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Physicians for
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February 28, 2019

The Honorable Kirstjen Nielsen
Secretary
U.S. Department of Homeland Security
3801 Nebraska Avenue, N.W.
Washington, D.C. 20528

Dear Secretary Nielsen,

Physicians for Human Rights (PHR) experts have conducted clinical evaluations of children and families seeking asylum for more than 25 years, including evaluations in family detention centers since 2015. PHR expresses grave concern over a reported increase in detained infant children in South Texas Family Residential Center in Dilley, Texas. Given the inherent harms and health risks of child detention, which are exacerbated in the case of infants and young children, PHR requests that the government exercise its full discretionary authority to secure the release of these families immediately. Detention is never in a child's best interest and violates minimum child protection standards.

PHR is alarmed about the inherent health risks for infants in detention, as infants have specific health needs which detention centers are ill-equipped to meet. The Department of Homeland Security's medical and psychiatric experts have extensively documented the significant threats of harm to children from detention, after visits to U.S. Immigration and Customs Enforcement family detention centers. They documented the case of a **16-month-old baby who lost a third of his body weight over 10 days from untreated diarrheal disease**, yet was never given IV fluids.¹ Family detention facilities do not have an adequate number of qualified health staff, including pediatricians, child and adolescent psychiatrists, and pediatric nurses, leaving the facilities understaffed and lacking necessary medical and mental health expertise.² For example, **a 27-day-old infant who was born during his mother's journey was not examined by a physician until he had a seizure** due to undiagnosed bleeding of the brain.³ In another facility, numerous children were vaccinated with adult doses of vaccine as the providers were not familiar with labels on pediatric vaccines.⁴ The tragic deaths of eight-year-old Felipe Alonzo-Gomez and seven-year-old Jakelin Caal Maquin in U.S. Customs and Border Protection custody in December 2018 further demonstrate the extreme urgency of this matter.

PHR is also gravely concerned about the long term developmental and mental health impact of detention on infants. Numerous clinical studies have demonstrated that the mitigating factor of parental presence does not negate the damaging impact of detention on the physical and mental health of children.⁵ Further, research on the impact of Adverse Childhood Experiences

¹ Dr. Scott Allen and Dr. Pamela McPherson, Letter to the Senate Whistleblowing Caucus, July 17, 2018, accessed at: <https://www.whistleblower.org/sites/default/files/Original%20Docs%20Letter.pdf>.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Michael Dudley, Zachary Steel, Sarah Mares, and Louise Newman, "Children and Young People in Immigration Detention," *Current Opinion Psychiatry* 25, no. 4 (July 2012): 285-92, doi:10.1097/YCO.0b013e3283548676; K.



demonstrates that parental mental health—one of the adverse childhood experiences—has a significant impact on infant development, learning, and risk of mental health and health problems.⁶ The high prevalence of post-traumatic stress disorder, depression, trauma, and mental health issues among parents in detention, often exacerbated by the traumatic experience of detention and lack of adequate mental health care in detention settings, can impact a child's attachment, bonding, and development.⁷ **Infancy is a time of critical brain development.** A large body of research demonstrates that early childhood adversity and stress, such as conditions infants are exposed to in detention, can have significant detrimental impacts on the developing infant brain, with long-lasting and negative consequences on children's learning and behavior.⁸

The harmful impact of detention on young children has been demonstrated by numerous clinical studies. Structured psychiatric interviews with detained children showed that they had a tenfold increase in developing psychiatric disorders after detention.⁹ 486 interviews with 638 detained children and their parents in Australia showed that **39% of detained parents with infants reported they felt hopeless 'most or all of the time.'** Additionally, behavioral issues, appetite loss, sleep problems, developmental delays, irritability, anxiety, sadness and nightmares were common in children detained and found to be expected by parents.¹⁰ 60% of parents were concerned about their child's development, and **30% of children were described as 'always sad.'**¹¹ Research among children as young as 3 months old in UK immigration detention found that **sleep problems, somatic complaints, weight loss, anxiety, and behavioral difficulties were common;** the issues were of recent onset, indicating a link with detention.¹² In a study of 20 detained children as young as 11 months in Australia, 50% of children under five presented with delays in language and social development and/or emotional and behavioral dysregulation, while **30% of the infants showed marked**

