

American Academy of Pediatrics

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**Testimony of Julie M. Linton, MD, FAAP**

On Behalf of the American Academy of Pediatrics

**Before the U.S. House of Representatives**

Committee on Energy and Commerce Subcommittee on Oversight and Investigations

**“Examining the Failures of the Trump Administration’s Inhumane Family Separation Policy”**

**February 7, 2019**

Chairwoman DeGette and Ranking Member Guthrie, thank you for the opportunity to speak here today. I am Dr. Julie M. Linton, a practicing pediatrician from Greenville, South Carolina, and my clinical work is focused on the care of children in immigrant families and families who prefer to speak Spanish. I am testifying today on behalf of the American Academy of Pediatrics (AAP) where I serve as co-chair of its Immigrant Health Special Interest Group (SIG) and am a member of the Executive Committee for the AAP Council on Community Pediatrics. I am also a co-author of the AAP's 2017 policy statement entitled *Detention of Immigrant Children*. The AAP is a non-profit professional membership organization of 67,000 primary care pediatricians and medical and surgical pediatric subspecialists dedicated to the health and well-being of all infants, children, adolescents, and young adults.

The AAP is non-partisan and pro-children. Pediatricians care about the health and well-being of **all** children—no matter where they or their parents were born. The AAP supports comprehensive health care in a medical home for all children in the U.S. As pediatricians, we know that children do best when they are together with their families. When we read media reports in March of 2017 that the Department of Homeland Security (DHS) was considering a policy that would separate immigrant mothers from their children when they arrived at the U.S. border, we were compelled to immediately speak out against this proposed policy. We urged federal authorities to exercise caution to ensure that the emotional and physical stress children experience as they seek refuge in the U.S. is not exacerbated by the additional trauma of being separated from their siblings, parents, or other relatives and caregivers.

We subsequently wrote to DHS six times to urge the agency to reject a policy that would separate immigrant children from their parents at the border. In addition to these letters, the AAP issued roughly half a dozen statements, and pediatricians across the country, myself included, penned countless op-eds about why family separation devastates the most basic human relationship we know — that of child and parent.

The AAP has said repeatedly that separating children from their parents contradicts everything we stand for as pediatricians—protecting and promoting children's health. In fact, highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child's brain architecture and affecting his or her short- and long-term health. This type of prolonged exposure to serious stress—known as toxic stress—can carry lifelong consequences for children. Today I'd like to speak more about the health effects of separation, both what we know from the scientific literature and what I know from caring for my patients.

When I consider the harms of the family separation crisis, I think about a boy I saw in my clinic in North Carolina in early June of 2018. This boy and his mother, who was pregnant, had fled a Northern Triangle country in search of safe haven in the U.S. After I learned that they had recently arrived and knowing that we were in the midst of the Zero Tolerance policy, I gently asked the boy and his mother if they had been separated at the border. With my question, a chilling silence arose. Both this mother and her child became tearful, and their angst was palpable. The boy's mother shuddered, whispering, "Seven days." For seven days, this boy and his pregnant mother did not know where the other one was. Rather than being comforted by his mother, this boy was left to lie alone on a mat on the floor, covered by an aluminum blanket, wondering if he would ever see his mother again. His future baby brother or sister

was exposed to seven days of continuous stress hormones while trying to grow in the body of a mother yearning for her son, placing the baby at risk for preterm delivery and low birth weight.<sup>1</sup>

Writing about her experience visiting a “tender age” shelter run by ORR in April 2018, then-president of the AAP Dr. Colleen Kraft described a little girl:

A toddler, her face splotched red from crying, her fists balled up in frustration, pounding on a play mat in the shelter for unaccompanied children run by the Department of Health and Human Services (HHS)' Office of Refugee Resettlement. No parent was there to scoop her up, no known and trusted adult to rub her back and soothe her sobs. The staff members at the center tried their best, and shared my heartbreak while watching this child writhe on the floor, alone.

