

POLITICS

What a Pediatrician Saw Inside a Border Patrol Warehouse

Dolly Lucio Sevier evaluated dozens of sick children at a facility in South Texas. She found evidence of infection, malnutrition, and psychological trauma.

JEREMY RAFF JUL 3, 2019



JEREMY RAFF / THE ATLANTIC

MCALLEN, Texas—Inside the Border Patrol warehouse on Ursula Avenue, Dolly Lucio Sevier saw a baby who'd been fed from the same unwashed bottle for days; children showing signs of malnutrition and dehydration; and several kids who, in her medical opinion, were exhibiting clear evidence of psychological trauma. More than 1,000 migrant children sat in the detention facility here, and Sevier, a local pediatrician, had been examining as many as she could, one at a time. But she wasn't permitted to enter the area where they were being held, many of them in cages, and find the sickest kids to examine. Instead, in a nearby room, she manually reviewed a 50-page printout of that day's detainees, and highlighted the names of children with a 2019 birth date—the babies—before moving on to the toddlers.

When it was almost time to leave, Sevier asked to see a 3-year-old girl, and then two other children. But by that point, the friendly and accommodating Border Patrol agent assisting her earlier in the day had been replaced by a dour guard, wearing a surgical mask, who claimed that he couldn't find the toddler. "We can wait," Sevier said, as she recalled to me in an interview. Her tone was polite but firm; she knew that she had the right under a federal court settlement to examine whomever she liked.

"She's having a bath," Sevier recalled the guard as saying, a luxury one official told her is available only to babies removed from their guardians. In the facility's standard cages, there is no soap or showering for the kids. Though 72 hours is the longest a minor can be legally confined in such a facility, some had been there almost a month. Sevier waited.

Finally, the guard returned with news. He had found the girls after all. "We located the bodies," he said, in paramilitary slang. "I'll bring them right in."

I VISITED SEVIER'S MEDICAL PRACTICE last week in the border town of Brownsville, Texas, 60 miles from the Ursula facility, where she'd been a few days before. In mid-June, a team of immigration attorneys had asked Sevier to come with them to their next appointment in Ursula, after they'd had an alarming visit there earlier in the month. They wanted a doctor to evaluate the children and then use the findings to force the government to improve conditions in Texas immigration facilities. It wasn't the kind of work Sevier usually does.

