

# Correspondence

## Immigrating Unaccompanied Minors— A Neglected Minority?

TO THE EDITOR: We write to convey our concerns for the health and well-being of children younger than 18 entering the United States without immigration documents and without family. The Children's Working Group of Physicians for Human Rights conducted a preliminary exploration of the health care of unaccompanied minors through interviews with them, Immigration and Naturalization Service (INS) officers, immigration lawyers, and health care and social workers and by reviewing legal documents, epidemiologic studies, and human rights documents. The quality of medical and mental health care for unaccompanied minors in the custody of the INS appeared to be inconsistent or neglectful in many locations.

The abuse and neglect unaccompanied minors experience in the United States stem in part from high influx. During 1994, the INS detained about 10,000 children, mostly from Cuba, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and China, 70% of whom were unaccompanied when they entered this country. These minors are held in about 110 detention centers that range from a nonsecure foster care facility to an adult correctional facility. At any given time, about 1,200 unaccompanied minors are in INS custody (Barbara Hall, INS Statistics Division, written communication, February 1995). Federal laws mandate that detention be limited to 30 days, legal assistance be provided to each child, and medical care, psychological care, and educational services be offered. Nonetheless, unaccompanied minors can be detained more than a year in facilities that are not monitored systematically.

We randomly selected 21 children (5 girls and 16 boys, ages 10 to 18) for personal interviews at a detention center in Los Fresnos, Texas, and at a foster care agency in Grand Rapids, Michigan. The review and interview procedures were not designed to gather information on a representative sample of INS detainees but were convenience samples. Among other problems in INS custody, there were 15 reports of physical or sexual assault, 18 reports of verbal abuse, and 10 reports of only one meal per day (one child may have reported more than one event). Only three children were granted medical care when requested (interviews by K. N.; L. Leutbecker, INS, November 1994; Tina White, Proyecto Libertad, Harlingen, Texas, June 1995; and others available on request).

In addition, studies published between 1990 and 1991 by Stanford University, the University of Houston (Texas) Sociology Department, and the Immigration Law Center of San Francisco, California, found evidence of harassment, physical abuse, and neglect of unaccompanied minors in INS custody.<sup>1-3</sup> Many unaccompanied minors were traumatized before and after entering the United States. Few

receive adequate mental health care in detention. Poor medical record keeping plus a lack of adequate immunizations and physical examinations are correctable problems.

The health and other needs of unaccompanied minors in INS custody demand serious investigation. The medical community and the INS could consider options to better protect the health of these children. Expanded linkages between the INS and the US Public Health Service and children's agencies could ensure consistent implementation of health care policies already in place. Health professionals can provide medical documentation of abuses and advocate for the early release of children from detention and the placement in appropriate care. Unaccompanied minors detained in the United States will continue to be at risk for abuse and neglect unless health professionals work to ensure that the fundamental medical and developmental needs of the children are met.

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### REFERENCES

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2. Rodriguez NP, Urrutia-Rojas X. Undocumented and unaccompanied: a mental health study of unaccompanied, immigrant children from Central America. Institute for Higher Education Law and Governance Monograph 90-4. Houston (Texas): University of Houston Law Center; 1990
3. Shey P, editor. Report from the 2nd National Conference on Immigrant and Refugee Children. San Francisco (Calif): Immigration Law Center of San Francisco; 1991

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## Immigration and Naturalization Service Responds

TO THE EDITOR: In response to the letter from Elena Nightingale MD, PhD, and co-workers concerning the health care minors receive when in the custody of the Immigration and Naturalization Service (INS), minors are detained only briefly, usually a few hours, at service processing centers (SPCs). The minors are interviewed, processed by INS personnel, and then screened by medical personnel. Afterwards, they are transferred to a state licensed shelter care program, attend school, and contin-