**Policy Brief: Unaccompanied Minors from Central America Migrating to the United States**

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**Definitions & Acronyms**

**BIOC:** Best interest of the child

**CAM:** Central American Minors Program

**CBSA**: Canadian Border Service Agency

**Child (Canada):** In legal policies, the age of a child is determined by the province’s jurisdiction:

* Person under the age of 16 (Saskatchewan, Ontario, Nova Scotia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Yukon, Nunavut)
* Person under the age of 18 (Alberta, Manitoba, Prince Edward Island)
* Person under the age of 19 (British Columbia)

**Child (USA):**  In legal policies, a child is considered a person under the age of 21

**IHC:** Immigration Holding Centres

**IOM:** International Organization for Migration

**IRPA**: Immigration and Refugee Protection Act

**Qualified Children**: Children qualified for the CAM Program; must be a national to either   
 El Salvador, under the age of 21 and unmarried

**Qualified Parent**: A qualifying parent for the CAM Program; must be over the age of 18, and lawfully present within the United States in one of six statuses Permanent Resident Status, Temporary Protected Status, Parole, Deferred Action, Deferred Enforcement Departure or withholding of removal

**PR**: Permanent Resident

**Refugee:** A person who has been forced to leave their country in order to escape war, persecution, or natural disaster

**TPS:** Temporary Protected Status

**UAC**: Unaccompanied Alien Children

**USCBP:** United States Customs and Border Protection

**Background**

UAC apprehended by the USCBP increased from 24,000 to 63,676 in years 2012 to 2014 (White, 2018; Kandel, 2017). The influx of UAC coming from Central American countries of El Salvador, Guatemala, and Honduras seeking humanitarian aid in the United States stemmed from pervasive poverty, violence (White, 2018), and reunification with family members from war and economic crisis (Bacon, 2018). UAC were exposed to potential dangerous events during migration: injuries from travel, lack of access to essential needs and kidnapping. Arriving in the US/Mexico border, UAC are faced with detainment centres. Meant to be in the UAC’s BIOC (White, 2018), it began a confusing process of refugee application. Within detainment, the UAC faced mismanaged conditions of housing, violence due to overcrowded institutions, and delay of application requiring them to stay in holding longer than the allowed length (White, 2018). Thus, the Obama Administration implemented CAM in 2014, where the policy gave UAC the opportunity for an in-country method of refugee resettlement in the United States (Meissner, 2015). CAM however was dissolved with the Trump administration terminating the policy in 2017 (USCIS, 2017).

Canada implemented the new CBSA in 2002, where the policy enforces the regulations of the IRPA. Both the US and Canada follows the UN’s “Convention for the Right of the Child” (IHRP, 2017), stating the state must consider the BIOC. Similar to the US, Canada has issues with its detainment process. With many UAC stuck within detainment centres referred to as “invisible children” (IHRP, 2017). Canadian UAC face similar problems of application delay and separation from family members in solidarity cells for the UAC’s BIOC (CCR, 2014).

This policy brief will discuss CAM from a Canadian angle; analyze the positive and negatives of the US policy, and how Canada may implement the successes of CAM into Canadian UAC refugee policies.

**Discussion**

CAM was established by the Obama administration to counter the sexual abuse and violent crime UAC faced while migrating into the US (Silva, 2017). The in-country policy of CAM allowed applicants to skip the otherwise harsh trek to reach the US-Mexico border, avoid the detainment centres migrants try to evade (White, 2018), and aimed to improve access to humanitarian protections. CAM allowed for regulation of refugees and humanitarian admissions to the US under situations of extreme danger, loss of life, and sizable numbers (Meissner, 2015). The process of CAM required the US-based qualified parent to request refugee status for the qualified child (USCIS, 2017), and for the qualified child to meet the statutory definition of a refugee. If unqualified, the child may have been considered for humanitarian parole on a case-by-case basis (Meissner, 2015). Family members, such as the in-country parent married to the qualified parent and children of the qualified child were also eligible for the program. US-based parents were screened by a refugee resettlement agency, and children were screened under the UN’s IOM. Once passed through the initial screening, applicants went through DNA testing to prove blood relations, background checks of the qualified parent and child, and medical clearances for the qualified child (USCIS, 2017; Meissner, 2017).