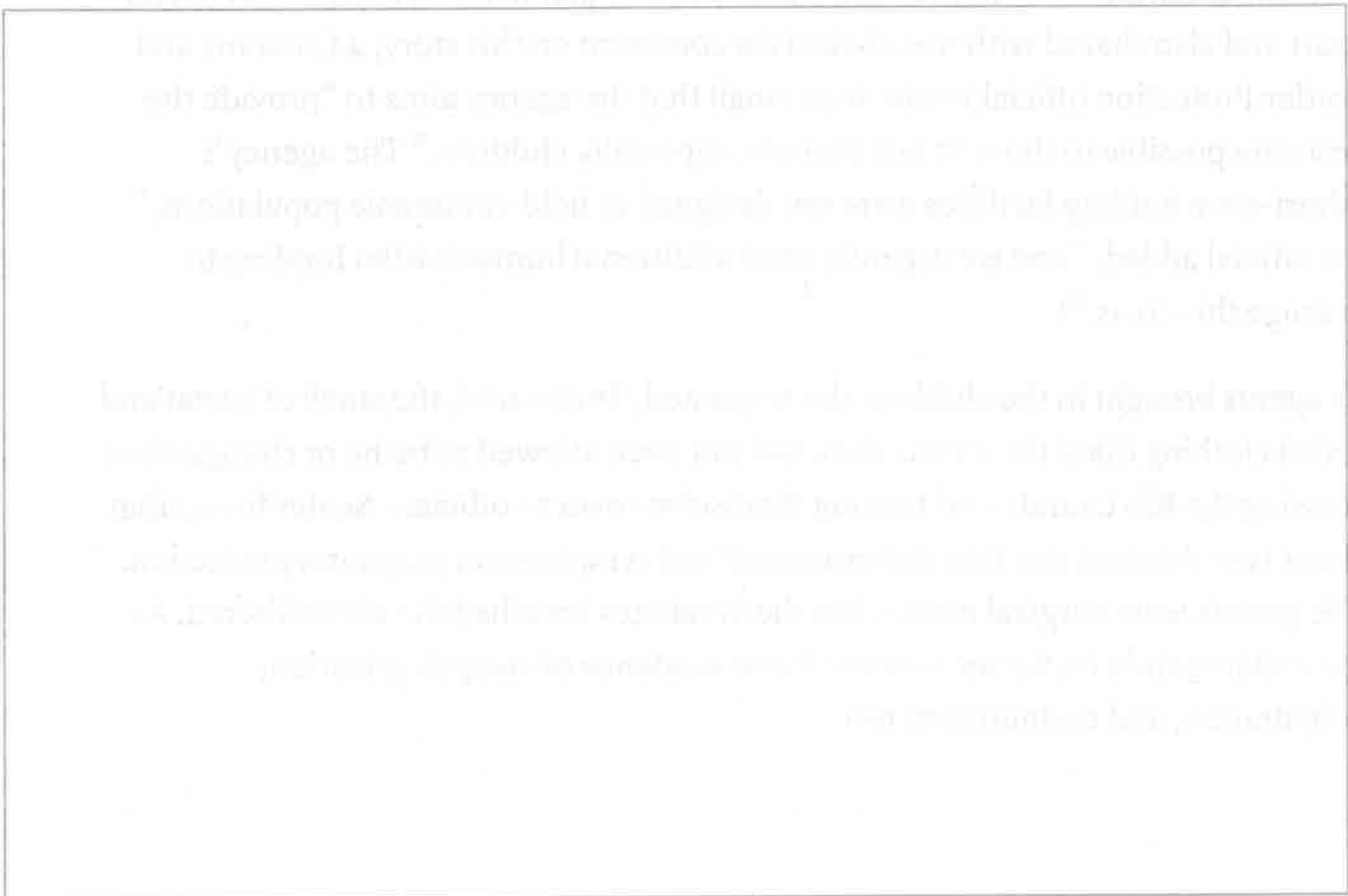
Sevier grew up in Brownsville, and to Rio Grande Valley kids like her, then as now, the border was not a crisis but a culture. Sevier went to nearby Matamoros, Mexico, for dinner, dentist appointments, weddings, and baptisms. Each year on All Saints' Day, she scrubbed relatives' tombstones in Matamoros with soap and water, then shot BB guns with her cousins at the cemetery. She had American classmates who lived in Mexico and commuted to school over the international bridge.

[Read: 'Nothing prepares you for the inhumanity of it']

She left the area for college and medical school. From afar, she told me, she began to understand that she had grown up in one of the poorest places in the United States, where low-quality, high-calorie food leaves kids both hungry and obese. Diabetes is widespread, and because access to health care is so limited, diabetic

amputations are far more common than in the rest of the country. She thought that here was a place in need of a doctor like the one she was becoming. So after she completed her pediatric residency at the University of Texas Southwestern Medical Center, in Dallas, five years ago, she returned home.

The morning I visited, Sevier's pediatric clinic was bustling. A mural with characters from the Disney movie *Inside Out*, about the emotional lives of children, brightened the hallway. For Sevier, the role of a pediatrician includes "being the voice for the kid, the advocate." In some families, she explained, children's experiences "are just not valued." A child who is overweight or has a preteen crush may be the subject of ridicule, not attention and understanding. "I get to chip away at that in my office," Sevier told me.



Sevier at her medical practice in late June. (Jeremy Raff / The Atlantic)

She tried to take this same approach in Ursula. Neighboring the immigration facility are cold-storage warehouses that keep produce fresh despite the oppressive Texas sun and triple-digit temperatures outside. Opened under former President Barack Obama, the Border Patrol warehouse is chilly too; migrants have long referred to it as the *hielera*, or ice box. Even its official name sounds agricultural:

the Centralized Processing Center. But while the crisp produce moves swiftly across the border, a reminder of the close ties between Mexico and the United States that Sevier knows so well, the migrants inside Ursula spend their first nights in America stuck beneath lights that never turn off, shivering under sheets of Mylar.

