

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 234
(A-22)

Introduced by: Medical Student Section

Subject: Updating Policy on Immigration Laws, Rules, Legislation, and Health Disparities

Referred to: Reference Committee B

- 1 Whereas, The 2018 American Community Survey (ACS) reported that about 10.6 million
2 undocumented immigrants were living the United States¹; and
3
- 4 Whereas, Throughout the COVID-19 pandemic, there were at least 48 immigration policy
5 changes that not only affected international travel, student visas, immigration, and asylum
6 processes, but also caused significant confusion for immigration lawyers²⁻⁴; and
7
- 8 Whereas, The suspension of the United States Custom and Immigration Services (USCIS)
9 during the early stages of the COVID-19 pandemic led to a back-up in the processing of
10 necessary documentation, which left many unable to access certain benefits necessary for
11 work, receiving healthcare, and accessing public benefits⁵; and
12
- 13 Whereas, The Executive Office for Immigration Review (EOIR) suspended all hearings for non-
14 detained individuals on March 18, 2020, which delayed the processing of asylum seekers
15 enrolled in the Migrant Protection Protocols and left them to remain in Mexico in unsanitary
16 conditions that promotes the spread of the virus⁵; and
17
- 18 Whereas, The federal government used statutes and the Tariff Act of 1930 in order to create
19 rules from the Centers for Disease Control and Prevention (CDC) and CBP that restricted entry
20 at the northern and southern borders and barred asylum seekers from entering the country due
21 to public health threats, despite evidence suggesting that such restrictions are ineffective and
22 may even divert resources from other interventions⁵; and
23
- 24 Whereas, Immigration courts closed at the beginning of the COVID-19 pandemic and postponed
25 hearings for detained people, prolonging their stay in detention centers^{4,5}; and
26
- 27 Whereas, The relief packages that were provided by the government during the pandemic either
28 provided little or no coverage to immigrants and their families, leaving them with few options for
29 testing and treatment⁵⁻⁷; and
30
- 31 Whereas, The Families First Coronavirus Response Act (FFCRA) failed to make COVID-19
32 related services available under emergency Medicaid, which means that immigrants are unable
33 to access these services since they cannot apply for non-emergency Medicaid due to
34 immigration eligibility criteria^{1,5,8}; and
35
- 36 Whereas, The Coronavirus Aid, Relief, and Economic Security (CARES) act limited the ability to
37 receive a stimulus payment to individuals with a social security number, which limits many
38 immigrants who file taxes using Individual Taxpayer Identification Numbers (ITIN)^{1,5,8}; and
39

1 Whereas, Lapses in work authorization due to slowed processing times and suspension of
2 required processing services may result in immigrants being unemployed or losing benefits
3 offered by their employer; further, undocumented immigrants typically work low-earning jobs
4 and are unable to receive unemployment insurance or government stimulus checks during
5 national crises^{5,8,9}; and
6

7 Whereas, Both the FFCRA and the CARES act expanded Unemployment Insurance (UI)
8 programs, but due to lapses in work authorizations, many immigrants may either not qualify or
9 lose access to this vital benefit¹; and
10

11 Whereas, Skeletal and dental maturity are assessed from hand-wrist radiographs and dental x-
12 rays, which together are compared to growth charts to determine the age of an individual¹⁰; and
13

14 Whereas, Estimated chronological age determined from growth charts, hand-wrist radiographs,
15 and dental x-rays may not correlate with the true chronological age of an individual due to
16 population and geography-specific factors, including nutritional intake, environmental exposure,
17 and genetics to such an extent that the Centers for Disease Control (CDC) recommends against
18 using hand-wrist radiographs to determine the age of refugees¹⁰⁻¹⁴; and
19

20 Whereas, International records highlight the wide variety in growth charts used in different
21 countries, in part due to different genetics, nutrition, medical conditions, and environmental
22 exposures¹⁵⁻¹⁷; and
23

24 Whereas, The Department of Homeland Security (DHS) and the Department of Health and
25 Human Services (HHS) can request new skeletal and dental x-ray imaging to establish the age
26 of an individual crossing the border, though the DHS handbook states that medical images may
27 be used only when no other means of verifying chronological age (records from birth, baptism,
28 school, healthcare, statements by the person in question or family members) exist¹⁸⁻²⁰; and
29

30 Whereas, According to Food and Drug Administration recommendations, performing x-rays on
31 children comes with greater risk of radiation-related illness and should only be used to answer a
32 clinical question or to guide treatment¹⁹; and
33

34 Whereas, As part of the 2009 Appropriations Bill, Congress stated its concern that Immigration
35 and Customs Enforcement (ICE) had not stopped using fallible bone and dental forensics for
36 child age determination and has since decreased their use of age determination exams^{21,22};
37 and
38

39 Whereas, In 2018, ICE decreased its number of age determination exams to less than 50;
40 meanwhile, HHS increased its utilization of the exams for those in the care of the Office of
41 Refugee Resettlement (ORR) to almost 700, almost double the number granted to both
42 agencies in each of the prior two years²²; and
43

44 Whereas, Minors who are incorrectly classified as adults due to dental and x-ray imaging are
45 held in adult detention centers while waiting for their cases to be heard and therefore are not
46 held in the least restrictive setting, in violation of the Flores settlement agreement^{23,24}; and
47

