

Central American Immigrant Border Crossings Shine Light on Public Health

Texas Medical Association (TMA) leadership and TMA members, particularly those along the border, are monitoring the need for humanitarian medical care for the growing number of unaccompanied minors, adults, and families crossing the Texas-Mexico border from Central America. So far, those apprehended by the U.S. Border Patrol include more than 52,000 unaccompanied minors from Central America (El Salvador, Honduras, and Guatemala). Estimates indicate the number of unaccompanied minors could grow to 90,000 by the end of the year. Many of these children have reported traveling more than a thousand miles to escape violence and poverty in their countries.

Several federal agencies — U.S. Border Patrol, Federal Emergency Management Agency, and U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement — are responsible for the care of those entering the country without documentation. Within 72 hours of apprehension, an unaccompanied minor must be transferred to the custody of the Office of Refugee Resettlement. These minors are then being relocated to federal facilities, such as Lackland Air Force Base in San Antonio, Fort Sill in Oklahoma, or other federal housing until they can be placed in the care of a sponsor or family member.

According to HHS, the unaccompanied minors receive a well-child exam and vaccinations, and are screened for tuberculosis. They also receive a mental health exam. If

children are determined to have any communicable disease or exposure to a communicable disease, they are placed in a program or facility that has the capacity to quarantine. If they have mental health problems, they are similarly placed in a specialized facility to meet their needs.

Chart at left illustrates the five steps HHS takes in processing an unaccompanied minor.

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Border Health Caucus
Access to Care

Children traveling with an adult

Minors traveling with an adult guardian are processed differently and are being released directly with the guardian by the Border Patrol. These families are assisted with contacting family members in the United States and given instructions regarding immigrant removal proceedings. These individuals are being processed quickly and transported to destinations where they have other family members. While they are not routinely provided health screenings by the federal government, local charities are encouraging them to get assessed for symptoms of certain communicable diseases before leaving. Physician volunteers in El Paso and McAllen are working with local church-based charities to provide this assessment.

Health concerns identified thus far among the Central American refugees have been limited to dehydration, upper respiratory infections, allergies, skin abrasions, lice, and scabies. Only one case of H1N1 flu has been reported. Three cases of tuberculosis also have been reported among the unaccompanied minors.

State assistance

Unfortunately, Texas has a fragmented public health system. As a home-rule state, it grants local governments the primary role in support of public health activities. State law gives local public health officials, who are the coordinators for local emergencies and disasters, the responsibility for responding to urgent public health needs. The Texas Department of State Health Services (DSHS) can step in only when a local official asks for its help. The lack of statutory clarity leaves DSHS with little ability to influence standards and the basic level of services provided by local health departments.

Infectious disease knows no border

Border Health Caucus physicians' top concern is to ensure the immigrants receive needed medical aid and that Texas' local population is protected as well. That's why physicians from El Paso to Brownsville are volunteering their time and effort to ensure minors and adults get the care they need before they travel within the United States. This protects the refugees from further sickness and also protects Texans from infectious diseases, especially since there is a disturbing trend in Texas not to vaccinate. Infectious diseases can easily be reintroduced to Texas' unvaccinated communities. This was seen in 2013, when a person traveling to Asia returned with the measles and interacted with a vaccine-hesitant community. In

a matter of weeks, 20 additional people were infected with measles. In total, 27 cases were reported in 2013, the highest annual case count in more than 20 years. This added unnecessary burdens to the local health care system and translated into significant and unnecessary costs being added to local, state, and federal taxpayers. Many serious infectious diseases are preventable. That's why the state and federal government must ensure all citizens are properly vaccinated.

Central American Countries Vaccination Rates Compared With the United States

All recommended vaccines (2012)

Guatemala — 100%

Nicaragua — 100%

Canada — 99%

Mexico — 99%

El Salvador — 95%

United States — 94%

Honduras — 93%

Source: World Health Organization

