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Statement for the Record  
of the  
House Oversight and Reform Committee  
Subcommittee on Civil Rights and Civil Liberties Hearing:  
“Kids in Cages: Inhumane Treatment at the Border”

July 10, 2019

Submitted by the National Association of Pediatric Nurse Practitioners

Chairman Raskin, Ranking Member Roy, and members of the Civil Rights and Civil Liberties Subcommittee:

On behalf of more than 9,000 pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) committed to providing optimal health care to children, the National Association of Pediatric Nurse Practitioners (NAPNAP) appreciates the opportunity to submit this statement for the record of your July 10, 2019, hearing, “Kids In Cages: Inhumane Treatment at the Border.” Pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) are committed to providing optimal health care to children in primary, specialty and acute care settings. Pediatric-focused APRNs, including PNPs, have provided quality, accessible, affordable healthcare to children and families for more than 50 years in an extensive range of community practice settings. They diagnose illnesses, prescribe medications and are fully qualified to provide both primary and acute healthcare services to children in a trauma-informed, culturally-responsive, evidence-based manner.

Many NAPNAP members and pediatric APRNs have extensive experience with the serious health challenges facing immigrant and refugee children and their families, including physical and mental hardships and traumatization caused by separation from their families and detention in inappropriate facilities that fail to meet their basic needs. They are particularly sensitive to the need for screening to ensure that children are not potential victims of trafficking. In fact, NAPNAP has a robust continued education program on child trafficking that is accredited by both the American Academy of Pediatrics (AAP) and NAPNAP. Our members have been deeply concerned about the impact of policies adopted by the Department of Homeland Security (DHS) since 2017 that have resulted in the separation of immigrant children from their families when they arrived at the U.S. border.

Along with other children’s health advocates, we have repeatedly urged DHS and other federal authorities to take steps to prevent children of families seeking refuge in our country from experiencing additional traumatic emotional and physical stress by being separated from their siblings, parents, or other relatives and caregivers. In May, we called on the DHS Office of Inspector General to take immediate action to initiate an investigation of the safety of and conditions in detention facilities under the direction of the Department of Homeland Security Customs and Border Protection (CBP) along the southwestern border of the United States, particularly the conditions in which children, minors and families are held in those facilities. Those concerns were heightened by reports that six migrant children have died in the federal government’s custody since last fall. This situation is intolerable, and NAPNAP and its members remain concerned that overcrowded conditions in Border Patrol detention facilities that were not designed to safely house children and minors are putting their health and their lives at imminent risk of immediate and long term mental and physical health effects as a result of detaining and separating children from their caregivers.

NAPNAP and its members have repeatedly emphasized that the separation of children from their parents contradicts our fundamental commitment as pediatric specialists – promoting and ensuring children’s health. We point to the evidence that extremely stressful experiences, such as family separation and detention, can cause irreparable harm, disrupting a child’s brain function and affecting his or her short- and long-term health. This type of prolonged exposure to toxic stress can have lifelong detrimental consequences for children.

A growing number of NAPNAP members have volunteered to provide care to immigrant children in border areas and those who have treated immigrant children released into the care of sponsors after their detention in federal custody. Their experiences illustrate the grave concerns that the association has regarding the health of these children:

- A pediatric nurse practitioner in Phoenix, Arizona, said that he occasionally sees migrant children held in CBP facilities in his practice. Since his practice is in pediatric neurology, the children he sees typically have a history of a head injury, seizure, or other neurologic event. They present to clinic with their handler from the detention facility, who generally states that the reason for visit is to clear the child to be returned to his or her native country. Further diagnostic studies are frequently needed, such as electroencephalogram (EEG) or a magnetic resonance imaging (MRI) scan of the brain, to determine the child’s health status. These tests are ordered according to the standard of care – but the results are rarely received before the child leaves the clinic, and children typically do not return to the clinic for follow-up.

The NP is left uncertain whether children are having difficulty getting the necessary tests completed, or if they are being sent back to their native country without ever completing the medically necessary testing. In either case, the situation falls outside the standard of care that the children need and deserve. In addition, the NP sometimes sees children and families in the clinic who are indirectly affected by the current migrant situation, such as a family member or a close friend being directly involved. These individuals often express significant emotional distress, and at times the NP observes children whose health symptoms are worsened by this distress.

- Another NAPNAP member working in an immigrant resource center in San Antonio, Texas, reported that more than 1,000 people have been treated since the center opened in March, half of which were children. Most of the children are sick by the time they reach the clinic, commonly suffering from colds, coughs, gastrointestinal illnesses and fever – almost all of which appears to be the result of overcrowding in detention facilities. Very few have had chronic conditions. Several told clinicians that they had their medications confiscated when they went into detention and not returned to them during their detention or upon their release. Of those roughly 500 children, about 10 percent had to be transported either to a nearby emergency department or to academic center pediatric clinics.
- A family nurse practitioner in Albuquerque, New Mexico, who volunteers for a local charity organization is seeing immigrant children and families as they spend one to two days housed in the city after leaving the border and before moving on to their sponsor’s home city. She reports that most of the children she has seen have viral infections they caught while in border facilities, lots of upper respiratory conditions, and minor gastrointestinal conditions and diarrhea. She adds that a volunteer in the clinic recently caught influenza from a child who hadn’t been tested for influenza but had all the symptoms – the clinician was tested and was positive. Many of the families she examines complain of sleeping on hard concrete floors, with little or no bedding, and being given minimal food.
- At one of the largest family shelters in El Paso shelters, a nurse practitioner volunteer said on some days the facility received and housed more than 300 parents and children who were released from CBP or Immigration and Customs Enforcement (ICE) detention. The volunteers assessed any adult or child entering the shelter who was ill, many of whom came to the facility suffering from influenza and respiratory illness. Families arrived at the facility with an envelope of asylum papers from CBP and no personal belongings. Border Patrol officials had confiscated all shoestrings and belts from adults and children, and all personal items from families. Most had been in detention centers for three days, were exhausted and had not showered. Besides assessing their health, the volunteers worked with the families to contact relatives or sponsors in the U. S. to arrange for transportation from El Paso to their destination.

