AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: _____

Introduced by: Elizabeth Wiley, MD, JD, MPH; Richard Bruno, MD

Subject: ADDRESSING IMMIGRANT HEALTH DISPARITIES

Referred to: Reference Committee

Whereas unaccompanied migrant children facing forced displacement from their birth countries due to the threat of violence by organized and armed criminal actors, violence in the home, or exploitation by human traffickers have crossed into the United States in increasing numbers;[1,2] and

Whereas the United States has a long and regrettable history of falsely accusing immigrant populations of importing infectious diseases including allegations that Irish immigrants brought cholera into the country; Jews, tuberculosis; Italians, polio; and Chinese, bubonic plague;[3] and

Whereas unaccompanied migrant children coming now to the United States do not carry unusual disease risks like Ebola[4] and, in fact, have comparable or higher vaccination rates for common childhood diseases, such as diphtheria, tetanus, pertussis, measles, hepatitis B, meningococcus, and hemophilus influenza type B, than children in the United States;[5] and

Whereas unaccompanied minor children entering the United States are already screened for TB and vaccinated for varicella as part of protocol through the Department of Health and Human Services' Unaccompanied Alien Children Program;[6] and

Whereas immigrant populations in the U.S. face significant health disparities associated with lack of access to care;[7] and

Whereas the medical profession's response to disease challenges should be providing evidence-based appropriate treatment of all patients based on accurate data, regardless of legal status or where geographic borders lie; therefore, be it

RESOLVED, that our AMA-RFS ask our AMA to urge federal and state government agencies to ensure routine, evidence-based health care screening, access and treatment for immigrant populations, regardless of legal status, based on medical evidence and disease epidemiology; and be it further

RESOLVED, that our AMA-RFS ask our AMA, as a professional society, to commit to stand against scaremongering, profiling and other stigmatizing and discriminatory practices, intentional or unintentional, that contribute to anxiety, fear, and marginalization of specific populations based on inaccurate accusations that they pose a threat to public health; and be it further

RESOLVED, that our AMA-RFS ask our AMA to advocate for policies to make available and effectively deploy resources needed to narrow health disparities borne by immigrants, refugees or asylees.

References

1. The UN Refugee Agency. "Children on the Run: Unaccompanied Children Leaving Central America and Mexico and the Need for International Protection." 2014. Available at http://www.unhcrwashington.org/sites/default/files/UAC_UNHCR_Children%20on%20the%20Run_Full%20Report.pdf

2. U.S. Customs and Border Protection. "Southwest Border Unaccompanied Alien Children." 2014. Available at http://www.cbp.gov/newsroom/stats/southwest-border-unaccompanied-children

3. Kraut, Alan M., Foreign Bodies: The Perennial Negotiation over Health and Culture in a Nation of Immigrants. Journal of American Ethnic History, Vol. 23, No. 2 (Winter, 2004), 3-22. Available at http://www.jstor.org/stable/27501417

4. Centers for Disease Control and Prevention. "Chronology of Ebola Hemorrhagic Fever Outbreaks." 16 July 2014. Available at http://www.cdc.gov/vhf/ebola/resources/outbreak-table.html

5. Centers for Disease Control and Prevention. "Figure Depicting Coverage with Individual Vaccines from the Inception of NIS, 1994 Through 2012." Immunization Managers. 11 September 2013. Available at http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/figures/2012-map.html

6. Homeland Security. "Unaccompanied Children at the Southwest Border." 17 July 2014. Available at http://www.dhs.gov/unaccompanied-children-southwest-border

7. Lasser, Karen E., David U. Himmelstein & Steffie Woolhandler. "Access to care, health status, and health disparities in the United States and Canada: results of a cross-national population-based survey." *Health Policy: Crisis and Reform in the US Health Care Delivery System* (2008): 379.

Relevant AMA and AMA-RFS Policy:

H-60.952 AMA Support for the United Nations Convention on The Rights of the Child
Our AMA supports the United Nations Convention on the Rights of the Child and urges the Administration and Congress to support the Convention by ratifying it after considering any appropriate Reservations, Understandings, and Declarations. (BOT Rep. 44, A-96; Reaffirmed: Res. 2, I-00; Reaffirmed: CSAPH Rep. 1, A-10)

