

Terra Firma

Medical-Legal Care for Unaccompanied Immigrant Garifuna Children

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Abstract

Unaccompanied immigrant children are among the most vulnerable populations in the United States: they lack the legal status of refugees, the social services available to citizens, and adult guidance. Poverty, violence, and exploitation often compounds trauma experienced as trafficked, tortured, or gang-targeted youth. Included in the recent surge of unaccompanied immigrant children are Central Americans of African ancestry. These “Black Latinos” are often marginalized minorities in their countries of origin. Terra Firma—the first medical-legal partnership specifically designed to meet the needs of released immigrant children—provides coordinated medical-legal services to children in the South Bronx, including a large population of African-Caribbean Garifuna. Integrated medical, legal, and mental health supports offer an innovative model for serving thousands of vulnerable unaccompanied immigrant children nationwide.

I. Introduction

In 2014, an unprecedented number of unaccompanied immigrant children arrived in the United States. The Homeland Security Act of 2002 defines “Unaccompanied Alien Children” (hereinafter, “UIC”) as children under the age of eighteen

with “no parent or legal guardian in the United States, or no parent or legal guardian in the United States available to provide care and physical custody.”¹ In fiscal year (FY) 2008, fewer than 10,000 UIC were apprehended by US Customs and Border Patrol.² By FY 2012, that number had jumped to over 20,000.³ In FY 2014, nearly 70,000 UIC were apprehended and placed in immigration proceedings.⁴ As the numbers of new arrivals swiftly grew, the influx of unaccompanied children was declared a humanitarian crisis, and President Barack Obama has called for “unified . . . humanitarian relief to the affected children, including housing, care, [and] medical treatment . . .”⁵ Around 93 percent of UIC are from Honduras, Guatemala, and El Salvador,⁶ and in the media the face of the crisis has typically been Latino youth in states like Texas and Arizona. Largely obscured, however, is the “young Black Latino exodus”⁷ from Central American into urban communities like the South Bronx.

Approximately 300,000 African-Caribbean “Garifuna” live in countries across the world, with about 100,000 residing in Honduras.⁸ As a Black minority in their countries of origin, Garifuna children typically arrive in the United States having already experienced discrimination and racial prejudice.⁹ The Garifuna trace their heritage to 1655, when a

shipwreck off Saint Vincent Island carrying African slaves helped create a distinct language, population, and culture in Latin America and the Caribbean.¹⁰ Within this context, the Garifuna present distinct medical, legal, and psychosocial needs among the influx of unaccompanied children arriving in the United States.

II. Terra Firma: A Medical-Legal Partnership for Unaccompanied Immigrant Youth

Terra Firma is a medical-legal partnership,¹¹ a project of Catholic Charities New York Immigrant and Refugee Services, The Children’s Health Fund, and Montefiore Health Systems. Terra Firma is designed to address the medical, mental health, and legal needs of unaccompanied children, and it is the first medical-legal partnership developed specifically for unaccompanied immigrant children released from Office of Refugee Resettlement (ORR) detention into the community. Operating out of a Federally Qualified Health Center¹² in the South Bronx, Terra Firma provides coordinated legal, medical, and mental health services to UIC, including

a Garifuna Diaspora population in the Bronx that is larger than any single Garifuna community in Central America.¹³

Serving as a “patient centered medical home,”¹⁴ Terra Firma provides a comprehensive array of services in one centralized location, allowing physicians, mental health clinicians, and lawyers to coordinate care on-site, co-manage patient/client needs, and develop a multidisciplinary plan. These collaborations have synergistic effects. During medical examinations and therapy sessions, for instance, physicians and mental health clinicians learn about physical, psychological, and traumatic events. Armed with this information and with the patient’s consent, doctors and psychologists are poised to deliver crucial testimony in immigration legal proceedings. These contributions can have a dramatic impact: a study comparing the success rate in US asylum cases found that those cases with medical testimony were granted asylum 89 percent of the time, compared to a success rate of only 37.5 percent for those without medical testimony.¹⁵

