Migrant Children and Health Advocacy Toolkit

Contents

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Separating Fact from Fiction

Understanding the Evidence about Migrant Children from Latin America

A significant number of undocumented people, including tens of thousands of children originating mainly from Mexico, Guatemala, Honduras, and El Salvador, crossed the US-Mexico border in 2014.[1, 2] In response, several elected officials at the national and state level, and members of the media claimed that migrant children threaten American lives with infectious diseases.[3, 4] While serving in the House of Representatives, Dr. Phil Gingrey wrote a letter to the Centers for Disease Control and Prevention in 2014 with concerns that migrant children carry diseases such as Ebola virus, measles, swine flu, dengue fever, and tuberculosis.[5] However, migrant children do not pose a significant risk for these illnesses. Though the immigration flow has decreased across the US-Mexico border, false information about the health of Latino immigrants continues to reinforce racial prejudice and stigmas, as well as restrictive immigration policies involving detention and deportation.

Safeguards already exist to screen migrant children entering the US, and several major professional organizations have called for further access to evidence-based healthcare.

- The Department of Health and Human Services' Unaccompanied Children Program provides vaccines and tuberculosis screening for migrant children – which further reduces any risk of bringing diseases into the US.[6]
- From 2014-2015, the American Academy of Family Physicians, National Physicians Alliance, American Medical Student Association, and American Medical Association have passed resolutions committing to stand against scaremongering and advocate for access to evidence-based healthcare regardless of immigration status.[7]

Scaremongering distracts policymakers from addressing the crises driving child migration and protecting children from these forms of violence.

- In 2014, the Office of the United Nations High Commissioner for Refugees interviewed children from El Salvador, Guatemala, Honduras and Mexico on why they left their respective countries. 58% of the interviewed children were "forcibly displaced because they suffered or faced harms that indicated a potential or actual need for international protection."
  - These reasons included violence by organized and armed criminal actors, violence in the home, and exploitation by a criminal industry of human smuggling.[1]
- The UN Office on Drug and Crime's 2013 Global Study on Homicide shows that Mexico, El Salvador, Honduras and Guatemala are among the top 25 countries with the highest homicide rates in the world.
  - Honduras ranked number 1 in 2013, with 90.4 homicides per 100,000 persons.[8]

The US has a long history of anti-immigrant sentiment and disease scaremongering, which has led to policies that target immigrants who might be sick and in need of healthcare.

- Irish immigrants were accused of causing cholera outbreaks, Chinese immigrants of bubonic plague, and Italian immigrants of polio.[9]
- The Immigration Act of 1891 set a precedent of barring entry to the country for people with illnesses and the 1952 McCarran-Walter Act excluded immigrants who had "any dangerous contagious disease."[10]
- Congress passed a law in 1987 preventing immigrants with HIV or AIDS from entering the US. The ban was only lifted 22 years later in 2009.[11]

Medical evidence shows that migrant children are not a significant disease threat

The answer to potential public health risks is not scaremongering or pointing fingers at migrant children, but rather ensuring that appropriate treatment is in place, regardless of where geographic borders lie.

Ebola

- 0 cases of Ebola in any Latin American country.
- Outbreaks have only occurred in Guinea, Liberia, Sierra Leone, Nigeria, Democratic Republic of Congo and Senegal - all countries in Africa.[12]

Dengue Fever

- Transmitted through mosquito vectors rather than human contact.
- Incubation period of 4-10 days in humans, detectable within the period migrant children stay in border facilities and HHS shelters. [13]

Measles

- Since 2007, Honduras, Guatemala, and El Salvador have reported 0 cases and Mexico has reported 3 cases. Over the same period of time, the US reported 781 cases of measles.[14]
- Of 159 Measles cases between January and April of 2015, 10 were classed as "direct importations" (exposure occurring outside of the US) but not a single case originated in a Latin American country.[15]

Smallpox

- Smallpox has been eradicated worldwide. No cases of smallpox have been reported since the last case on October 26, 1977.
- The year of eradication of smallpox for the countries that account for 98% of unaccompanied migrant children are as follows: Mexico eradicated smallpox in 1951, Honduras in 1952, Guatemala in 1951, and El Salvador in 1938.[16]

