

# Global Health Newsletter

May 2023

## Staten Island University Hospital

Madi Lindauer, MD MPH

### Americas

#### Medical Services for Unaccompanied Minors in the United States

In 2022, 128,904 unaccompanied minors were referred to the Unaccompanied Children program managed by the Office of Refugee Resettlement (ORR) within the Administration for Children and Family operated by the U.S. Department of Health and Human Services (HHS). By law HHS has custody and must provide care for each unaccompanied child. An unaccompanied child is anyone under the age of 18 who does not have a parent or legal guardian in the United States able to provide care and physical custody. This program began in 2002 to move away from the adult detention model. The average time a child is cared for under this agency is 30 days until the child is able to obtain placement while their refugee status is being reviewed.

The majority of the children are put in contact with relatives if available and who pass the rigorous checks. Most of these children enter ORR care because they were apprehended by immigration authorities while trying to cross the border. As of May 2, 2023 there are 8,492 unaccompanied children currently in care of ORR. In 2022, 72% of children referred were over 14 years of age and 64% were boys. The breakdown of countries of origin are Guatemala (47%), Honduras (29%), El Salvador (13%) and other (11%).



<https://refugees.org/chapter-1-the-transfer-a-20-year-retrospective-of-the-unaccompanied-children-program-in-the-us/>

A recent study done by the American Academy of Pediatrics and Migration Policy Institute was published looking at unaccompanied children's access to medical and mental health services in U.S. communities. The researchers conducted field visits to 3 cities (Houston, Texas; Los Angeles, California; and New Orleans, Louisiana). The data was collected based on interviews and focus groups of more than 100 professional who currently work with population and unaccompanied children. The themes that emerged and recommendations were consolidated into a report.

Some of the findings are as follows:

- Lack of communication between clinicians caring for the children in ORR custody and community clinicians who care for the children after relocation.
- Once these children are release from ORR's care it is difficult for them to obtain health insurance as they generally do not qualify for federally funded programs such as Medicaid and the Children's Health Insurance Program (CHIP) which are the two main health benefit programs for children in low income households in the U.S. Some states have special provisions to extend healthcare to these children but it is not a federal program but dependent on the state policy.
- It is difficult for these children to access mental health services.
- Language and cultural barriers which make it difficult for these children and their families to navigate the services available to them.

#### Further reading

The report: [https://www.migrationpolicy.org/sites/default/files/publications/aap-mpi\\_unaccompanied-children-report-2023\\_final.pdf](https://www.migrationpolicy.org/sites/default/files/publications/aap-mpi_unaccompanied-children-report-2023_final.pdf)

<https://www.acf.hhs.gov/orr/about/ucs/facts-and-data>

<https://www.hhs.gov/sites/default/files/uac-program-fact-sheet.pdf>

## Middle East/Northern Africa

### **Kuwait Expats Must Pay for Blood Transfusions**

Kuwait's Health Minister, Dr. Ahmad Al-Awadhi, issued a decision that expats will have to pay for blood transfusions. This decision was made as a part of the ministry's effort to preserve the reserves of blood. The fee will be approximately 65 USD per blood for an expat resident in Kuwait and 130 USD per blood for a foreigner on a visitor's visa. Public health facilities will also collect fees from expats for collecting lab tests related to blood transfusions. Patients who find blood donors will be exempt from fees in addition to patients requiring blood in urgent cases, cancer patients, children and other humanitarian cases.



In June 2022, Kuwaiti official reports totaled the number of expatriates in the country to be 2.962 million people, representing 87 percent of the population. Obtaining Kuwaiti citizenship is extremely difficult as a foreigner. Some believe this new policy is discriminatory and will place an additional financial burden to those already facing financial difficulties.

#### Further reading

<https://www.arabianbusiness.com/industries/healthcare/kuwait-expats-must-pay-blood-transfusion-fee-says-health-ministry-report>

## Asia/Pacific

### **Australia Bans Recreational Vaping**

The Australian government is to ban all disposable vapes, the importation of non-prescription vapes and limit nicotine levels in vapes. The purpose of these changes is to help redirect the purpose of vapes to help smokers quit cigarettes. Under the new ban, vapes will be sold only in pharmacies. Prior to this, a prescription was needed to buy nicotine vapes, however, due to a thriving illegal market they are readily available outside of pharmacies. The reason for this ban is largely due to the concern that vaping has become a recreational product mostly sold to teenagers who are then more likely to start smoking or continue using the nicotine product once addicted. In Australia it is estimated that about 22% aged 18-44 have used an e-cigarette device. Vaping has also become a behavioral issue in school and some schools have begun to install vape detectors in bathrooms.