III. Medical Needs of UIC: Socio-Environmental Risks and Barriers to Care

There is scant literature on the specific medical needs of unaccompanied immigrant children, especially

as it relates to Latinos of African or mixed-race descent. However, inferences into their health care needs can be inferred from studies of immigrant children living with their families and foreign-born adoptees in the United States. The American Academy of Pediatrics' policy statement on "Providing Care for Immigrant, Migrant and Border Children" alerts the pediatric practitioner that foreign-born immigrant children may not have been screened for congenitally transmitted diseases (e.g., syphilis, HIV) or inherited conditions such as sickle cell trait/disease or hearing loss.¹⁶ Similar to foreign adoptees, UIC carry a burden of risk factors that adversely affect their health and well-being, such as poverty, malnutrition, exposure to environmental toxins, lack of adequate social-emotional stimulation, and abuse.¹⁷

The socio-economic challenges of Black Latinos in Central America also have an impact on child health and well-being prior to migration to the United States. In Honduras, there are nine officially recognized minorities, including two of "Afro-descent." Taking into account a number of measures, 97.3 percent of children from these minorities live in poverty and 59.7 percent in extreme poverty.¹⁸ Key measures include lack of clean drinking water, poor dwelling and sanitation, malnutrition, and inadequate

education, placing these marginalized communities at increased risk of health conditions such as acute respiratory illness, parasitic infections, diarrheal illness, and sexually transmitted infections.¹⁹ To address these existing risk factors, Terra Firma providers have identified the following four socio-ecological foci in their approach to UIC, each with important medical-legal implications.

1. Country of Origin

Children coming from developing countries often lack access to routine comprehensive primary care throughout their childhood. Access to health care is worse in rural communities compared to urban centers. In Honduras, approximately 80 percent of indigenous and Afro-Honduran populations live in rural zones, and it is reported that there is a general lack of health care infrastructure to meet the needs of its minority populations.²⁰ Infant mortality, low birth weight, acute respiratory illness (from birth to seventeen years), poor weight control, and chronic malnutrition (less than five years of age) are higher among Garifuna children compared to the national averages.²¹ Inadequate health supervision by trained pediatric specialists translates into lost opportunities for health promotion, illness and injury prevention, and under-identification and

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insufficient treatment of acute (e.g., pneumonia, ear infections) and/or chronic medical conditions (e.g., poor vision, hearing loss, failure to thrive). Significantly, developmental delays and learning disabilities are frequently missed, with potentially long-term consequences.²² At Terra Firma, Garifuna children uniformly report receiving little or no routine pediatric care after early childhood. Instead, medical attention is typically sought only in the case of serious illness or injury. In certain cases, comprehensive screening of newly arrived immigrant children has resulted in the identification of previously undiagnosed medical conditions and developmental disabilities, including parasitic infection and cerebral palsy.

2. Journey to the United States

In many instances, UIC endure an arduous journey on their way to the US border. The majority of UIC arrive via a combination of walking, bus, and, most notoriously, freight train. The latter, often referred to as “The Beast” (*La Bestia*), is a dangerous form of transportation in which hunger, sleep deprivation, exposure, and injury (including life-threatening limb amputations) are constant threats. Extortion by gang members is commonplace, and physical and sexual abuse compound the dangers children face along their journey; young women are at increased risk

for rape and sex trafficking. Once at the border, UIC are vulnerable to further violent crime and extortion. A number of children seen at Terra Firma have shared stories of being kidnapped and placed in “safe hous-

es” while their families (many living in the United States) are forced to pay thousands of dollars to set them free. It is important for providers to be cognizant of these perils due to their medical (e.g., trauma, hunger, sexually transmitted infections, pregnancy), mental health (e.g., adjustment disorders, posttraumatic stress disorders), and legal (e.g., asylum, T visa) ramifications.

3. Immigration Detention

Children under eighteen years of age typically spend a few days in immigration detention centers operated by the Customs and Border Protection (CBP) before being transferred to shelters under the auspices of the Office of Refugee Resettlement. These shelters house children under eighteen years old and have a range of educational and medical services that include physi-

cal exams, childhood immunizations, and TB screens. In 2009-2010, children remained in ORR shelters an average of sixty-one days.²³ As the numbers of UIC surged in 2014, that number decreased to thirty-five

days,²⁴ resulting in fewer opportunities for ongoing medical care and mental health treatment. According to ORR’s 2015 *Unaccompanied Children Policy Guide*, children with identified medical or mental health needs are “evaluated by a medical and/or mental health provider as soon as possible.”²⁵

Legal aid programs often serve as the initial points of nongovernmental contact with children in ORR custody. As a result, they are often uniquely positioned as sources of referrals to medical and legal resources. Health care providers, for their part, should be aware of the medical attention UIC receive in ORR care and request copies of health records to capture relevant health information and to avoid duplication of services (e.g., immunization) whenever feasible.

