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On Behalf of the American Academy of Pediatrics

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“Growing Up in Fear: How the Trump Administration’s Immigration Policies Are Harming Children”

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Chairman Scott and Ranking Member Foxx, thank you for the opportunity to testify here today. I am Dr. Olanrewaju Falusi, a pediatrician in D.C. and executive committee member of the American Academy of Pediatrics, or AAP, Council on Immigrant Child and Family Health. The AAP is a non-profit professional membership organization of 67,000 primary care pediatricians and medical and surgical pediatric subspecialists dedicated to the health and well-being of all infants, children, adolescents, and young adults. The AAP is non-partisan and pro-children. Pediatricians care about the health and well-being of **all** children—no matter where they or their parents were born. That’s why we have been speaking out strongly in response to several recent policies that negatively impact the ability for children in immigrant families to reach their full potential.

Currently, 1 in 4 children in the United States lives in an immigrant family.ⁱ This includes children who are foreign born as well as those who were born in the United States and have at least one parent who was foreign born. The immigration status of children and their parents relates directly to their subsequent access to and use of health care, perceived health status, and health outcomes.ⁱⁱ Family immigration status is intertwined with other social determinants of health, including poverty, food insecurity, housing instability, discrimination, and health literacy.ⁱⁱⁱ Like all children, children in immigrant families thrive when they are happy and healthy. Children are not just little adults. Children have unique needs including medical, developmental, dietary, and other physical needs and, as such, our immigration system must recognize this reality.

Today’s anti-immigrant climate, discriminatory social policies, and heightened immigration enforcement create and perpetuate unprecedented challenges for this growing population of young people, resulting in short- and long-term negative developmental outcomes that are costly for children and society.^{iv} I’ve witnessed this in my own practice. Children with undocumented parents complain of headaches and generalized pain, brought on by the extreme stress and fear of knowing their parents may be deported at any moment. I’ve seen patients decline to participate in SNAP, WIC, and Medicaid despite the fact that they are eligible for these programs because they fear that use of these benefits may harm their or their parents’ green card application under proposed public charge rules. I’ve also cared for patients who were separated from their families as a result of various federal immigration policies. These children are suffering from the short- and long-term effects of toxic stress that will impact their development and their life course.

Despite the challenges that immigrant children and families often face, many offer tremendous assets and demonstrate remarkable resilience. Resilience is fostered through strong family relationships and community support.^v Policies that support immigrant families, such as the Deferred Action for Childhood Arrivals Program, or DACA, have demonstrated positive impacts on the development of children in this country.^{vi} More should be done to ensure that children in immigrant families are welcomed into the United States and have access to the resources that they need to thrive.

Toxic Stress

Pediatricians are seeing how recent federal actions related to immigration are taking a toll on the health and well-being of children in immigrant families. When children are scared, it can impact their health and development. As children develop, their brains change in response to environments and experiences. Fear and stress, particularly prolonged exposure to serious stress in the absence of buffering relationships with caring adults – known as toxic stress – can harm the developing brain and harm short- and long-term health. The

pervasive fear, anxiety, and trauma felt by immigrant communities will impact these children for years to come. Policies like zero tolerance, family detention, increased interior enforcement, public charge, and the repeal of DACA all contribute to toxic stress and impact the short and long-term health of children in the United States.

One of my patients is a sweet, chatty girl who I will call “Flor.” When I saw her for her 9-year-old check-up, rather than excitedly sharing her most recent school accomplishment, she started to tell me about scary feelings she was experiencing. She was having episodes of sudden crying and feeling that her heart was beating too quickly. She told me that she didn’t know what was causing these episodes, but she said over and over through tears that she was worried that “something is going to happen to my mom.” Flor knew that though she was born in the U.S., her mom was not, and she was increasingly worried that her mom would somehow, in her words, “get hurt” based on what she had heard about immigrant families in their community. She was also starting to have trouble concentrating in school and felt she could relax only when she saw her mom at the end of the day. This was a 9 year-old feeling powerless and unsure about what would happen to the person who loves and understands her more than anyone else, now culminating into unbearable anxiety and panic attacks.

