

## The development and implementation of a health screening and management program for asylum seekers at the US-Mexico border

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## Outline

- Description of the border crisis and the history behind it
- Introduction to asylum seekers and the local response and how UCSD became involved
- Overview of the health screening program
- Public health protocol development
- Summary of impact to date
- Lessons learned and future challenges
- How can integrative medicine play a role in this scenario?

## Refugees and Asylum Seekers

- Globally, there are a total of 68.5 million forcibly displaced people.
  - 85% of displaced people are hosted in developing countries
  - The top refugee hosting countries are Turkey, Uganda, Pakistan, Lebanon, and Iran

## Changes in migration at the US-Mexico border

Overall number of migrants crossing the southern border without authorization remains dramatically lower than in past, although there has been an increase recently.

- In early 2000s, number of apprehensions peaked at 1.6 million/year
- In 2018, fewer than 400,000.
- Reduction mostly due to changes in Mexico resulting in fewer Mexican migrants as well as increase in border enforcement post-9/11

### Changes in migration at the US-Mexico border

In past several years, the composition of migrants arriving at the southern border has changed significantly

- Now more than half are from the Northern Triangle countries of El Salvador, Guatemala and Honduras
  - Previously most migrants apprehended at the border were young Mexican men seeking employment in the US
- Since 2012, increasing numbers of unaccompanied minors and families from Central America, now estimated at >60% total

### The Northern Triangle



The Northern Triangle of **three Central American** countries, Guatemala, El Salvador, and Honduras.

These countries share a border tripoint at Trifinio biosphere reserve, and also aspects of classical cultures, **history, society, and politics.**

### Brief history of the N. Triangle

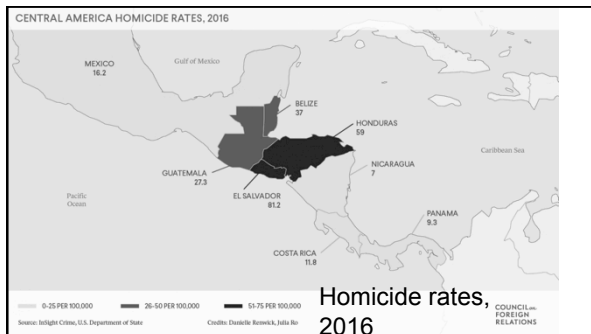
- These countries were each devastated by civil wars in the 1980s.
  - Legacy of violence and instability has left societies few educational and economic opportunities
  - Especially for Indigenous Mayan and women



### Humanitarian crisis

- Migrants are fleeing almost unprecedented levels of violence and danger from countries that have some of the highest gang violence and murder rates in the world.
  - El Salvador, Guatemala, and Honduras consistently rank among the most violent countries in the world.
  - Extortion is rampant. Salvadorians, Guatemalans and Hondurans pay from 60-390 million in fees per year to organized crime groups.





**What causes the violence?**

- Nature of violence in each country is distinct
- Common threads
  - Proliferation of gangs
  - Narcotics trafficking
  - Weak rule of law
  - Official corruption

### Legacy of Violence

El Salvador's civil war in 1972-92 left 75,000 dead

Guatemala's civil war in 1960-96 left 200,000 dead, mostly civilians.

Honduran felt the effects of nearby conflicts and was a staging ground for the US-backed contras.



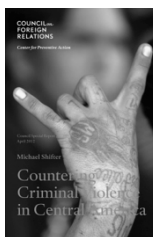
### Legacy of violence

- El Salvador
  - Organized criminal groups formed at war's end.
- Guatemala
  - Illegal and clandestine security apparatuses and grew out of state intelligence and military forces.
- Northern Triangle
  - Transnational criminal organizations associated with Mexican drug-trafficking organizations and transnational gangs such as the Mara Salvatrucha (MS-13) and the Eighteenth Street Gang (M-18)

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### MS13 and M18 imported from the North

