

Unaccompanied Children and Health Care

AUGUST 18, 2014

Recently, the U.S. Dept. of Homeland Security (DHS) reported that U.S. Customs and Border Protection (CBP) has apprehended nearly 63,000 unaccompanied children at the border since October 2013.¹ The vast majority of the children are nationals of El Salvador, Guatemala, and Honduras, and are fleeing violence and poverty in their home countries. Most have been apprehended in Texas's Rio Grande Valley and transferred to a number of temporary and permanent detention centers and housing facilities, primarily in the South and Southwest.²

Who is considered an "unaccompanied alien child" (UAC)?

An "unaccompanied alien child" is defined by statute as a child who has no lawful immigration status in the U.S.; who has not attained 18 years of age; and who has no parent or legal guardian in the U.S., or for whom no parent or legal guardian in the U.S. is available to provide care and physical custody.³

Where are unaccompanied children being housed?

Unaccompanied children who are apprehended at the border or who turn themselves in to CBP agents are taken into custody by CBP and placed in short-term facilities. By law, unaccompanied children who are not nationals of Mexico or Canada must be transferred to the custody of the Office of Refugee Resettlement (ORR), a division of the U.S. Dept. of Health and Human Services, no later than 72 hours after the child was apprehended.⁴ ORR then houses the children until they are able to place them in the care of a parent, legal guardian, close friend, or foster care.

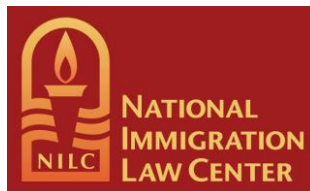
Because of the overwhelming number of recent arrivals, ORR opened temporary facilities for unaccompanied children in U.S. Dept. of Defense military facilities, including Lackland Air Force Base in Texas, Fort Sill in Oklahoma, and Port Hueneme Naval Base in California. However, all these temporary facilities have since been closed.⁵

What kinds of health care issues are affecting unaccompanied children?

A majority of recently arrived unaccompanied children are fleeing violent conditions in their home countries. The trauma they experienced there is compounded by the profound mental and physical stress of the dangerous journey to the U.S. Along the way, they are extremely vulnerable to being physically and sexually abused, as well as trafficked.⁶

In addition, being locked up in a detention facility can negatively affect the mental and physical health of both children and adults, causing profound trauma and stress.⁷ And, once released into the community, these children often face a difficult transition into a new family setting, a new culture, and a new language. Given these experiences, many unaccompanied children may suffer from post-traumatic stress disorder (PTSD), depression, and other psychological and psychosocial issues.

LOS ANGELES (Headquarters)
3435 Wilshire Blvd., Suite 2850
Los Angeles, CA 90010
213 639-3900
213 639-3911 fax



WASHINGTON, DC
1121 14th Street, NW, Suite 200
Washington, DC 20005
202 216-0261
202 216-0266 fax

Protesters in some cities, have voiced concerns about the health of children who were to be temporarily housed in those cities. Health-care experts have said that these fears are unfounded.⁸ Moreover, access to health care in many Latin American countries is comparable to that in the U.S. For example, the vaccination rate in the U.S. is 92 percent. The rate is actually higher in many Central American countries (93 percent), and, in Guatemala, where universal health care is the norm, vaccinations are fully funded by the government.⁹

Reports show that cases of infectious diseases among these children are rare. They are more likely to suffer from ailments such as dehydration, heat exhaustion, scabies, lice, and foot and ankle injuries—all treatable conditions—as result of their arduous trip to the U.S.¹⁰

What health care services are available to unaccompanied children who are in immigration detention or being housed by ORR?

Upon first being detained by CBP, unaccompanied children are given a basic medical screening. Before being transferred to a facility away from the border, all children are given a “fit to travel” health screening.¹¹ Once the children are in the custody of ORR, they receive a second medical screening for physical and psychological issues. According to the U.S. Centers for Disease Control and Prevention, the children are vaccinated and given a mental health exam, and are also screened for tuberculosis.¹²

What kinds of services are available to them after they are released?