Impact of Toxic Stress

In addition to short-term changes in observable behavior, toxic stress in young children can lead to less outwardly visible yet permanent changes in brain structure and function.^{vii} The plasticity of the fetal, infant, and early childhood brain makes it particularly sensitive to chemical influences, including stress hormones, and there is growing evidence from both animal and human studies that persistently elevated levels of stress hormones can disrupt its developing architecture.^{viii}

The potential consequences of toxic stress in early childhood for the pathogenesis of adult disease are considerable. At the behavioral level, there is extensive evidence of a strong link between early adversity and a wide range of health-threatening behaviors. At the biological level, there is growing documentation of the extent to which both the cumulative burden of stress over time and the timing of specific environmental insults during sensitive developmental periods can create structural and functional disruptions that lead to a wide range of physical and mental illnesses later in adult life.^{ix} These effects can also be epigenetic, meaning they alter an individual’s DNA structure and result in passing on of these effects to the next generation.

Beyond its strong association with later risk-taking and generally unhealthy lifestyles, it is critically important to underscore the extent to which toxic stress in early childhood has also been shown to cause physiologic disruptions that persist into adulthood and lead to frank disease, even in the absence of later health-threatening behaviors.^x For example, the biological manifestations of toxic stress can include alterations in immune function and measurable increases in inflammatory markers, which are known to be associated with poor health outcomes as diverse as cardiovascular disease, viral hepatitis, liver cancer, asthma, chronic obstructive pulmonary disease, autoimmune diseases, poor dental health, and depression.^{xi} Thus, toxic stress in early childhood not only is a risk factor for later risky behavior but also can be a direct source of biological injury or disruption that may have lifelong consequences independent of whatever circumstances might follow later in life.^{xii} In such cases, toxic stress can be viewed as the precipitant of a physiologic memory or biological signature that confers lifelong risk well beyond its time of origin.^{xiii}

Over and above its toll on individuals, it is also important to address the enormous social and economic costs of toxic stress and its consequences for all of society. The multiple dimensions of these costs extend from differential levels of civic participation and their impacts on the quality of community life to the health and skills of the nation’s workforce and its ability to participate successfully in a global economy. The impact of the Trump Administration’s immigration policies will have downstream impacts on our nation for years to come.

Family Separation

Studies overwhelmingly demonstrate the irreparable harm caused by breaking up families.^{xiv} We know that children who have been separated from their families can have a host of health challenges, including developmental delays like those in gross and fine motor skills, regression in behaviors like toileting and speech, as well as constant stomach and headaches. A parent or a known caregiver’s role is to mitigate the dangers of toxic stress. When robbed of that buffer, children are susceptible to a variety of adverse health impacts including learning deficits and chronic conditions such as depression, post-traumatic stress disorder and even heart disease.

The government’s practice of separating children from their parents at the border counteracts every science-based recommendation I have ever made to families who seek to nurture and protect their children’s physical, intellectual, and emotional development. Children, who have often experienced terror in their home countries and then additional trauma during the journey to the US,^{xv} are often re-traumatized through processing and detention in Customs and Border Protection (CBP) facilities not designed for children. This trauma is profoundly worsened by forced separation from their parents. It can lead to long term mental health effects such as developmental delays, learning problems and chronic conditions such as hypertension, asthma, cancer, and depression. Children who have been separated may also be mistrusting, questioning why their parents were not able to prevent their separation and care for them. A child may show different behaviors in response to exposure to traumatic events like separation from parents depending on their age and stage of development. Some of these signs of distress are listed in the chart below:^{xvi}

Preschool children	Elementary school children	Middle and high school-aged youth
<ul style="list-style-type: none"> • Bed wetting • Thumb sucking • Acting younger than their age • Trouble separating from their parents • Temper tantrums • Aggressive behavior like hitting, kicking, throwing things, or biting • Not playing with other kids their age • Repetitive playing out of events related to trauma exposure 	<ul style="list-style-type: none"> • Changes in their behavior such as aggression, anger, irritability, withdrawal from others, and sadness • Trouble at school • Trouble with peers • Fear of separation from parents • Fear of something bad happening 	<ul style="list-style-type: none"> • A sense of responsibility or guilt for the bad things that have happened • Feelings of shame or embarrassment • Feelings of helplessness • Changes in how they think about the world • Loss of faith • Problems in relationships including peers, family, and teachers • Conduct problems

Fear of Deportation

Even the threat of separation from their parents can cause children to suffer significant physiological stress that threatens their mental and physical health and their overall development, not to mention the harm to them caused by the actual detention and deportation of their parents. When parents are detained or deported children are at risk of losing parental nurturance, income, food security, housing, access to health care, educational opportunities, and the sense of safety and security that is the foundation of healthy child development.