Sevier set up a makeshift clinic—stethoscope, thermometer, blood-pressure cuffs—in a room, lined with computer stations, that agents use for paperwork. Each of the agent stations had its own bottle of hand sanitizer and disinfectant wipes. But when Sevier asked the 38 children she examined that day about sanitation, they all said they weren't allowed to wash their hands or brush their teeth. This was “tantamount to intentionally causing the spread of disease,” she later wrote in a medical declaration about the visit, the document that the lawyers filed in federal court and also shared with me. (Asked for comment on this story, a Customs and Border Protection official wrote in an email that the agency aims to “provide the best care possible to those in our custody, especially children.” The agency’s “short-term holding facilities were not designed to hold vulnerable populations,” the official added, “and we urgently need additional humanitarian funding to manage this crisis.”)

As agents brought in the children she requested, Sevier said, the smell of sweat and soiled clothing filled the room. They had not been allowed to bathe or change since crossing the Rio Grande and turning themselves over to officials. Sevier found that about two-thirds of the kids she examined had symptoms of respiratory infection. The guards wore surgical masks, but the detainees breathed the air unfiltered. As the children filed in, Sevier said she found evidence of sleep deprivation, dehydration, and malnutrition too.

Government inspectors said they observed filth and overcrowding at the Ursula facility days before Sevier's visit. (Department of Homeland Security Office of Inspector General).

BEYOND THE CHILDREN'S PHYSICAL AILMENTS, Sevier also began to worry about their mental health. She asked to see a 2-year-old from Honduras along with his teenage brother, who she hoped could provide the baby's medical history. The older boy was excited because officials had kept them separate for more than two weeks. But when the guards brought the toddler over from the "day care" where the littlest detainees are held, he stared with wide eyes, Sevier recalled, and began panting heavily, hoarsely, and persistently for the rest of the encounter.

During the exam, she noticed that the toddler behaved differently from the kids his age she sees every day. In an exam room at her clinic decorated with a *Lion King* mural, I watched her do a routine checkup on a slightly younger boy. This toddler pulled back when Sevier touched him, but was easily soothed by his mother. The reaction was normal—"a small oscillation between worried and okay," Sevier explained. A little shyness is typical, she said, but toddlers "shouldn't be fearful of a stranger." When they are afraid—when the memory of their last shots is fresh in their mind, for instance—they resist Sevier by crying, clinging to their caregiver, or squirming beneath her stethoscope.

At Ursula, however, the children Sevier examined—like the panting 2-year-old—were "totally fearful, but then entirely subdued," she told me. She could read the fear in their faces, but they were perfectly submissive to her authority. "I can only explain it by trauma, because that is such an unusual behavior," she said. Sevier had brought along Mickey Mouse toys to break the ice, and the kids seem to enjoy playing with them. Yet none resisted, she said, when she took them away at the end of the exam. "At some point," Sevier mused, "you're broken and you stop fighting."

Sevier made her way down the list of names. A 15-month-old baby with a fever had been in detention for three weeks. His uncle had fed him from the same dirty formula bottle for days on end, until a guard replaced it with a new one. Because

“all parents want the best health for their infant,” Sevier later wrote in the medical declaration, denying them “the ability to wash their infant’s bottles is unconscionable and could be considered intentional mental and emotional abuse.” Before her visit, the uncle had asked for medical attention because the baby was wheezing. In response, a guard had touched the baby’s head with his hand and concluded, “He’s not hot,” the uncle told Sevier.

“Denied access,” Sevier wrote. “Status: ACUTE.”

At her workstation, Sevier saw some quiet displays of resilience. A 17-year-old girl, with long black hair and a flat affect, entered the room carrying a green plastic bundle—her four-month-old son, wrapped in the kind of bed pad used for incontinent patients in a hospital. The mother explained that the boy had had diarrhea for several days and had soiled his clothes. Guards declined to provide clean baby clothes, she told Sevier, so she managed to obtain two extra diapers and flatten them out into rectangles—one for the baby’s back, one for his chest. She had connected them like a disposable tunic, then wrapped him in the plastic pad. Inside the package, the baby was dirty and sticky, Sevier said. Diaper fluff clung to his hands, his armpits, and the folds of his neck. He wore no socks.