Ehnholt, D. Trickey, J. Harris Hendriks, H. Chambers, M. Scott, W. Yule, and P. Tibbles, (2018), "Mental health of unaccompanied asylum-seeking adolescents previously held in British detention centres," *Clinical Child Psychology and Psychiatry*, 23(2), 238–257; R. Kronick, C. Rousseau, and J. Cleveland (2015), "Asylum-seeking children's experiences of detention in Canada: A qualitative study," *American Journal of Orthopsychiatry*, 85(3), 287,

⁶ Vincent J. Felitti, Robert Anda, et al, "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine* (1998) 14(4); Debora L. Oh, et al, "Systematic Review of Pediatric Health Outcomes Associated with Adverse Childhood Experiences," *Pediatrics*, January 2018, 141 (1 Meeting Abstract) 309; DOI: 10.1542/peds.141.1_MeetingAbstract.309.

⁷ Felice Le-Scherban, et al, "Intergenerational Associations of Parent Adverse Childhood Experiences and Child Health Outcomes," *Pediatrics*, June 2018, 141 (6) e20174274; DOI: 10.1542/peds.2017-4274.

⁸ Shonkoff, Jack P., Andrew S. Garner, Benjamin S. Siegel, Mary I. Dobbins, Marian F. Earls, Laura McGuinn, John Pascoe, David L. Wood, Committee on Psychosocial Aspects of Child and Family Health, and Committee on Early Childhood, Adoption, and Dependent Care. "The lifelong effects of early childhood adversity and toxic stress." *Pediatrics* 129, no. 1 (2012): e232-e246.

⁹ Zachary Steel, Shakeh Momartin, Catherine Bateman, Atena Hafshejani, Derrick M. Silove, Naleya Everson, Konya Roy, Michael Dudley, Louise Newman, Bijou Blick, and Sarah Mares, "Psychiatric Status of Asylum Seeker Families Held for a Protracted Period in a Remote Detention Centre in Australia," *Australian and New Zealand Journal of Public Health* 28, no. 6 (September 25, 2004): 527-36. doi:10.1111/j.1467-842x.2004.tb00042.x.

¹⁰ Paxton, Georgia, Shidan Tosif, Hamish Graham, Andrea Smith, Colette Reveley, Jane Standish, Kate McCloskey et al. "Perspective: 'The forgotten children: national inquiry into children in immigration detention (2014)'" *Journal of paediatrics and child health* 51, no. 4 (2015): 365-368.

¹¹ Ibid.

¹² Lorek, Ann, Kimberly Ehnholt, Anne Nesbitt, Emmanuel Wey, Chipso Githinji, Eve Rossor, and Rush Wickramasinghe. "The mental and physical health difficulties of children held within a British immigration detention center: A pilot study." *Child abuse & neglect* 33, no. 9 (2009): 573-585.



disturbance or distortion of their attachment to their parents.¹³ In the 12-month follow-up, **8 out of 10 preschool children displayed developmental or emotional disturbance.**¹⁴

Given the proven serious health and mental health harms of child detention, which are particularly dangerous in the case of infants and young children and can negatively impact their life trajectories, PHR urges the United States Department of Homeland Security to move to release these families without any further delay, and to develop protocols to guarantee asylum-seeking families with infant children alternatives to detention during the asylum process.

Respectfully,

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¹³ Mares, Sarah, and Jon Jureidini. "Psychiatric assessment of children and families in immigration detention—clinical, administrative and ethical issues." *Australian and New Zealand journal of public health* 28, no. 6 (2004): 520-526.

¹⁴ Ibid.