CAM was a program which many of its policies barricaded UAC seeking humanitarian aid (Moulton et al, 2016). In 2016, 10,700 applicants filed for the CAM program; while only 1,300 individuals were approved for refugee status, and 3,300 approved for humanitarian parole. Furthermore, only 731 refugees and 887 parolees arrived in the US that year (Moulton et al, 2016). The CAM program was under restrictive policies, with the first barrier of eligibility being that the parent be a lawfully present person within the US. Many Central Americans could not present their legitimacy of presence within the country (Silva, 2017). Hondurans and Salvadorians were not given TPS until 1999 and 2001 respectively, and Guatemalans were not given TPS at all. Then, if qualified parents were to have children residing within Central America, it was most likely they were born before this time, and would not be eligible for CAM (Moulton et al, 2016). Additionally there was a concern over the cost of the program, as costs had to be provided by the applicants themselves (Silva, 2017). Parents had to prove to resettlement agencies they were economically stable enough to provide for their child (White, 2018). DNA testing, medical checks, and additional travel and accommodation cost for the qualify child had to be paid by either the family of the applicant, with families travelling to the city up to five times for their CAM applications (Moulton et al, 2016). Duration of the application was also a concern as application lasted up to six-to-twelve months on average (Silva, 2017). The program had little concern for emergency protection, and failed to recognise the UAC who needed immediate care. Consequently, the IOM provided little support during the process of the application, as many children were exposed to dangers in their home country during this application period (Moulton et al, 2016).

For protection of UAC migrants, Canada implemented the IRPA in 2002 (CCR, 2004). Similar to the CAM program in the US, the IRPA acted to consider the BIOC and comply with the UN’s Convention on the Rights of the Child. Different from the Rights of the Child, the IRPA only requires the BIOC to be “taken into account” rather than a “primary concern” (CCR. 2004). Furthermore, the IRPA does not provide a method of reunification of parents and siblings outside of Canada, as adults may apply for PR for the entire family, while children may only apply for themselves (CCR, 2004). The IRPA prohibits children from being sponsored by existing PRs. As a child who is not examined by an immigration officer at the time the parent becomes a PR will not be able to be ever sponsored by the parent (CCR, 2004). Lastly, the IRPA allows for detainment of migrants on entry into Canada, and be placed in isolation from their parents and siblings, provided that it is in the BIOC (IHRP, 2017). These children are considered “invisible children” due to their separation from society stuck in IHCs. “Invisible children” are held in IHC, where they are under constant surveillance and are required to wake up and eat meals at designated times (IHRP, 2017). Children are also denied recreational activities due to lack of interaction with other children. Additionally, these poorly maintained facilities report problems of heating, mold and mildew (IHRP, 2017). Physical health is not the only concern, as the lack of interaction and separation from family has shown correlation of “high rates of psychiatric symptoms, such as self-harm, suicidality, depression, and PTSD” (IHRP, 2017).

**Recommendations for Canada**

The best case of action for Canada and the IRPA is to consider the downsides of CAM, and adapt on its policies for the IRPA. Considering CAM, Canada should lower the barricades slightly in its own act when integrating aspects of CAM into the IRPA. Canada could implement the omnipresent method of family reunification into the IRPA, as Canada lacks heavily in the promise of family reunification for refugees. Canada could counter this claim by implementing the qualified child and parent method of entry for the IRPA, as UAC who arrive in Canada are denied sponsorship from their PR parent due to present regulations. By implementing the positive aspects of CAM into the IRPA, it would also be in the BIOC. The qualified child/parent method of entry would allow for easy access for entry of entire families as well, which lessens family separation from migration and refugee/asylum seeking. This method of refugee claiming would lessen the amount of children residing within Canada’s IHC, as applications may be done within their own home country, and would allow for a safer way for UAC to enter Canada.

The Central American Minors Program on paper seemed like a positive implication for UAC migration, however lacked when implemented in reality. I believe that Canada may employ the CAM program into the IRPA to benefit UAC and families during their application of refugee/asylum status in Canada.

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