

# Unaccompanied Children Along the Southwest Border - A Partnership Effort Between Federal, State and Local Authorities

LCDR Michelle Sandoval<sup>1,2</sup>, LT Yvonne M. Santiago<sup>3,4</sup>

<sup>1</sup> The Centers for Disease Control and Prevention, <sup>2</sup> Indiana State Department of Health, <sup>3</sup> United States Public Health Service, <sup>4</sup> United States Food and Drug Administration

## BACKGROUND

- In 2014 the surge in arrivals of Unaccompanied Children (UC) along the Southwest border activated a United States (US) government wide response.
- UC are undocumented children under the age of 18 who come to the US without a parent or guardian.
- Immigrant children who make the long and often dangerous journey to the US alone represent some of the most vulnerable individuals who interact with the immigration system.
- The majority have arrived from Guatemala, El Salvador and Honduras.
- Reasons for arrival: To reunite with families, escape gangs, violence, prostitution, smugglers and traffickers who prey on these children, and due to endemic poverty and lack of opportunities.

## DEMOGRAPHICS OF CHILDREN:

- Majority are males
- Aged 15-17 years old
- Increasing number of:
  - Females: Intergenerational (girls under 18 years with children)
  - Younger children: 27% under 14 years old
  - More victims of trafficking and violence

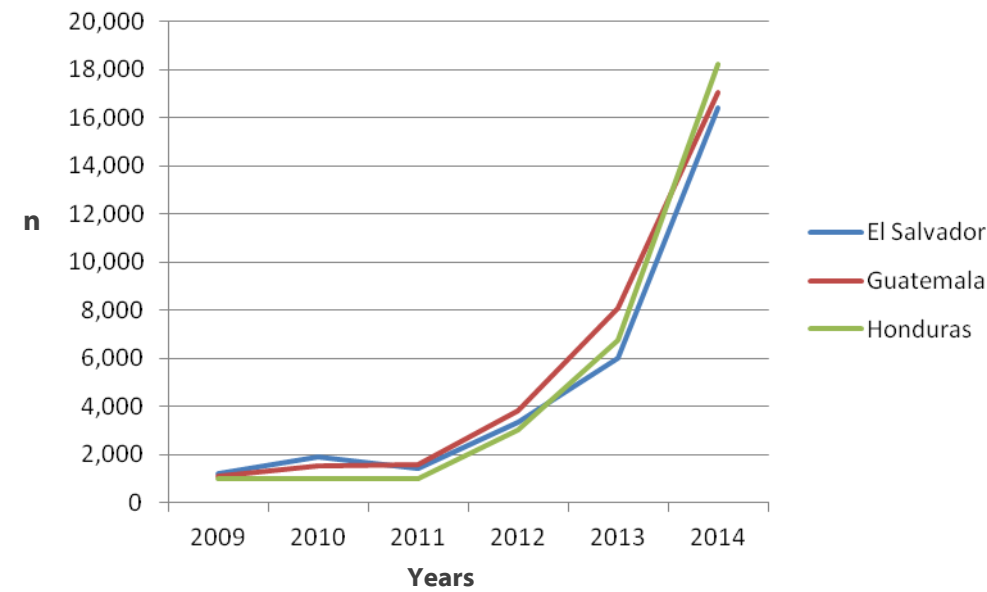
Table 1: Gender and <14 Years Old Distribution

	Males	Females	<14 years
FY2014	66%	34%	27%
FY2013	73%	27%	24%
FY2012	77%	23%	17%

## RESPONDING TO THE INFLUX OF UC

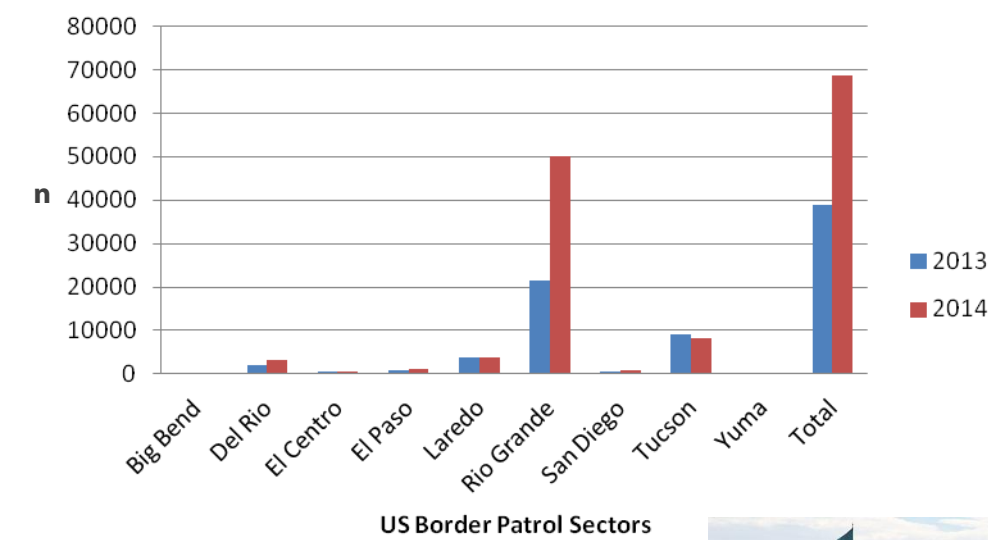
- On June 2, 2014, the President signed a memorandum declaring the situation a humanitarian crisis and directing all federal departments and agencies to provide their full support, prompt cooperation, resources, and support.
- Priorities: **Safety of Children, family reunification, and setting up a sustainable environment for repatriation.**
- Interagency Response and Coordination:
  - Department of Homeland security (DHS)
  - Federal Emergency Management (FEMA)
  - The United States Department of Health and Human Services (HHS)
  - Department of Defense (DOD)
  - State and local health departments
  - Non-profit and faith-base organizations
- Approximately 350 United States Public Health Officers were deployed between May 15, 2014 and August 15, 2014 to screen and move thousands of children from federal to state to local and finally to their families and sponsors.

