

Pediatric Public Health and Advocacy Curriculum (P-PHAC)

October 25th, 2017

Objectives

After completion of this series, the learners will be able to:

- 1) Describe the child health effects of 5 public health topics (2017-2018 topics: health financing, immigration, socioeconomic disparities and adverse childhood experiences, education, and the opioid epidemic).
- 2) Express an interest in advocacy opportunities during training and in their future careers.
- 3) Apply strategies to communicate with lawmakers and community partners regarding child health.

CHAPP Pathway Credit

- 1) Attend every noon conference or, if unable to be there in person, listen to the recorded conference;
- 2) Complete one of the “continuing education” activities suggested at the end of each lecture; and
- 3) Attend the legislative advocacy day, or if unable to be there in person, discuss other options with the faculty contact.

Duration: 5 conferences and Resident Hill Day

Contact: Dr. Danielle Dooley dgdooley@childrensnational.org

Units: 0.25



CHECK OUT THE NEWS!



Executive Order to End ACA Subsidies





CHECK OUT THE NEWS!



“Key senators reach bipartisan health-care subsidy deal, and Trump expresses support” (*Washington Post*)

Murray says bipartisan deal would fund health-care subsidies





CHECK OUT THE NEWS!



“Trump Pulls Back From Senate Deal to Fund Health Subsidies” (*New York Times*)





CHECK OUT THE NEWS!



60 Minutes/Washington Post Expose

THE DRUG INDUSTRY'S TRIUMPH OVER THE DEA

Mr. D. Linden Barber

CardinalHealth

DEPARTMENT OF JUSTICE

ENFORCEMENT ADMINISTRATION

DEA

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ENSURING PATIENT ACCESS TO AFFORDABLE DRUGS

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CHECK OUT THE NEWS!



“Another outbreak related to the nation’s opioid crisis: hepatitis C” (*Washington Post*)





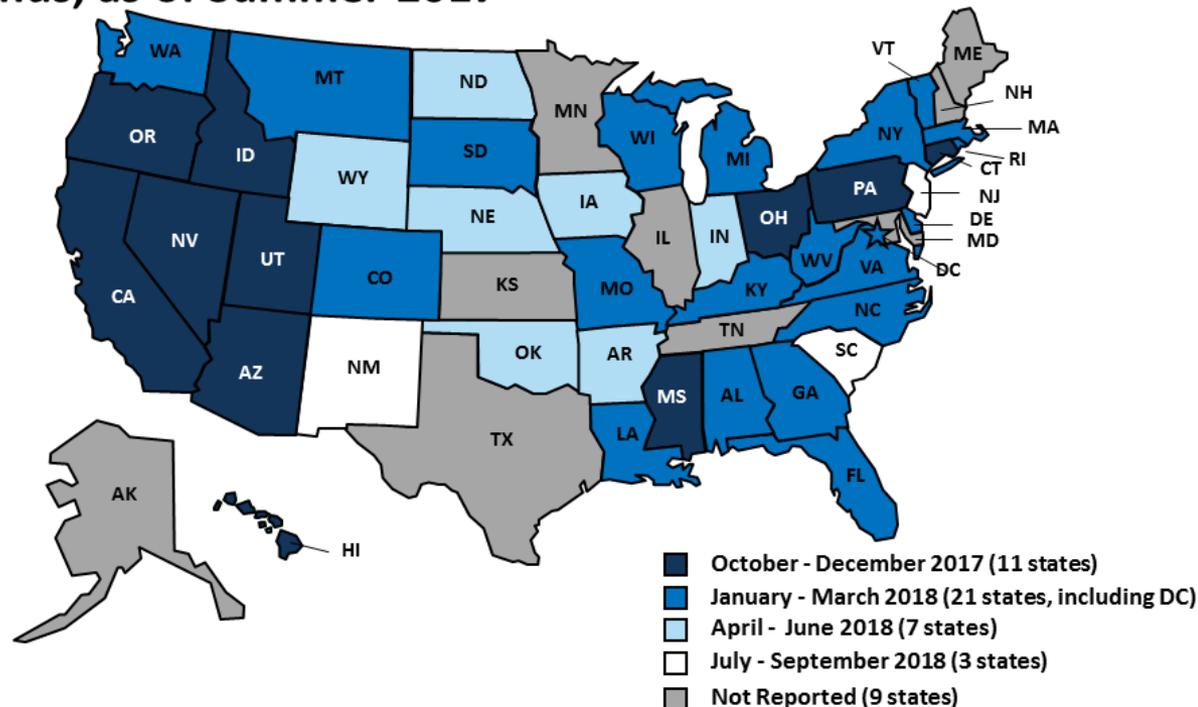
CHECK OUT THE NEWS!



“Congress At Standstill Over Reauthorizing Health Insurance for 9 Million Kids” (*The Huffington Post*)

Figure 2

State Projections of Dates of Exhaustion of Federal CHIP Funds, as of Summer 2017



SOURCE: Kaiser Family Foundation Survey of Medicaid Officials in 50 States and DC conducted by Health Management Associates, Summer 2017. Date of projected exhaustion of federal funds in West Virginia based on Kaiser Family Foundation and Georgetown Center for Children and Families interview with the state CHIP director. Projected date of exhaustion for OH was updated in October 2017 based on revised estimate from the state.



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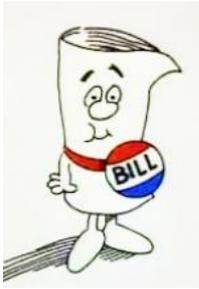


CHECK OUT THE NEWS!