4. Community Placement

After release from ORR custody, UIC are placed with adult sponsors pursuant to a “family reunification policy” designed to “facilitate safe and timely placement” with family members or other qualified sponsors.²⁶ The sponsors to whom UIC are released—relatives, family friends, siblings, and others—often live in poor neighborhoods, sometimes designated as “Health Professional Shortage Areas” (defined as areas with 3,500 or more people per primary care physician).²⁷ As a result, finding high-quality, linguistically appropriate, and culturally sensitive health care can be very challenging. Lack of health insurance, language, and fear of deportation due to immigration status are significant barriers to care.²⁸ Many of Terra Firma’s clients live with sponsors in the South Bronx, specifically Congressional District 15, which is the poorest Congressional District in the United States.²⁹ The community health disparities include a disproportionately high prevalence of childhood obesity, childhood asthma hospitalizations, type 2 diabetes mellitus, teen pregnancy, sexually transmitted infections, and HIV.³⁰

Lack of health insurance is an additional important barrier to health care for UIC. Undocumented children under nineteen years of age, unaccompanied or not, are

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ineligible for health insurance in all but four states: New York, Massachusetts, Washington, Illinois, and the District of Columbia. For unaccompanied children living in those states, health insurance provides access to a wide array of essential primary care and specialty services including dental and mental health care. In all other states, accessing comprehensive medical and mental health care becomes much more challenging.

Finding pediatric or family medicine professionals that are championing immigrant health concerns may lead to fruitful partnerships. The legal community can play an important role in connecting new arrivals to high-quality health care providers, as they are often the first point of contact for children once

released from ORR care.³¹ Developing partnerships with dependable health care providers facilitates access to timely care and helps to build a safety network for the child. Terra Firma has developed a model of care with medical, mental health, and legal professionals working collaboratively to promote best interests. At Terra Firma, a supportive community environment has been created through adolescent support groups, family-styled meals served at the health center, as well as a weekend soccer league. A wider safety net is facilitated by developing trusting relationships between providers and unaccompanied children and their sponsors, building new social networks, and easing the process of normalizing their lives in new and unfamiliar communities.

IV. Mental Health Needs: Trauma and Unaccompanied Child Migration

Unaccompanied child migration provides fertile soil for severe psychological distress.³² Overwhelming evidence in the literature on unaccompanied immigrant and refugee children suggests increased vulnerability to, and incidence of, traumatic impact and the development of psychopathology in UIC.³³ The potential for physical and emotional harm exists before, during, and after migration. Repeated exposure to traumatic events throughout each of these phases, coupled with the sheer hardship of migrating alone, has an exponential traumatic effect on any preexisting trauma,³⁴ and often leads to “complex trauma”

reactions:³⁵ a response to exposure to multiple traumatic events within the social environment (the setting in which children seek safety, stability, and support).³⁶ The absence of a caring adult, ordinarily a crucial regulating influence following traumatic exposure, places unaccompanied children at even greater risk for complex trauma reactions. Responses to complex trauma may include attachment problems, emotional and behavioral dysregulation, dissociative episodes, poor self-image, and physical and cognitive deficits.³⁷ For children of Garifuna descent, these experiences are aggravated by the systemic discrimination and consequent barriers they face as a Black minority in their home countries, which carries over to the process of acculturation in the United States.³⁸

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Research suggests that initial traumatic experiences and resulting emotional dysregulation may lead to subsequent heightened trauma exposure (e.g., physical and sexual abuse). In order to properly treat and advocate for unaccompanied children, it is imperative to consider the complexity of these trauma responses. Psychologists, psychiatrists, and social workers can therefore play a critical role in facilitating adjustment and acculturation, including supporting the legal processes UIC face in immigration court.³⁹ Terra Firma has identified three critical functions mental health professionals can play as advocates for unaccompanied immigrant children.