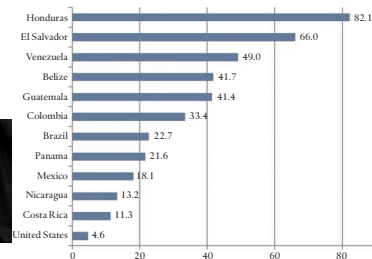
- Both were formed in LA.
  - M-18 by Mexican youth in 60s.
  - MS-13 by El Salvadoran who fled civil war in the 80s.
- Their presence grew in Central America in the mid-90s following deportations of immigrants with criminal records.
  - These transnational gangs are the region's largest (85,000 members)



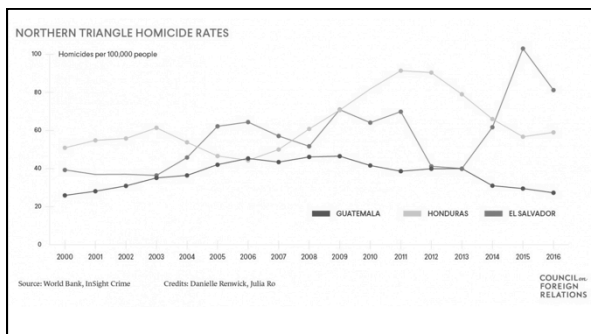
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How much more violent is it?

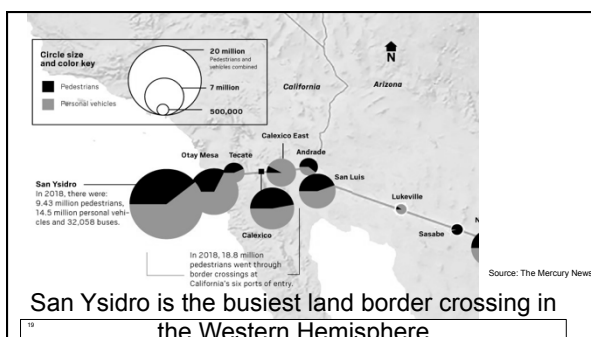
FIGURE 1: HOMICIDE RATES PER 100,000 INHABITANTS IN 2010



Source: United Nations Office on Drugs and Crime, Global Study on Homicide, 2011.



- ### US response to the Northern Triangle
- George W. Bush
    - Millennium Challenge Corporation - Focusing on free trade
    - Operation streamline - intro of "zero tolerance policy"
  - Barack Obama
    - Central America Regional Security Initiative (CARSI)
    - Alliance for Prosperity
  - Donald Trump
    - Revoking temporary protected status
    - Many policies intended to deter migrants from seeking asylum or illegally crossing the border
  - Remain in Mexico policy



### What is the “border crisis”?

According to Professor Lucas Guttentag, an immigration law expert at Stanford University:

*“The “crisis” at the border is not the numbers who are arriving but the system’s failure to respond in a humane, efficient, and orderly way in light of the government’s legal obligations and the number of migrants who are seeking protection”*

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### Asylee and other Definitions

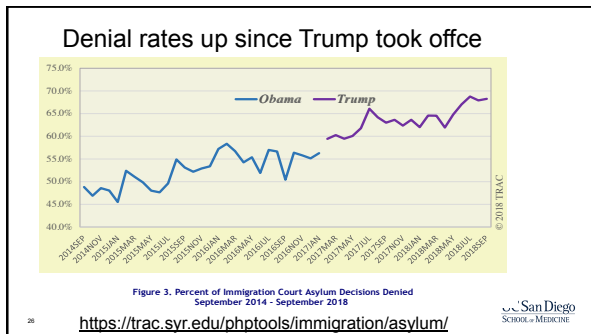
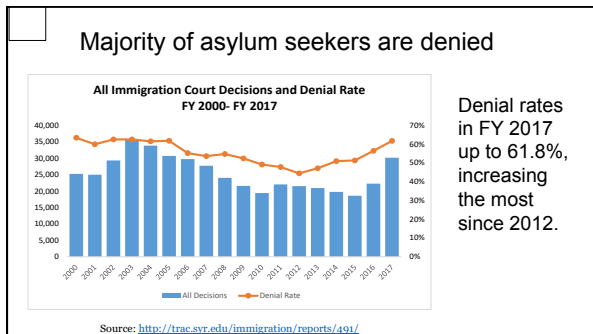
- An asylee is an individual with well-founded fear of persecution who has been forced to flee his or her country because of persecution, war or violence.
- In the U.S., asylum seekers apply for protection from inside the country or at a port of entry.
- Individuals can seek asylum as a defense against removal after they are apprehended by U.S. Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP) agents in the U.S. or at one of the ports of entry without valid visa.