A 2013 study of family unity and health among mixed-status families (families with at least one undocumented parent and at least one U.S.-citizen child) found that almost 75% of undocumented parents reported signs of PTSD in their children, compared with 40% of documented parents.^{xvii} A 2017 study across six states found that children as young as three years old are expressing fear about losing a parent to deportation and demonstrating those fears through words and troubling behaviors.^{xviii}

The anxiety, depression, and other symptoms that children experience when faced with potential separation interferes with cognitive ability and focus. Further, behavioral issues like aggression that result from experiencing trauma can interfere with concentration and attendance in school. Children in families under the threat of detention or deportation will achieve fewer years of education than children of United States citizens, and they face challenges in focusing on schoolwork, potentially translating into less income as adults.^{xix}

The fear of deportation and exposure to immigration raids also negatively impacts birth outcomes, putting babies at risk for adverse health outcomes. In one study, infants born to Latina mothers had a 24 percent greater risk of low birthweight after an immigration raid when compared with the same period one year earlier, increasing the risk for subnormal growth, illnesses, and neurodevelopmental problems.^{xx} In another study of women in New York City pre- and post-inauguration in 2017, the relative risk of preterm birth among Hispanic women increased 1.15% due to severe sociopolitical stressors such as heightened fear of deportation.^{xxi}

Family Detention

Some have suggested that an alternative to separating families is to increase the use of Immigration and Customs Enforcement (ICE) family detention. However, family detention is neither a safe nor an effective solution to addressing the forced separation of children and parents at the border. The AAP Policy Statement entitled *Detention of Immigrant Children* recommends that immigrant children seeking safe haven in the United States should never be placed in ICE detention facilities. There is no evidence that any amount of time in detention is safe for children.^{xxii} In fact, even short periods of detention can cause psychological trauma and long-term mental health risks for children.^{xxiii} Studies of detained immigrants have shown that children and parents may suffer negative physical and emotional symptoms from detention, including anxiety, depression and posttraumatic stress disorder.^{xxiv} Detention itself undermines parental authority and the capacity to respond to their children's needs; this difficulty is complicated by parental mental health problems.^{xxv} Parents in detention centers have described regressive behavioral changes in their children, including decreased eating, sleep disturbances, clinginess, withdrawal, self-injurious behavior, and aggression.^{xxvi}

Specifically, detention of youth is associated with physical and mental health symptoms that appear to be caused and/or worsened by detention. A study of children ages 3 months to 17 years in a British immigration

detention center revealed physical symptoms that may include somatic complaints (e.g., headaches, abdominal pain), weight loss, inability to manage chronic medical problems, and missed follow-up health appointments including those for vaccinations, developmental and educational problems, and mental health symptoms including anxiety, depression, and reemergence of post-traumatic stress disorder.^{xxvii} In a systematic review that explored risk and protective factors for the psychological wellbeing of children and youth who were resettled in high-income countries, the authors indicate that adverse events during and after migration may be more consequential than pre-migration events. Specifically, the authors conclude that detention of immigrant children and youth is particularly detrimental to mental health and an example of trauma for which impact is cumulative.^{xxviii}

Nutrition

As a practicing pediatrician, I see the benefits of consistent access to nutritious foods on the health and development of children. Access to sound, appropriate nutrition is fundamental to achieving and sustaining optimal child health and well-being into adulthood. The inability to consistently provide food creates stress in families, contributing to depression, anxiety, and toxic stress. Immigration policies that restrict immigrant families' access to nutritious foods, like the public charge rule, have a detrimental impact on the development of children in the United States and their ability to reach their full potential. Immigrant families, like all families, should have access to healthy nutrition where they learn, live, and play.

