

The Children, the Caravan, and Health

There are three aspects to the caravan, what is shown by the media; what is there to be seen; and what is unseen.
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The focus is on the innocent children, as in the widely circulated photograph of an obese woman with two children lacking pants or shoes, purportedly fleeing tear gas sprayed by cruel law enforcement agents. They are far from home, in a very dangerous place, in violation of the laws of Mexico.

Would Child Protective Services accuse an American citizen of child abuse and neglect, and take the children into foster care?

Thousands of migrants are crammed together in Tijuana, many outdoors, and about a third of them are already sick. Without sanitation, outdoors in the rain, many more will become ill. Several cases of [tuberculosis, chicken pox, and HIV](#) have already been reported.

The unseen travelers also include measles, Chagas disease, hepatitis, and many other dangerous microbes. You can see the lice that serve as vectors of diseases such as typhus if you look closely. Workers in migrant reception centers have spent hours combing nits out of little girls' hair—but they could be fired for talking about it.

Then there's that mysterious polio-like illness—[AFM for acute flaccid myelitis](#)—that has struck hundreds of American children. Some would be in “iron lungs” if we didn't use a different kind of breathing machine today. AFM was first noted in 2014, just coincidentally in time and space with the dispersal of thousands of Central American children into U.S. schools. More prominent at that time was an outbreak of a deadly respiratory illness that sent hundreds of American children to intensive care units. Both types of symptoms can probably be caused by [enterovirus D68](#), which happens to be endemic in Central America. Any connection? The CDC (Centers for Disease Control and Prevention) says it doesn't know.

Chagas disease (American trypanosomiasis) afflicts around 8 million people in Central America. An early symptom is to awaken with swelling of the eyelids on one side that persists for weeks. But most don't know they have Chagas until, after many years, it destroys the muscles of their esophagus, colon, or heart. It is carried by the reduviid (“kissing”) bug, already present in the U.S. Packrats are hosts to these bugs. A high rate of [Chagas is being found in dogs](#) in Texas.

Many migrants have latent tuberculosis, which can become active at any time. What happens if a case of active tuberculosis is diagnosed in the U.S.? All the patient's contacts must be identified, tested, and followed. The persons exposed while the patient was coughing on the bus will be impossible to locate. The patient requires treatment for at least a year, with careful follow-up.

How many patients with contagious diseases and their contacts can be effectively followed by U.S. public health departments? Not very many—these agencies are already underfunded and stretched thin. How many patients with active TB can be safely treated in U.S. hospitals? Last time I checked

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there were only two or three negative pressure isolation rooms in my city. And what if the disease is resistant to all antibiotics, as is occurring in many countries? In the old days, patients' lungs were collapsed by injecting air into the chest to cause a pneumothorax. A patient I cared for at Parkland Hospital in Dallas had a caved-in chest from the removal of several ribs (a thoracoplasty) to keep his lung collapsed permanently. This won't help disseminated TB, such as meningitis.

The public health response to contagious diseases, especially deadly untreatable ones, is to make the diagnosis, isolate the patients, and trace the contacts. This means that for migrants we need a positive identification of the person, his country of origin, and his location. But while American citizens are increasingly under surveillance, illegals often disappear without a trace.

Public health can't deal with a horde violently storming the border. What the mainstream press doesn't show is that 80 percent of the crowd are men, mostly of military age. The threats they pose to the health of our citizens (and that of other migrants) include violence; sexually transmitted diseases from rape (a large percentage of the women have been molested); and illicit drugs that pour through while Border Patrol agents may be changing diapers.

Rep. Ocasio-Cortez's (D-N.Y.) 5,000 case workers won't help, and I doubt that many would volunteer to serve. We need linguists to identify people who are lying on their asylum applications—observers from Judicial Watch identified Cuban accents. We need better laboratory facilities and public health surveillance throughout the country. And we need law enforcement to stop illegal entry. Children who were at least warm and dry in Honduras are being used as political pawns and human shields by those determined to trespass in or harm our homeland.

We need to protect children—especially our own.

We need a wall.