We knew what was wrong, but we were powerless to help. She wanted her mother. And the only reason she could not be with her mother was because immigration authorities had forcibly separated them when they crossed the border into the United States. The mother was detained, and the little girl was handed over to the shelter as an "unaccompanied" child.<sup>2</sup>

The co-chair of AAP's Immigrant Health, SIG Dr. Marsha Griffin, and SIG member Dr. Rita Agarwal, told the story of a child they encountered during a visit to an ORR shelter for unaccompanied children in the spring of 2018. This child had been separated from her mother. They wrote:

In a walled-in courtyard, we saw a 5-year-old girl chasing iridescent bubbles blown by two adults. Staff said she tried to run away any time she played outside, so she was limited to the courtyard. She would bite anyone who approached her, so she was kept away from other children and distracted with bubbles. Biting and seeking to run are signs of acute distress in a child of this age — a normal reaction to extreme fear. This girl did not need bubbles and a walled courtyard but rather her mother or her father to calm her — someone who could hold her and make her world right again.<sup>3</sup>

Studies overwhelmingly demonstrate the irreparable harm caused by breaking up families.<sup>4</sup> We know that children who have been separated can have a host of health challenges, including developmental

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<sup>1</sup>Novak NL, Geronimus AT, Martinez-Cardoso AM. Change in Birth Outcomes among Infants Born to Latina Mothers After a Major Immigration Raid. *Int J Epidemiol*. 2017;46:839-49.

Krieger N, Huynh M, Li W, Waterman PD, Van Wye G. Severe sociopolitical stressors and preterm births in New York City: 1 September 2015 to 31 August 2017. *J Epidemiol Community Health*. 2018;72(12):1147-1152.

<sup>2</sup> Kraft C. Separating parents from their kids at the border contradicts everything we know about children's welfare. *LA Times*. <https://www.latimes.com/opinion/op-ed/la-oe-kraft-border-separation-suit-20180503-story.html>. Published May 3, 2018. Accessed February 1, 2019.

<sup>3</sup> Agarwal R, Griffin M. Taking immigrant kids from parents shows contempt for families. *Houston Chronicle*. <https://www.houstonchronicle.com/opinion/outlook/article/Taking-immigrant-kids-from-parents-shows-contempt-12963039.php>. Published June 3, 2018. Accessed February 1, 2019.

<sup>4</sup> Shonkoff JP, Garner AS. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*. 2012;129(1):e232-46.

Masten AS. Global perspectives on resilience in children and youth. *Child Dev*. 2014;85(1):6-20.

Bouza A, Camacho-Thompson DE, Carlo G, et al. Society for Research in Child Development. The Science Is Clear: Separating Families Has Long-Term Damaging Psychological and Health Consequences for Children, Families, and

delays like those in gross and fine motor skills, regression in behaviors like toileting and speech, as well as constant stomach and headaches. Prolonged exposure to highly stressful situations — known as toxic stress — can disrupt a child's brain architecture and affect his or her short- and long-term health. A parent or a known caregiver's role is to mitigate these dangers. When robbed of that buffer, children are susceptible to a variety of adverse health impacts including learning deficits and chronic conditions such as depression, post-traumatic stress disorder and even heart disease.

The government's practice of separating children from their parents at the border counteracts every science-based recommendation I have ever made to families who seek to nurture and protect their children's physical, intellectual, and emotional development. Children, who have often experienced terror in their home countries and then additional trauma during the journey to the US,<sup>5</sup> are often re-traumatized through processing and detention in Customs and Border Protection (CBP) facilities not designed for children. This trauma is profoundly worsened by forced separation from their parents. It can lead to long term mental health effects such as developmental delays, learning problems and chronic conditions such as hypertension, asthma, cancer 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 of these signs of distress are listed in the chart below:<sup>6</sup>

Preschool children	Elementary school children	Middle and high school-aged youth
<ul style="list-style-type: none"> <li>• Bed wetting</li> <li>• Thumb sucking</li> <li>• Acting younger than their age</li> <li>• Trouble separating from their parents</li> <li>• Temper tantrums</li> <li>• Aggressive behavior like hitting, kicking, throwing things, or biting</li> <li>• Not playing with other kids their age</li> <li>• Repetitive playing out of events related to trauma exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in their behavior such as aggression, anger, irritability, withdrawal from others, and sadness</li> <li>• Trouble at school</li> <li>• Trouble with peers</li> <li>• Fear of separation from parents</li> <li>• Fear of something bad happening</li> </ul>	<ul style="list-style-type: none"> <li>• A sense of responsibility or guilt for the bad things that have happened</li> <li>• Feelings of shame or embarrassment</li> <li>• Feelings of helplessness</li> <li>• Changes in how they think about the world</li> <li>• Loss of faith</li> <li>• Problems in relationships including peers, family, and teachers</li> <li>• Conduct problems</li> </ul>

Communities. <https://www.srkd.org/policy-media/statements-evidence/separating-families>. Published June 20, 2018. Accessed February 1, 2019.