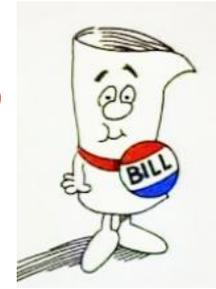


Rohingya Refugee Crisis





Important Child Health Bills



Reach Every Mother and Child Act of 2017 (H.R. 4022)

- Introduced to the House on Wednesday, October 18th (the Senate companion bill was passed in August)
- Implements policies to end preventable maternal, newborn, and child deaths globally
- Establishes goal to end preventable deaths by 2030
- Establishes permanent maternal and child survival coordinator in the US Agency for International Development



Immigrant and Refugee Health in a Changing World

Dr. Eduardo Fox

Refugee and Immigrant Health: A review of the most common health problems among refugees and a discussion of the current refugee/immigrant policy in the United States.

President John F. Kennedy, A Nation Of Immigrants



Violence against migrants crossing Mexico is on the rise. They are at risk of attacks from criminal organizations. They also sustain injuries from jumping out of trains and suffer from fevers and other illnesses. MSF has health posts set up for migrants in Ixtepec and Nuevo Laredo.

“Another way of indicating the importance of immigration to America is to point out that every American who ever lived, with the exception of one group, was either an immigrant himself or a descendant of immigrants.”

“The famous words of Emma Lazarus on the pedestal of the Statute of Liberty read: “Give me your tired, your poor, your huddled masses yearning to breathe free.” Until 1921 this was an accurate picture of our society. Under present law it would be appropriate to add: “as long as they come from Northern Europe, are not too tired or too poor or slightly ill, never stole a loaf of bread, never joined any questionable organization, and can document their activities from the past two years.”

Learning Objectives

- Be able to define immigrant and refugee- is there a difference?
- Identify health care needs and challenges for immigrant/refugee children.
- Identify barriers to addressing those challenges.
- Develop awareness about tools and strategies to overcome barriers.
- Develop appreciation for various avenues for advocacy within your role as a pediatric health provider.

WHICH WAY HOME



<https://youtu.be/QsAdHLki9lw>

Who is a **refugee**?

A **refugee** is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.



A scene from "Human Flow," Ai Weiwei's documentary about the global refugee and migrant crisis.

Credit Amazon Studios



Children's National™

Who is a **migrant**?

Migrants choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons. Unlike refugees who cannot safely return home, migrants face no such impediment to return. If they choose to return home, they will continue to receive the protection of their government.



What is the AAP's position?

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
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Detention of Immigrant Children

Julie M. Linton, MD, FAAP;¹ Marsha Griffin, MD, FAAP;² Alan J. Shapiro, MD, FAAP;³ COUNCIL ON COMMUNITY PEDIATRICS



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

POLICY STATEMENT

Providing Care for Immigrant, Migrant, and Border Children

abstract

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COUNCIL ON COMMUNITY PEDIATRICS

KEY WORDS

immigrant, migrant, border, underserved communities

ABBREVIATIONS

CHIP—Children's Health Insurance Program

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

This policy statement, which recognizes the large changes in immigrant status since publication of the 2005 statement "Providing Care for Immigrant, Homeless, and Migrant Children," focuses on strategies to support the health of immigrant children, infants, adolescents, and young adults. Homeless children will be addressed in a forthcoming separate statement ("Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity"). While recognizing the diversity across and within immigrant, migrant, and border populations, this statement provides a basic framework for serving and advocating for all immigrant children, with a particular focus on low-income and vulnerable populations. Recommendations include actions needed within and outside the health care system, including expansion of access to high-quality medical homes with culturally and linguistically effective care as well as education and literacy programs. The statement recognizes the unique and special role that pediatricians can play in the lives of immigrant children and families. Recommendations for policies that support immigrant child health are included. *Pediatrics* 2013;131:e2028–e2034

Immigrant children seeking safe haven in the United States, whether arriving unaccompanied or in family units, face a complicated evaluation and legal process from the point of arrival through permanent resettlement in communities. The conditions in which children are detained and the support services that are available to them are of great concern to pediatricians and other advocates for children. In accordance with internationally accepted rights of the child, immigrant and refugee children should be treated with dignity and respect and should not be exposed to conditions that may harm or traumatize them. The Department of Homeland Security facilities do not meet the basic standards for the care of children in residential settings. The recommendations in this statement call for limited exposure of any child to current Department of Homeland Security facilities (ie, Customs and Border Protection and Immigration and Customs Enforcement facilities) and for longitudinal evaluation of the health consequences of detention of immigrant children in the United States. From the moment children are in the custody of the United States, they deserve health care that meets guideline-based standards, treatment that mitigates harm or traumatization, and services that support their health and well-being. This policy statement also provides specific recommendations regarding postrelease services once a child is released into communities across the country, including a coordinated system that facilitates access to a medical home and consistent access to education, child care, interpretation services, and legal services.

abstract

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Drs Linton, Griffin, and Shapiro collectively drafted, critically revised, and reviewed this policy.

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INTRODUCTION

Communities nationwide have become homes to immigrant and refugee children who have fled countries across the globe. However, in the

Audience Participation

(I know how much you love this part!)

- Think of a recent patient encounter with a refugee / immigrant family
- What did you like about the encounter? Can you identify any patient/ family strengths?
- What did you not like about the encounter?
(Remember this is and needs to be a safe place to discuss this.) What barriers to care can you identify.
- What are the more common countries/areas of origin of immigrants/refugees living in the DC area?
- What factors drive migration for these groups?



