

BREAKING: Doctors' Offer of Free Flu Clinic for Detained Migrants to Guard Against Epidemic & Potential Deaths, Stonewalled by Trump Administration

Flu infections were responsible for at least three child deaths in U.S. immigration custody during the 2018 flu season, which is nine times the mortality incidence of the general pediatric population.

November 20, 2019 — Today, the U.S. Department of Homeland Security (DHS) and Department of Health and Human Services (HHS) ignored the offer of potentially life-saving preventative health care for detained migrants.

With peak flu season fast approaching, and the recent refusal of Customs and Border Protection (CBP) to offer flu vaccinations to detained migrant families, a **group of seven practicing physicians** from across the United States sent an **urgent letter** **officially requesting permission to launch a pilot flu clinic for detained migrants** — at no cost to the federal government or its agencies.

The physicians asked for a response from the addressees by November 19, 2019. This deadline has now passed without any response or even acknowledgement by DHS or HHS.

In the letter, the group requested access to a CBP facility in California for a group of volunteer licensed California physicians to provide influenza vaccinations to migrants in custody. The proposed mobile flu vaccine clinic would include a donated stock of age-appropriate vaccines as well as multi-language consent, CDC vaccine information forms, and interpreters. They hoped to leverage an established volunteer network of physicians to bring this pilot program to all CBP detention facilities, to ensure the majority of migrant families who are being held in CBP centers may receive the recommended vaccinations to prevent a possible flu epidemic.

On behalf of the group of doctors who signed the letter, Bonnie Arzuaga MD, Danielle Deines DO, and Marie DeLuca MD, released the following statement:

“Flu deaths are preventable. Large scale vaccination is not unprecedented or insurmountable. Our government has undertaken similar efforts in the past and has the resources to do so. Physicians who understand the dire need for vaccinations are ready to offer their own time, vaccine supplies, and expertise to ensure that more needless deaths do not occur. Yet they are turned away. Continued refusal to acknowledge physicians’ concerns by CBP, HHS, and DHS is a failure of our government to protect not only the people held in detention, but all people within our borders.”

The physicians' request came in response to an [August 2019 letter](#) addressed to Congressional leaders by a group of pathologists who reviewed autopsies of children who died while in federal immigration detention. That letter outlined extensive evidence of harsh physical signs of disease, beyond what is expected in these types of cases. Three of the children had died from complications of influenza. Influenza is a common illness, infrequently deadly for children, but when combined with malnutrition, dehydration, or physical stress, it can overwhelm a child's immune system.

These three flu-related deaths in CBP custody portend a mortality rate that is at least nine times greater than that typically seen in the general population.

Instead of catalyzing a change in policy, the concerns raised by medical professionals in the August 2019 letter were ignored.

Additional Context

Providing routine vaccinations is a [Center for Disease Control](#) recommended first step in preventing the spread of influenza and potential epidemics. It is a cost-effective, simple strategy for correcting a pattern of medical neglect and abuse that has been documented in immigration detention across the country.

- CBP has [cited](#) short stay durations as a reason for denying detained people with influenza vaccines.
- However, any person forcibly confined to close quarters for any length of time is at a much higher risk of contracting communicable diseases, including influenza.
- Additionally, reports of those working at CBP facilities have revealed that the maximal duration dictated by the Flores Settlement Agreement is being ignored, with children remaining in detention for more than 72 hours.
- This, coupled with the poor sanitary conditions being forced on those kept in these facilities, puts people in CBP detention at a much higher risk of influenza infection and severe complications resulting in hospitalization, ICU admission, and death.

As a result of what appears to be intentional medical neglect on the part of CBP and its governing agencies, groups of concerned physicians and medical professionals have been speaking out.

- In October, nearly 70 physicians and medical students met with congressional offices in DC to request an end to detention of migrants and asylum seekers.
- Their meetings were followed by a [200 person march](#) down Pennsylvania Avenue to the White House, with some physicians participating in civil disobedience to underscore their concerns about migrant deaths in detention.
- Physicians and medical professionals are providing care at the US-Mexico border, partnering with attorneys to document the scars of asylum seekers

feeling torture and violence in their countries of origin, and review medical records that show medical neglect in detention.

These camps involve such incredible medical neglect and they should be closed. Yet ICE and CBP are refusing to acknowledge the significant evidence of psychological and physical harm caused by detention and deportation.

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Doctors for Camp Closures Doctors for Camp Closure (D4CC) is a non-partisan organization made up of over 2,000 physicians and healthcare professionals from all specialties who oppose the inhumane detention of migrants and refugees who are attempting to enter the United States of America. D4CC recognizes the Universal Declaration of Human Rights which states that every person, regardless of immigration status, has the right to a standard of living adequate for the health and well-being of themselves and of their family, including food, clothing, housing and medical care, and necessary social services.