H-60.986 Health Status of Detained and Incarcerated Youth
Our AMA (1) encourages state and county medical societies to become involved in the provision of adolescent health care within detention and correctional facilities and to work to

ensure that these facilities meet minimum national accreditation standards for health care as established by the National Commission on Correctional Health Care;
(2) encourages state and county medical societies to work with the administrators of juvenile correctional facilities and with the public officials responsible for these facilities to discourage the following inappropriate practices: (a) the detention and incarceration of youth for reasons related to mental illness; (b) the detention and incarceration of children and youth in adult jails; and (c) the use of experimental therapies, not supported by scientific evidence, to alter behavior.
(3) encourages state medical and psychiatric societies and other mental health professionals to work with the state chapters of the American Academy of Pediatrics and other interested groups to survey the juvenile correctional facilities within their state in order to determine the availability and quality of medical services provided.
(4) advocates for increased availability of educational programs by the National Commission on Correctional Health Care and other community organizations to educate adolescents about sexually transmitted diseases, including juveniles in the justice system. (CSA Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Appended: Res. 401, A-01; Reaffirmed: CSAPH Rep. 1, A-11)

H-65.993 Abuse of Medicine for Political Purposes
The AMA opposes the use of the practice of medicine to suppress political dissent wherever it may occur. (Res. 127, A-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: CEJA Rep. 2, A-05)

H-130.967 Action Regarding Illegal Aliens
Our AMA supports the legislative and regulatory changes that would require the federal government to provide reasonable payment for federally mandated medical screening examinations and further examination and treatment needed to stabilize a condition in patients presenting to hospital emergency departments, when payment from other public or private sources is not available. (BOT Rep. MM, A-89; Reaffirmed by BOT Rep. 17 - I-94; Reaffirmed by Ref. Cmt. B, A-96; Reaffirmation A-02; Reaffirmation A-07)

H-140.900 A Declaration of Professional Responsibility
Our AMA adopts the Declaration of Professional Responsibility
DECLARATION OF PROFESSIONAL RESPONSIBILITY: MEDICINE'S SOCIAL CONTRACT WITH HUMANITY

Preamble
Never in the history of human civilization has the well being of each individual been so inextricably linked to that of every other. Plagues and pandemics respect no national borders in a world of global commerce and travel. Wars and acts of terrorism enlist innocents as combatants and mark civilians as targets. Advances in medical science and genetics, while promising to do great good, may also be harnessed as agents of evil. The unprecedented scope and immediacy of these universal challenges demand concerted action and response by all.
As physicians, we are bound in our response by a common heritage of caring for the sick and the suffering. Through the centuries, individual physicians have fulfilled this obligation by applying their skills and knowledge competently, selflessly and at times heroically. Today, our profession must reaffirm its historical commitment to combat natural and man-made assaults on the health and well being of humankind. Only by acting together across

geographic and ideological divides can we overcome such powerful threats. Humanity is our patient.

Declaration
We, the members of the world community of physicians, solemnly commit ourselves to: (1) Respect human life and the dignity of every individual.
(2) Refrain from supporting or committing crimes against humanity and condemn any such acts.
(3) Treat the sick and injured with competence and compassion and without prejudice.
(4) Apply our knowledge and skills when needed, though doing so may put us at risk.
(5) Protect the privacy and confidentiality of those for whom we care and breach that confidence only when keeping it would seriously threaten their health and safety or that of others.
(6) Work freely with colleagues to discover, develop, and promote advances in medicine and public health that ameliorate suffering and contribute to human well-being.
(7) Educate the public and polity about present and future threats to the health of humanity.
(8) Advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.
(9) Teach and mentor those who follow us for they are the future of our caring profession.
We make these promises solemnly, freely, and upon our personal and professional honor. (CEJA Rep. 5, I-01; Reaffirmation A-07)

H-140.996 Reaffirmation of Professionalism
Our AMA believes that the primary mission of the physician is to use his best efforts and skill in the care of his patients and to be mindful of those forces in society that would erode fundamental ethical medical practice. The AMA House of Delegates, Board of Trustees, staff, and membership rededicate themselves to professionalism such that it permeates all activities and is the defining characteristic of the AMA's identity. (Res. 129, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Appended by Rep. of the Ad Hoc Committee to Study the Sunbeam Matter, A-98; Reaffirmed: CEJA Rep. 11, A-08; Reaffirmation I-09)

H-160.956 Federal Funding for Safety Net Care for Undocumented Aliens
Our AMA will lobby Congress to adequately appropriate and dispense funds for the current programs that provide reimbursement for the health care of undocumented aliens. (Sub. Res. 207, A-93; Reaffirmed BOT Rep. 17 - I-94; Reaffirmed by Ref. Cmt. B, A-96; Reaffirmation A-02; Reaffirmation A-07)

H-160.998 Health Care
The AMA believes that the medical profession will see to it that every person receives the best available medical care regardless of his ability to pay, and it further believes that the profession will render that care according to the system it believes is in the public interest; and that it will not be a willing party to implementing any system which we believe to be detrimental to the public welfare. (Bauer Amendment, A-61; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CMS Rep. 4, A-08)