Importance of Federal Nutrition Programs

Exciting new data shows the short- and long-term impacts of investments in nutrition and health care during the prenatal and early childhood years. The time period from pregnancy through early childhood is one of rapid physical, cognitive, emotional and social development, and because of this, this time period in a child's life can set the stage for a lifetime of good health and success in learning and relationships or it can be a time when physical, mental and social health and learning are compromised.

Optimal overall brain development in the prenatal period and early years of life depends on providing sufficient quantities of key nutrients (e.g. protein, long-chain polyunsaturated fatty acids, iron, copper, zinc, iodine, folate, choline, and vitamins A, B6, and B12) during specific sensitive time periods. These periods coincide with the times when specific brain regions are developing most rapidly and have their highest nutrient requirements.^{xxix} Nutrients such as protein, zinc, iron, folate, and others have demonstrated effects on brain development and are commonly deficient in pregnant women and young children in the U.S. These deficiencies can lead to delays in attention and motor development, poor short-term memory, and lower IQ scores. Some of these effects may be long-term.

Children deserve the best possible chance at success and that means no child should have to struggle with food insecurity. Families and children do not only feel the effects of hunger just as missed or meager meals; food insecurity manifests itself in many other biopsychosocial outcomes, including health, education, and economic prosperity.^{xxx} As with many pediatric conditions, the health effects of food insecurity and associated malnutrition may persist beyond early life into adulthood.^{xxxi} A substantial body of literature also links early childhood malnutrition to adult disease, including diabetes, hyperlipidemia, and cardiovascular disease.^{xxxii} Studies of the outcomes of food insecurity in childhood suggest that it may be an example of ecologic context modifying individual physiologic function.^{xxxiii} Combined, these negative effects can contribute to a less competitive workforce for the nation and higher health costs.^{xxxiv}

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a targeted, time-limited supplemental public health nutrition program that serves roughly 7.6 million women, infants, and young children across the United States each month. The WIC food package is specifically designed to ensure that pregnant mothers and young children receive the nutrients that are essential to a healthy pregnancy, proper brain development, and long-term health. Prenatal WIC participation is associated with lower infant mortality rates, higher birth weights, and fewer pre-term births.^{xxxv} WIC also improves breastfeeding rates. It has been estimated that \$13 billion per year would be saved if 90% of US infants were breastfed exclusively for six months.^{xxxvi}

By connecting families to preventative health services and improving health outcomes for its participants, WIC is contributing to substantial healthcare cost savings. For example, pre-term births cost the U.S. over \$26 billion a year,^{xxxvii} with average first year medical costs for a premature/low birth-weight baby of \$49,033 compared to \$4,551 for a baby born without complications.^{xxxviii} For very low birth-weight babies, a shift of one pound at birth saves approximately \$28,000 in first year medical costs.^{xxxix}

School Meals

Good nutrition is essential to health, and good health is essential to effective learning. The National School Lunch program provides nutritionally balanced, low-cost or free lunches to about 30 million children each school day. Roughly 14 million children receive breakfast in their school. Children typically consume up to half of their daily calories in school, and for some children, the only food they eat each day comes from the federal school meal programs.

Fear, stigma, paperwork requirements, and financial constraints are all barriers to children participating in free- or reduced-price school meals. All children should have access to the school meals they need to help them thrive.

The Community Eligibility Provision (CEP), created by the Healthy Hunger Free Kids Act, is an example of an innovative program that increases access to school meals. CEP allows schools in low income communities to serve free breakfast and lunch to all students without requiring their families to complete individual applications, thereby reducing stigma and making participation in the school meals programs easier for families. Importantly, it has reached more than 9.7 million children in more than 20,700 schools in the 2016-2017 school year, over half of all eligible schools. CEP has been critical to lessening the administrative burden on schools, increasing participation, and facilitating implementation of alternative breakfast service models.

SNAP

The Supplemental Nutrition Assistance Program (SNAP) is the largest program in the domestic hunger safety net and offers nutrition assistance to millions of eligible, low-income individuals and families. Like poverty, food insecurity is a dynamic, intensely complex issue. For many families, seemingly small changes to income, expenses, or access to federal or state assistance programs may instantly reduce the ability to purchase healthy food and result in increased vulnerability to food insecurity. In fact, one in six children in this country live in food insecure households. In an average month, more than 40 million Americans access SNAP benefits.

