

Separating Fact from Fiction

Understanding the Evidence about Migrant Children from Latin America

A significant number of undocumented people, including tens of thousands of children originating mainly from Mexico, Guatemala, Honduras, and El Salvador, crossed the US-Mexico border in 2014.^{1,2} In response, several elected officials at the national and state level, and members of the media claimed that migrant children threaten American lives with infectious diseases.^{3,4} While serving in the House of Representatives, Dr. Phil Gingrey wrote a letter to the Centers for Disease Control and Prevention in 2014 with concerns that migrant children carry diseases such as Ebola virus, measles, swine flu, dengue fever, and tuberculosis.⁵ However, migrant children do not pose a significant risk for these illnesses. Though the immigration flow has decreased across the US-Mexico border, false information about the health of Latino immigrants continues to reinforce racial prejudice and stigmas, as well as restrictive immigration policies involving detention and deportation.

Safeguards already exist to screen migrant children entering the US, and several major professional organizations have called for further access to evidence-based healthcare.

- The Department of Health and Human Services' Unaccompanied Children Program provides vaccines and tuberculosis screening for migrant children – which further reduces any risk of bringing diseases into the US.⁶
- From 2014-2015, the American Academy of Family Physicians, National Physicians Alliance, American Medical Student Association, and American Medical Association have passed resolutions committing to stand against scaremongering and advocate for access to evidence-based healthcare regardless of immigration status.⁷

Scaremongering distracts policymakers from addressing the crises driving child migration and protecting children from these forms of violence.

- In 2014, the Office of the United Nations High Commissioner for Refugees interviewed children from El Salvador, Guatemala, Honduras and Mexico on why they left their respective countries. 58% of the interviewed children were “forcibly displaced because they suffered or faced harms that indicated a potential or actual need for international protection.”
 - These reasons included violence by organized and armed criminal actors, violence in the home, and exploitation by a criminal industry of human smuggling.¹
- The UN Office on Drug and Crime's 2013 Global Study on Homicide shows that Mexico, El Salvador, Honduras and Guatemala are among the top 25 countries with the highest homicide rates in the world.
 - Honduras ranked number 1 in 2013, with 90.4 homicides per 100,000 persons.⁸

The US has a long history of anti-immigrant sentiment and disease scaremongering, which has led to policies that target immigrants who might be sick and in need of healthcare.

- Irish immigrants were accused of causing cholera outbreaks, Chinese immigrants of bubonic plague, and Italian immigrants of polio.⁹
- The Immigration Act of 1891 set a precedent of barring entry to the country for people with illnesses and the 1952 McCarran-Walter Act excluded immigrants who had “any dangerous contagious disease.”¹⁰
- Congress passed a law in 1987 preventing immigrants with HIV or AIDS from entering the US. The ban was only lifted 22 years later in 2009.¹¹

Medical evidence shows that migrant children are not a significant disease threat

The answer to potential public health risks is not scaremongering or pointing fingers at migrant children, but rather ensuring that appropriate treatment is in place, regardless of where geographic borders lie.

Ebola

- 0 cases of Ebola in any Latin American country.
- Outbreaks have only occurred in Guinea, Liberia, Sierra Leone, Nigeria, Democratic Republic of Congo and Senegal - all countries in Africa.¹²

Dengue Fever

- Transmitted through mosquito vectors rather than human contact.
- Incubation period of 4-10 days in humans, detectable within the period migrant children stay in border facilities and HHS shelters.¹³

Measles

- Since 2007, Honduras, Guatemala, and El Salvador have reported 0 cases and Mexico has reported 3 cases. Over the same period of time, the US reported 781 cases of measles.¹⁴
- Of 159 Measles cases between January and April of 2015, 10 were classed as "direct importations" (exposure occurring outside of the US) but not a single case originated in a Latin American country.¹⁵

Smallpox

- Smallpox has been eradicated worldwide. No cases of smallpox have been reported since the last case on October 26, 1977.
- The year of eradication of smallpox for the countries that account for 98% of unaccompanied migrant children are as follows: Mexico eradicated smallpox in 1951, Honduras in 1952, Guatemala in 1951, and El Salvador in 1938.¹⁶

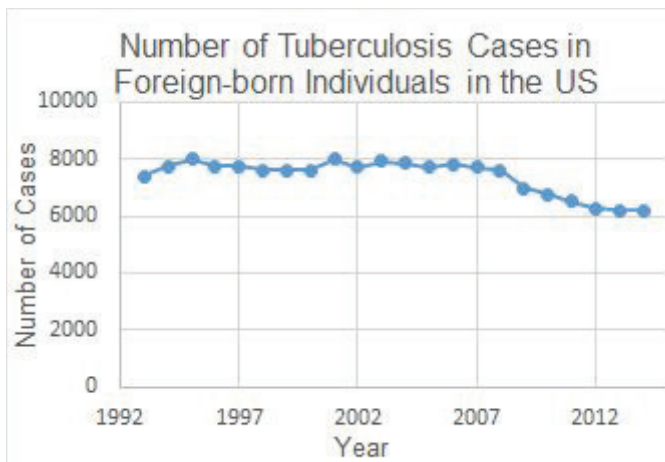
H1N1 (swine flu)

- H1N1 influenza was already the predominant type of influenza in the 2013-2014 flu season in the U.S. and part of the seasonal flu vaccine.¹⁷
- Out of over 60,000 unaccompanied minor apprehensions in 2014, there have only been 2 reported cases of swine flu.^{2, 18}

Common childhood diseases

- Vaccination rates for common childhood diseases (diphtheria, pertussis, tetanus, hepatitis B, Measles, hepatitis B, hemophilus influenza type B, rotavirus, pneumococcal) are above 80% in El Salvador, Honduras, and Mexico and in some cases are higher than rates in the US.¹⁹

Tuberculosis



- Total annual TB cases in foreign-born individuals in the US did not experience any increases attributable to the immigration surge of 2014. The number of cases decreased from 7401 in 1993 to 6215 in 2014.²⁰
- Over 90% of children in El Salvador, Guatemala, and Mexico are vaccinated with BCG against Tuberculosis. In Honduras, the rate is 86%.¹⁹
- In the United States, a total of 9,582 cases of TB were reported in 2013, of which 485 cases (5%) were among children less than 15 years of age.²¹

To get involved and help raise awareness among healthcare professionals, visit <http://migrantchildrenhealth.org/>

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