48 Whereas, Attorneys representing minors report that their clients' supporting documentation was
49 not used and were instead placed in adult detention centers solely based on x-ray images for
50 months until federal judges ruled that ICE and HHS could not classify their immigrant clients as
51 adults based solely on imaging²⁵; and
52

1 Whereas, AMA policy recognizes unique health needs of immigrants and refugees (H-350.957)
2 and opposes rules deter immigrants from utilizing non-cash public benefits (D-440.927) but
3 does not address protections for immigrants during national crises; and
4

5 Whereas, AMA policy advocates that healthcare for minors in detention centers should be
6 directed solely towards bettering health (H-65.958) and that medical records should not be used
7 for immigration enforcement (H-315.966); therefore be it
8

9 RESOLVED, That our AMA, in order to prioritize the unique health needs of immigrants,
10 asylees, refugees, and migrant workers during national crises, such as a pandemic:

- 11 (1) opposes the slowing or halting of the release of individuals and families that are currently
12 part of the immigration process; and
- 13 (2) opposes continual detention when the health of these groups is at risk and supports
14 releasing immigrants on recognizance, community support, bonding, or a formal
15 monitoring program during national crises that impose a health risk; and
- 16 (3) supports the extension or reauthorization of visas that were valid prior to a national crisis
17 if the crisis causes the halting of immigration processing; and
- 18 (4) opposes utilizing public health concerns to deny or significantly hinder eligibility for
19 asylum status to immigrants, refugees, or migrant workers without a viable, medically
20 sound alternative solution; (New HOD Policy) and be it further
21

22 RESOLVED, That our AMA support discontinuation of the use of non-medically necessary
23 dental and bone forensics to assess an immigrant's age. (Directive to Take Action)

Fiscal Note: Not yet determined

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RELEVANT AMA POLICY

Impact of Immigration Barriers on the Nation's Health D-255.980

1. Our AMA recognizes the valuable contributions and affirms our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine.
2. Our AMA will oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion.
3. Our AMA will oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.
4. Our AMA will advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care.
5. Our AMA will advocate for the timely processing of visas for all physicians, including residents, fellows, and physicians in independent practice.
6. Our AMA will work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S.

Alt. Res. 308, A-17; Modified: CME Rep. 01, A-18; Reaffirmation: A-19; Reaffirmed: CME Rep. 4, A-21

Patient and Physician Rights Regarding Immigration Status H-315.966

Our AMA supports protections that prohibit U.S. Immigration and Customs Enforcement, U.S. Customs and Border Protection, or other law enforcement agencies from utilizing information from medical records to pursue immigration enforcement actions against patients who are undocumented.

Res. 018, A-17

Opposing the Detention of Migrant Children H-60.906

Our AMA: (1) opposes the separation of migrant children from their families and any effort to end or weaken the Flores Settlement that requires the United States Government to release undocumented children "without unnecessary delay" when detention is not required for the protection or safety of that child and that those children that remain in custody must be placed in the "least restrictive setting" possible, such as emergency foster care; (2) supports the humane treatment of all undocumented children, whether with families or not, by advocating for regular, unannounced, auditing of the medical conditions and services provided at all detention facilities by a non-governmental, third party with medical expertise in the care of vulnerable children; and (3) urges continuity of care for migrant children released from detention facilities.

Res. 004, I-18

Addressing Immigrant Health Disparities H-350.957

1. Our American Medical Association recognizes the unique health needs of refugees, and encourages the exploration of issues related to refugee health and support legislation and policies that address the unique health needs of refugees.
2. Our AMA: (A) urges federal and state government agencies to ensure standard public health screening and indicated prevention and treatment for immigrant children, regardless of legal status, based on medical evidence and disease epidemiology; (B) advocates for and publicizes medically accurate information to reduce anxiety, fear, and marginalization of specific populations; and (C) advocates for policies to make available and effectively deploy resources needed to eliminate health disparities affecting immigrants, refugees or asylees.
3. Our AMA will call for asylum seekers to receive all medically-appropriate care, including vaccinations in a patient centered, language and culturally appropriate way upon presentation for asylum regardless of country of origin.

Res. 804, I-09 Appended: Res. 409, A-15; Reaffirmation: A-19; Appended: Res. 423, A-19; Reaffirmation: I-19

HIV, Immigration, and Travel Restrictions H-20.901

Our AMA recommends that: (1) decisions on testing and exclusion of immigrants to the United States be made only by the U.S. Public Health Service, based on the best available medical, scientific, and public health information; (2) non-immigrant travel into the United States not be restricted because of HIV status; and (3) confidential medical information, such as HIV status, not be indicated on a passport or visa document without a valid medical purpose.

CSA Rep. 4, A-03; Modified: Res. 2, I-10; Modified: Res. 254, A-18

Opposing Office of Refugee Resettlement's Use of Medical and Psychiatric Records for Evidence in Immigration Court H-65.958

Our AMA will: (1) advocate that healthcare services provided to minors in immigrant detention and border patrol stations focus solely on the health and well-being of the children; and (2) condemn the use of confidential medical and psychological records and social work case files as evidence in immigration courts without patient consent.

Res. 013, A-19

DRAFT