



*HEALTHCARE AND JUSTICE FOR IMMIGRANT YOUTH*

# Unaccompanied Immigrant Children: Supporting Resiliency

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# Objectives

- To provide an understanding on the current surge of unaccompanied immigrant children
  - Where we are today
  - The root causes of childhood migration
- To explain the legal pathways and relief options for immigrant children
- Demonstrate how medical-legal partnerships can successfully achieve favorable outcomes for UIC
  - The Terra Firma Model
- Review unique aspects of providing health care to unaccompanied immigrant children

# An Unaccompanied Immigrant What? Or...The story of Carlos



# Root Causes for Childhood Immigration

- Escaping violence:
  - Family: abuse, domestic violence
  - Community: mara, traficantes, policia
  - War
- Escaping poverty
  - Education Attainment
  - Economic opportunities:
    - help support family





# Ten Poorest Countries in Western Hemisphere\*

- |                     |                       |
|---------------------|-----------------------|
| 1. Haiti            | 6. Paraguay           |
| <b>2. Guatemala</b> | <b>7. El Salvador</b> |
| 3. Nicaragua        | 8. Suriname           |
| <b>4. Honduras</b>  | 9. Dominican Republic |
| 5. Bolivia          | 10. Belize            |

\*Human Development Index – United Nations

	Guatemala	El Salvador	Honduras	Nicaragua	Costa Rica	Panama	United States
Life Expectancy at Birth	64.0	69.1	69.4	67.9	76.0	73.6	76.7
Infant Mortality Rate (per 1,000 live births)	43	31	36	42	12	18	7
Adult Literacy Rate	66.6	77.0	70.7	63.4	95.1	91.1	99.0
Population in Millions	10.5	5.7	6.0	4.7	3.7	2.7	271.8
(%) Annual Population Growth Rate (1975-1997)	2.6	1.7	3.2	2.9	3.0	2.1	1.0
GDP/Capita (US\$)	\$1,580	\$1,810	\$740	\$410	\$2,680	\$3,080	\$29,080

**Comparisons of Central America and the United States on Key Indicators\*** \*Sources: United Nations Development Programme. 1999. Human Development Report 1999. New York: Oxford University Press and United Nations Development Programme. 1997. Human development Report 1997. New York: Oxford University Press. This table uses 1997 statistics, with exception of the Adult Literacy Rate for the United States (which uses 1995 statistics).

# ***Fleeing Gangs, Children Head to U.S.***

## ***Border: NY Times July 9, 2014***



Clothes were laid out in remembrance of Kenneth Castellanos, 7, who was tortured and killed in his Honduran neighborhood. Credit Meridith Kohut

# The Journey: The Trauma Continues

- Route and Transportation
  - El Bus o La Bestia
- Exploitation and extortion
- Crossing the border:
  - Smuggler “Coyote”
  - Self-crossing







# Unaccompanied Immigrant Children: A Primer



# The Homeland Security Act of 2002

## Unaccompanied Alien Children:

- Under the age of 18
- Without legal immigration status
- Without a parent or guardian in the United States available to provide care and physical custody