<sup>5</sup> Kadir A, Shenoda S, Goldhagen J, Pitterman S. The Effects of Armed Conflict on Children. *Pediatrics*. 2018;142(6).

<sup>6</sup> The National Child Traumatic Stress Network. Effects. <https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma/effects>. Published September 4, 2018. Accessed February 1, 2019.

Some have suggested that an alternative to separating families is to increase the use of Immigration and Customs Enforcement (ICE) family detention. However, family detention is not a safe or effective solution to address the forced separation of children and parents at the border. I co-authored the AAP Policy Statement entitled *Detention of Immigrant Children*, which recommends that immigrant children seeking safe haven in the United States should never be placed in ICE detention facilities. There is no evidence that any amount of time in detention is safe for children.<sup>7</sup> In fact, even short periods of detention can cause psychological trauma and long-term mental health risks for children.<sup>8</sup> 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.<sup>9</sup> Detention itself undermines parental authority and the capacity to respond to their children's needs; this difficulty is complicated by parental mental health problems.<sup>10</sup> Parents in detention centers have described regressive behavioral changes in their children, including decreased eating, sleep disturbances, clinginess, withdrawal, self-injurious behavior, and aggression.<sup>11</sup>

Specifically, detention of youth is associated with physical and mental health symptoms that appear to be caused and/or worsened by detention. A study of children ages 3 months to 17 years in a British immigration detention center revealed physical symptoms that may include somatic complaints (*e.g.*, headaches, abdominal pain), weight loss, inability to manage chronic medical problems, and missed follow-up health appointments including those for vaccinations, developmental and educational problems, and mental health symptoms including anxiety, depression, and reemergence of post-traumatic stress disorder.<sup>12</sup> In a systematic review that explored risk and protective factors for the psychological wellbeing of children and youth who were resettled in high-income countries, the authors indicate that adverse events during and after migration may be more consequential than pre-migration events. Specifically, the authors conclude that detention of immigrant children and youth is particularly detrimental to mental health and an example of trauma for which impact is cumulative.<sup>13</sup>

Conditions in CBP processing facilities, which include forcing children to sleep on cement floors, open toilets, constant light exposure, insufficient food and water, no bathing facilities, and extremely cold temperatures, are traumatizing for children.<sup>14</sup> No child should ever have to endure these conditions. Tragically, two children have now died in CBP custody. The AAP has called on CBP to implement specific meaningful steps to ensure that all children in CBP custody receive appropriate medical and mental health screening and necessary follow-up care by trained providers. We can and must do better to protect children in our country.

Children are not just small adults. To untrained eyes, they can appear quite healthy even while their systems begin to shut down. We urge our federal agencies to apply a child-focused lens when

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<sup>7</sup> Linton JM, Griffin M, Shapiro AJ. Detention of Immigrant Children. *Pediatrics*. 2017;139(5).

<sup>8</sup> *Ibid.*

<sup>9</sup> *Ibid.*

<sup>10</sup> *Ibid.*

<sup>11</sup> *Ibid.*

<sup>12</sup> Lorek A, Ehntholt K, Nesbitt A, et al. The Mental and Physical Health Difficulties of Children Held within A British Immigration Detention Center: A Pilot Study. *Child Abuse Negl*. 2009;33(9):573-85.

<sup>13</sup> Fazel M, Reed RV, Panter-Brick C, Stein A, Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors, *Lancet*, 379(9812):266-282 (2012).

<sup>14</sup> Linton, Griffin, Shapiro. Detention. 2017.

considering policies that could have an impact on child health and well-being. AAP remains committed to working with federal agencies to offer its expertise as medical providers for children to protect and promote child well-being.

Additionally, AAP has repeatedly called upon the federal government to appoint an independent team comprised of pediatricians, pediatric mental health providers, child welfare experts, and others to conduct unannounced visits to federal facilities including ORR shelters, CBP processing centers, and ICE family detention centers to assess their conditions for children and capacity to respond to medical emergencies involving a child and to ensure that immigrant children receive optimal medical and mental health care. Further, DHS and HHS should consider remoteness of such facilities as that can impact proximity and access to trained pediatric providers.