Strengths

Barriers

- Access to care
- Health insurance
- Language
- Literacy
- Fear
- Education



Migration Factors

- Poverty → Employment,
- Violence- Gang/ Domestic/ War
- Human trafficking
- Family Separation → Reunification
- Education



Common Health Problems in Refugee/Immigrant Children

- ❖ Mental health
 - Stress/anxiety/PTSD
 - Attachment
 - Depression
 - Grief
- ❖ Infections
- ❖ Immunization Delay
- ❖ Sexual health concerns
- ❖ Malnutrition
- ❖ Developmental delay
- ❖ Dental health issues
- ❖ Obesity
- ❖ Family separation and reunification
- ❖ Interrupted/ delayed education

So what can you do?

(After all, this is an advocacy discussion...)

- ❖ Be a good doctor (really)
- ❖ Find your passion
- ❖ Education/ Awareness
- ❖ Fit your advocacy into your "regular" day/work
- ❖ Find your people
- ❖ More specifically about immigrant health
 - Individual - listen, respect, provide resources
 - Systems - request/develop protocols, education, adopt standards
 - Local (DC AAP)/Regional/National (Immigrant Health SIG, AAP Key Contact)

Immigrant Child Health Toolkit

[[about this toolkit](#)]

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

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](#)

<http://aapdc.org/toolkit/immigranthealth/>

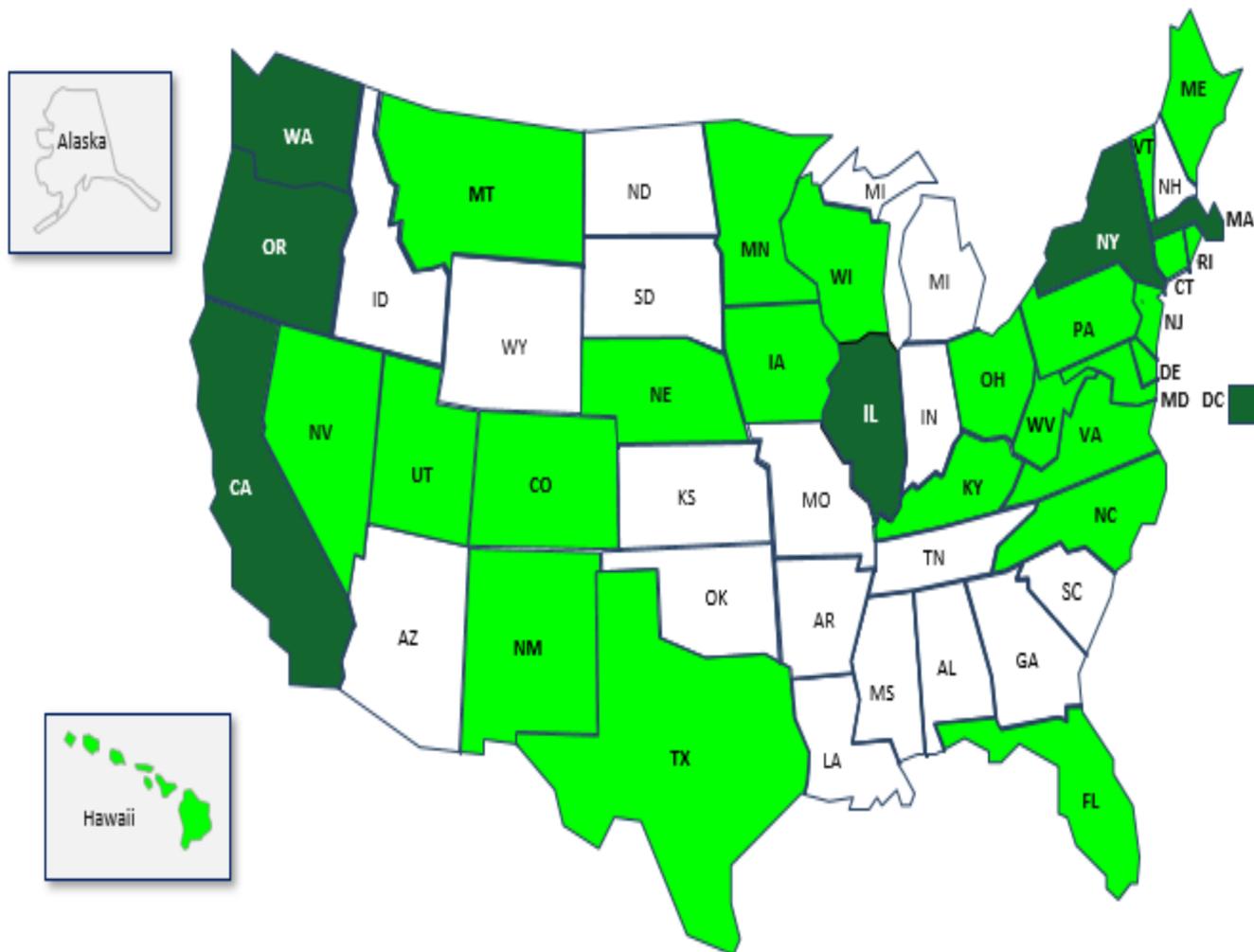
Legal Rights: Health care providers and their patients

- Sensitive locations
- Disclosure of information
- Warrants and consent
- Right to remain silent
- Plain view
- Authorized person
- “Public view”
- Probable cause
- Avoid collecting/documenting immigration status
- Provide educational materials
- Be ready to consult a lawyer
- Review warrant
- Reassure your patients

NATIONAL IMMIGRATION LAW CENTER | WWW.NILC.ORG

HEALTH CARE PROVIDERS AND IMMIGRATION ENFORCEMENT
Know Your Rights, Know Your Patients' Rights