Children who are hungry and live in households where food is scarce have difficulty learning, and are more likely to experience educational, health, and behavioral problems as a result. Being food insecure makes

families especially vulnerable to obesity due to the additional risk factors associated with poverty including limited resources, lack of access to healthy, affordable foods, fewer opportunities for physical exercise, high levels of stress, and limited access to health care.

Children in immigrant families that receive SNAP benefits are more likely to be in good or excellent health, be food secure, and reside in stable housing.^{xi} These families also have more resources to afford medical care and prescription medications, compared to families who do not participate in SNAP.^{xi} Significantly, an additional year of SNAP eligibility for young children with immigrant parents is associated with significant health benefits in later childhood and adolescence.^{xii}

Chilling Effect

Access to federal nutrition programs, including WIC, the National School Lunch Program (NSLP) and School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), SNAP, and the Summer Food Service Program (SFSP), is essential to reducing food insecurity and promoting access to healthy, nutritious foods among children and their families. Unfortunately, many of the immigrant families that I see in my practice are hesitant to access these effective programs—even though they are eligible for them. Proposed changes to the public charge determination have brought on a “chilling effect” that has drastically reduced immigrant families’ willingness to participate in these programs.

I am especially troubled when I see parents of newborns refusing WIC benefits. Caring for newborn babies is a privilege for me, knowing that they still have an entire lifetime ahead of them, full of promise and opportunity. We know that their future is brighter when they have access to healthy nutrition to build a healthy brain and body. However, over the past 2 years, more and more parents in my practice are declining to apply for WIC, including a 4-day-old boy who I saw recently. He was born in a local hospital and thus is a U.S. citizen and would most likely qualify for WIC, but his parents were hesitant to apply because they were afraid that they might jeopardize their ability to stay in the U.S. They knew about the breastfeeding support, formula, and food benefits that WIC offers, but unfortunately, due to anti-immigrant rhetoric around use of these programs, they have decided to avoid these services.

This is not just happening in DC. WIC clinics across the country report that clients have cancelled appointments and requested that their personal information be deleted from WIC’s files. Some clients have even attempted to return food benefits and breast pumps. In a 2018 survey of health care providers in California, more than two-thirds (67 percent) noted an increase in parents’ concerns about enrolling their children in Medi-Cal (California’s Medicaid program), WIC and CalFresh (California’s SNAP program).^{xiii} In fact, WIC clinics have been reporting a decline in case count, likely attributable in part to the public charge proposal. This reduced participation in WIC causes families to lose the nutritional support that they need to ensure a healthy pregnancy, childhood, and life. As a pediatrician, I worry greatly about what that means for birth outcomes and nutritional outcomes for my patients.

The proposed changes to the public charge rule have also caused immigrant families to feel afraid to access SNAP benefits. Disincentivizing the use of SNAP or other public food security benefits by immigrant families will result in enduring harm to the collective health and development of children in such families. Such damage will only be compounded over time as affected children face a higher likelihood of falling short of their full developmental potential and lower achievement in school.

Consistent with AAP recommendations,^{xliv} I screen all of my patients for food insecurity at each well-child visit. A significant percentage of families that I see are experiencing food insecurity. I see children whose parents work 2 or 3 jobs and still struggle to put food on the table. I see families who live in neighborhoods that are food deserts, where they can get fast food on any block but have to take 2 buses to get to the nearest grocery store. And I recently met a mom who just the week before had left an abusive relationship, was staying on a friend's couch with her child, and did not have access to a kitchen in which to cook nutritious and balanced meals. Any further barriers to access to food for immigrant families would only exacerbate this existing struggle. In order to ensure that all children in this country are able to properly develop, policies like public charge that restrict access to nutrition should be rescinded.

Education

Children start learning from the day they are born, and it is crucial that they receive quality health care, social supports, stimulation, nutrition, exercise, and nurturing environments to ensure the proper brain development that leads to academic success.^{xlv} All children—from birth through early education, elementary school, high school and secondary school—must receive the services necessary to achieve their full potential as a student and as an adult. These include any needed special education services, recess and physical education, proper nutrition and health education, and safe environments free from bullying and harassment.

