July 17, 2018

The Honorable Charles E. Grassley
Chairman
Senate Whistleblowing Caucus
226 Dirksen Senate Office Building,
Washington, D.C. 20002

The Honorable Ron Wyden
Vice Chairman
Senate Whistleblowing Caucus
221 Dirksen Senate Office Building
Washington, DC 20002

Dear Chairman Grassley and Vice Chairman Wyden:

We currently serve as medical and psychiatric subject matter experts for the Department of Homeland Security's Office of Civil Rights and Civil Liberties (CRCL).[1] We are writing to you, members of Congress with oversight responsibility, because we have a duty to raise our concerns about the ongoing and future threat of harm to children posed by the current and proposed expansion of the family detention program.

We have conducted ten investigations of family detention facilities, the Karnes and Dilley detention centers in Texas, the Berks detention center in Pennsylvania, and the one closed facility, Artesia in New Mexico, over the past four years. Those investigations, usually prompted by complaints, frequently revealed serious compliance issues resulting in harm to children, which we have documented in submitted reports to CRCL. Our close familiarity with past

[1] Dr. Scott Allen is board certified in Internal Medicine and is a Fellow of the American College of Physicians. Dr. Allen is a Professor Emeritus of Medicine, a former Associate Dean of Academic Affairs and former Chair of the Department of Internal Medicine at the University of California Riverside School of Medicine. From 1997 to 2004, he was a full-time correctional physician for the Rhode Island Department of Corrections; for the final three years, he served as the State Medical Program. He has published over 25 peer-reviewed papers in academic journals related to prison health care and is a former Associate Editor of the International Journal of Prisoner Health Care. Dr. Allen is the court appointed monitor for the consent decree in litigation involving medical care at Riverside County Jails. He has consulted on detention health issues both domestically and internationally for the Open Society Institute and the International Committee of the Red Cross among others. He has worked with the Institute of Medicine on several workshops related to detainee healthcare. He is a medical advisor to Physicians for Human Rights. Dr. Allen co-founded and is co-director of the Center for Prisoner Health and Human Rights at Brown University, is a Co-Investigator of the University of California Criminal Justice and Health Consortium. He is also the founder and medical director of the Access Clinic, a primary care medical home to adults with developmental disabilities.

Dr. Pamela McPherson is a medical doctor triple boarded in general, child and adolescent, and forensic psychiatry. Dr. McPherson has practiced medicine for over 30 years. She is the child and adolescent psychiatrist at the Shreveport Behavioral Health Center, a regional state sponsored clinic in northwest Louisiana. In addition to providing mental health care to children and their families, she teaches child and adolescent psychiatry fellows and forensic psychiatry fellows at the LSU Health Sciences University in Shreveport, Louisiana as gratis faculty. Dr. McPherson has qualified as a forensic psychiatry expert in juvenile and adult matters. She has participated in research and presented at national and an international conference regarding the mental health of justice involved youth. Dr. McPherson has a special interest in juvenile justice, specifically conditions of confinement. In addition to acting as an expert for the Civil Rights/Civil Liberties Office of DHS, she has acted as an expert on mental health services to justice involved youth in pre-adjudicatory (San Francisco, Detroit, and Los Angeles) and post-adjudicatory (Montana, Louisiana, and New Mexico) juvenile facilities for the United States Department of Justice, Youth Law Center and the ACLU.

problems inform our belief that the current immigration policy poses the likely risk of noncompliance with existing family detention center standards that will directly result in harm to children.

The problem with family detention is not the failure of the many good people who have labored tirelessly to make the existing centers better, with improvements in access to health and mental health services, educational and social programs. The fundamental flaw of family detention is not just the risk posed by the conditions of confinement—it's the incarceration of innocent children itself. In our professional opinion, there is no amount of programming that can ameliorate the harms created by the very act of confining children to detention centers. Detention of innocent children should never occur in a civilized society, especially if there are less restrictive options, because the risk of harm to children simply cannot be justified.

