

**MINNESOTA PUBLIC HEALTH ASSOCIATION
POLICY RESOLUTION**

Resolution on Immigrant Children, Youth, and Families

WHEREAS, the largest proportion of the population of the United States of America is composed of people whose ancestors immigrated to this country from other lands¹;

WHEREAS, immigrants to the United States, categorized as foreign-born in the U.S. Bureau of the Census reports, are a diverse group including both documented and undocumented individuals who make up 13.5% of the current population². Immigrants and their U.S born children constitute 86.4 million people, or 27% of the overall U.S population. The population of foreign-born children has decreased by 21% between 2000 and 2016, from 2.7 million to 2.1 million³.

WHEREAS, Minnesota's first large groups of immigrants arrived from Europe, primarily Norway, Sweden, Ireland, and Germany. Today, the majority of Minnesota's immigrants arrive from Mexico, India, Laos, and Somalia. Between 2010 and 2016, Minnesota has had a 20% increase in immigrant population growth³. About 8% of Minnesota's residents are immigrants, and 7% are native-born U.S citizens with at least one immigrant parent⁴.

WHEREAS, the experience of immigration has immediate implications for the psychological, health and social well-being of individuals and families⁵ which are especially intense for children, people of color, people of the impoverished socioeconomic classes¹, as well as women⁷, lesbian, gay, and bisexual persons⁸, and individuals with disabilities;

WHEREAS, as of May 2018, over 10,000 immigrant children have been separated from their parents and/or family members as part of the current immigration policy towards undocumented individuals entering the US at the border. Of those, almost 1,500 have gone missing from the homes of their caregivers. Instead of detaining families together, ICE has been mobilized to separate children from families;

WHEREAS, separating children from their parents exposes them to trauma and toxic stress that can have lifelong negative impacts on their mental and physical health. As noted by the American Academy of Pediatrics (AAP), exposing children to traumatic events and prolonged or toxic stress such as separation from a parent disrupts a child's healthy development and can lead to physiologic changes that result in short- and long-term negative effects on physical, mental, and behavioral health⁹⁻¹⁹;

WHEREAS, detention, for even brief periods, has short- and long-term negative effects on the health of parents and children. Studies show high levels of psychiatric distress, including

depression and post-traumatic stress, among detained asylum seekers, even after short detention periods, and that symptoms worsen over time^{20, 21};

WHEREAS, the separation of a child from his/her/their parent or family member/caregiver, constitutes an Adverse Childhood Experience, or a significant trauma experienced by an individual before the age of 18. Adverse Childhood Experiences, or childhood trauma, has been shown in numerous studies to substantially increase the risk of mental, emotional, and physical health outcomes long term¹⁰⁻¹⁹;

WHEREAS, Adverse Childhood Experiences have been strongly correlated to increased levels of mental health outcomes (depression, suicide, addiction and substance abuse), chronic health conditions (obesity, diabetes, stroke, heart disease), and significant effects on economic potential (educational attainment, lost productivity, future income growth)²²⁻²³

THEREFORE, BE IT RESOLVED that the Minnesota Public Health Association urges the government of the United States to revoke and reverse the current policy of separating migrant, undocumented, or immigrant children from their parents. Regardless of how they come into the United States of America, they are first and foremost children, and human beings, deserving of care, dignity, and respect.

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