Graph 1: UC Apprehensions from 2009-2014



- From 2004 to 2011, the number of children arriving to the US averaged between 7,000 and 8,000 annually.
- In 2012, the number of children taken into US custody jumped to over 13,000.
- In 2013, the number reached over 24,000 and in 2014 that number reached to 68,541.

Graph 2: UC Apprehensions by Border Patrol Sectors – 2013 and 2014



## Process for Children Appended At The US Mexico Border

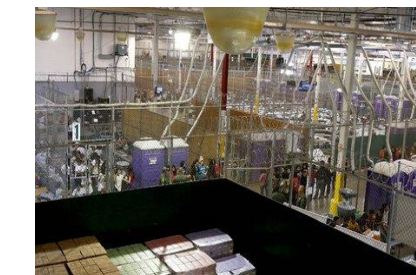
- AT THE BORDER:** Children are apprehended by Customs and Border Protection (CBP) upon crossing the border
- TRANSITION FACILITY:** Placed in temporary holding facilities for up to 72 hours
- TRANSFER TO ORR:** Processed and turned over to the Administration for Children and Families (ACF)/Office of Refugee and Resettlement (ORR)
- TRANSFER TO FACILITY:** ORR then places these children into residential facilities (14-30 days)
- RELEASED TO FAMILY/ CARETAKERS:** Children are reunited with family.
- HEARING DATE:** Immigration judge to hear their asylum claim: 40% asylum claim accepted



U.S. – Mexico border is 1,200 miles in length with 25 official ground crossings. Most dangerous place for a child.



Both pictures (above and below) illustrate the inside of the transition facility in Nogales, AZ.



## TRANSITION FACILITY

- Children who are apprehended at one of the sectors are transferred to a 72 hour holding facility to be medically screened and processed by Border Patrol and CBP before they are handed over to HHS. The following services are conducted at the facility:
  - Child wellness exam– vital signs, height, weight, etc.
  - Childhood vaccinations (DTP, MMR, Meningococcal, VPD, Flu)
  - Mental health assessment
  - Screened for Tuberculosis (PPD test)
  - Pregnancy test for those >9 years old
- Children who did not pass their medical examination due to communicable diseases, chronic diseases, injuries, mental health, under 5 years old, pregnant, or found with a positive PPD are placed in a specialized facility to meet their needs (quarantine, prenatal care, behavioral health, etc.).

## IMPLICATIONS TO PUBLIC HEALTH

- While UC pose little risk of spreading infectious diseases to the general public, local and state health departments need to be aware of the vulnerabilities these children bring with them.
- The majority of health issues reported at the border have been associated with the difficult journey or the crowded, unsanitary, and environmental conditions the children faced when they arrived. Illnesses associated with scabies, lice, rash, respiratory infections and diarrhea are prevalent among UC.
- These children have witnessed and experienced dangerous events, from exploitation, violence and in some instances, death while in the hands of human smugglers.
- Countries in Central America such as Mexico, Honduras, Guatemala and El Salvador serve as the source, transit and destination countries for trafficking victims. Latin America is also a primary source of children trafficked to the US, increasingly due to transnational criminal organizations.
- As the surge of UC is expected to continue, collaborative efforts between federal, state and local agencies is critical to the safety and health of UCs.
- This response emphasized the importance of having a culturally competent public health workforce that can meet the demands of an extremely vulnerable population.

## CONTACT INFORMATION

LCDR Michelle Sandoval:  
[ftv2@cdc.gov](mailto:ftv2@cdc.gov)  
 LT Yvonne Santiago:  
[yvonne.santiago@fda.hhs.gov](mailto:yvonne.santiago@fda.hhs.gov)