### The Asylum Process before the US migrant shelter sees the asylee

- Asylum seekers present themselves to Customs and Border Protection (CBP) where they undergo a “credible fear interview”.
- If chosen for interviews (applicant has a ‘significant possibility’ of being eligible for asylum), they are background checked and assigned a immigration court date
  - Adults traveling with children and who have a sponsor are most often admitted more expeditiously
  - Are given permission to wait for the court date in the US, while wearing an GPS monitored ankle bracelet, near their sponsors; however, this has changed recently.

### How the Asylum Process has changed under Trump

- Since 2009, ICE helped asylum-seekers get to their destinations, through the Safe Release Program. They also assisted with phone calls and transportation to their sponsors as well.
  - In November 2018, ICE stopped this service and instead began dropping people off in San Ysidro at parks, bus stops and other public spaces
  - Metering started in full force a few months before, meaning asylum seekers have to wait in Mexico in order to be processed by an asylum officer.
    - Contributing to back logs measuring at 733,00 pending immigration cases with average wait time for immigration case hearing at 721 days as of July 2018
- More recently, the “3<sup>rd</sup> country rule” has been implemented.
  - This is believed to cause more backlogs due to lack of counsel asylum seekers obtain while in Mexico thereby straining the immigration court system



### San Diego's Rapid Response Network (RRN)

- This non-profit group was formed with a mission to help immigrants, refugees, and asylum seekers
  - In response to the end of ICE Safe Release Program, the RRN started collecting people from the public areas and bringing them to safe places
- Jewish Family Services (JFS) started a shelter in San Diego, first located in a church in Imperial Beach
  - Community health partners (La Maestra Health Clinic and San Ysidro Health Clinic) provided medical care in mobile vans
  - JFS staff and volunteers helped with travel arrangements, shelter, clothing, food, etc.

### Tragic deaths of two children while in U.S. custody led to changes in the asylum process

- Two young asylum seekers died while in custody in Texas and New Mexico on December 8<sup>th</sup> and 24<sup>th</sup> of 2018
  - Department of Homeland Security (DHS) asked that the San Diego County Health Department expand its efforts
    - The County asked Dr. Linda Hill from UCSD to help organize these efforts immediately





### Asylum seekers first stop at the shelter



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### Role of the UCSD-contracted staff

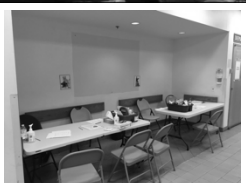
#### Health Screening Assessments

1. Screen and evaluate an asylee for diseases of public health importance
2. Treat and refer as needed
3. Designate disposition to general shelter population, isolate or refer to a higher level of care as needed



### Role of the County

1. Nursing
2. Food safety assessments
3. Daily report coordination
4. Epidemiology support and follow up



### Current Personnel

- SDRRN and JFS Shelter Staff
- UCSD
  - Directors: Linda Hill, Kathy Fischer, Gina Fleming
  - Lead Physicians
  - Organization: Carmen Cutter and Carrie Geremia
- SD HHSA
  - Jennifer Tuteur, Susannah Graves, Denise Foster
  - Public health nurses
- 61 physicians and NPs and 92 residents
  - Residents from UCSD, Scripps-Mercy, Scripps Green, USD, Kaiser

### Shelter-Specific Health Screening Process

Symptoms screening, brief medical history, medications, oral temperature, hair and skin check, and pregnancy test if indicated are completed by a public health RN and ancillary staff interviewer

