizen children of undocumented immigrants are eligible for SNAP benefits
  - SNAP workers cannot ask about a family’s immigration status – only those who are applying for benefits

Housing
- Federal Fair Housing Act prohibits discrimination based on national origin
- Landlords can ask for proof of identity and employment eligibility, as long as they ask all applicants

Education
- 1982 Supreme Court case *Plyler vs. Doe*: Undocumented children have the same right to attend public primary and secondary school as US citizens
Legal Issues Affecting Immigrant Children

Family law
• Custody, paternity
• Abuse and neglect

Immigrant status
• Deportation cases
• Special visas and statuses

Public benefits claims
School enrollment
Statutory Rape
• Illegal for someone aged 18 or over to have sex with someone 15 or younger, even if consensual
System Responses

- Trauma-informed care practices
- Co-location of services in clinic
- Medicolegal partnerships
- Education of health care teams
- American Academy of Pediatrics Advocacy
  - Release of new policy statement *Detention of Immigrant Children*, April 2017
  - Border delegation
National AAP Resources: aap.org/cocp

AAP is open to international members!
PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Children’s Lives on the Border
Marsha Griffin, Minnette Son and Elhot Shapleigh
Pediatrics, originally published online April 7, 2014;
DOI: 10.1542/peds.2013-2813

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/early/2014/04/02/peds.2013-2813.citation
DC AAP Resources: aapdc.org/toolkit/immigranthealth

Immigrant Child Health Toolkit

[about this toolkit]

Access to Public Benefits in D.C.  AIDS/HIV  Algorithm for Latent TB Screening  Assistance Forms

Clinical Guidelines
Education
Mental Health
Social Services
Immigration Legal Services
Access to Public Benefits in D.C.
Language Services / Interpretation

Developed by the DC AAP Immigrant Health Initiative.
Executive Order on Interior Immigration Enforcement

• Strip federal grant money from the sanctuary states and cities that harbor illegal immigrants
• The order declares that entities labeled "sanctuary jurisdictions" by the secretary of the Department of Homeland Security will be "not eligible" for federal grants, and it directs the Office of Management and Budget to compile federal grant money currently going to sanctuary jurisdictions
• May cut federal justice funding to state and local jurisdictions.
• $274.9 million in 2016
Health Effects of a Climate of Fear

• Deterioration of relationships with law enforcement
• Decreased utilization of health services and benefits
  – Reports from jurisdictions across the US of eligible patients cancelling their Medicaid, supplemental income, or food benefits due to fear
• Power of rumor
• Secondary trauma for caregivers
Thank You

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• Dr. Chaya Merrill
• Child Health Advocacy Institute
• DC AAP Immigrant Health Committee
• AAP Immigrant Health Special Interest Group
"We Rise by Lifting Others" & "Love is Inclusion" -- some words of wisdom from today's refugee walk! #walkwithfrancis #allarewelcome #htsgeorgetown
Children do not immigrate, they flee.
Contact Information

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