# Length in ORR Care

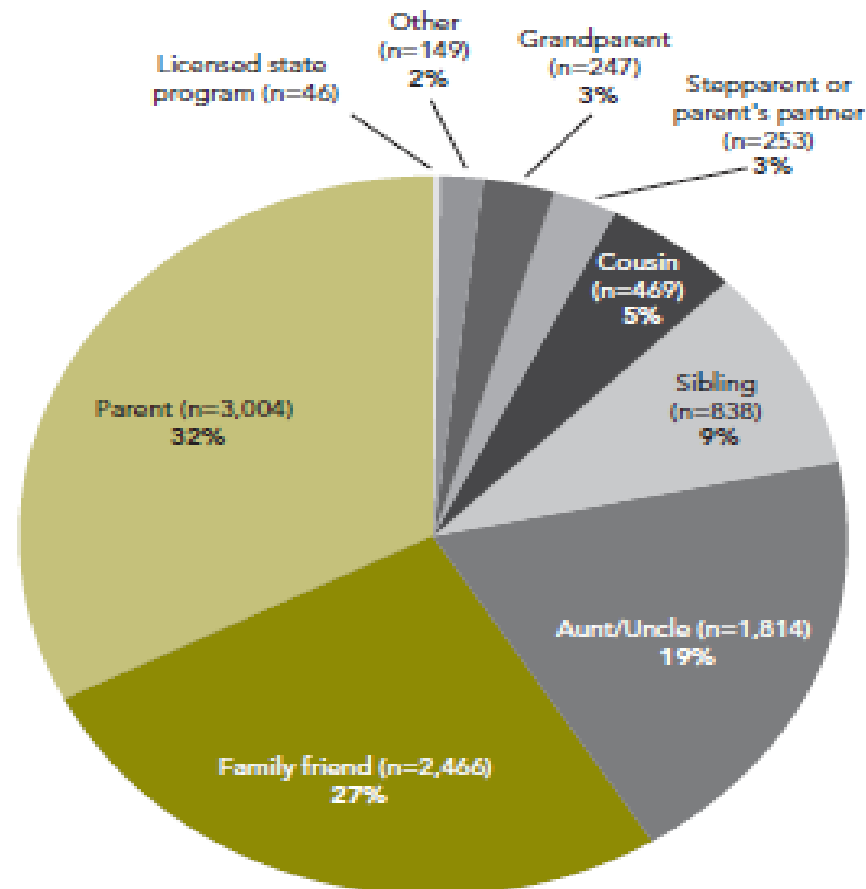
- Average LOS (2009 and 2010): 61 days
- **Average LOS (2014): 35 days**





# Release from ORR Care: Reunification

Figure 7: Release to Sponsors by Type,\* October 1, 2008  
Through September 30, 2010



Data source: ORR sponsor data

**Post-detention release to sponsor**  
**Top UIC-release States (1/1/14 - 8/31/14)**  
**UIC Total: 43,419**

- 1. Texas: 6,217**
- 2. New York: 4,799**
- 3. California: 4,680**
- 4. Florida: 4,392**
- 5. Maryland: 3,248**

# Unaccompanied Immigrant Children Release to Sponsors in NYC

Data January 1<sup>st</sup> to July 31<sup>st</sup>

1. Queens: 587
  2. Brooklyn: 362
  3. Bronx: 347
  4. Manhattan: 54
  5. Staten Island: < 50
- \*Long Island: 2,277

# No Right to Government Appointed Counsel!

*The New York Times*, (4/10/2013)

- “In a nation that prides itself on the fact that everyone accused of a crime...has the right to a lawyer, undocumented immigrants, even when they are unaccompanied children, are not entitled to a public defender.”
- “only around 7%...were winning their cases....those with legal representation were nearly nine times more likely to win.”
- “Children in the courtroom often seem confused and frightened.”



# Legal Relief

- **Special Immigrant Juvenile Status (SIJS)**
- **Asylum**
- **U Visa**
- **T Visa**
- **DACA\***



# Asylum admissions by country (FY 2015)

- Near East and South Asia.....33,000
- Africa.....17,000
- East Asia.....13,000
- **Latin America and Caribbean.....4,000**
- Unallocated Reserve.....2,000
- Europe and Central Asia.....1,000

Source: “Presidential Determination on Refugee Admissions  
for Fiscal Year 2015” (September 30, 2014)

# **“Potential overseas refugees”**

- **a. “Persons in Cuba**
- **b. Persons in Eurasia and the Baltics**
- **c. Persons in Iraq**
- **d. Persons in Honduras, Guatemala, and El Salvador**
- **e. In exceptional circumstances, persons identified by a United States Embassy in any location”**

Source: “Presidential Determination on Refugee Admissions for Fiscal Year 2015” (September 30, 2014)

# Non-Legal Barriers to Legal Relief

- Mental Health
  - Discomfort in discussing past trauma
  - Cultural stigma
  - Prior experiences with mental health care
- Medical
  - Serious medical condition
  - Difficulties in collaboration with medical providers
- Social Barriers
  - Insurance
  - Homelessness
  - Family fragility

