



Paso del Norte Pediatrics, P.A.
Board Certified in Pediatric Care of Infants, Children, and Adolescents

To the esteemed congressional members that are present at this hearing,

Thank you for allowing me to testify of my experiences along the southern border in regards to the medical care that we provide to the refugees that have been arriving at our doorstep.

My initial involvement in providing medical care to the refugee population, in particular those coming from Central America, was in 2014. At that time, my medical colleagues and I were asked by the Border Patrol of our hometown of El Paso, Texas, to aid in delivering basic medical care to these refugees upon their arrival to the detention/holding facility. Our group of physicians from around our community worked hand in hand with the border patrol in caring to these many men, women, and children. This was all done on a volunteer basis – not one penny was charged to the government for our services. The medical care that we provided was seamless, and the refugees were taken care of in a humane manner.

Fast forward to September of the year 2018 – a “Tent City” in Tornillo, Texas was erected. The purpose of this “Tent City” was to shelter up to 2500 unaccompanied refugee children. Driving on an assumption made on past experience, our group of doctors offered our services to those in charge. Their response was “Thanks, but no thanks,” they had all the medical help they needed. Apparently, it had been contracted out to a corporation based in San Antonio. We then asked to meet with the medical personnel at the facility to offer our services in the case that they may need more specialized care. We felt that we could facilitate any of these referrals if need be. But again, our help was denied.

Then came a frantic phone call to 25-30 of us community doctors on a Sunday evening in October of last year – it was from a refugee shelter located in Central El Paso. 250 refugee men, women, and children had been released from a Border Patrol Detention Center and left at a local Greyhound Bus Station. At least 50% of them were suffering from diarrhea, vomiting, and dehydration. We were able to coordinate and worked diligently as a team. By the end of the night we admitted 5 infants whom had high fevers and dehydration, and one severe diabetic.

Since that night, our group of medical providers have been responsible for taking care of the medical needs of the refugees that are released from the detention facilities into the various shelters across the city. Their stay at these shelters is brief, usually 1-3 days, while they await passage to their final destinations. To reiterate, our services are 100% PRO BONO.

What you should all be aware of is the fact that we physicians are allowed absolutely NO communication to those that are providing initial care at the ICE/Border Patrol Facilities – this is a detriment to the services that we are trying to provide as it disrupts continuity of medical care. In addition, for the most part, medications that many of the refugees have been on to treat a variety of illnesses (diabetes, hypertension, asthma, seizures, etc.) are taken away while in detention and are not returned upon their release. This leaves us at a loss as to initiating an

appropriate treatment plan when we receive these particular individuals. Apparently, those providers of medical care within the holding sites are forbidden to communicate with us on the outside – to at least give us a heads up as to any condition of these refugees that we should be aware of. The explanation that has been given to us is that they are respecting the privacy of the refugees. That response is inadequate and quite frankly, ridiculous. Proper medical care involves an open line of communication between caregivers. This is the only way the we physicians that are receiving these patients can appropriately care for them. We need to know what kind of patients we are receiving - the severity of their illnesses, the type/dosage of medications they have been taking, and the possible contagiousness of their illnesses.

Furthermore, with the high number of children being held in these detention facilities, it is IMPERATIVE that Pediatricians (not just Nurses, Nurse Practitioners, Adult Doctors, etc.) be allowed into these places. These are not simply small adults we're dealing with – they are children! Children are unique in that only a well-trained Pediatrician will have the skills to pick up on the subtle signs in a child that can display as mildly ill and quickly progress to deathly sick. Our 3-6 years of specialized training involves learning all there is to know about children, especially those processes which differ from adults.

We are on the front lines. We are the first to see the refugees that are released into our care following their stay in detention facilities. My recent experiences now have me wondering if they have received any medical care at all prior to me seeing them.

We physicians, especially Pediatricians, implore you to allow us access to the detention facilities so that we can provide the best medical care possible to these individuals. In addition, please allow direct communication between those providing medical care at the holding sites and we physicians who receive these patients at our shelters.

It is the right thing to do! It's as simple as that. This is not a partisan issue. Whether you are Republican or Democrat, we should all value treating our fellow human being with the love and respect that they deserve.

Thank you very much for your attention to this most important matter. If you have any further questions that you would like answered, or would like to contact me concerning my testimony, feel free to call me at my office at (915) 590-5600.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Gutierrez', with a large, sweeping flourish extending to the right.

Carlos A. Gutierrez, M.D., F.A.A.P.
Pediatrician in Private Practice