Health Coverage for Immigrant Children | August 2017

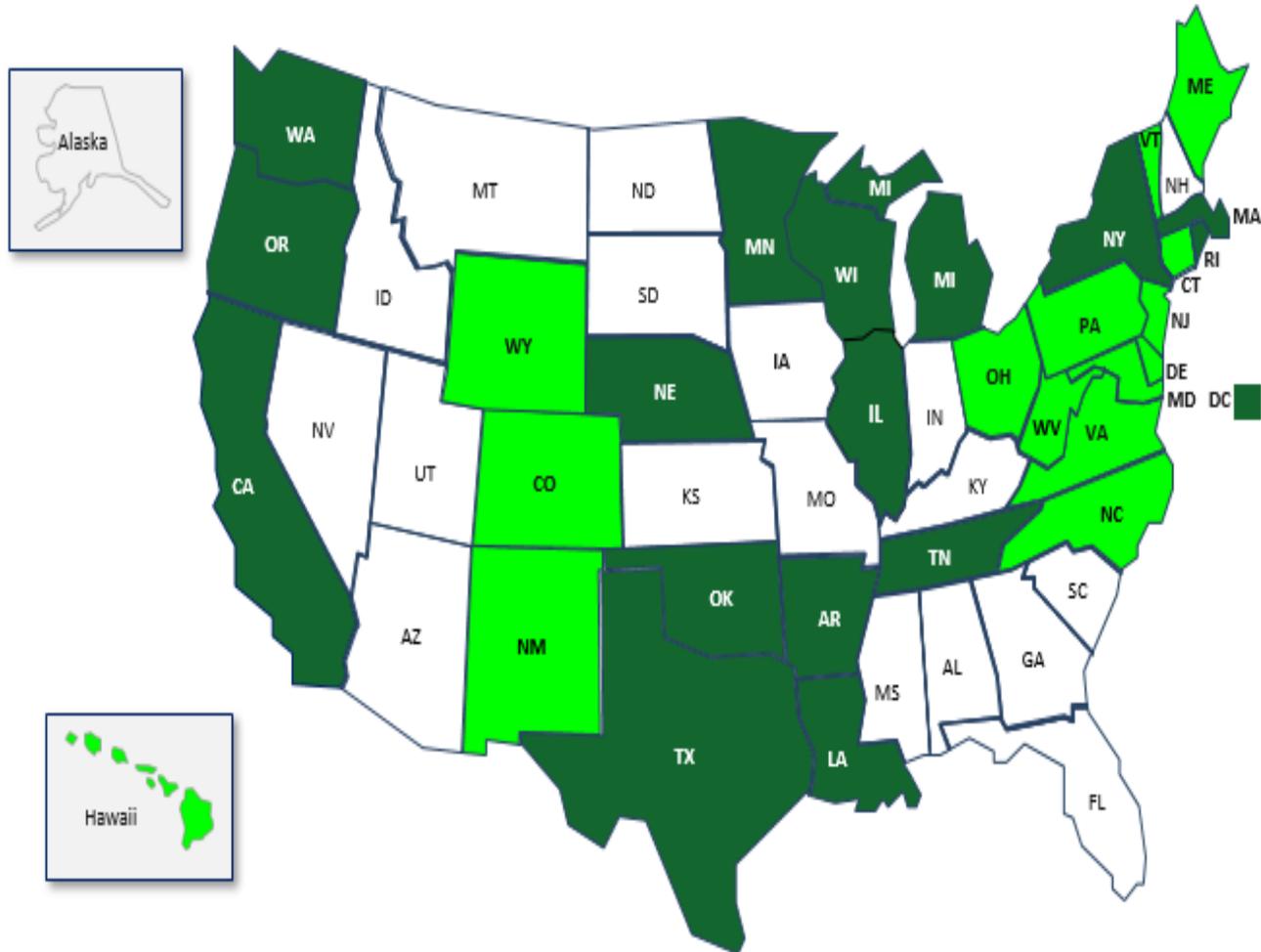


KEY

-  Medicaid/CHIP for lawfully residing children, regardless of date of entry
-  Medical coverage for children, regardless of immigration status



Health Coverage for Pregnant Women | January 2015



KEY

-  Medicaid for lawfully residing pregnant women, regardless of date of entry
-  CHIP or other medical coverage for pregnant women, regardless of immigration status



An Immigration and Customs Enforcement compliance report obtained by the [Immigrant Legal Resource Center](#) showed that, in the **168 counties** where most of the 11 million illegal immigrants live:

The Washington Post
How sanctuary cities work, and how Trump's stalled executive order might affect them

By [Darla Cameron](#)