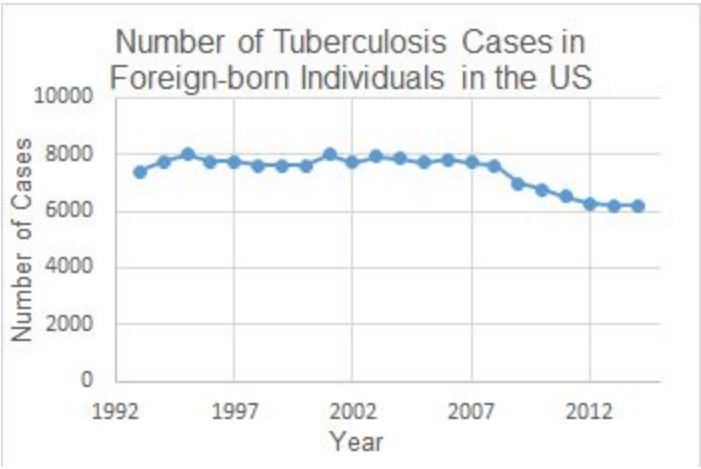
H1N1 (swine flu)

- H1N1 influenza was already the predominant type of influenza in the 2013-2014 flu season in the U.S. and part of the seasonal flu vaccine.[17]
- Out of over 60,000 unaccompanied minor apprehensions in 2014, there have only been 2 reported cases of swine flu.[2, 18]

Common childhood diseases

- Vaccination rates for common childhood diseases (diphtheria, pertussis, tetanus, hepatitis B, Measles, hepatitis B, hemophilus influenza type B, rotavirus, pneumococcal) are above 80% in El Salvador, Honduras, and Mexico and in some cases are higher than rates in the US.[19]

Tuberculosis



- Total annual TB cases in foreign-born individuals in the US did not experience any increases attributable to the immigration surge of 2014. The number of cases decreased from 7401 in 1993 to 6215 in 2014.[20]
- Over 90% of of children in El Salvador, Guatemala, and Mexico are vaccinated with BCG against Tuberculosis. In Honduras, the rate is 86%.[19]
- In the United States, a total of 9,582 cases of TB were reported in 2013, of which 485 cases (5%) were among children less than 15 years of age.[21]

To get involved and help raise awareness among healthcare professionals, visit
http://migrantchildrenhealth.org/

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Lunchtime Seminar Planning Guide

Lunch-time events are a great way to introduce this topic to many students at one time. **If you hold a seminar, please let us know how it went by filling out this quick post-event survey: http://tinyurl.com/mchfeedback**

Sample schedule	
12:00 - 12:10	Begin eating (either have attendees bring their own meals, or provide food)
12:10 - 12:20	Introduce and show Migrant Children and Health video, which can be found at **http://tinyurl.com/mchvideo**
12:20 - 12:45	Presentation and/or moderated discussion
12:45 - 12:55	Final thoughts ● Link attendees to the Migrant Children and Health campaign website: migrantchildrenhealth.org ● Link attendees to the advocacy toolkit

Speakers:
In addition to showing the video, you may consider inviting a speaker in your area who works on immigrant health. Potential speakers may include:

- Medical school faculty, local physicians, or other university faculty who work with immigrants or on immigrant advocacy
- AMSA national leaders
- Immigrant healthcare or legal advocacy groups who can provide firsthand experience and broader context on these issues. A good starting point to find such a speaker would be to look at the member organizations of the Immigration Advocates Network and National Network for Immigrant and Refugee Rights.

Suggested equipment:

- Projector and screen to show the video
- Printed fact sheets on migrant children health

Discussion Questions for a Lunchtime Seminar

During the discussion portion of the event, you may explore more deeply the issues raised in the video and/or by the speaker. Discussion can be led by medical students, residents/physicians, policy experts, and speakers from AMSA. The following are a few suggested discussion questions and talking points:

1. **What are potential ways that scaremongering could impact the health and human rights of migrant children?**
    a. Scaremongering can lead to restrictive immigration policies:
        i. Threat of deportation: children whose parents have been taken into custody face problems such as anxiety, depression, poor school performance, sleeping/eating disruption

ii. Forced separation due to deportation has been associated with loss of family income, and instability of food and housing.
iii. Some reports have found that families face detrimental health conditions in detention centers.

b. Without a clear path to citizenship, immigrants and especially undocumented immigrants face barriers to accessing healthcare (Kaiser Commission on Key Facts)
i. Children of immigrants are twice as likely to be uninsured as children in nonimmigrant families.
ii. Immigrant children are less likely to have a usual source of medical care and to be able to get specialty care when needed.
iii. Non-citizens will continue to face eligibility restrictions for health coverage under ACA.

2. **How does the issue of disease scaremongering relate to other issues? What is the importance of accurate representation of underprivileged immigrants/refugees?**
   a. Inaccurate representation could contribute to stigmatization based on race and immigration status, which may lead to reduced utilization of health services.

3. **What is culturally effective care? What are ways for healthcare professionals to provide culturally effective care?**
   a. The American Academy of Pediatrics provides one definition: "the delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of cultural distinctions leading to optimal health outcomes. Such understanding should take into account the beliefs, values, actions, customs and unique health care needs of distinct population groups. Providers will thus enhance interpersonal and communication skills, thereby strengthening the physician-patient relationship and maximizing the health status of patients."