Services are provided by the County at the shelter daily from 2:30 pm to 11 pm, including weekends and holidays:

- Initial Health Screening Assessments
  - 3 Nursing Staff (Including Lead Nurse, County nurses, contracted nurses) Complete initial health screening assessments for arriving shelter guest and assess communicable disease risk to public's health
  - 3-5 Ancillary Staff (Including County staff, contracted interpreters) Assist with paperwork, referrals to resources, translation, and other support
  - 1 Physician/Logistics Administrator (On Call) Provide logistics coordination and administration support. Provide telephonic consultation for onsite staff
  - 2-3 Standby Nurses Available to support nursing staff and contracted nurses in fulfillment of duties

### Shelter-Specific Health Screening Process

- Follow-Up Health Screenings, Treatment and Referral
  - Nursing Staff The initial health screening nursing staff follow established treatment protocols, administer treatment and evaluate for referral to urgent care or ED
  - 2-4 Contracted Physicians UCSD MD provides further medical evaluation and follow up

14 Average Total Staff Daily

- Physician completes assessment and a limited physical exam
- Physician treats, following protocols
- Physician completes the referral/disposition form
- Public Health informed via CMR or phone call where indicated

Note: Number of staff cited in each category is a daily average. Other partners include community health centers that provide primary care and follow up on non-emergent health concerns.

Today's Date: / / HH NAME Last: First: MR Family: \_\_\_\_\_

Guest Name Last: First: DOB: / / CM: IP

Consent has been informed that health screening is voluntary and consents to undergo screening.

All guests: Temperature: \_\_\_\_\_ °C / °F

Do you feel sick today? NO \_\_\_\_\_ YES \_\_\_\_\_

Do you have any of the following symptoms?

Cough NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Coughing up blood NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Trouble breathing NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Runny or stuffy nose NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Sore throat NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

A fever or chills NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Nausea, vomiting, or diarrhea NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Blood in the stool in the past week NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Rash NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Sores or wounds NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Itchy head or itchy skin NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Medical history:

Allergies? NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Hospitalization? NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Asthma? NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Diabetes? NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Tuberculosis? NO \_\_\_\_\_ YES \_\_\_\_\_ Notes: \_\_\_\_\_

Are you currently taking any medications? NO \_\_\_\_\_ YES \_\_\_\_\_ List: \_\_\_\_\_

Women/girls age 12-65: Last menstrual period start: / / Notes: \_\_\_\_\_

If LMP > 4 wks ago, pregnancy test per protocol. Date: / / Time: \_\_\_\_\_ Result:  Positive  Negative  
Test performed by: (print name) \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Signature: \_\_\_\_\_

Physical Exam: MR (pregnant women/girls fill in) BP: / \_\_\_\_\_ Comments: \_\_\_\_\_

Skin  Normal  Abnormal  Not examined

HEENT  Normal  Abnormal  Not examined

Neck  Normal  Abnormal  Not examined

Lungs  Normal  Abnormal  Not examined

Heart  Normal  Abnormal  Not examined

Abdomen  Normal  Abnormal  Not examined

Extremities  Normal  Abnormal  Not examined

Assessment/Plan

Cleared for general shelter population

Referral form to lead nurse for:  Isolation/treatment  Urgent care  Emergency Dept  Public Health Clinic

Head lice: Treatment per protocol:  RID  NIX (NIX preferred because:  pregnant or  other: \_\_\_\_\_)

Scabies: Isolation per protocol. Treated per protocol:  Ivermectin  Permethrin

Influenza-like illness (ILI): Symptom onset date recorded, reported to Public Health & referred for isolation per protocol (I): Treatment: \_\_\_\_\_

If flu test performed: Date: / / Time: \_\_\_\_\_ Result:  Positive  Negative  
Test performed by: (print name) \_\_\_\_\_ Signed: \_\_\_\_\_

Varicella: Isolation per protocol. Reported to Public Health per protocol.

Enterocolitis: Isolation per protocol.

