



Reporter

IMMIGRATION LAW and FAMILY SEPARATION – GENERAL ASSEMBLY PRESENTATION SUMMARY

By Elissa Steglich, JD

Professor Elissa Steglich has extensive experience practicing immigration law and has been a strong advocate for immigrant rights, especially the rights of immigrant children. Until June 2015, she was the Legal Services Director at the American Friends Service Committee's Immigrant Rights Program in Newark, New Jersey. In addition to supervising legal staff, she provided direct representation to asylum seekers, immigrant children, and immigrant victims of violence and human trafficking. She has served on the Law Review and was co-president of Texas Law Fellowships. She recently joined the faculty at the University of Texas at Austin to teach the Immigration Clinic, where vulnerable low-income immigrants from all over the world are represented before the immigration and federal courts and the Department of Homeland Security (DHS).

Professor Steglich's commitment to immigrant rights has been recognized with an "Inspire Award" by *Centro Comunitario* and commendation from the New Jersey General Assembly. She has published scholarly articles on immigration issues and is co-editor of *In Modern Bondage: Sex Trafficking in the Americas* (Transnational 2003). She is currently a member of the Board of the Young Center for Immigrant Children's Rights.

General Assembly Presentation: Welcome! Different than a lot of other law professors, at the Immigration Center we continue to practice law, and teach students how to represent immigrants. Today I want to talk about how institutional violence looks under the current administration, and what we can do to help respond and support the immigrants and the community of service providers who are providing legal relief options (lawyers, organizers, community activists). I also want to recognize the role of health professionals in working with immigrant communities.

During this administration we've heard a lot of anti-immigrant rhetoric, and so I

will highlight the actions behind that rhetoric, both public and quiet, behind the scenes. I will expose the degree of targeting of immigrants, both long-standing immigrants and newer arrivals seeking asylum. Initially within this administration, there were several executive orders to enforce immigration law to its fullest. We have an internal police force and border patrol, immigration detention centers that look and feel like prisons, and immigration courts that impose deportations.



Prof. Steglich addressing GA participants.

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In February of 2017, there was a large series of raids conducted. Over the course of three days in Austin, 132 immigrants were arrested. These happened in homes, on the streets, at convenience stores, and restaurants. This has a terrorizing impact on the community. This happened across the country in at least six states, with a nation-wide impact. People were afraid to leave their homes and be in public. In response, people sent their children to do grocery shopping, or had to ask neighbors for help.

From October 2017 to May 2018 the US has engaged in over 3,400 workplace raids. We've seen a re-engagement of local police being asked to cooperate with immigration enforcement. In Texas, the passing of State Bill-4 mandated that police participate in this cooperation. We've had an increase in detention. The Don Hutto Detention Center is a former prison, is privately owned by Core Civic.

Initially it was made as a family detention center, then it was converted into a women's detention center. We now have 40,000 immigrants detained for civil immigration reasons, NOT criminal reasons. 70% of the facilities are in private hands - private prison companies making an extraordinary amount of money.

Under Former President Obama, there had been a congressional mandate to ensure that a certain number of beds are available at all times. Having a quota like this requires us to send people out to find the people to fill these beds. At this point, there is no need for a mandate; we are far beyond the point of filling these beds. Regarding the experiences of immigrants at detention centers, an organization, Civic,



Immigration rights activist Carmen Zuvieta works with ICE Out of Austin, local NGO fighting against mass incarceration of immigrants and families.

surveyed immigrants across the country and cited low access to medical care, problems with nutrition (not enough food, poor food), effects of prolonged detention (depression, anxiety, aggravation of PTSD, feelings of hopelessness, etc.); and we see this exacerbated when families are separated. From a health perspective, the effects of family separation and detention on immigrants are enormous and harm health.

What does it mean to be detained for "civil immigration"? Civil immigration means that you did not immigrate according to law. It is not a crime; the consequence is deportation. There is not a punishment like jail time. Even though it is not technically a crime, currently in the US people are being treated as criminals – arrested, put in handcuffs, seen in court without a lawyer, etc.

This year, immigration officials forcibly separated over 2,000 children from their parents. In my work at the Immigration Clinic at UT School of Law, students and I spoke to over 60 parents who had been separated from their children. They had no idea where their children were, or when or how they would be reunited with them. Even now, for parents who remain detained or have been deported, they still have these same questions. There will be lasting consequences on the parents and children suffering this tragedy.