GETTY IMAGES  
<https://www.bbc.com/news/world-australia-65446352>

Alongside the ban, the Australian government will increase its tobacco tax by 5% per year for the next three years. Currently a box of cigarettes cost about 23 USD. Australia has some of the toughest anti-smoking laws in the world. In 2021, it became the first country to force cigarette producers to change their packaging to be less appealing.

#### Further reading

<https://www.reuters.com/world/asia-pacific/australia-ban-recreational-vaping-e-cigarette-crackdown-2023-05-02/>

<https://www.cnbc.com/2023/05/02/australia-to-ban-recreational-vaping-in-e-cigarette-crackdown.html>

## Sub-Saharan Africa

### Africa's First "Narco-State"

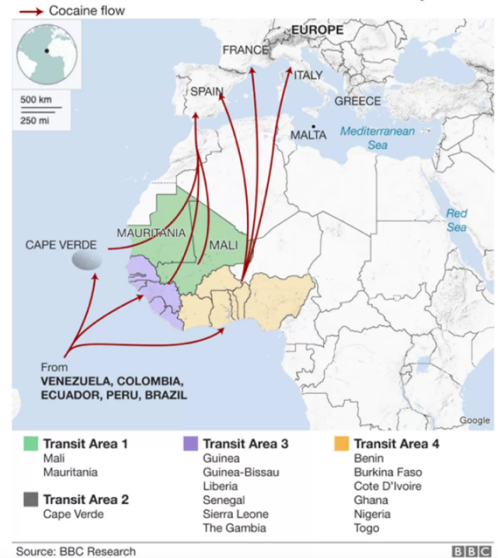
Guinea-Bissau is a small country in West Africa that gained its independence from Portugal in 1974. It is one of the poorest countries in the world with a rank of 175 of the 187 countries measured in the United Nation's Human Development index. There is high unemployment, widespread corruption and low levels of education. As a result, in the early 2000s it became a transition point in the international drug trade and the UN has designated the country as Africa's first "narco-state."

According to the National Drugs and Addiction Observatory, an NGO that advises the government, 30 to 40 percent of young people use drugs. Crack cocaine is the most popular. There are only two Rehab centers in the country, Quinhámel rehab center and a private clinic in Gardete. Recently there have been accusations of human rights abuses in Quinhámel including the death of some residents. Those in the center who are accused relapsing, trying to escape or who refuse medication are locked up and beaten. The cost at Quinhámel is much lower than in Gardete and people send their family members there out of desperation. There is only one public psychiatric hospital in the country and it is run by the same person who runs the rehab clinic in Gardete. However, the government does not fund the public psychiatric hospital therefore it must be run as a private facility. With the increasing use of drugs there is an increase in psychiatric needs which are not being met.

### Further reading

<https://www.telegraph.co.uk/global-health/terror-and-security/africas-first-narco-state-rehab/>  
<https://youtu.be/vY-NDngloq4>

### Cocaine route from Latin America to Europe

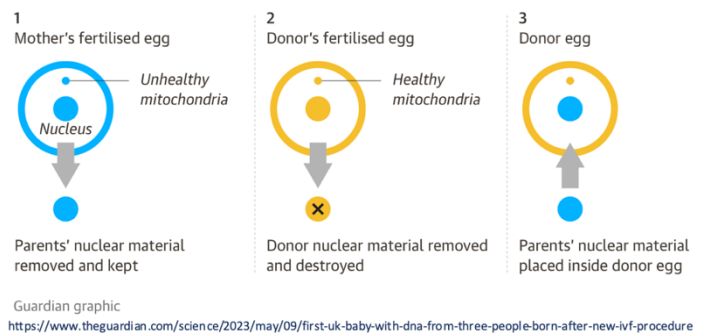


## Europe

### Baby Born in the UK from Three People's DNA

In the UK, one in 200 babies born in Britain is born with a mitochondrial disorder. In 2015, the UK became the first country to create legislation regulating methods to prevent mitochondrial diseases. Britain requires every woman requesting treatment to receive approval from the Human Fertilization and Embryology Authority. In order for this technology to be approved there must be no other available options to avoid passing on the genetic disease. It is estimated that fewer than five babies have been born with this technology in the UK and 32 families have been authorized to proceed with this technology.