1. Assessment and Treatment

Effectively assessing trauma exposure and documenting its impact can vitally assist professionals in other fields. Understanding the complexity of presentations of symptoms and the risks posed by the ongoing potential of deportation is key to fully understanding factors bearing on a child's mental health. This perspective allows mental health professionals to uncover traumatic experiences that might not have otherwise been identified. In one Terra Firma case, a child's severe sense of guilt after witnessing his friend's murder prevented him from fully disclosing what he had

seen to his attorney. With proper psychological support, the child was able to share his experiences, thereby opening the door to additional avenues of legal relief.

2. Social Supports

Obtaining occupational, social, and economic services is also an important component in helping to alleviate psychological distress. Mental health professionals can help children and families by linking them to community supports and agencies, coordinating services, and empowering them to advocate for their needs in all psycho-social areas. Increasing awareness and understanding among social services agencies regarding the circumstances of unaccompanied immigrant children, including the Garifuna, helps promote the sensitive provision of services in the medical, mental health, and legal spheres.

3. Legal Processes

Preparing children psychologically for the experience of immigration legal proceedings, including the importance of trauma disclosure, may facilitate legal processes. Through the use of individual or group interventions, children learn about the different steps along the legal process, helping to alleviate their anxieties while simultaneously becoming better equipped to address them. Providing affidavits and

testimony as part of the immigration process may also help prevent re-traumatization in UIC. Not only may affidavits by mental health providers support the underlying evidentiary goals of a case, they may also diminish the extent to which a child is required to testify and recount some of the most painful experiences of their lives.

Despite the growth in the literature on the mental health of Latino immigrant children and families over the past decade, little if any attention has been paid to unaccompanied immigrant children.⁴⁰ The lack of attention may well be due to a lack of awareness on the part of mental health professionals.⁴¹ This is even more true of Garifuna children, whose traumatic experiences before, during, and after migration are compounded by distress associated with their oppression as a Black minority. Terra Firma is tailored to meet the mental health needs of this population in a sensitive and effective manner while facilitating and supporting ultimate legal goals.

V. Conclusion

The recent surge of unaccompanied immigrant children has highlighted the poverty and violence threatening Central American communities in Honduras, Guatemala, and El Salvador. Among the new arrivals are Garifuna children of African-

Caribbean descent. Like other UIC, they come from impoverished backgrounds with little previous access to medical care and histories of trauma, but face additional barriers as a marginalized child population. At Terra Firma, medical and mental health providers address the legal implications of child migration. Through the provision of integrated, immigrant-oriented medical and mental health care, and a trauma informed group therapy program for adolescents, key medical and psychological insights can help improve health and legal outcomes. Concomitantly, attorneys become sensitized to psychological needs and medical vulnerabilities that are important for successful legal advocacy and promoting UIC well-being and resilience. Terra Firma's ultimate goal is the optimization of both health and legal services to holistically promote UIC resilience. Integrated and coordinated medical-legal services—calibrated to meet the legal, medical, and mental health needs of UIC—stand as essential pillars in the development of sensitive and effective interventions for one of the country's most unique and vulnerable child populations. While recent policy initiatives are beginning to address the unprecedented influx of UICs, any sustainable solution must also meet the distinct needs of Black Latino and Garifuna children.