Other actions that were just as pernicious were the termination of protections such as DACA, the Deferred Action for Childhood Arrivals. DACA was terminated in September of 2017. This put 800,000 young people across the country at risk of deportation. The mental health needs for these young people have been enormous. They have also been ending the temporary protection status (TPS) of people from various countries such as Honduras, Haiti, Nicaragua, El Salvador and Nepal, impacting over 300,000 people in the US.

These people previously had lawful status, and this has been stripped away. There's no prosecutorial discretion; it doesn't matter how many US citizen children you have, or what you are contributing to the community. Individual officers don't have the individual discretion to look at anything other than TPS status and order them to be deported.

We've also seen a slowing down of cases for people who are in the process of getting status. Naturalizations now take over a year and it used to take 3-4 months. US Citizen and Immigration Services (USCIS) are now acting as an enforcement arm. They used to be the "friendly arm" in the Department of Homeland Security. If a person's citizenship application is denied, they have to send that person into deportation proceedings.

The health consequences of this are permanent. We see communities feeling terrorized. We are seeing trauma, PTSD, depression, anxiety. In detention centers, we see physical injury where immigrants are being beaten, tear-gassed, put into solitary confinement. Pregnant women give birth to babies with low birth weights, which is harmful to newborns. There was a UM study looking at

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FAMILY SEPARATIONS ALONG THE US BORDER: A HEALTH AND HUMAN RIGHTS ISSUE

By Calla Brown, MD

Carmen Zuvita, an activist engaged with ICE Out of Austin, paused before continuing her story. She took a breath, and resumed: her husband had been taken by ICE within 12 hours after her oldest daughter was discharged from the hospital after a serious illness, detained, and then deported. How her son would run and yell “Papi!” every time he heard a car door open. How her family bore the burden, physically, mentally, emotionally, of US immigration policy.

The theme for the 2018 DGH General Assembly, *Juntos en la Lucha: Defending Reproductive Justice and Immigrant Lives*, allowed for a robust analysis of laws and policies that affect health and human rights. However, Ms. Zuvita’s words illuminated the horrific impact on families and communities in a tangible way, and allowed for all attendees of the GA to move beyond abstract thinking to real-world engagement with the ways that immigration policy promotes family separation, and the resultant consequences.

While the media and social justice activists have rightly shone a harsh spotlight onto an enormous human rights atrocity occurring in the US, the separation of children from their caregivers at the Southwestern border and resultant detention (for more information please see the DGH Advocacy Statement on this topic, found on our website), and other insidious human rights abuses continue unabated. Further from the border, families are being separated due to increased activities of ICE (Immigration and Customs Enforcement), a branch of the US Department of Homeland Security. Increasing frequency of workplace raids, targeting of settled migrants without criminal records, and the use of detention for immigration violations (a civilian and not criminal offense) have all been tactics to remove caregivers from their children. These actions violate Article 9 of the Universal Declaration of Human Rights, the declaration which forms the backbone of international human rights law: that no one shall be subjected to arbitrary arrest, detention, or exile.

It has now been well-established that adverse childhood events can lead to negative health consequences that persist throughout the lifespan. These adverse childhood events, when significant and compounded, can lead to toxic stress, defined by the American Academy of Pediatrics as “excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering afforded by stable, responsive relationships.” Sources of toxic stress can include living in poverty, experiencing racism, or being separated from caregivers due to their death, imprisonment, or deportation.

Multiple studies exploring the effects of family separation have found that children separated from their parents may suffer from a range of symptoms including pain, distress, anger, abandonment, insecurity, anxiety and depression. Even the fear induced by a climate of mass deportations has the potential to severely affect the health of children and their families.

In order to develop resilience in the face of severe adversity and trauma, children need the stable presence of a supportive caregiver. Indeed, the Universal Declaration of Human Rights

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DGH ANNOUNCEMENTS

People’s Health Movement (PHM) marks the anniversary of Alma Ata with the **4th People’s Health Assembly in Savar, Bangladesh November 15-19, 2018** (phmovement.org). From Third World Network (<https://www.twn.my/title2/health.info/2018/hi180301.htm>)

Forty years since the ground-breaking Alma Ata declaration, the People’s Health Movement will return to Bangladesh for the 4th People’s Health Assembly (PHA4). In the context of escalating threats to health worldwide and the shift away from Primary Health Care, the Assembly will bring together civil society organizations and networks, social movements, those from academia and other stakeholders from around the globe to share experiences, for mutual learning and to develop joint strategizing to fight back against neoliberal approaches to health.