All children are entitled to free public education and specialized educational services regardless of immigration status. However, immigrant children may face particular academic challenges. Before arrival to the United States, some children may have had no opportunity for formal schooling or may have faced protracted educational interruptions. Students with interrupted or no schooling may lack strong literacy skills, age-appropriate content knowledge, and socioemotional skills; in addition, they may need to learn the English language.

Research demonstrates that high-quality childcare, early education, and early experiences can make an enormous difference in whether children grow up to meet their potential. In addition, high-quality early childhood care and education services have multi-generational benefits through opportunities to engage parents and families, providing them with supports and connections to services. Communities play a key role in improving children's readiness to learn through the provision of high-quality early education programs. All children must have access to necessary supports to ensure proper brain development in all domains—social-emotional, physical, linguistic, and cognitive—that lead to academic achievement and a secure adulthood. Success in school is strongly linked to positive life outcomes. Yet, too many children do not have access to Early Head Start, Head Start, high-quality childcare, and pre-kindergarten that could put their early development on the right track. In addition, developmental screening services are critical to ensuring that children in need of further supports and services receive needed intervention as early as possible.

Children who participate in high-quality early childhood programs show remarkable improvement in school performance, social skills, and other factors critical to future success.^{xlvi} All children should have access to high-quality early childcare and education programs, so they can reach their maximum potential and the nation can reap the profound and long-lasting benefits of these programs.

Fear and Anxiety

It is imperative that students feel safe in school so that they are prepared to learn and succeed. Unfortunately, many of my patients report feeling anxious at school and scared that their parents will not be there when they

return home. One of my teen patients, a 13-year-old boy who I will call “Daniel” recently was brought to my office because his mom was worried about his behavior. He had gone from being a mild-mannered teen to now having verbal outbursts and not wanting to socialize outside of their home. Daniel’s school had also reached out to his mom because he did not seem as focused as usual during school, and he admitted that his grades had been dropping. We know that children and adolescents act out often because they are seeking attention, and this was the case for Daniel. His mother has Temporary Protected Status, and he shared with us that he was anxious that he may come home from school to an empty home one day and learn that his mother had been detained. His behavior changes and academic regression were a reaction to the stress and fear he had internalized, brought on by interior enforcement policies.

In fact, many immigrant children live with a constant fear that they or their parents will be taken into custody or deported. Immigration raids like the one in Mississippi earlier this year contribute to this fear and negatively impact children’s ability to learn and develop. Students should have access to counselors to help mitigate the effects that the current immigration policies have on their wellbeing.

Without question, schools and other sensitive locations such as hospitals, doctor’s offices, or places of worship should remain free from all immigration enforcement activity so that students can continue to learn without fear.

Access to Care

Pediatricians believe that quality health care is a right, regardless of income, for all children and their families. Every child must have quality health insurance and should receive care in a medical home with a primary care pediatrician, and access to pediatric medical subspecialists, pediatric surgical specialists, pediatric mental and dental professionals, and hospitals with appropriate pediatric expertise. Working in DC, I see patients from across the tri-state area and know first-hand the importance of health insurance coverage for children. It is the foundation that ensures children can receive the care they need, when they need it.

Federal immigration policies can adversely affect immigrant health coverage, access, and outcomes. Policies like the public charge rule have created confusion among immigrant families, leading them to avoid or even disenroll from programs they are eligible for, like Medicaid, out of fear. From 2017 to 2018, Medicaid and CHIP saw an enrollment decrease of more than 828,000, or 2.2 percent, of children.^{xlvii} Similarly, recently released data from the U.S. Census Bureau shows that in 2018, 4.3 million children in the United States were uninsured – an increase of 425,000 uninsured children in a single year. According to the Census data, this decline is not due to commensurate gains in private coverage and can instead be largely attributed to the decline in Medicaid enrollment.^{xlviii} Hispanic children, in particular, are seeing significant increases in their uninsured rates. According to the Georgetown Center on Children and Families, these increases are likely the result of a “chilling effect” where mixed status and immigrant families with a parent who is an immigrant and a child who is a citizen are reluctant to enroll their child in public coverage for fear of deportation or being deemed a “public charge.”^{xlix}