The frontline work and triage provided by these nurse practitioners was critical to maintaining health and sanitation in the shelter, and the skills of pediatric nurse practitioners were particularly important with the high number of children under five years old in the shelter – unprecedented, even in a location such as El Paso that has received high numbers of immigrants for decades.

The devastating harm caused by breaking up families has been demonstrated in research studies that find separated children can have a host of health challenges, including developmental delays, regression in behaviors like toileting and speech, and persistent stomach and headaches. The role of a parent or a caregiver is to mitigate these dangers. When children are denied that protection and reassurance, they are susceptible to a variety of adverse health impacts including learning deficits and chronic conditions such as depression, post-traumatic stress disorder, heart disease and even cancer.

The government’s policy of separating children from their parents is contrary to science-based strategies to support families and protect their children’s physical, intellectual, and emotional development. Children who experience life-threatening violence and terror in their home countries and must then deal with additional trauma during the perilous journey to the U.S. are often re-traumatized through processing and detention in CBP facilities not designed for children. Harmful as it is, this trauma is made profoundly worse by forced separation from their parents. These experiences can lead to long-term mental health effects such as developmental delays, learning problems and chronic conditions such as hypertension, asthma, and depression.

Children who have been separated may also be mistrusting, questioning why their parents were not able to prevent their separation and care for them. A child may show different behaviors in response to exposure to traumatic events like separation from parents depending on their age and stage of development.

Some suggestions have been made that increasing the use of ICE family detention would be an alternative to separating families. However, NAPNAP believes that family detention is not a safe or effective substitute for the forced separation of children and parents at the border. Immigrant children seeking safe haven in the U.S. should never, under any circumstances, be placed in ICE detention facilities. First, there is no evidence to suggest that even a limited amount of time in detention is safe for children. In fact, research has found that short periods of detention can cause psychological trauma and long-term mental health risks for children. Studies of detained immigrants have shown that children and parents may suffer negative physical and emotional symptoms from detention, including anxiety, depression and posttraumatic stress disorder, and detention itself undermines parental authority and the capacity to respond to their children’s needs – a problem complicated by any parental mental health problems. Researcher have heard parents in detention centers describe regressive behavioral changes in their children, including decreased eating, sleep disturbances, clinginess, withdrawal, self-injurious behavior, and aggression. Detention of youth is specifically associated with physical and mental health symptoms that appear to be caused and/or worsened by detention.

Conditions in CBP processing facilities, which have included forcing children to sleep on cement floors, open toilets, constant light exposure, insufficient food and water, no bathing facilities, and extremely cold temperatures, are clearly traumatizing for children. No child should ever have to endure these conditions. Two children have tragically died in CBP custody and an unknown number of other vulnerable children may be in danger without appropriate medical and mental health screening and necessary follow-up care by trained providers, including pediatric-focused APRNs. We can and must do better to protect children in our country.

NAPNAP continues to urge federal agencies to examine policies that could have an impact on child health and welfare with a truly child-focused lens. We continue to urge federal officials to provide access to facilities including Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) shelters, CBP processing centers, and ICE family detention centers for a comprehensive assessment based on the needs and vulnerabilities of migrants conducted by a qualified independent organization with expertise in examining similar situations. We have contacted the federal district court overseeing the conditions in these facilities, offering to make pediatric nurse practitioner volunteers to assist in assessing and providing health care in response to the court’s order that CBP allow health care professional to have immediate access to migrant children being held in Texas detention facilities.

NAPNAP is also pleased to support the “Humanitarian Standards for Individuals in Customs and Border Protection Custody Act” (H.R. 3239), introduced last month by Reps. Raul Ruiz (D-CA) and currently cosponsored by 122 members. We believe H.R. 3239 takes some important steps toward ensuring that appropriate medical screening and care is provided to all individuals including immigrant children and pregnant women in CBP custody by qualified health care professionals including nurses and nurse practitioners focused on pediatric care, with language assistance and access to emergency care, if required. The bill assures the availability of appropriate basic medication for all age groups, including children, as well as essential water, sanitation and hygiene, and adequate food and nutrition. We urge this committee and the Judiciary Committee to act on this legislation as soon as possible.

In summary, we must remember that immigrant children are, first and foremost, children. Their protection in law or by the courts exists because children are uniquely vulnerable and are at high risk for trauma, trafficking, and violence. The National Association of Pediatric Nurse Practitioners again thanks you for the opportunity to comment on this critical situation, and we strongly urge you to halt the inhumane detention of children in facilities that were never designed or intended to provide the safety, security, and healthy environments they need. The time for debating these policies is past – it is time for Congress to act.