Themes of the PHA4 will include discussions on political and economic landscape of development and health; social and physical environments that destroy or promote health; strengthening health systems to make them just, accountable, comprehensive, integrated and networked; and organizing and mobilizing for Health for All. DGH will be posting highlights from the conference on our website, social media and in our email news in the months ahead.

Global Health Watch 5- An Alternative Health Report is now available! To order your copy, visit Hesperian.org or ghwatch.org.

Do you listen to podcasts? Check out Health Autonomy by mask.fm on iTunes to learn more about local health movements such as Greek solidarity clinics, Zapatista “healthcare from below” and much more.

IMMIGRATION LAW

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birth weight of Latina mothers who were in a community in Iowa after a raid; there was a significant decrease in birth weight of babies, even for women who were not directly affected but experienced trauma of family separations or other violations.

What can we do? Working with empathy and compassion is a model for others, and it is a tool to get us through these next few years. If you are a health provider, you can be trained to provide expert evaluations for use in immigration cases. If you're in private practice, be open to pro bono services to increase access for these cases.

Provide a way to discuss anxiety and depression in communities that often don't talk about this. Volunteer in schools to support social-emotional learning for students to cope with stress. You can offer a lot to teachers and school counselors. Support front line service providers who experience secondary trauma. You can learn to do a better job of providing trauma-informed questioning during your interviews and clinical evaluations. Share your expertise and profession-based concern with legislators and other policy makers.

National Immigration Law Center (www.nilc.org) has excellent information about public change and other immigration issues, and ways to get involved locally and nationally.

Elissa Steglich, JD, is a Clinical Professor at the Immigration Clinic, University of Texas School of Law. ≠



Las promotoras aprenden a controlar los signos vitales

INTERVENCIÓN DESDE LA BASE EN LA RECONSTRUCCIÓN - SAN MATEO DEL MAR

By Irma Cruz Nava, MD

This article is written and published in Spanish. For the English translation, please visit our website at www.dghonline.org

El mes de septiembre del 2017 fue difícil para México, por la presencia del terremoto en Oaxaca, Chiapas y Tabasco; posteriormente en la Ciudad de México y el Estado de Morelos, entre otros. Oaxaca sufrió el 7 de septiembre un sismo de magnitud 8.2 con epicentro en Chiapas; afectó toda la región del Istmo de Tehuantepec, localidades como Juchitán, Ixtaltepec, Unión Hidalgo, San Mateo del Mar, Zanatepec, entre otras: casas colapsadas, afectación de carreteras, el sistema eléctrico dañado y hubo amenaza de Tsunami, con el consiguiente pánico entre la población de la costa.

Este desastre natural vino a poner en evidencia los problemas serios, crónicos que las poblaciones han venido padeciendo; en algunas ocasiones podemos decir, desde siempre. Es el caso de San Mateo del Mar, ubicado en la zona costa al Sur del Istmo de Tehuantepec, es una localidad en donde conservan sus tradiciones culturales, su lengua propia (Ombeayüts), visten de acuerdo a sus tradiciones, blusas o huipiles coloridos, faldas amplias largas de colores vivos que las distinguen y mantienen su estilo propio de conducir a la población por medio de usos y costumbres. Cuenta con una población de 14835 habitantes (INEGI 2015). La marginación que vive esta comunidad es alarmante ante los ojos de cualquiera, con muy bajo índice de desarrollo humano. INEGI reportó en 2015 como zona de rezago social muy alto y estableciéndola como zona de atención prioritaria rural.

Cabe hacer notar que uno de los problemas sociales que más está afectando a la comunidad de San Mateo del Mar, es el aumento de alcoholismo en hombre y jóvenes, que afecta sensiblemente a las familias, con aumento de violencia intrafamiliar, abandono de escuela, separación de familias, etc., que empeora la situación de pobreza.

