

Global Health at Home: Caring for Migrant Families on their U.S. Arrival

Anna Landau, MD, MPH
Joshua Freeman, MD
Patricia J Kelly, PhD, MPH, FNP



Goals

- Describe the scope of family migration at the southern U.S., the impact on communities, and how affected by changing federal policies
- Understand how one community mobilized an all-volunteer effort to meet needs of migrant families
- Recognize medical problems seen among current migrants, how volunteer health workers screen and care for them, and how treatment and follow-up are arranged

Crossing the Border

- At official checkpoints
 - Turn yourself in and ask for asylum
 - Wait in Mexico for months
- Walk through the desert
 - Dangerous; 3,000-10,000 deaths in the last 15 years in Arizona alone
 - Routes vary from country to country
 - Route north to Texas through Veracruz and Tamaulipas very dangerous
- *No Mas Muertes*, Samaritans: aid to people in desert

History of the Problem

- Migration to the US
 - Mexico
 - Central America (El Salvador, Guatemala, Honduras)
 - The rest of the world
- Asylum
 - Why are people seeking it?
 - How does one "apply" for it?
- Changes in approaches to migrants, 2018-19
 - Protections for families, increase in children

After Crossing

- Apprehended by Customs and Border Protection (CBP)
 - Application for asylum; identification of sponsor
- Transferred to Immigration and Customs Enforcement (ICE) for incarceration (sometimes)
 - Conditions within ICE incarceration facilities
- Released into the community with a court date
 - At times at bus station or downtown
 - No tickets, no phone, no English, no guidance
- OR
- Dropped at facility run by local NGO

Development of Tucson Response

- Before January 2019
 - Small shelters, usually church-run with capacity for 1-4 families
- January 2019
 - Mass releases of people (100-150 at a time) by ICE
 - Casas Alitas (Catholic Community Services) rents motel to supplement smaller venues to house migrants
 - Provide clothing, food, medical screening, contact with sponsors, purchase of tickets, transfer to bus or airport

The Process in Tucson (Casas Alitas)

- CBP or ICE drops off groups of migrant families
- Offered light food (soup, fruit)
- Medical screening (detailed later)
- Comprehensive intake
- Call to sponsor to buy tickets
- Clothing
- Meals
- Room assigned
- Medical care if needed
- Travel package on departure

The Monastery

- March 2019: Former Benedictine Monastery given rent free for several months to Casas Alitas
 - 80 rooms, housing up to 400 people, including cots in chapel, basement
 - Kitchen and dining room
 - Clothing donations
 - Medical screening
 - Medical treatment (limited)
 - Contact with sponsor, purchase of bus tickets and transfer to station
- All Volunteer. Up to 400 volunteer hours/day.
- Continued donations of food, clothing, hygiene and medical supplies
- August 2019: Move to unused detention facility

Medical Screening

- Focus on identification of problems that are urgent or can be treated in 1-3 days in shelter
- Acute, minor problems (dehydration, starvation, injuries)
- Infectious diseases (Varicella, TB, scabies, lice, etc.)
 - Especially requiring isolation, postponement of travel
- Pregnancy
- Chronic diseases needing medication
- Referral to ED if indicated

Questions? Comments?



Medical Treatment

- People referred from our medical screening
- People who self refer (who may not have identified issues at initial screen but now feel more comfortable)
- Vaccination: Influenza (sometimes)
- Medication for chronic disease (DM, HTN, seizures, etc)
- Treatment for acute disease (scabies, lice, strep throat, UTI)
- Assessment of need for ED referral (serious injuries, dehydrated infants)
- Medication for minor problems (headache, GI distress, motion sickness, toothache, rash, etc)

Serious Problems seen

- Injuries from falls (off wall)
- Traumatic amputation
- Post-operative complications (often in US)
- Serious chronic diseases in children (genetic, cerebral palsy, developmental challenges)
- Follow up of partially treated conditions in ICE facilities, hospitals in and outside Tucson)
- Varicella
- Complications of pregnancy (bleeding, premature labor); imminent delivery

Small Group Discussions

- What is medical support for migrants in your community?
- What questions/concerns are raised by the presentation?
- What are future concerns?
- Suggestions for amelioration?

Who are the medical volunteers?

- Combination of residents, students, working nurses/doctors, retired professionals
- Word of mouth, training programs, local publicity
- All have license
- Supported by RNRN
- Sign-up genius
- Problem of supply and demand
- Protocols

Wrap-up and Conclusion

- Thank you so much!



Comparison to San Diego

- Unused school, then renovated county courthouse (what are potential facilities in your community?)
- Minimal county involvement (what would your health department and local government be willing to do?)
- No FQHC direct support (capacity?)
- Medical staff all volunteer (capacity?)
- Acuity (greater or lesser? need to document, communicate)