4. **How do we acknowledge healthcare issues that disproportionately affect certain populations without stereotyping them?**

5. **What are the ways in which healthcare professionals or professionals in training can get involved with advocacy on the issue of scaremongering?**
   a. AMSA has a policy statement that commits to stand against scaremongering about migrant children, which provides a platform for AMSA to speak out on the issue.
   b. Here, you may guide attendees on using this toolkit's social media guide, template press release, and template op-ed. You can also discuss what types of images and stories would be most effective in a social media campaign.
   c. You may also consider discussing and debating current legislation on immigration to start a conversation on whether your chapter, or AMSA as a whole, should mobilize communications with policymakers to support or oppose such legislation.

Social Media Advocacy Guide

You can set a positive example on social media by making a concerted effort to publicly speak out against scaremongering. At the same time, you can use scaremongering as an opportunity to humanize migrant children and draw attention to immigrant health disparities. Here are some guidelines on organizing an effective social media campaign in response to scaremongering.

1. **Organize around a common hashtag such as:**

#IStandAgainstScaremongering
#MigrantChildrenHealth

2. **Share our Migrant Children and Health video, which can be found at http://tinyurl.com/mchvideo**

3. **Share a personal story about your engagement with immigrant patients and communities to humanize their experiences and reasons for coming to the US. You might describe aspects of your patients' character, including their medical, legal, and cultural challenges.**

4. **These are sample messages that could be included in a post or tweet such as:**

- "Do no harm - regardless of immigration status."
- "Illegal ≠ inhuman."
- "Health, not fences."
- "A true community is not gated, fenced, and misinformed. True community is taking care of children in need."
- "When we build walls, we box people in."
- "Attention, not detention."
- "Forcing children to live in fear of deportation is unfair."
- "We shouldn't turn away kids in need."
- "Detaining children is a human rights violation."
- "A detention center is not a home."
- "Open arms, not open jails."
- "Let's worry about an outbreak of misinformation."
- "Migrant children aren't infected."
- "I listen to science and evidence, not fear."
- "Stop looking for scapegoats. Don't pin outbreaks on children."
- "Let's talk about access to health...instead of denying access to our country."
- "America was built on immigration. Melting pot, meet kettle."

5. **Share information from the Fact Sheet that challenges the notion that migrant children carry disease into the US.**

A. **You can talk about how migrant children do not pose an unreasonably high risk for disease given that vaccination rates are similar if not higher in the countries where most of the migrant children have originated.**
    a. For instance, "The vaccination rate for measles is 97% in Mexico compared to 91% in the US."

    See the following chart for a full comparison of immunization rates based on 2014 World Health Organization Immunization Data:

	El Salvador	**Guatemala**	**Honduras**	**Mexico**	**US**
DTP1 (diphtheria, tetanus, pertussis)	96	89	86	90	98
DTP3	93	73	85	87	94
Pol3 (polio)	93	65	85	87	93
MCV1 (measles containing vaccine)	94	67	88	97	91
HepBB	N/A	22	99	82	72
HepB3	93	73	85	84	90
Hib3	93	73	85	87	93
RotaC	96	54	85	85	69
PcV3 (pneumococcal)	92	51	85	94	92
BCG (tuberculosis)	96	91	86	96	N/A

B. **You can draw attention to the humanitarian crises driving immigration to the US, which suggest that we should help children in need rather than turn them away.**
    a. In 2014, the United Nations interviewed children from El Salvador, Guatemala, Honduras and Mexico on why they left their countries. 58% of the children interviewed were forcibly displaced and in need of international protection because of violence by organized crime, domestic violence, and exploitation by the industry of human smuggling.
    b. Children migrating to the US
    c. The UN found that Mexico, El Salvador, Honduras and Guatemala are among the top 25 countries with the highest homicide rates in the world. Honduras ranked number 1 in 2013, with 90.4 homicides per 100,000 persons.

Op-ed writing guide on migrant children health

An op-ed ("opposite the editorial") piece is a format for you to publicly respond to scaremongering incidents. In an op-ed, you can incorporate personal perspectives and stories. For further information on how to write and submit an effective op-ed, read "Op-Eds 101" in the AMSA activism toolbox.