“I carry my baby super close to me to keep his little body warm,” the mother told Jodi Goodwin, one of the attorneys with Sevier, who interviewed her the same day. Goodwin included her testimony in the court filing, which was a request for a temporary restraining order against the government on the migrants’ behalf. On Friday, a federal judge read her testimony, among others, in court and ordered the government to work with a mediator to improve Border Patrol holding facilities “post haste.”

THESE AREN’T EVEN THE SICKEST children in the government’s care—those kids are quarantined at a different station, in Weslaco, Texas. When the team of lawyers visited Ursula without Sevier, “every single kid was sick,” Goodwin told me. When they returned three days later with the doctor, Goodwin asked to see four kids whom another attorney had previously flagged to the guards as especially sick. But they were already gone. The guards told Goodwin that their illnesses were severe enough that they had been admitted to the intensive-care unit at a local hospital.

The source of illness in a facility like Ursula is largely the facility itself, though the idea that immigrants carry infectious diseases is a durable conspiracy theory that even the American president has perpetuated. It is the filth, sleep deprivation, cold, and “toxic stress” of these human warehouses that diminish the body’s capacity to fight illness, Julie Linton, a co-chair of the American Academy of Pediatrics Immigrant Health Special Interest Group, told me. Linton, a South Carolina-based pediatrician, visited Ursula last June and later testified before Congress to urge better access for health-care providers to children in detention.

[Read: Children cannot parent other children]

Border Patrol has long maintained that it is not equipped to handle children, who are supposed to be transferred into the custody of the Office of Refugee Resettlement within three days. After that, many kids are housed in licensed child-care facilities that look more like the average public school than a jail. The federal government has attributed slow transfers to the sharp uptick in the number of migrants at the southern border; in May, 144,200 migrants were taken into custody—the highest monthly total in 13 years.

Days before Sevier’s visit, reports of poor conditions at a similar facility in Clint, Texas, drew outrage around the country. Kevin McAleenan, the acting head of the Department of Homeland Security, told reporters the outcry was based on “unsubstantiated allegations regarding a single Border Patrol facility.”

But his own agency’s watchdogs soon contradicted him—the problems are not restricted to Clint. Ahead of Sevier’s visit, government inspectors toured Border Patrol camps in South Texas, including Ursula. Their report, released Monday, described “dangerous overcrowding and prolonged detention of children and adults in the Rio Grande Valley.” One Border Patrol supervisor, according to the report, called his holding facility “a ticking time bomb.” Congress last week authorized an additional \$4.6 billion for Border Patrol and other agencies, despite the objections of progressive lawmakers, who said the bill did not go far enough to protect children in government custody.

SEVIER SPENT YEARS CULTIVATING a physician’s empathetic-but-detached habits of mind. During her medical residency, an 8-year-old rescued from near-drowning arrived at the hospital. For the first time, Sevier had to insert a breathing tube down a child’s throat. Vomit began filling his esophagus and lungs.

“Suction,” she commanded without missing a beat, surprising even herself, she told me. It’s what she was supposed to do—how she was supposed to act.

At Ursula, traumatized children with untreated illnesses sat before her. She probed, pressed, and listened. She took notes; she entered their data into a spreadsheet; she compartmentalized. She thought about a social event she’d promised to attend at 6 o’clock.

At 5:53, the guard with the surgical mask brought in the 3-year-old Sevier had requested to see, holding her by the armpits, like a puppy. Thin and subdued, the girl was crying but didn’t turn away. “Underweight, fearful child in no acute distress,” Sevier wrote. “Only concern is severe trauma being suffered from being removed from primary caregiver.”

After the exam, the child lingered, and Sevier offered to hold her. She climbed into the doctor’s lap and fell asleep in less than a minute. The squalor, the lighting, the agents, and the event that evening fell away from Sevier’s consciousness. As if in rebellion against her careful training, her mind shut down, she told me. And for what seemed like an eternity, she sat in vacant silence with the child.

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