



The Care of the Child Who is An Immigrant or Refugee

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Children who are immigrants or refugees have unique experiences, vulnerabilities, and health care needs. Many will have experienced trauma or exploitation prior to or during their migration or arrival to the United States. Additionally, these children and their families must assimilate into a new culture and health care belief system, which may be different from their home country. When providing care for this population, pediatricians must be sensitive to these issues.

In this issue of *Pediatric Annals*, we are pleased to present articles that emphasize different aspects of care for children who are immigrants or refugees. The articles provide the general pediatrician guidance on how to navigate specific clinical issues, including identifying human trafficking or a history of exploitation, understanding the forensic medical examination process, the importance of medical anthropology and cultural awareness, and lastly a pilot example of a successful local advocacy initiative that created a network of immigrant and refugee health care advocates.

In the article, “Human Trafficking of Children,” Drs. Dena Nazer and Jordan Greenbaum provide an overview of the typical clinical presentation of children who may be experiencing human trafficking with a focus on immigrant, refugee, and other underrecognized populations. The article uses a trauma-informed, rights-based approach to describe the initial medical evaluation and discusses

ways in which health professionals can contribute to a multidisciplinary response to human trafficking.

In the article, “Forensic Medical Evaluation of Children Seeking Asylum: A Guide for Pediatricians,” Drs. Matthew G. Gartland, Roya Ijadi-Maghsoodi, Minal Giri, Sarah Messmer, and Katherine Peeler, Ashley Barkoudah, and Dr. Sural Shah review the importance of forensic medical examinations in asylum cases for immigrant and refugee children. They provide guidance to general pediatricians on age- and development-specific approaches to a forensic medical evaluation of children seeking asylum. Appropriate training and experience in conducting these medical examinations can strengthen a child’s legal case and increase the likelihood of immigration relief. Additionally, they discuss the potential opportunities for collaboration with primary care pediatricians and community partners around asylum evaluations to build support for these children who have experienced trauma.

In their article, “Medical Anthropology in Pediatrics: Improving Disparities by Partnering with Families,” Drs. Nandini Mandlik and Deepak Kamat discuss how cultural health beliefs and practices can impact and create conflict between providers, patients, and their families. With a medical anthropology approach, they review three common pediatric concerns (fever-phobia, vaccine hesitancy, and co-sleeping), and discuss

communication strategies providers can use to address these and other similar scenarios through a culturally aware lens. The authors emphasize building trust with their patients despite conflicting beliefs and working together with both the patient and the community to improve health.

In the last article, “An American Academy of Pediatrics State Chapter Initiative Advocating for Immigrant Children and Families,” Drs. Minal Giri, Melissa Palma, Deanna Behrens, Yessenia Castro-Caballero, Marielle Fricchione, Xochil Galeano, and Tim Herring and Mary Elsner detail a successful advocacy initiative that created a network of advocates focused on immigrant and refugee child health. Here, they highlight the importance of identifying and analyzing local demographic and policy concerns while providing the framework of how to build capacity, connect to local resources, and form key partnerships for an advocacy initiative.

Although the full scope of pediatric immigrant and refugee health is too vast to cover in this issue, we hope these articles provide informative recommendations and resources for general pediatricians who care for and advocate for the continued health and well-being of these children who are in vulnerable circumstances.

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About the Guest Editors

Ana C. Monterrey, MD, MPH, is an Assistant Professor of Pediatrics in the Section of Academic General Pediatrics at Baylor College of Medicine (BCM) in Houston, TX. She received her medical degree from the University of Texas Medical Branch in 2010 and completed her residency in pediatrics at BCM/Texas Children's Hospital. She also completed fellowship in Academic General Pediatrics at BCM and received her Master's in Public Health from the University of Texas Health Science Center School of Public Health. She is board certified in general pediatrics.

Dr. Monterrey's interests include caring for children who are immigrants and refugees as well as addressing the social determinants of health and medical education. She currently serves as a clinical preceptor for BCM pediatric residents and medical students in an outpatient pediatric clinic that predominantly serves families who are immigrants and have low-income. Dr. Monterrey is also the rotation director for Community Pediatrics for the BCM Pediatric Residency program. She is an active member of the American Academy of Pediatrics and the Academic Pediatrics Association.

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Clinically, Dr. Triemstra supervises residents at the Academic General Pediatric clinic and provides clinical care at the Adolescent and Young Adult Medicine Clinic. His academic interests bridge the advocacy, educational, and clinical continuum of scholarship. His advocacy work focuses on immigrant and refugee health and advancing the understanding of how social determinants of health affect cost and access to care. His educational scholarship focuses on the professional identity formation and mentorship of academic pediatricians, whereas his clinical research focuses on integrating preventive behavioral health interventions in primary care settings. After joining the faculty at MSU CHM, he joined the Clinical Educator Mentorship Program and is currently enrolled in the Master of Health Professions Education program through the University of Michigan. Nationally, he has served on workgroups and committees for both the American Academy of Pediatrics and the Academic Pediatric Association.

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