Suggested content for an op-ed on migrant children health

1. Tell a personal story to grab the reader's attention and provide a unique perspective on the issue..
    a. For example, if you work with an immigrant patient, you could talk about their journey to the US and how being an immigrant affects their interactions with the healthcare system and other services.
    b. If you have not worked with patients who are immigrants, you could write from the perspective of correcting misinformation about migrant children.
    c. Use analogies to connect ideas for readers who may not be familiar with the issue.
2. Briefly summarize the scaremongering incident and establish your disapproval of such claims. Then, provide an analysis of the claims made by the person or party in question, citing evidence from the Toolkit Fact Sheet.
3. Include the positions of organizations and agencies related to the issue. For instance, you could bring up the policy
4. Describe how scaremongering serves to reinforce the stigmas surrounding Latino immigrants, which in turn impacts their ability to access medical care.
5. You may also discuss how scaremongering can also lead to further immigration restriction. Such policies make it more difficult for people in need to seek refuge.

Strategy

1. Set the goal and audience the op-ed. What are you trying to achieve? Are you trying to reach your neighbors, local policy makes, national leadership, or someone else?
2. Identify the appropriate newspaper. Which local or national paper is most likely to reach your desired audience?
3. Determine the best time for placement. Ask which hearing, board meetings, or legislative vote will highlight your issue? Is a report being released to which you want to draw attention? Is an international situation occurring that will limit or increase attention to your issue?
4. Identify an original angle. How can you draw attention to the issue or bring a new perspective? Your thoughts need to be original, creative, fresh, and groundbreaking.
5. Submit your op-ed via e-mail to larger newspapers or via fax to smaller papers. Call first to ascertain which the editors prefer.
6. Follow-up with a phone call to ensure the paper received the op-ed and to provide any additional information needed by the editor or the newspaper
7. Include your school and affiliation, day and evening phone numbers, and your e-mail address.

Tips on writing the op-ed

1. The op-ed should be no longer than 700 to 750 words, typewritten and double-spaced.
2. Sentences should be short and substantive (10 or 11 words maximum). Address only one main point in the op-ed.
3. Avoid jargon or technical phrases.
4. Spell all names correctly and be sure all quotations are accurate.

Press release guide to stand against scaremongering

A press release can be chapter or by region, or can ask the AMSA national president to put it forward
For further information on how to write and submit an effective op-ed, read "Writing a Press Release" in the AMSA activism toolbox.

- Include the context of an event, followed by the AMSA position.
- Provide background on AMSA's policy statement that commits AMSA to stand against scaremongering about migrant children, which provides a platform for AMSA to speak out on the issue. AMSA stands with expanding access to healthcare, regardless of immigration status.
- Include a quote from the AMSA president or chapter leader.
- Describe follow-on actions, especially if an elected official in your city or state is responsible for making scaremongering claims.
- Include background information about your AMSA chapter.
- List a phone number where reporters can receive more information.

Key Resources on Migrant Children Health and Scaremongering

The relationship between immigration and health

Council on Community Pediatrics. (2013). Providing Care for Immigrant, Migrant, and Border Children. American Academy of Pediatrics. Retrieved from https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Community-Pediatrics/Pages/Key-Facts.aspx

Kaiser Commission on Key Facts. (2013) “Key Facts on Health Coverage for Low-Income Immigrants Today and Under the Affordable Care Act.” Kaiser Family Foundation. https://kaiserfamilyfoundation.files.wordpress.com/2013/03/8279-02.pdf

Circumstances of immigration from Latin America

United Nations High Commissioner for Refugees. (2014). Children on the Run: Unaccompanied Children Leaving Central America and Mexico and the Need for International Protection. Retrieved from http://www.unhcrwashington.org/sites/default/files/1_UAC_Children%20on%20the%20Run_Full%20Report.pdf

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The history of disease scaremongering about immigrants

Markel, H., & Stern, A. M. (2002). The foreignness of germs: the persistent association of immigrants and disease in American society. The Milbank Quarterly, 80(4), 757–788. https://www.evernote.com/shard/s4/sh/de6e4dc8-dc9a-4227-8678-9a0a2a11ad05/9785b7a24c12cef5a8fa28a593fb2119/res/d7d41f2f-4cd2-4924-ac33-956ad0fe5bdb/The%20Foreignness%20of%20Germs%20%282002%29.pdf

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Additional resources

Migrant Children and Health Group. (2015) Ongoing Professional Society Initiatives. Available at http://migrantchildrenhealth.org/81-2/

Redondo, B., & Manabat, C. (2014). Why We Rise. Center for Asian American Media. Retrieved from https://vimeo.com/66714074

Oliver, J. (2015). "Migrants and Refugees." Last Week Tonight. Retrieved from https://www.youtube.com/watch?v=umqvYhb3wf4

Sign up sheet for the Migrant Children and Health Campaign

Get updates on campaign actions to stand against scaremongering and how to be involved!

Name	Email address	Institution	Keep me updated on the migrant children health campaign (Check)	I would like to host an event on migrant children health (Check)