

Hello. I would like to thank Representatives Benavidez, Rep Gonzales-Gutierrez and Senator Gonzales for putting forward HB 1313.

My Name is Janine Young and I am a general pediatrician with 20 years' of experience taking care of immigrant children and families. I am an Associate Professor of Pediatrics at the University of CO School of Medicine, Medical Director of the DH Refugee Clinic, Co-Medical Director of the DH Human Rights Clinic and am a certified Spanish medical interpreter.

In 2015, in my role at national AAP, I was an unpaid consultant to ORR to help them develop their screening guidelines for unaccompanied children. From 2015-present, I have been working with CDC Division of Quarantine and Migration to develop evidence based screening standards for unaccompanied refugee minors and other refugee children.

Currently, DH has a team of bilingual pediatric experts in immigrant health who provide consultation to the ORR shelter in Westminster when their physician assistant identifies any child with "complex medical needs" very loosely defined. In the past 2 years, we have provided consultation for only 5 children. We also arranged for a child psychiatrist at the University of CO and an expert in toxic stress in immigrant children to serve as a consultant for the shelter. In 2 years, he has had 1 consult, and that consultation was arranged through our team. Needless-to-say, UC have all experienced significant toxic stress and our team finds it unfathomable that the ORR shelter has not had children with significant mental health issues needing an expert child psychiatrist's input.

I would like to share a story with you that demonstrates the need for evidence-based screening standards to be used for all immigrant children, whether they come to see me as an URM in our Refugee Clinic or they are housed and have medical care provided in an ORR shelter for Unaccompanied children like we have in Westminster, CO.

I have provided care for 2 Guatemalan teenage girls—both 13 years old, but 1 was given URM status, and the other was held in an ORR shelter like our shelter in Westminster. The URM teenager was screened following the latest evidence-based CDC standards. She, as all other children, was tested for STDs, whether she disclosed sexual activity, rape, or abuse or not, because data show that teenagers often do not disclose sexual abuse, rape, and activity, particularly to someone they do not trust, and unaccompanied children are at very high risk for STDs. She was tested for iron deficiency, vertically transmitted hepatitis B, C and syphilis, and she was tested for parasitic infections common in children emigrating from Guatemala. She had a validated mental health screen performed.

The other teenage girl who was released from an ORR shelter did not get tested for STDs b/c she did not disclose that she had been raped and sexually abused-- something she was asked by a physician assistant with a Spanish interpreter 48 hours after arrival in their shelter. She was not tested for parasites, vertically transmitted hep B, C or syphilis, or iron deficiency and she did not have a validated mental health screen performed. When I met this teenager after she was released from a 1 year stay in an ORR shelter, I tested her following CDC Domestic Refugee Screening Guidelines described above. She had a 1 year history of vaginal discharge while in the ORR shelter and I diagnosed her with the STD Trichomonas and she also had a parasitic infection called strongyloidiasis. I treated both. These

diagnoses were not identified during her 1 year stay in the ORR shelter and while she had ORR health insurance, because they are not following evidence-based CDC Domestic Refugee Screening Guidelines. Had she not come to me and saw a medical provider with no experience taking care of refugee children, many of the above tests would not have been performed and would still would have been missed. Currently, most providers are not trained in appropriate provision of care of immigrants, unfortunately.

As an expert in immigrant health in children, if HB 1313 is passed, it will allow Ombudsperson Villafuerte access to the ORR shelter in CO so that we can begin to advocate for appropriate, evidence-based healthcare for children who are housed there. This is the right thing to do and will allow for equal, evidence based care for both unaccompanied refugee minors and unaccompanied children held in our ORR shelter.

Thank you.