Unjust Harm the White House's Executive Order on Immigration Will Cause Refugee Children

Health Equity

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In the last four months of 2016, 6,341 refugee children under the age of 14 arrived in the U.S. from Iran, Iraq, Syria, Sudan, Libya and Somalia. These children represent less than 0.1 percent of the more than 10 million formally recognized refugee children around the world, most of whom live in low- or middle-income nations. Yet, the U.S. resettlement program is the largest in the world, and these children are among the most vulnerable. They include girls who have been victims of or are at risk for sexual violence, children separated from their families and children with special medical needs.

For the next four months of 2017, as a result of a new White House executive order, no additional refugee children will receive protection in the U.S. Further, the White House indefinitely suspended resettlement from Syria and cut the U.S. refugee admission ceiling to just 50,000 individuals. Resettlement of refugee children from six other Muslim-majority nations—Iran, Iraq, Sudan, Libya, Somalia and Yemen—may not be resumed if those governments cannot (or will not, given that refugees have typically fled state persecution) meet new screening criteria that the Secretaries of the U.S. Departments of Homeland Security and State are to establish. This requirement's focus on bureaucratic improvement distracts attention from the impact that blocking resettlement will have on children, and overlooks the fact that refugees already undergo more rigorous screening than anyone else who enters the U.S.

Many children affected by this ban have been waiting for refuge their entire lives, having been born in refugee camps or amid civil war. The White House's executive order turns its back on this country's long history of bipartisan refugee resettlement. It turns its back on the lessons of World War II, when Jewish children unable to obtain visas to enter the U.S. were subsequently murdered in Nazi death camps. It turns its back on our shared humanity and the moral imperative that we help those most in need.

Make no mistake, this decision harms children. For refugee children with severe but treatable conditions such as heart malformations, type 1 diabetes or cancer, waiting four months may be the difference between a lifetime of health or a lifetime of disability. For others, waiting may mean returning to impoverished camps or urban settlements where public health and nutrition programs are often underfunded and overstretched, resulting in preventable child deaths.

And this decision harms children already in America. Children have an acute sense of fairness, but learning generosity takes time and adult role models. When we don't display fairness and generosity to others, particularly others who are different from ourselves, our children notice. Children whose family members are directly affected by the executive order will be anxious and afraid, particularly if they have been separated from a primary caregiver. Those who belong to national or religious groups that have been subject to hate crimes or

hateful rhetoric in the context of the recent immigration debate will need reassurance and support. And there are also missed opportunities. By turning away refugees and immigrants, we turn away scientists, doctors and others who contribute to civil society and whose children do the same.

Parents, even those who want to welcome others, may still wonder if refugee children present a threat of any kind. Might these children really have measles, polio and "flesh-eating" bacteria, as claimed by the alt-right press? In general, global health investment means that children around the world are much healthier than they were just 25 years ago. However, the truth is that the refugee children do suffer from health problems that we no longer see in the U.S. Even children who had grown up in Damascus, a city once admired for its elegant art and architecture, may now experience malnutrition, vaccine-preventable diseases and other afflictions associated with extreme deprivation in refugee camps and the collapse of the Syrian health system. However, this suffering should move us to compassion rather than fear. Knowing that children live in such conditions should drive us to do more rather than to turn away.

This nation's comprehensive refugee health screening program helps ensure that refugee children are healthy enough to start school and integrate into U.S. society. Health assessment begins overseas, where children are vaccinated, treated for the contagious form of tuberculosis if needed and may also receive presumptive treatment for infections like malaria. All of this occurs before children are allowed to travel to the U.S. During outbreaks of vaccine-preventable infections, children may also be placed on an accelerated vaccine schedule and travel may be delayed until they are shown to be unaffected. (Hence, recent measles outbreaks in the U.S. have primarily been associated with unvaccinated Americans, including those who have traveled abroad and have no such screening/vaccination requirement.) This information is shared with physicians and public health officials in the U.S. who re-screen refugees shortly after arriving here. Specialized clinics that focus on newly-arrived refugees conduct these tests and give additional vaccines per the U.S. schedule.

Like many U.S. pediatricians who specialize in refugee health, I started caring for Syrian children last year. One of the first children I evaluated appeared to have relatively severe scoliosis. In reality, his back muscles were twisted from performing heavy manual labor to help support his family, who had lost their home and livelihood when they fled Syria. His posture returned to normal after a few months of normal childhood pursuits that we take for granted, like gym class and recreational soccer.

Even before this improvement, his parents thanked for me for treating him "like a human being." I've worked with refugees for the past eight years, but nonetheless I was struck speechless. Extreme hardship, brutality and discrimination had eroded their expectations so that all they wanted, in that first meeting, was to be seen as fully human.

There are moments in history when we are required to see things with moral clarity. This is one such moment. These are children, and, to paraphrase the American Academy of Pediatrics' president, children do not migrate – they flee. And yet, as journalist Julia Ioffe wrote in her recent deeply moving essay about her own experience as a refugee child, too often "to them, [children] are an abstraction, colored by their fear and their hate, or by their heartrending idealism."

It will serve us well to remember that these are real children, and the White House's current policies will do real harm. America will be better served if we treat children with dignity and respect, a common thread among decent people throughout the world. I encourage the president to use this opportunity to advance policies that allow pediatricians like me help children survive and thrive.

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