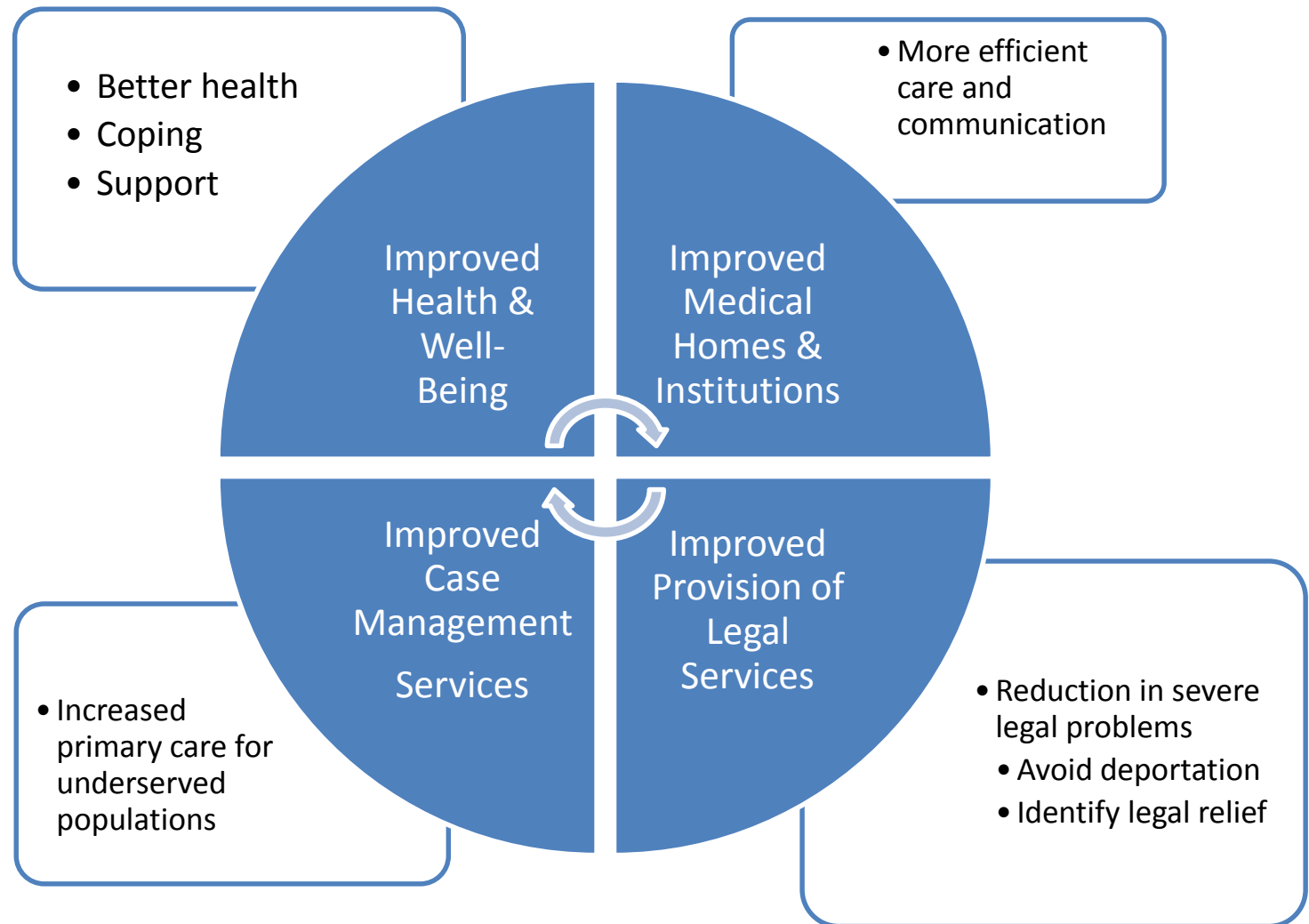


# Medical Documentation

- “Medical-legal documentation of maltreatment requires a careful clinical history and examination by a health professional who is sensitive to cross-cultural issues and interpersonal dynamics between traumatized individuals and persons in positions of authority.”
- “Health professionals can often provide critical documentation of maltreatment that may be crucial in an asylum proceeding.”