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Uso de materiales reciclados para crear estaciones de lavado de manos

San Mateo del Mar sufre daños por el terremoto: El agua para consumo humano proveniente de pozos, se vio contaminada por la fractura de las fosas de los baños y letrinas, el colapso de sus casas y la falta de un lugar seguro para vivir, además de la destrucción de herramientas o fuentes de trabajo, agudiza la situación de pobreza que la población ha vivido por años. El Saneamiento Ambiental es muy malo, inadecuado, con abundancia de basura en las calles, no hay acceso a una atención médica adecuada, esto hace a la población más vulnerable de padecer enfermedades contagiosas y depender del apoyo solidario de organizaciones altruistas. Por la parte de salud la población ha venido presentando enfermedades como infecciones dermatológicas, infecciones de vías respiratorias, diarreas, micosis en la piel, entre otras.

Se intervino en la comunidad posterior al terremoto, partiendo de un diagnóstico. Se tuvieron varias reuniones por personas de las diferentes colonias de San Mateo del Mar, en donde mencionaron enfáticamente la necesidad de enfrentar la falta de Saneamiento Ambiental. Se realizó un mapa de riesgo señalando acciones en salud: enseñar medidas higiénicas y evitar el contagio de enfermedades prevenibles. Se identificó otros aspectos de riesgo: la basura, casas en riesgo de caerse, fosas contaminadas, etc. Se decidió dar respuesta a la situación de emergencia para atender aspectos importantes de Saneamiento Ambiental, como es la sensibilización a personas de la comunidad sobre educación en higiene personal, manejo adecuado de agua para consumo humano, disposición apropiada de la basura, identificación de fuentes de contaminación y la presencia de vectores transmisores de enfermedades.

Otro elemento a tomar en cuenta es la vulnerabilidad que viven los menores de edad, tanto en lo referente a violencia, malnutrición y aumento de enfermedades fácilmente prevenibles. Se visitó la comunidad dos o tres veces por semana, para poder tener reuniones de análisis y sensibilización para la participación activa de las personas de las comunidades; se contó con la presencia de dos personas voluntarias de DGH, y se involucró a personas de las diferentes colonias de la comunidad, en donde al mismo tiempo que se participó en orientación a las personas voluntarias de los comedores comunitarios, en aspectos concretos como lavado de manos, entrega de jabones a las familias para fomentar la higiene personal y evitar epidemias, entrega de trípticos que hablan de medidas para evitar hepatitis, cólera, zika, entre otras.

Los domingos después de las misas se tenían y aún se tienen charlas pequeñas para que las personas tengan presente la importancia de la higiene. Tienen temas como la disposición adecuada de desechos, han estado presentes en cada capacitación. Se considera que la población se encuentra receptiva y animada para participar en el mejoramiento de la situación que está viviendo. Ya que a casi un año de ocurrido el terremoto, las personas siguen reuniéndose y se logró organizar un grupo de Promotoras de Salud que se encuentran animadas y activas. Están aprendiendo temas de Primeros Auxilios, de Mitigación de Riesgos, de Mejoramiento la Higiene de las personas y de la comunidad, de involucrarse en temas de Escucha, de programas como Familias Fuertes, y Atención a Personas con Violencia. Esperamos que estos programas puedan ayudar a mejorar las relaciones entre las personas,

además de la situación de salud que se vive.

Actualmente se cuenta con la participación a tiempo completo de tres Promotoras de Salud que no solamente están atendiendo la comunidad de San Mateo del Mar, sino también se están involucrando en otras comunidades para lograr cambiar la situación de las personas y de la comunidad en general.

Además existe participación activa de 8 Promotoras de Salud que están visitando sus comunidades para dar charlas de salud de los temas que están aprendiendo, invitando a todas las personas de las diferentes colonias, y animando a más personas a ser parte del equipo de Promoción de la Salud.

Confiamos que a pesar que las ayudas por el terremoto se están retirando, podamos continuar trabajando en estos programas tan importantes para la comunidad. ≠



Promotoras enseñando una clase de la salud en área impactada por el terremoto

SUSAN BROWNE: ¡PRESENTE!

Doctors for Global Health wishes to acknowledge the life and legacy of Susan Browne, who recently passed away. She was an amazing person and wonderful supporter of DGH and its partner communities. Over the years, members of DGH have had many happy memories of time spent with Susan, who was present at DGH General Assemblies year after year, even in her retirement years with limited physical abilities. We remember her as a kind and generous person, and our community will miss her. We are grateful for her many years of support and friendship. May she rest in peace. Susan, ¡Presente!