Published Jan. 18, 2017

Updated April 26, 2017



69 sanctuary counties decline

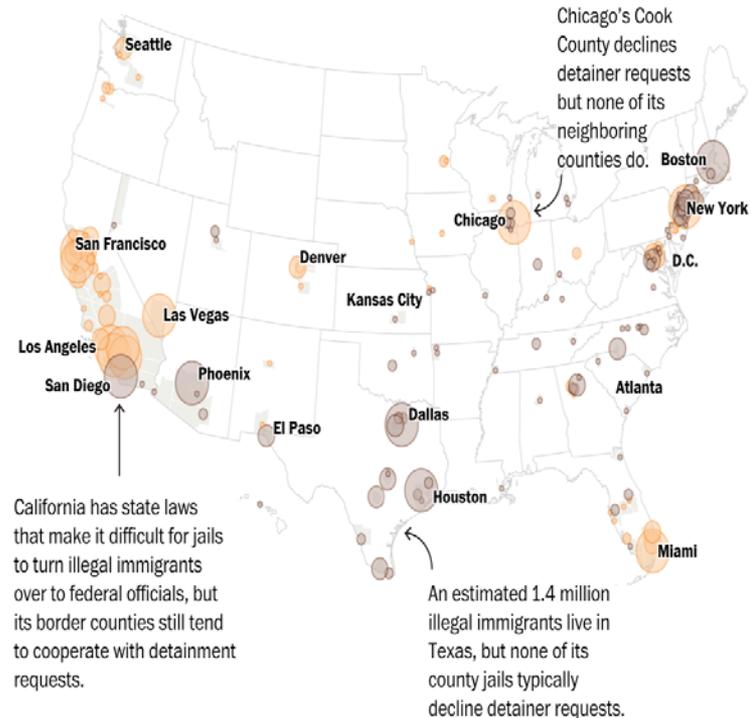
federal requests to hold arrestees in jail due to their immigration status



99 counties accept

federal requests to hold arrestees in jail due to their immigration status

Estimated illegal immigrant residents in each county



October 16, 2017

Making a Case for Sanctuary Hospitals

Altaf Saadi, MD¹; Sameer Ahmed, JD²; Mitchell H. Katz, MD³[» Author Affiliations](#) | [Article Information](#)*JAMA*. Published online October 16, 2017. doi:10.1001/jama.2017.15714

In July 2017, Jose de Jesus Martinez, an undocumented immigrant, wept at the bedside of his 16-year-old son Brandon, who was comatose in the intensive care unit of a San Antonio, Texas, hospital after being found in a parked unventilated trailer. Several agents from US Immigration and Customs Enforcement (ICE) entered Brandon's hospital room and aggressively began questioning Jose.¹

The incident was just one in a recent trend of disturbing actions by ICE agents at or near hospitals and other health care facilities. In February 2017, Sara Beltran-Hernandez, a 26-year-old undocumented immigrant, was bound by her hands and feet and removed by wheelchair from a Fort Worth, Texas, hospital by ICE agents while she was awaiting emergency brain surgery.² In June 2017, ICE agents arrested Oscar Millan, a 37-year-old undocumented immigrant, on his way to pick up his newborn son who was recovering from surgery for pyloric stenosis at a Boston, Massachusetts, hospital.³ In recent months, other undocumented workers injured on the job have been arrested at appointments in physicians' offices and detained by ICE after filing workers' compensation claims.⁴



Immigrant Latino Children and the Limits of Questionnaires in Capturing Adverse Childhood Events

Glenn Flores, MD, FAAP,^{a,b} Juan C. Salazar, MD, MPH^{a,b}

An undocumented immigrant father drops off his 12-year-old daughter at school in Los Angeles. Moments later, 2 black, unmarked vehicles surround his car a few blocks from the school. US Immigration and Customs Enforcement (ICE) agents arrest him while his 13-year-old daughter watches from his car; she can be heard sobbing while she films a cell phone video of the arrest that later goes viral.¹ An undocumented Guatemalan mother of 4 children, including 1 with cerebral palsy, faces deportation after 24 years as a Connecticut housecleaner and seeks sanctuary in a church with her 9-year-old daughter by her side.² One day after his mother's ICE arrest, an undocumented Ecuadorian high school senior in New York is taken into custody by ICE hours before his senior

schools.⁷ Recent presidential executive orders expanding deportations prompted undocumented parents across Wisconsin to complete Power of Attorney forms to protect their children in the event of parental deportation, assigning temporary guardians to care for the children and take them to school and doctors' appointments.⁸

Adverse childhood events (ACEs) are associated with deleterious health outcomes in adulthood, including premature death, chronic diseases, psychiatric disorders, high-risk behaviors, and lower quality of life.⁹ One might reasonably assume that recent episodes described above of parental arrest and/or deportation or witnessing or being the target of

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^aConnecticut Children's Medical Center, Hartford, Connecticut; and ^bDepartment of Pediatrics, School of Medicine, University of Connecticut, Farmington, Connecticut

Opinions expressed in these commentaries are those of the authors and not necessarily those of the American Academy of Pediatrics or its Committees.

DOI: <https://doi.org/10.1542/peds.2017-2842>

Accepted for publication Aug 22, 2017

Address correspondence to Glenn Flores, MD,



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Deferred Action for Childhood Arrivals

- On June 15, 2012, the Secretary of Homeland Security announced that certain people who came to the United States as children and meet several guidelines may request consideration of deferred action for a period of two years, subject to renewal.
- They are also eligible for work authorization.
- Deferred action is a use of prosecutorial discretion to defer removal action against an individual for a certain period of time.
- Deferred action does not provide lawful status.

-US Citizenship and Immigration Services website



DACA Guidelines

(Previously) **You may request DACA if you:**

- Were under the age of 31 as of June 15, 2012;
- Came to the United States before reaching your 16th birthday;
- Have continuously resided in the United States since June 15, 2007, up to the present time;
- Were physically present in the United States on June 15, 2012, and at the time of making your request for consideration of deferred action with USCIS;
- Had no lawful status on June 15, 2012;
- Are currently in school, have graduated or obtained a certificate of completion from high school, have obtained a general education development (GED) certificate, or are an honorably discharged veteran of the Coast Guard or Armed Forces of the United States; and
- Have not been convicted of a felony, significant misdemeanor, or three or more other misdemeanors, and do not otherwise pose a threat to national security or public safety.