Lustig et al. “J. Immigrant Minority Health (2008) 10:7–15” (2008).

# Medical Legal Partnerships



# What difference can it make?

- Asylum seekers in the United States who received medical evaluations had an average asylum grant rate of **89%** .
- Compared with the then national average of **37.5%**.

# Terra Firma

- **Core services**
  - Medical
  - Mental Health
  - Social services and case management
  - Legal Consultation
- **Immigrant Youth Clinic**
- **Advocacy**
- **Education**



# Terra Firma: Immigrant Youth Clinic

4:00-6:00

- Individual medical, mental health. Legal visits
- Case management
- Enrichment – tutoring, job & school applications, youth soccer league

5:30-6:00

- Group dinner: Youth, sponsors, staff



6:00-7:30

- Support group co-led by psychologist & pediatrician
  - Topics: Acculturation, resilience, adol health
  - Mindfulness Exercise

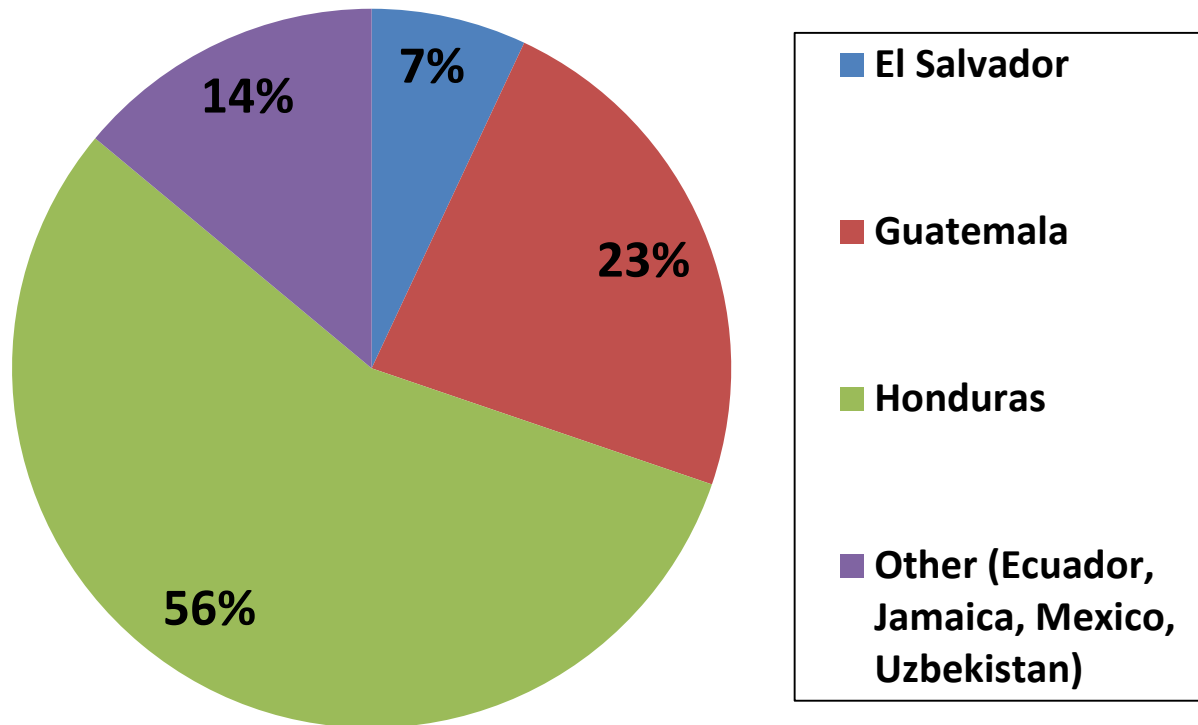
# Terra Firma: Goals

- Normalization
- Acculturation
- Build Community
- Support Sponsor
- Medical Home
- Legal Relief