H-165.904 Universal Health Coverage
Our AMA: (1) seeks to ensure that federal health system reform include payment for the urgent and emergent treatment of illnesses and injuries of indigent, non-U.S. citizens in the U.S. or its territories; (2) seeks federal legislation that would require the federal government to provide financial support to any individuals, organizations, and institutions providing

legally-mandated health care services to foreign nationals and other persons not covered under health system reform; and (3) continues to assign a high priority to the problem of the medically uninsured and underinsured and continues to work toward national consensus on providing access to adequate health care coverage for all Americans (Sub. Res. 138, A-94; Appended: Sub. Res. 109, I-98; Reaffirmation A-02; Reaffirmation A-07; Reaffirmation I-07; Reaffirmed: Res. 239, A-12)

H-290.983 Support of Health Care to Legal Immigrants
Our AMA opposes federal and state legislation denying or restricting legal immigrants Medicaid and immunizations. (Res. 211, A-97; Reaffirmation A-02; Reaffirmed: BOT Rep. 19, A-12)

H-350.972 Improving the Health of Black and Minority Populations
Our AMA supports: (1) A greater emphasis on minority access to health care and increased health promotion and disease prevention activities designed to reduce the occurrence of illnesses that are highly prevalent among disadvantaged minorities. (2) Authorization for the Office of Minority Health to coordinate federal efforts to better understand and reduce the incidence of illness among U.S. minority Americans as recommended in the 1985 Report to the Secretary's Task Force on Black and Minority Health. (3) Advising our AMA representatives to the LCME to request data collection on medical school curricula concerning the health needs of minorities. (4) The promotion of health education through schools and community organizations aimed at teaching skills of health care system access, health promotion, disease prevention, and early diagnosis. (CLRPD Rep. 3, I-98; Reaffirmation A-01; Modified: CSAPH Rep. 1, A-11)

H-350.974 Racial and Ethnic Disparities in Health Care
Our AMA recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in health care an issue of highest priority for the American Medical Association. The AMA emphasizes three approaches that it believes should be given high priority:
(1) Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform.
(2) Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities.
(3) Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decisionmaking process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities

Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons. (CLRPD Rep. 3, I-98; Appended and Reaffirmed:: CSA Rep.1, I-02; Reaffirmed: BOT Rep. 4, A-03; Reaffirmed in lieu of Res. 106, A-12)

H-350.975 Improving Healthcare of Hispanic Populations in the United States
It is the policy of our AMA to: (1) Encourage health promotion and disease prevention through educational efforts and health publications specifically tailored to the Hispanic community. (2) Promote the development of substance abuse treatment centers and HIV/AIDS education and prevention programs that reach out to the Hispanic community. (3) Encourage the standardized collection of consistent vital statistics on Hispanics by appropriate state and federal agencies. (4) Urge federal and local governments, as well as private institutions, to consider including Hispanic representation on their health policy development organization. (5) Support organizations concerned with Hispanic health through research and public acknowledgment of the importance of national efforts to decrease the disproportionately high rates of mortality and morbidity among Hispanics. (6) Promote research into effectiveness of Hispanic health education methods. (7) Continue to study the health issues unique to Hispanics, including the health problems associated with the United States/Mexican border. (CLRPD Rep. 3, I-98; Reaffirmed: CLRPD Rep. 1, A-08)

H-440.876 Opposition to Criminalization of Medical Care Provided to Undocumented Immigrant Patients
1. Our AMA: (a) opposes any policies, regulations or legislation that would criminalize or punish physicians and other health care providers for the act of giving medical care to patients who are undocumented immigrants; (b) opposes any policies, regulations, or legislation requiring physicians and other health care providers to collect and report data regarding an individual patient's legal resident status; and (c) opposes proof of citizenship as a condition of providing health care. 2. Our AMA will work with local and state medical societies to immediately, actively and publicly oppose any legislative proposals that would criminalize the provision of health care to undocumented residents. (Res. 920, I-06; Reaffirmed and Appended: Res. 140, A-07; Modified: CCB/CLRPD Rep. 2, A-14)

H-445.998 Propriety of Professional Public Communications
Our AMA encourages: (1) the initiative of those physicians who desire to speak out as individuals, on public issues; and (2) all authorized spokesmen for component societies to participate in local, state and national issues as responsible physicians in order that the voice of organized medicine be heard. (Res. 42, A-72; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmation A-07)

There is no current AMA-RFS policy regarding access to health care for migrant children.