We must remember that immigrant children are, first and foremost, children. Protections for children in law or by the courts exist because children are uniquely vulnerable and are at high risk for trauma, trafficking, and violence. In September, DHS and HHS proposed regulations regarding the Flores Settlement Agreement (FSA) that strip vulnerable children of vital protections, jeopardizing their health and safety. The FSA set strict national standards for the detention, treatment, and release of all minors detained in the legal custody of the federal government. It requires that children be held in the least restrictive setting appropriate for a child's needs and that they be released without unnecessary delay to a parent, designate of the parent, or responsible adult as deemed appropriate.

The proposed regulations are inconsistent with the FSA by allowing DHS to expand family detention centers, increase the length of time children spend in detention, and create an alternative licensure process that undermines state child welfare laws and basic protections for children. Proposals like this that seek to override the FSA in order to allow for the longer-term detention of children with their parents or to weaken federal child trafficking laws strip children of protections designed for their safety and well-being. We urge Congress to reject these proposals.

The operation of unlicensed facilities where children are housed poses a risk to the health and safety of children. According to the HHS Office of Inspector General, "because of the temporary and emergency nature of influx care facilities, they may not be licensed or they may be exempt from licensing requirements. In addition, influx care facilities like Tornillo may be opened on federally owned or leased properties, in which case the facility is not subject to State or local licensing standards."<sup>15</sup> As such, we urge extreme caution. The circumstances that led to the opening of Tornillo, a tent city with capacity to house roughly 3,800 children, are concerning. The findings of the HHS Office of Inspector General (OIG) about clinician staffing and background checks at Tornillo are troubling. The Memorandum of Agreement signed between DHS and HHS, among other things, forced children to languish in Tornillo for months awaiting reunification with a parent or legal guardian. We applaud the work of dedicated ORR staff who work day and night to ensure the expeditious and safe placement of children with parents or sponsors. We urge all relevant federal agencies to address the findings of the HHS OIG in its recent report, particularly around the transfer of data on separated children to HHS.

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<sup>15</sup> Levinson D. The Tornillo Influx Care Facility: Concerns About Staff Background Checks and Number of Clinicians on Staff. <https://oig.hhs.gov/oas/reports/region12/121920000.pdf>. Published November 27, 2018. Accessed February 1, 2019.

As a pediatrician, my job is to apply science to advocate for children's health. Evidence affirms that parental separation and family detention are not healthy for children. Instead of detention, AAP recommends the use of community-based alternatives for children in family units. Community-based case management should be implemented for children and families, thus ending both detention and the placement of electronic tracking devices on parents. Community release with case management has been shown to be cost-effective and can increase the likelihood of compliance with government requirements.<sup>16</sup> We urge Congress to provide funding to support case management programs. AAP also advocates for expanded funding for post-release services to promote the safety and well-being of all previously detained immigrant children and to facilitate connection and access to comprehensive services, including medical homes, in the community. All immigrant children seeking safe haven in the U.S. should have comprehensive health care and insurance coverage, which includes access to qualified medical interpretation covered by medical benefits, pending immigration proceedings. Children and families should have access to legal counsel throughout the immigration pathway. Unaccompanied children should have free or pro bono legal counsel with them for all appearances before an immigration judge.

When I consider the health impact of systematic family separation, I consider my young patient and his pregnant mother, both of whom continued to show signs and symptoms of stress weeks after their seven days of forced separation. This boy, this mother, and this unborn baby were the lucky ones, reunited after seven days of separation. Yet, their physical and emotional reactions, which I witnessed in my pediatric office, exposed the scars of detention and family separation that will remain with them forever.

It is critical that all children who have been reunited with their parents receive appropriate medical care to help them recover from the traumatic experience of separation from their families. As a pediatrician, I also know that children and families who have faced trauma, with trauma-informed approaches and community support, can begin to heal from trauma. As such, immigrant children seeking safety should have access to health care, education, and other essential services that support their growth, development, and capacity to reach their full potential. We must continue to support all immigrant children and families seeking safe haven in the U.S. and treat them with dignity and respect.

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<sup>16</sup> Edwards, A. Measures of first resort: alternatives to immigration detention in comparative perspective. *The Equal Rights Review*. 2011;7:117-142.

U.S. Immigration Customs and Enforcement. Report of the DHS Advisory Committee on Family Residential Centers. <https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc-16093.pdf>. Published September 30, 2016. Accessed February 1, 2019.

Lutheran Immigration & Refugee Service, Women's Refugee Commission. *Locking Up Family Values, Again*. <https://www.womensrefugeecommission.org/resources/document/1085-locking-up-family-values-again>. Published October 28, 2014. Accessed February 1, 2019.