# Terra Firma: Demographics

## Country of Origin



**Male: 90% Female 10%**

**93%  $\geq$  14 years old**

# Success Stories

## “Pablo”

- Deaf child from El Salvador
- Rejected from school
- “He thought he was the only one...” –NY Times
- No language skills
- Legal relief: asylum
- Supportive medical and educational services

# Unaccompanied Immigrant Children Health Care Needs

- Access to care
- Unique Components of Assessment
- Immigrant Health Needs
- Mental Health





# Unaccompanied Immigrant Children

## Access to Care

- Health insurance eligibility:
  - CHIP: NY, MA, IL, WA, and DC
- Key points of contact
  - Schools, FQHCs, EDs
  - Legal Aid Programs
- Importance of identifying UICs
- Who is legal guardian?

# Unaccompanied Immigrant Children

## Medical Screening

- Routine Care:
  - Immunization
  - CBC, sickle cell screen, lipid profile
- Lead
- TB
- Parasitic Disease
- Mental Health



# Lead Screening\*

- Check BLL of all refugee children **6 months–16 years**
- Within 3–6 months post-resettlement, a follow-up blood lead test should be conducted on all refugee children aged **6 months–6 years of age**, regardless of the initial screening BLL result.

\*CDC: Screening for Lead during the Domestic Medical Examination for Newly Arrived Refugees: 2013

# TB Testing\*

- **Tuberculin skin test (Mantoux)**
  - Induration of > 10 mm is considered positive
    - TB endemic country
  - Induration of > 5 mm is considered positive;
    - HIV+
    - Recent close contact with someone with infectious TB
    - Changes on chest X-ray consistent with prior TB
    - organ transplants and other immunosuppressed patients
- **Interferon-gamma Release Assay**
  - QuantiFERON®-TB Gold In-tube Test (QFT-G) and T-Spot
  - Recommended in +BCG/Poor adherence to skin testing
  - Not recommended in children  $\geq 5$  y

\*CDC: Refugee and Immigrant health guidelines 2013

# Parasitic Diseases: Central America

- Soil transmitted helminthic: O & P
- Intestinal protozoa disease: O & P
- Strongyloides: Serum IgG
- T. Cruzi: Chaga's Disease
  - High prevalence in El Salvador and Honduras
- Cysticercosis: Only if neurologic symptoms
- Screen for Eosinophilia

\*CDC: Refugee and Immigrant health guidelines 2013



# History and Assessment: Trauma-Focused

- **General Considerations:**
  - PCP's awareness, comfort, skill
  - Patient reluctance: fear, shame, guilt, stigma
  - Rapport, adequate time, open-ended questions
  - Language (use of interpreters)
  - Ensure confidentiality
  - Explain purpose for getting trauma history
  - Level of detail: Increased detail needed for affidavits
- **Past Medical History**
  - Address inadequately treated problems
  - Consider problems endemic to home country (e.g. TB, parasites)
- **Physical (and mental) symptoms due to trauma**
  - Scars, skin lesions, physical deformities, PTSD

# Unique Social History:

## 4 Key Phases

- **Home Country:**
  - Who was child left with/living with
  - Poverty related questions (hunger, housing, education, work)
  - Exposure to violence
- **Journey: The Bus or The Beast**
- **Border Crossing and Detention**
  - Access to medical records
- **Post-detention Release**
  - Life with sponsor
  - Social network: risk of isolation
  - Education: Re-entry after ed. gap, new system, ESL
  - Homelessness

## Case: Gio

- 17 y/o boy immigrated from Guatemala 2012
- Referred to TF from legal services at CCNY concerns:
  - History of Trauma, no details available
- Living with brother, working 2 jobs and taking ESL classes
- Medical history significant for insomnia and frequent nightmares
- Wouldn't take off his shoes at first visit but finally agreed
- Severe paronychia due to ingrown toe nail
- But the real problem was not in his foot but in his head...

**Thank you!**