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Pediatricians help children at border, nationwide

by **Trisha Korioth** • *Staff Writer*

Leaving a violent home and surviving the journey across Mexico takes a toll on migrant children's health. It will take a medical home to meet short- and long-term needs of the 60,000 to 90,000 children entering U.S. communities alone in 2014.

Photo by John Moore/Getty images

Alan Shapiro, M.D., FAAP, first met the adolescent after he had endured months of stressful events. The boy had witnessed his best friend's murder and decapitation by Guatemalan gangs, left his family and made the harrowing trek on the top of la Bestia (the Beast) train across Mexico. Smugglers led him to the U.S. border, extorting the last of his money. He was apprehended by a Customs and Border Protection agent immediately. The month that followed was a blur: bunking in the shelter, awaiting placement with a sponsor and being sent by bus to the East Coast.

Months later, sitting across from Dr. Shapiro in a South Bronx, N.Y., health clinic, the adolescent finally felt safe enough to talk about his feelings: the guilt of surviving while his friend was murdered, his stress and anxiety.

Dr. Shapiro

Across the country at the Port Hueneme Naval Base in Ventura County, Calif., Chris Landon, M.D., FAAP, sits with a support group of unaccompanied Central American children fresh from their journey. He asks, "What is your biggest fear?" A child replies, in broken Spanish, "To go outside."

Dr. Landon

Since June, Dr. Landon has been seeing 12- to 17-year-olds who fled Honduras, Guatemala and El Salvador at one of three Department of Defense bases that opened to assist the overflowing Office of Refugee Resettlement (ORR) shelters. Among health problems, Dr. Landon has seen some cases of pneumococcal pneumonia, H1N1 influenza and typhoid fever. More common are eye injuries from flying debris during the children's train ride atop the Beast.

Medical, legal needs

The media coverage of the children's plight has been extensive, but the emphasis has been on political aspects and public health myths.

Among the myths about these children are concerns about communicable diseases, according to Nicole Lurie, M.D., M.S.P.H., assistant secretary for preparedness and response, Department of Health and Human Services (HHS). "There's lots of hype and rumor about these kids being a danger to the community. We do not believe they are a threat to the community," said Dr. Lurie, noting that vaccination rates are comparable if not higher in their home countries than those of the United States.

HHS officials are encouraging pediatricians to register as Vaccines for Children providers, noting that all migrant children are eligible. Any child who stayed at an ORR site likely received necessary childhood vaccines, Dr. Lurie said, and records should accompany the child when he or she is released to a sponsor or a family member.

Unaccompanied children also receive tuberculin and pregnancy tests and a brief mental health screening after arriving at a nonprofit-operated shelter that contracts with the ORR. Because they spend less than two months at these sites, mental and behavioral health issues may not manifest until after placement with sponsors and family.

Post-traumatic stress disorder is at the top of the list of mental health needs that Marsha Rae Griffin, M.D., FAAP, encounters at the Brownsville University Health Care program and Communities for Children advocacy program in Texas. She says medical homes with mental health care access will be needed as migrant children enter U.S. communities and schools (see Resources).

Another need is legal representation. Although ORR is responsible

for ensuring access to legal representation, it must be at no cost to the government. The lack of resources often leads to many children appearing at an Immigration Court hearing without legal representation, Dr. Griffin noted in a recent article in *Pediatrics* (http://bit.ly/XEQGVt). The Academy believes no child should represent him or herself in an immigration proceeding, according to the 2013 policy, *Providing Care for Immigrant, Migrant and Border Children* (http://bit.ly/1mq7KUH).


Dr. Griffin

In the South Bronx, N.Y, a comprehensive medical home program called Terra Firma provides legal services and helps the children prepare for court, said cofounder Dr. Shapiro. A pediatrician, psychologist, case worker and lawyer at Terra Firma see patients one night every other week. They share dinner and discuss assimilation, acculturation, dealing with trauma, the future, homework and job applications. They also have some fun. "Many of them have not had access to fun their whole life," said Dr. Shapiro, of Children's Hospital at Montefiore.