Importance of Medicaid

When children lose access to Medicaid, they also lose the long-term health benefits and outcomes that Medicaid is shown to produce. Unlike many private health insurance plans, Medicaid guarantees specific benefits designed especially for children. Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits are the definitive standard of pediatric care, covering an array of services like developmental,

dental, vision and hearing screenings, and allowing health problems to be diagnosed and treated appropriately and as early as possible. In fact, children in Medicaid are more likely to get medical check-ups, attend more days at school, graduate and enter the workforce than their uninsured peers.^l

When children see providers who know their medical history and can monitor their physical and socioemotional development, they are more likely to have better overall health, be up-to-date on immunizations, perform better in school and receive care in the most cost-effective way.^{li} Moreover, child health is a strong predictor of adult health. Addressing health and development during childhood—from birth through adolescence—leads to improved life outcomes in many areas. Conversely, the inability to access health care services threatens the physical, mental, and social health and well-being of children and their caregivers.^{lii} The AAP believes that all children, regardless of their zip code, must have access to the full range of age-appropriate health care providers, subspecialists, and facilities.

While children's use of Medicaid is not included in a public charge determination under the public charge rule, the chilling effect will likely impact families' decisions to enroll in the program. Further, the rule could have a chilling effect of preventing pregnant women from accessing care, even though a pregnant woman's use of Medicaid is exempt under the regulation. A lack of prenatal care for mothers can have serious implications for their children, affecting their birth and early health outcomes.^{liii} Lack of adequate health care, including prenatal care, contributes to higher rates of maternal mortality, higher rates of infant mortality, and increased risk of low-infant birth weight.^{liv} Similarly, the rule may also discourage women from seeking postpartum care, which is crucial to the health and well-being of mothers, newborns, and families.^{lv} Forgoing postpartum care could mean that women endure postpartum depression without proper medical, social, and psychological care, skip doctor's visits that address infant feeding, nutrition, physical activity and family planning, or leave other postpartum health issues unaddressed.

Parental Coverage

Low-income parents will also lose health coverage if the public charge rule is allowed to stand. Whether or not a parent has health care coverage can have a profound effect on the health and well-being of their children. The public charge rule will lead to parents losing Medicaid coverage and, as a result, their children losing coverage as well.

As pediatricians, we know that parents who are enrolled in coverage are more likely to have children enrolled in coverage, and parents with coverage are also more likely to maintain their children's coverage over time. Thanks to Medicaid and CHIP, the rate of uninsured children has declined in the past two decades reaching its lowest level on record (4.5 percent).^{lvi} However, recent data shows a disturbing increase in the number of uninsured children—partially attributed to changes to public charge.

A comprehensive body of research highlights the powerful effect of increases in parental access to insurance coverage on their children's access to insurance coverage. In fact, from 2013-2015, 710,000 children gained coverage, despite the fact that children's eligibility for coverage did not change under the Affordable Care Act.^{lvii} This is due in large part to parents gaining coverage under the Medicaid expansion and realizing that their children had been eligible for Medicaid all along. Research also demonstrates that when parents have health insurance, children are more likely to get the care they need. A recent study showed that increases in adult Medicaid eligibility levels were associated with a greater likelihood that children in low-income families received at least 1 annual well child visit.^{lviii} Whereas children whose parents are insured are almost always

insured themselves, 21.6 percent of children whose parents are uninsured are also uninsured,^{lix} meaning when parents lose coverage, so do their children.

Forcing parents to choose between their ability to remain with or reunite with their families and their children's access to health care will not just harm individual families—it will put America's future at risk. By making health insurance accessible to children and their parents, Medicaid keeps children healthy. America's future depends on ensuring that all children succeed.

Chilling Effect

Even though children's use of Medicaid is not a factor in a public charge determination under the final rule, confusion about the rule and its chilling effect are having an impact on patients across the country. Our pediatrician members report increases in no-show or cancellation rates for routine health care appointments. One pediatrician in Texas commented that her clinic is seeing a large increase in Hispanic parents allowing their children's Medicaid enrollment to lapse, even though their U.S. citizen children are eligible for Medicaid. In a 2018 survey of health care providers in California, nearly half (42 percent) reported an increase in skipped scheduled health care appointments.^{lx}

Research from the Kaiser Family Foundation found that of health centers surveyed, nearly half (47%) reported that many or some immigrant patients declined to enroll themselves in Medicaid in the past year.^{lxi} In addition, nearly one-third (32%) said that many or some immigrant patients disenrolled from or declined to renew Medicaid coverage. Health centers also report enrollment declines among children in immigrant families. More than a third of (38%) health centers reported that many or some immigrant patients were declining to enroll their children in Medicaid over the past year, while nearly three in ten (28%) reported many or some immigrant patients were disenrolling or deciding not to renew Medicaid coverage for their children.