Crute-out tuberculosis: Isolation per protocol.

Pregnancy, no known complications: Prenatal education given including risk of DVT while traveling

Pregnancy, complications: \_\_\_\_\_

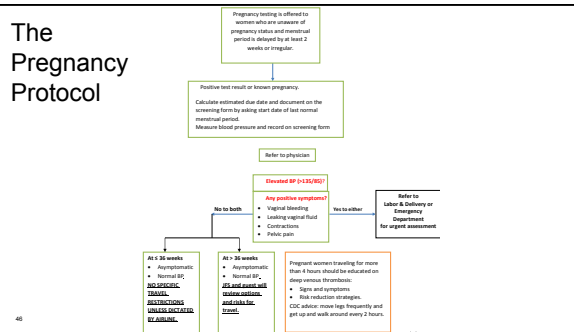
Other diagnosis: \_\_\_\_\_

Given meds \_\_\_\_\_  Prescriptions phoned in to: \_\_\_\_\_



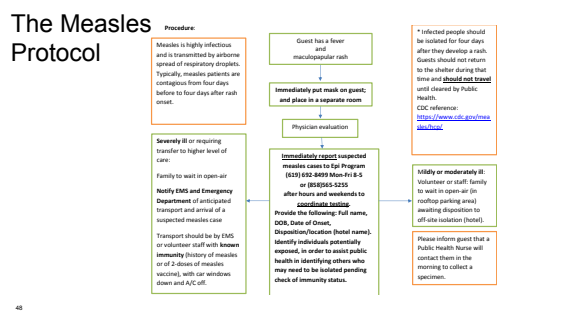
### Example 2: Pregnancy Protocol

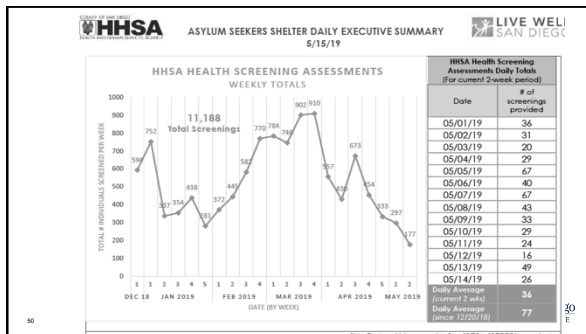
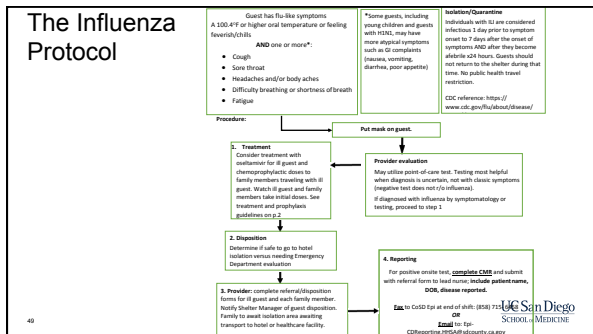
- Pregnant women cannot be universally restricted from travel after 36 weeks gestation (as recommended by the ACOGYN)
  - Complex family, cultural and financial considerations for each pregnant woman
- Many have not received any prenatal care and or received care en-route in Mexico but without any medical records
- Protocol developed to screen for high-risk pregnancies and complications, with aggressive management for modest blood pressure elevations.



### Example 3: Measles Protocol

- Recent measles outbreaks across the nation prompted the development of a shelter-specific protocol
- Given measles is highly contagious, concern for transmission and outbreak in high-density settings and in transitory/mobile populations
- Vaccination status of asylum-seekers often unknown
- Guests are also in close contact with non-medical shelter staff and volunteers (who may not have known immunity)





### Common Clinical Findings detected in Shelter by Health Screenings

The table below shows clinical findings from initial health screenings done by County of San Diego Nursing staff and contracted clinicians.