-US Citizenship and Immigration Services website



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DACA UPDATE

Top 5 Things to Know About the Announcement That DACA Is Ending

SEPTEMBER 5, 2017

ON SEPTEMBER 5, 2017, U.S. ATTORNEY GENERAL JEFF SESSIONS, on behalf of the entire Trump administration, announced the end of the Deferred Action for Childhood Arrivals (DACA) program.

Here are the top five things to know about his announcement:

- 1. Your DACA is valid until its expiration date.** DACA and work permits (employment authorization documents) will remain valid until their expiration date. To determine when your DACA and work permit expire, check your I-795 Approval Notice and the bottom of your employment authorization document (EAD).
- 2. No new DACA applications will be accepted.** U.S. Citizenship and Immigration Services (USCIS) will not accept or process first-time applications for DACA after September 5, 2017.
- 3. If you already have DACA and want to renew it: DACA issuances and work permits that expire between now and March 5, 2018, must be submitted for renewal by October 5, 2017.** If you have a work permit that will expire between now and March 5, 2018, and you want to renew it, you must apply for a two-year renewal of your DACA by October 5, 2017.
- 4. Advance parole to travel abroad is no longer available.** The U.S. Department of Homeland Security (DHS) will no longer grant DACA recipients permission to travel abroad through advance parole. Any pending applications for advance parole will not be processed, and DHS will refund any associated fees.
- 5. We are united in this fight.** You are not alone. We mobilized, organized, and marched five years ago for DACA, and we will continue to do everything in our power to protect immigrant youth and their families across the country. Visit www.weareheretostay.org for resources to help you and your loved ones take care of yourselves in this difficult time, as well as information on what you can do to take action now.



Home » New York Dreamer Challenges Trump Administration's Termination of DACA

FOR IMMEDIATE RELEASE

September 5, 2017

CONTACTS

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Daniel Altschuler, Make the Road New York, daniel.altschuler@maketheroadny.org, 917-494-5922

David Chen, WIRAC at the Yale Law School, BatallaVidal_LSO@mailman.yale.edu, 908-240-6252

New York Dreamer Challenges Trump Administration's Termination of DACA

NEW YORK — A young immigrant New Yorker and Make the Road New York (MRNY) went to federal court today to challenge the Trump administration's termination of the Deferred Action for Childhood Arrivals (DACA) program. In a lawsuit brought in the U.S. District Court for the Eastern District of New York, Martín Batalla Vidal, a DACA recipient, and MRNY are asking permission to amend their original complaint in order to argue that President Trump's actions violate federal law and the equal protection guarantee of the Constitution.

The case, *Batalla Vidal v. Baran, et al*, was originally filed on behalf of Batalla Vidal and MRNY in 2016 challenging the court decision in *United States v. Texas* that blocked Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) and the expansion of DACA from going into effect. Batalla Vidal and MRNY are represented by Make the Road New York, the National Immigration Law Center, and the Worker and Immigrant Rights Advocacy Clinic at Yale Law School.

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Nat'l Imm Law Center Retweeted



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[@CAIRNational](#)

We march. We sue. We fight. We win.
[#NoMuslimBanEver](#)

Medical students in limbo as young immigrant program ends



In this Friday, Sept. 29, 2017, photo, Marcela Zhou, in her third year at the University of California at Los Angeles' medical school, poses for a photo at the David Geffen School of Medicine at UCLA, in Los Angeles. Zhou was born in Mexico after her family moved there from China. She wants to work in public health. (Damian Dovarganes/Associated Press)

By Sophia Tareen | AP October 21

CHICAGO — Medical student Alejandra Duran Arreola dreams of becoming an OB-GYN in her home state of Georgia, where

Diversity in the D.C. Area:
Findings from the 2016 D.C. Area Survey

by Michael D. M. Bader

*Participating investigators in the study are included in acknowledgments

OCTOBER 2016



How much does fear of arrest differ across racial groups?

Among our most striking findings was the degree to which fear of targeting by police affected the daily lives of different racial groups. Figure 5 shows that **black and Latino respondents were six and seven times, respectively, more likely than white respondents to report that their daily lives were affected “somewhat” or “a lot” by the fear that they or their loved ones would be arrested or questioned by the police.** Nearly a *quarter* of Latinos reported that the fear of police affected their lives “a lot.” By contrast, only 1.5 percent of whites indicated that fear of arrest or questioning affected their daily lives. Asians fell in between: Eight percent reported that fear of arrest or questioning affected their daily lives “somewhat” and 9 percent reported that the fear affected their daily lives “a lot.”

Black and Latino respondents were six and seven times, respectively, more likely than white respondents to report that their daily lives were affected by the fear that they or their loved ones would be arrested or questioned by the police.

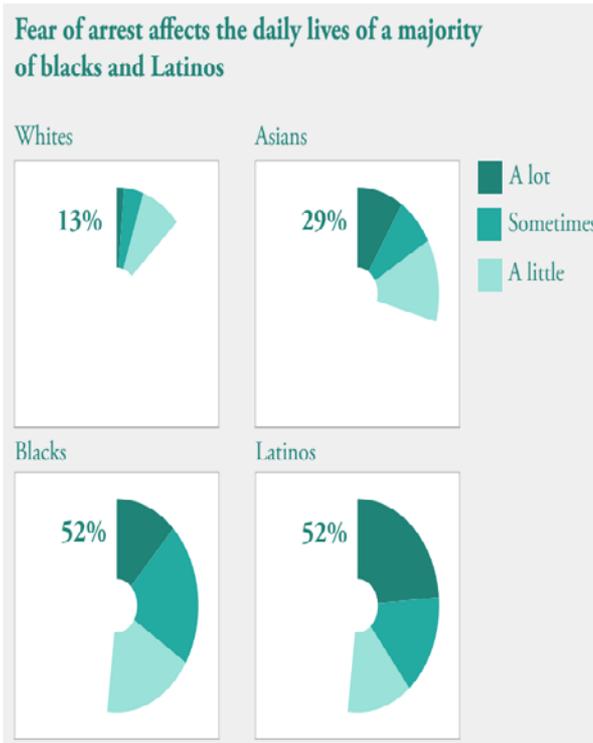


Figure 5: Proportion of residents in quadrivial and Latino neighborhoods, by race, whose lives are affected by fear of arrest or fear that they or loved ones will be questioned by police