About 50 children have been helped in the nine months since the Children's Health Fund's program began operating.

"What the legal team has told us is that the work they've been doing with pediatricians and mental health staff has strengthened the children to a point where they are able to really tell the judge what has happened. In many cases, that has allowed them to gain legal status in this country," Dr. Shapiro said.

Having traveled to these countries to offer medical care and witnessing the violence of gang controlled neighborhoods, Dr. Landon understands why children risk everything to come here. "These are intelligent, respectful, polite children," he said. "I welcome them with open arms."

"These children aren't just coming to the United States," added Dr. Griffin. "They're going to Panama, to Nicaragua, to Costa Rica, Belize and South America. They're going where they have family and safety."

The long haul

The most pressing health problems will require the support of pediatricians in communities that will be taking in the estimated 60,000 to 90,000 children migrating here alone in 2014. Top states include Texas, New York, Florida, California, Virginia, Maryland and Louisiana (http://1.usa.gov/1AVnIzV).

AAP leaders have been communicating with chapters, government and non-government entities focused on assisting the children (see Letter from the President, page 6). "We are interested in helping young people grow to their best possible potential. That's a major part of our mission. It's true for any child and certainly is true for these children as well," said AAP President James M. Perrin, M.D., FAAP.

To provide federal agencies like the ORR with resources for shelters and medical care, President Obama submitted an emergency supplemental funding request to Congress in July totaling $3.7 billion. However, the Senate failed to pass a slightly scaled back $2.7 billion measure, and the House passed a $659 million bill. The House bill included controversial immigration-related provisions, including one that would allow for expedited deportations of children and families from non-contiguous countries. No further legislative action is expected until after Labor Day.

"We need a lot more attention on the rights of the child. The United States can do better," said Dr. Griffin. "I just wish we (pediatricians) could get louder."

RESOURCES

- AAP unaccompanied migrant child webpage, http://bit.ly/1puYBiv.
- AAP *Red Book* "Unknown or Uncertain Immunization Status," http://bit.ly/1knhH9U; "Immunizations Received Outside the United States," http://bit.ly/V2iEsk.
- AAP Council on Community Pediatrics Immigrant Child Health Toolkit, http://bit.ly/1y6HR1D.
- Office of Refugee Resettlement Unaccompanied Children's Services (resources for parents and attorneys), http://1.usa.gov/1unMwMj.
- State-specific community services: in most states, dial 2-1-1 or visit http://www.211.org/.

Tips for seeing newly arrived children

The AAP Immigrant Special Interest Group has developed tips to help pediatricians caring for refugee children from Central America.

- Don't expect to get all necessary testing and history in a single visit. Follow-up visits may be more revealing as the patient-provider relationship develops.
- Communicate in the child's preferred language using trained medical interpreters, even in stressful settings. Relying on untrained interpreters, including family members, can lead to misunderstandings, misdiagnoses and medical errors.
- Routine screening for all new immigrant children should include evaluation of nutritional status, tuberculosis test (interferon-gamma release assay or tuberculin skin test), complete blood count and lead level. Additional screening based on the child's history and physical examination may involve evaluation for infectious diseases (e.g., parasitic infections, HIV, syphilis, viral hepatitis), chronic diseases or ongoing health issues (e.g., visual impairment or dental problems).
- Mental health is an essential area. Encourage the child's parent or caretaker to establish a regular routine as soon as possible, and be attentive to symptoms such as poor sleep, hyper-alertness, inattentiveness or decreased appetite, which may suggest the child is suffering from post-traumatic stress disorder, depression, anxiety or adjustment disorder.
- Familiarize yourself with community resources, such as medical-legal partnerships, food pantries and religious organizations.

For more information, email cocp@aap.org.

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