Endnotes

- 1 David L. Neal, "Operating Policies and Procedures Manual Memorandum 07-01: Guidelines for Immigration Court Cases Involving Unaccompanied Alien Children," Memorandum, Office of the Chief Immigration Judge, US Department of Justice, 22 May 2007.
- 2 Lisa Seghetti, Alison Siskin, and Ruth Ellen Wasem, *Unaccompanied Alien Children: An Overview*, Congressional Research Service, 8 September 2014.
- 3 Ibid.
- 4 Ibid.
- 5 The White House, "Presidential Memorandum—Response to the Influx of Unaccompanied Alien Children Across the Southwest Border," 2 June 2014.
- 6 Fact Sheet, "US Department of Human Services, Administration for Children and Families, Office of Refugee Resettlement, Unaccompanied Alien Children, May 2014.
- 7 Jasmine Garsd, "Garifuna: The Young Black Latino Exodus You've Never Heard About," *Fusion*, 4 June 2014.
- 8 K. Stevens, "The History of Garífuna Migration," Stanford University, April 2000.
- 9 Minority Rights Group International website, "Garifuna (Garinagu)."
- 10 Ibid.
- 11 Medical-legal partnerships (MLPs) address social determinants of health via collaborations among health care, public health, and civil legal aid professionals to more effectively identify, treat, and prevent health-harming legal needs. See National Center for Medical-Legal Partnership, "MLP Overview," August 2014.
- 12 Federally qualified health centers "serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors." US Department of Health and Human Services, "What Are Federally Qualified Health Centers (FQHCs)?"
- 13 "Garifuna Population in Bronx Often Overlooked," NY1.com, 20 September 2014.
- 14 See US Department of Health and Human Services, "Patient Centered Medical Home Resource Center."
- 15 Stuart L. Lustig, Sarah Kureshi, Kevin L. Deluchi, Vincent Iacopino, and Samantha C. Morse, "Asylum Grant Rates Following Medical Evaluations of Maltreatment Among Political Asylum Applicants in the United States," *Journal of Immigrant and Minority Health* 10, no. 1 (2008): 7-15.
- 16 American Academy of Pediatrics, "Providing Care for Immigrant, Migrant, and Border Children," *Pediatrics* 131, no. 6 (2013): e2028.
- 17 V. Jones, "AAP's Committee on Early Childhood Adoption and Dependent Care," *Pediatrics* 129 (2012): e214.
- 18 UNICEF, "Niñez Indígena y Afrohondureña en al República de Honduras, Observatorio de los Derechos de la Niñez," Tegulcicalpa, M.D.C., December 2012.
- 19 Ibid.
- 20 Ibid.
- 21 Ibid.
- 22 Joseph F. Hagen, Judith S. Shaw, and Paula M. Duncan, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd Edition (Elk Grove Village, IL: American Academy of Pediatrics, 2008).
- 23 Olga Byrne and Elyse Miller, *The Flow of Unaccompanied Children Through the Immigration System*, VERA Institute of Justice, March 2012.
- 24 Administration for Children and Families, "Fact Sheet," US Department of Human Services, Administration for Children and Families, Office of Refugee Resettlement, Unaccompanied Alien Children Program, May 2014.
- 25 "Children Entering the United States Unaccompanied," Office of Refugee Resettlement, 30 January 2015.
- 26 US Department of Human Services, Administration for Children and Families, Office of Refugee Resettlement, Unaccompanied Alien Children Program
- 27 US Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/shortage/>
- 28 The American Academy of Pediatric policy statement on Providing Care for Immigrant, Migrant and Border Children; Council on Community Pediatrics, *Pediatrics* 131 (2013): e202.

- 29 Richard Sisk, "South Bronx Is Poorest District in Nation, US Census Bureau Finds: 38% Live Below Poverty Line," *New York Daily News*, 29 September 2010.
- 30 New York City Department of Mental Health and Hygiene, "Vital Statistics."
- 31 CDR Baily et al., "The Mental Health Needs of Unaccompanied Immigrant Children: Lawyers' Role As a Conduit to Services," *Graduate Student Journal of Psychology* 15 (2014): 3-17.
- 32 Etiony Aldarondo and Rachel Becker, "Promoting the Well-Being of Unaccompanied Immigrant Minors," in *Creating Infrastructures for Latino Mental Health*, eds. Lydia P. Buki and Lisette M. Piedra (New York: Springer-Verlag, 2011): 195-214.
- 33 Ibid.
- 34 Katy Robjant, Rita Hassan, and Cornelius Katona. "Mental Health Implications of Detaining Asylum Seekers: Systematic Review." *The British Journal of Psychiatry* 194, no. 4 (2009): 306-312.
- 35 Alexandra Cook et al., eds., *Complex Trauma in Children and Adolescents*, National Child Traumatic Stress Network: Complex Trauma Task Force, 2003
- 36 Ibid.
- 37 Ibid.
- 38 Kevin JA Thomas, "Familial Influences on Poverty Among Young Children in Black Immigrant, US-Born Black, and Nonblack Immigrant Families," *Demography* 48, no. 2 (2011): 437-460.
- 39 Linda Piwowarczyk, "Asylum Seekers Seeking Mental Health Services in the United States: Clinical and Legal Implications," *The Journal of Nervous and Mental Disease* 195, no. 9 (2007): 715-722.
- 40 CDR Baily et al., "The Psychosocial Context and Mental Health Needs of Unaccompanied Children in United States Immigration Proceedings," *Graduate Student Journal of Psychology*, 13 (2011): 4-11.
- 41 Ibid.