Diversity in the D.C. Area:
Findings from the 2016 D.C. Area Survey

by Michael D. M. Bader

*Participating investigators in the study are included in acknowledgments

OCTOBER 2016



The fear of deportation affected about half of Latinos living in disproportionately Latino neighborhoods.

How much does fear of deportation differ across racial groups?

For some groups, the fear of policing could be compounded by deportation proceedings carried out by the federal government. Figure 6 shows that three-quarters of Latino respondents reported knowing someone at risk of being deported. Figure 6 also shows that, **of the Latinos who know someone at risk of deportation, 40 percent said the fear of deportation affected their daily lives “a lot,” and another 13 percent said the fear of deportation affected their daily lives “somewhat.”** The fear of deportation affected about half of Latinos living in disproportionately Latino neighborhoods.

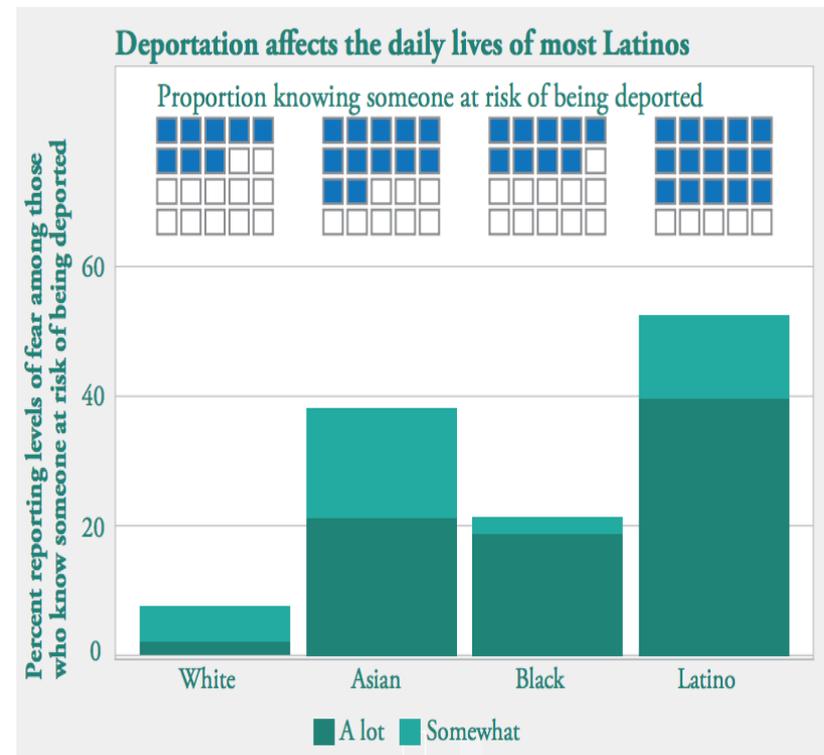


Figure 6: Proportion of residents in quadrivial and Latino neighborhoods, by race, who know someone at risk of deportation and the effect it has on their daily lives

Get Involved in Advocacy!



DEPARTMENT OF
FEDERAL AFFAIRS
AMERICAN ACADEMY OF PEDIATRICS

- **Become a Key Contact → Get updates from AAP Federal Affairs Office**
- <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/Federal-Advocacy.aspx>

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- **Join the AAP Immigrant Health Special Interest Group (SIG)**
- **Email cocp@aap.org (Camille Watson) to be on the ListServ**



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TONIGHT!



Section on Pediatric Trainees Access 4 Kids Advocacy Campaign

**ABCs of Advocacy for Trainees: October 25, 2017 at
7:00pm CST (8PM for us)**

Jim Pawelski, AAP Director of State Advocacy and Jamie Poslosky, AAP Senior Director of Advocacy Communications will guide participants through an overview of what it means to advocate for children in this crucial time.



Get Involved in Advocacy!

FREE Human Trafficking Conference
Saturday October 28, 2017 (9AM-12PM)
at Howard University

National Human Trafficking and Technical Assistance
Center (NHTTAC) Invite You to Attend

“Human Trafficking: A Call To Action”

Learn how to Stop, Observe, Ask And Respond to Human
Trafficking



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Get Involved in Advocacy!



WHAT TO DO IF ICE COMES TO YOUR DOOR

- DO NOT OPEN DOORS**
ICE cannot come in without a signed warrant by a criminal court judge. They can only come in if you let them.
- REMAIN SILENT**
ICE can use anything you say against you in your immigration case so claim your right to remain silent!
"Say 'I plead the fifth amendment and choose to remain silent'."
- DO NOT SIGN**
Do not sign anything ICE gives you without talking to an attorney.
- REPORT & RECORD!**
Report immediately: LWD hotline 1-844-363-1423
Take pictures & videos unless you're on federal government property.
Take notes of badge numbers, number of agents, type of cars & exactly what happened!
- FIGHT BACK!**
Get a trustworthy attorney & explore all options to fight your case. If detained, you may be able to get bail - don't give up hope!
Join your local team to defend yourself from enforcement!

unitedwedream.org/DeportationDefense



American Academy of Pediatrics



Early Career

DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Community Pediatrics

Council on
Community Pediatrics

About
Policy

Immigrant Child Health Toolkit

Education

This toolkit was designed to provide practical information for pediatricians to address common matters related to immigrant child health. Contact cocp@aap.org with questions.