DAILY FINDINGS	1/2	5/12	5/13	5/14	Total
INFLUENZA-LIKE ILLNESS	45	0	0	0	45
RULE OUT TUBERCULOSIS	29	1	0	0	30
CHICKEN POX (VARICELLA)	8	1	0	0	9
LICE	673	2	6	6	681
SCABIES	352	0	2	0	354
HEPATITIS A	0	0	0	0	0
EMERGENCY DEPARTMENT REFERRALS	95	0	0	0	95
<b>TOTAL</b>	<b>1202</b>	<b>4</b>	<b>8</b>	<b>8</b>	<b>1214</b>

Note: Official daily tracking of findings began on 1/2/19. March 5, 2019 was the last day of health screenings at the 92134 Shelter site. Shelter operations at the new 92101 site commenced March 6, 2019. Since shelter opening in late October 2018, the state Public Health Services (PHS) has received reports of 23 varicella cases in asylum seekers, 14 of which were at the shelter. Varicella is reportable to PHS in cases of death or hospitalization; therefore, the reporting documented in this summary is made on a voluntary basis. It is estimated that to date approximately 1% of guests are sent to an ED and approximately 6% are presenting with lice.

- ### Distribution of Illnesses
- Other conditions observed:
    - Pregnancy complications and women in labor
    - Lacerations, skin wounds and burns from barbed wire and electric fences
    - Fractures and other injuries related to crossing border wall
    - Dermatitis, skin ulcers
    - UTIs
    - Enterobiasis

### Main Challenges

- Marked fluctuation in arrivals from day-to-day
- Changes in federal policies
- Multi-agency collaboration- both a positive experience and a logistical challenge
- Security
- High volume/low acuity/high stakes

### Lessons Learned

- Unpredictable daily arrivals (10-270 individuals per day, timing of drop-offs 2pm to 11pm) require extreme flexibility of staffing and other needs (feeding/housing/arranging transportation)
- Continually evolving protocols and practices require ongoing provider education and communication
- Language/translation issues
  - Frequently encountered non-Spanish languages include Vietnamese, Creole, Mayan indigenous languages (K'iche, Q'anjob'al, Mam, Chuj)
- Unexpected educational opportunities:
  - Med students, RN and NP students shadowing in clinic
  - Family med, IM, EM, PrevMed residents
  - Pre-med student volunteers
  - Research and QI scholarly activities

### Challenges Ahead

- Current political situation is highly volatile
  - News reports that asylum seekers will need to wait in Mexico for their hearings
- Within the next few years, an estimated 350,000 immigrants from the Northern Triangle countries will lose the legal right to live and work in the US as a result of Trump revoking their temporary protected status
  - Returning to their home countries is dangerous and potentially deadly

### Challenges Ahead

- Many more organizations across San Diego County involved in the care of asylum-seekers
  - Christ Ministries' Safe Harbors network with free medical care from USD, CSU San Marcos and USCD student free clinic
  - Medical Missions, lead by Mark Alcott, provides medical care for CBP
- Programs all across the US-Mexico border from CA to TX responding to this humanitarian crisis
- Thousands of migrants still in Tijuana
  - Medical volunteer group run by Phil Canete and the San Diego Border Dreamers cross the border every weekend to visit shelters and provide medical care

### Conclusions

- Our experiences show how a coordinated and cooperative response to a humanitarian crisis was successful in meeting the needs of the asylum-seekers, JFS and the community by bringing together multiple agencies with unique skills and expertise to contribute
- Need for a sustainable and longer-term solution to this ongoing crisis both in San Diego and all across the US-Mexico border

### ACKNOWLEDGEMENTS



### How to help

- Donations- currently requested items include:
  - International calling cards, fruit snacks/granola bars, new shoe laces, new socks and underwear, new or used backpacks, bilingual children/teen books, coloring books and crayons
- GoFundMe site by JFS
- Volunteers always needed (medical and non-medical), especially bilingual



### What role could an integrative medicine practitioner have at a migrant shelter?

- Lifestyle Medicine Residency curriculum with Preventive Medicine residents
- Incorporate independent application activities into health screening process
- Implement a quality improvement project
  - E.g.

