



## Reform humanitarian system for migrant children: Leadership Conference speaker

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Pediatricians are vital advocates for the humane care of migrant children, regardless of the legal or political issues around immigration, said Paul H. Wise, M.D., M.P.H., FAAP, who participated in a panel at the AAP Leadership Conference titled “Advocating for Children in Immigrant Families: From the Border to Local Communities.”

A professor at Stanford University School of Medicine, Dr. Wise has led or advised international child health programs and worked with migrant families at the southern border and worldwide. He also is a juvenile care monitor for the U.S.

Joining by Zoom, he described conditions for migrant children in U.S. detention, including inadequate protocols, especially for those at elevated medical risk. He called on pediatricians to help advocate for more humane care in reforming the system.

He also summarized the events and missteps that led to the recent death of an 8-year-old girl in U.S. custody.

“Pediatricians have a particular opportunity — if not responsibility — to provide a narrative of what we see, to elevate the public discourse and ultimately advocate for revisions to encourage public policies and practices ... throughout the United States and around the world,” Dr. Wise said.

The current immigrant detention system was set up for young adult Mexican men. It is outdated and a profound mismatch with so many children and families crossing the border.

“We need to improve the custodial care for families, reduce time in custody and reduce overcrowding,” Dr. Wise said. In addition, he called for a system to track children after they are released out of government custody and into U.S. communities, as some youths have significant medical problems or fall into abusive situations such as child labor.

Paul Gutierrez, M.D., FAAP, chair of AAP Council on Immigrant Child and Family Health, provided an update on what the council is doing, including partnering with chapters.

The AAP Florida and Texas chapter presidents described their determination to help their patient families despite challenges such as workforce shortages, lack of language interpreters, more restrictive laws and a growing population of uninsured adults.

Families crossing the border into Texas speak languages besides Spanish.

“This presents a huge challenge in accessing diverse pediatricians who are equipped to counsel families in their native language,” said Seth D. Kaplan, M.D., FAAP, chair of the Texas Pediatric Society.

Florida Chapter President Thresia B. Gambon, M.D., M.B.A., M.P.H., FAAP, who practices at a federally qualified health center in Miami, outlined the chapter’s efforts to educate pediatricians in the state and develop medical-legal partnerships.

Dr. Gutierrez offered ideas for pediatricians to help migrant children in their practices or in their communities. Suggestions include ensuring language access, having a welcoming environment in the office and working with other organizations and health care professionals in the community. Pediatricians can start committees or working groups in their chapters, write op-eds and join the council.

“I would encourage everyone to please either donate your time to care for these children in your states, even if it’s not medical care and even if it’s just a book drive or diaper drive. At least be aware of where families can get services. Ask questions about food insecurity and housing,” Dr. Gutierrez suggested.

The rewards of caring for these families are enormous, Dr. Wise said. “They have significant needs, no doubt. But they are also remarkably strong, resilient in many ways that is invigorating to clinicians.”

Advocating for improved asylum procedures is important, he added, “but we also need enhanced advocacy for the humanitarian care of people who come into our custody.

“Ultimately, it is a border of hope,” Dr. Wise concluded, “... and the concept of hope is something the pediatric community knows a lot about ... and has embraced as essential to child well-being.”

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