Immigrant Child Health Toolkit



Background

Learn about the development of the toolkit and the toolkit contributors.

- Background
- Key Facts
- Clinical Care
- Section 3 Immigration Status
- Access to Health Care and Public Benefits
- Mental and Emotional Health
- State Legal Resources for Immigrant Children



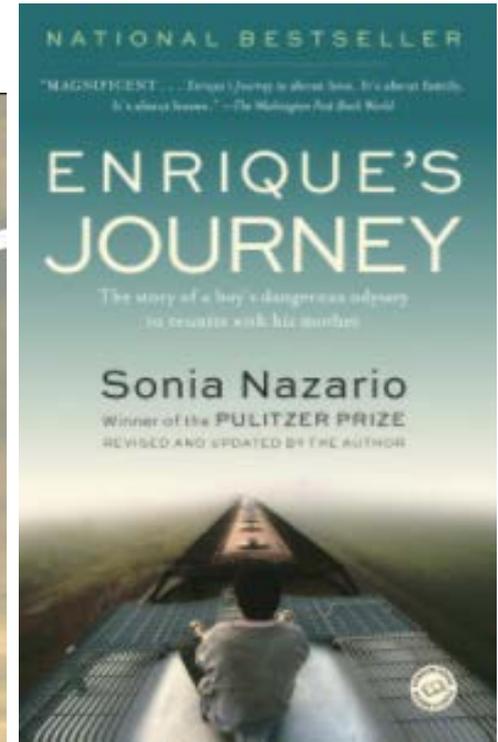
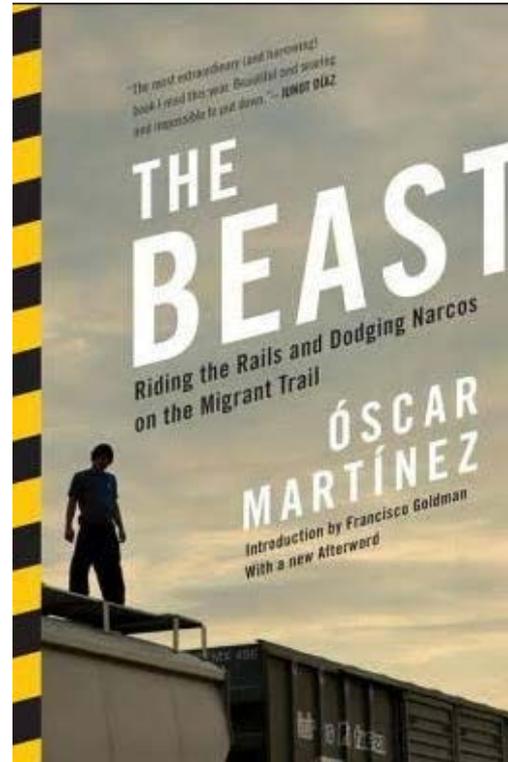
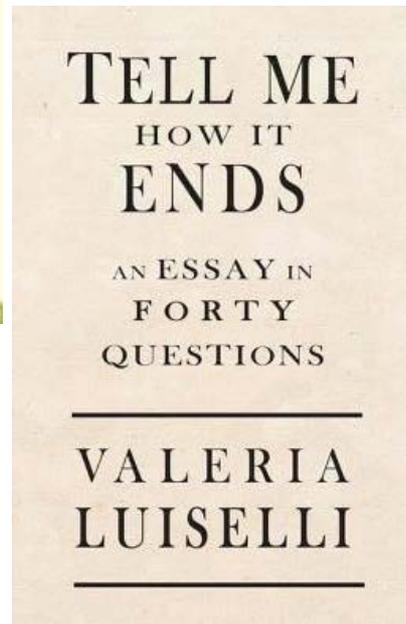
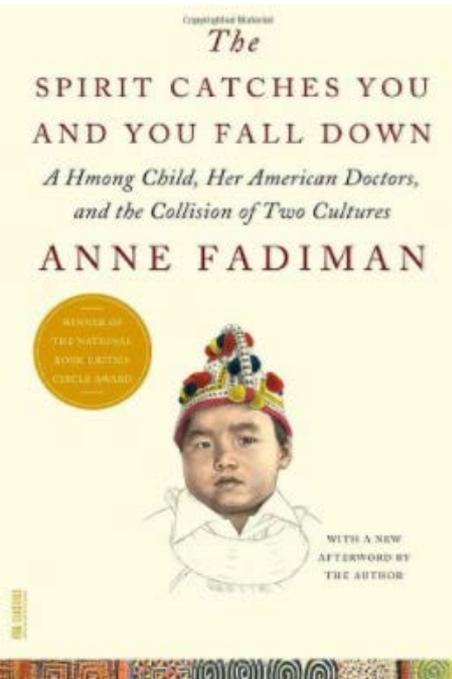
Key Facts

This section includes interesting facts on demographics, access to care, socioeconomic factors and unique stressors for immigrant children.

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"We are an immigrant nation. The first generation works their fingers to the bone making things; the next generation goes to college and innovates new ideas. The third generation snowboards and takes improv classes."

- Jack Donaghy, 30 Rock