ORR houses unaccompanied children in approximately 100 short-term shelters or residential facilities across the country, but the agency will not reveal these facilities’ names and locations. Thus, it is difficult to coordinate provision of services to children who are subsequently released to their parents or legal guardians throughout the U.S. Because provision of health care and mental health services to the children is primarily a local issue, advocates have recommended that ORR work with local child welfare experts to coordinate post-release caseworker services, including access to health care.¹³

Health care services available to unaccompanied children vary from state to state and locality to locality. As a group, the children are not eligible to access a particular health care coverage program, such as Refugee Medical Assistance or the Children’s Health Insurance Program, once they are released from government custody.

Unaccompanied children also are ineligible for health care coverage under the Affordable Care Act unless they have an eligible immigration status—for example, unless they have applied for asylum or special immigrant juvenile status. Instead, each child’s access to health care depends on his or her particular immigration circumstances and the health care eligibility rules for programs that are available where the child is released. But even in states whose eligibility rules for children’s health coverage are expansive, many unaccompanied children may still not qualify because, for example, the federal government is contemplating removing them from the country.

More information about unaccompanied children is available at www.nilc.org/unaccompaniedkids.html

¹ “Southwest Border Unaccompanied Alien Children” (U.S. Customs and Border Protection webpage, undated), www.cbp.gov/newsroom/stats/southwest-border-unaccompanied-children (last visited Aug. 13, 2014).

² Cindy Carcamo, “Immigrant Youths Captured at Border Now at 63,000 in Last Nine Months,” *Los Angeles Times*, www.latimes.com/nation/nationnow/la-na-nn-immigration-minors-update-20140807-story.html (last visited Aug. 13, 2014).

³ 6 U.S.C. § 279(g)(2).

⁴ William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, 8 U.S.C. § 1232.

⁵ Jon Herskovitz, “U.S. to Close Three Shelters as Flow of Migrant Children Wanes,” *Reuters*, www.reuters.com/article/2014/08/05/us-usa-immigration-shelters-idUSKBN0G521020140805 (last visited Aug. 13, 2014).

⁶ Pam Fessler, “Trauma Plagues Many Immigrant Kids in U.S. Illegally,” *National Public Radio*, <http://www.kunc.org/post/trauma-plagues-many-immigrant-kids-us-illegally> (last visited Aug. 13, 2014).

⁷ *Children in Danger: A Guide to the Humanitarian Challenge at the Border* (American Immigration Council, July 2014), www.immigrationpolicy.org/special-reports/children-danger-guide-humanitarian-challenge-border.

⁸ Mariana Dale, “As Final Migrant Kids Leave Nogales, Officials Say They Are in Good Health,” *Arizona Republic*, July 19, 2014, www.azcentral.com/story/news/politics/immigration/2014/07/18/final-migrant-kids-leave-nogales-officials-say-good-health/12874059/ (last visited Aug. 13, 2014).

⁹ Rachel Pearson, “Disease Threat from Immigrant Children Wildly Overstated,” *Texas Observer*, July 10, 2014, www.texasobserver.org/disease-threat-immigrant-children-wildly-overstated/ (last visited Aug. 13, 2014).

¹⁰ Linda Poon, “The Unaccompanied Immigrant Minors Have Health Issues — but Not the Ones You’d Think,” *National Public Radio*, www.scpr.org/news/2014/07/22/45496/the-unaccompanied-immigrant-minors-have-health-iss/ (last visited Aug. 13, 2014).

¹¹ “Unaccompanied Children Frequently Asked Questions” (Administration for Children and Families, U.S. Dept. of Health and Human Services webpage, undated), www.acf.hhs.gov/unaccompanied-children-frequently-asked-questions (last visited Aug. 13, 2014).

¹² *Id.*

¹³ *Children in Danger*, *supra* note 7.