Historical evidence from the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) policy changes demonstrates that public information alone cannot prevent damaging consequences caused by the chilling effect. The complex nature of immigration policies makes it difficult for families to discern whether to enroll in health care coverage. Even among groups of immigrants who were explicitly excluded from the 1996 eligibility changes, and U.S. citizen children in mixed-status families, participation dropped dramatically.^{lxii}

Further, the health of children is inextricably linked to the health of their parents and families. Children thrive when their parents can access needed health or mental health care, when their families have enough to eat, and a safe place to live. When parents are stressed and in poor health, their caregiving may be impeded, adversely affecting the development of their children.

Protective Policies

It is important to note that protective immigration policies have demonstrated a positive impact on the health of parents and children. For example, a 2016 survey of immigrant young adults showed that DACA status predicted psychological wellness, and protecting unauthorized immigrant mothers improves their children's mental health.^{lxiii} DACA lowered the likelihood of psychological distress, and recipients reported "better health" and "reduced fear."^{lxiv} Specifically, receiving DACA reduced the odds of distress, negative emotions, and worry about self-deportation by 76-87%, compared to respondents without DACA.^{lxv} The mental health benefits to children whose mothers are protected by DACA, and therefore protected from the fear of

deportation, are large and clinically significant.^{lxvi} Children who did not live in fear that their parent might be detained and deported saw significantly decreased adjustment and anxiety disorder diagnoses.^{lxvii}

As a pediatrician, my job is to apply science to advocate for children's health. Evidence affirms that parental separation and family detention are not healthy for children. Instead of detention, AAP recommends the use of community-based alternatives for children in family units. Community-based case management should be implemented for children and families, thus ending both detention and the placement of electronic tracking devices on parents. Community release with case management has been shown to be cost-effective and can increase the likelihood of compliance with government requirements.^{lxviii} We urge Congress to provide funding to support case management programs. AAP also advocates for expanded funding for post-release services to promote the safety and well-being of all previously detained immigrant children and to facilitate connection and access to comprehensive services, including medical homes, in the community.

All immigrant children seeking safe haven in the U.S. should have comprehensive health care and insurance coverage, which includes access to qualified medical interpretation covered by medical benefits, pending their immigration proceedings. Further, all children in the country should have access to nutritious foods and a quality education that will help them grow up to be successful. Children and families should have access to legal counsel throughout the immigration pathway. Unaccompanied children should have free or pro bono legal counsel with them for all appearances before an immigration judge. Protections for children in law or by the courts exist because children are uniquely vulnerable and are at high risk for trauma, trafficking, and violence. These protections are not loopholes and should be maintained and strengthened.

Immigrant children can benefit from system-level supports for integration of mental health and social work supports into schools, the medical home, and protected community settings. Pediatricians can and do advocate for these cross-sector collaborations. Recognizing that need, the Immigrant Health Committee of the DC Chapter of the American Academy of Pediatrics (DC AAP) hosted a seminar entitled "Promoting Mental Health in Immigrant Children" in May, 2017. In this interdisciplinary symposium, we educated local child healthcare providers, mental health providers, school representatives, community members, and governmental representatives on the mental health needs and resilience of immigrant children. We brainstormed solutions for reducing barriers to communication between health and education sectors and have engaged our local government in these systemic efforts. As children spend most of their waking hours at school, educators and other school personnel are often the first to identify and address mental health concerns, and I have found these partnerships to be invaluable as I care for immigrant families.

As a pediatrician, I know that children and families who have faced trauma, with trauma-informed approaches and community support, can begin to heal. As such, children in immigrant families should have access to nutrition, health care, education, legal representation, and other essential services that support their growth, development, and capacity to reach their full potential. We must continue to support all immigrant children and families in the U.S. and treat them with dignity and respect.

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