### How mitochondrial donation treatment works



The technology known as mitochondrial donation treatment (MDT) was pioneered in the UK by doctors at the Newcastle Fertility center and the world's first baby born using MDT was completed by a US team in 2016 in Mexico for a Jordanian couple to prevent Leigh syndrome.

MDT involves taking the genetic material from the egg or embryo and is transferred into a donor egg or embryo that has the desired mitochondria but has had the remaining DNA removed. 99.8% of the DNA comes from the mother and father. There are risks to this procedure and new research has found that in some cases a tiny number of mitochondria is left behind and is carried over to the donor egg which can multiply and can still lead to disease in these children.

### Further reading

<https://www.bbc.com/news/science-environment-65538866>

# What's New at Northwell's Center for Global Health?

Daniel Leon MBA PMP

## **Georgetown Psychiatrists Receive ECT Training at Zucker**

In April, leaders from the Psychiatric Department at Georgetown Public Hospital (GPHC) in Guyana, participated in a two-week intensive Electroconvulsive Therapy (ECT) training program at Northwell's Zucker Hillside Hospital in Glen Oaks. ECT, a treatment that induces therapeutic seizures in patients suffering from severe mental disorders such as major depressive disorder, bipolar disorder, and schizophrenia.

This training represents a strategic initiative to enable the successful launch of a new ECT clinic at GPHC. Besides acquiring theoretical knowledge and technical proficiency, the Guyanese medical team was trained in patient assessment pre and post-procedure, complication management, and interprofessional collaboration during ECT procedures.

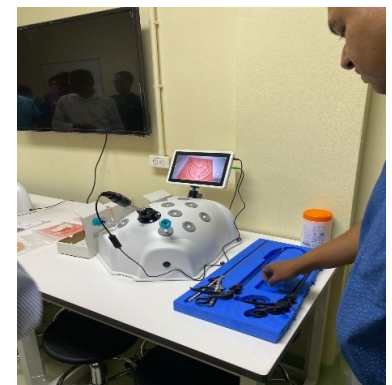


To bolster the advancement of ECT therapy in Guyana, the Center for Global Health has donated a state-of-the-art ECT machine. GPHC plans to administer its initial rounds of therapy by the end of June.

## **Guyana Introduces Brand New Surgical Training Facility**

On May 9th, the Georgetown Public Hospital Corporation (GPHC) in Guyana unveiled its state-of-the-art surgical training center. This brand-new facility boasts a range of cutting-edge training equipment including mannequins, surgical instruments, laparoscopic training boxes, and computer stations, all of which were sourced through donations by Northwell Health and healthcare partners in China.

This development follows an intensive training period during which 32 surgical professionals from Guyana travelled up to Northwell Health to complete Advanced Trauma Life Support (ATLS) training between October 2022 and November 2023. The ultimate objective is to establish an in-house ATLS training and certification program directly at GPHC.



To further this goal, and in addition to sending their head surgeon and Director of Medical Services, Dr. Navine Rambarran to complete a trainers course at Northwell, Guyana plans to send an additional 16 trainees for ATLS training by the end of 2023.

These advancements come as part of Northwell's Memorandum of Understanding (MOU) with Guyana to enhance access to quality surgical care throughout the regions.

## Upcoming Lectures/Conferences

For those of you who like to read. Check out this list of books about refugees

<https://www.rescue.org/article/books-about-refugees-you-might-love>

### **ICRC: Humanity in War**

Exploring cross-cutting issues from Solferino to cyberwarfare, the International Committee of the Red Cross (ICRC) is proud to present a new podcast, Humanity in War. Hosted by Elizabeth Rushing, Humanity in War will consult cutting edge thinkers with one overarching question in mind: how can we better leverage international humanitarian law and policy to protect the lives and dignity of people affected by armed conflict and violence?

<https://blogs.icrc.org/law-and-policy/humanity-in-war-podcast/>