As experts in medical and mental health in detention settings, we watched in horror as innocent children were forcibly separated from their parents as the administration's "zero tolerance" immigration policy was deployed. In our professional opinion, this was an act of state sponsored child abuse whose specific consequences will significantly threaten the children's health and safety. The over two thousand innocent children traumatized by that policy now face a lifetime of increased risk of significant physical and mental health consequences including, anxiety, depression, post-traumatic stress disorder and poor physical health.[2] The likely alternative—detention of children with a parent—also poses high risk of harm to children and their families.

As you likely are aware, the use of the facilities for detention of immigrant families has been widely condemned by many, including several health professional societies including the American Medical Association (AMA), American Psychiatric Association (APA), American Academy of Pediatrics (AAP), and American College of Physicians (ACP). The recent separation and detention of children and the apparent disregard of the current administration about the potential harms to children have forced our hands as health professionals to speak out. Family detention, too, carries serious risks to the health of children and has been condemned by the AMA, ACP and the AAP, as well as by the DHS's own Advisory Committee on Family Residential Centers.[3] [4] These are not theoretical warnings, but rather the result of peer-reviewed medical research. The subsequent suspension of the family separation under public pressure only increased the numbers in detention and the likelihood of a massive surge in family detention continues in light of the policy goals of the Administration.

The threats to health and safety of the children are not merely theoretical. In our time monitoring the existing family residential centers, we have uncovered significant weight loss in children that went largely unnoticed by the facility medical staff, including the case of a sixteen-month-old baby boy who lost 31.8% of his body weight over ten days during a diarrheal disease yet was

---

[2] See Appendix.

[3] https://www.ama-assn.org/ama-adopts-new-policies-improve-health-immigrants-and-refugees https://www.acponline.org/acp-newsroom/acp-says-family-detention-harms-the-health-of-children-other-familymembers https://www.cnn.com/2018/06/27/health/immigrant-family-detention-children/index.htm

[4] Family detention has been opposed by the AMA due to the risk of harm to children and their families. See Appendix. See also http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483

never given IV fluids or sent out to an Emergency Room.[5] In another case, we identified a 27-day-old infant who had been born in the field during the mother's journey. Having never been examined by a physician before, this infant was at extremely high risk for medical problems, but was not seen by a pediatrician until the child had a seizure in the facility five days after arrival. He was subsequently diagnosed at an outside hospital with an intracranial bleed likely present since birth and missed by the facility on arrival due to inadequately trained staff. Another facility accidently vaccinated numerous children with adult doses of vaccine as a result of poor interagency coordination and the unfamiliarity of the providers with pediatric dosing. We found numerous severe child finger injuries (including lacerations and fractures) due to the spring-loaded closure of heavy medical doors (the facility is a converted medium security prison), and even when the problem was identified, mitigation efforts were slow and additional injuries occurred. In another case, we discovered that a facility was using the medical housing unit for punitive segregation of families and children, a violation of medical autonomy and a violation of standards of medical practice.

These individual findings are not unique. Instead, they represent systemic logistical problems at risk of exacerbation with increased detentions. Our direct experience with the DHS family detention program gives us great cause for concern about the logistical challenges associated with the Administration's implementation of its "zero-tolerance" policy that will increase not only violation of federal detention standards, but more importantly, the risks of harm to children and parents.

Given the mental health and medical risks of confinement of children, with or without a parent(s), we are concerned that a hastily deployed expansion of family detention has unnecessarily placed children at imminent risk of significant mental health and medical harm. Also, with increases in detentions, the potential for all manner of abuse significantly rises due to challenges posed by inadequate facilities and staffing to address the needs of the growing population. We are urging you to exercise your oversight authority to cease the practice of family detention except in the most limited of circumstances.

We have already filed a brief complaint with the DHS Office of the Inspector General, and have also registered our concerns with Cameron Quinn, the director of CRCL, but because we are concerned that the practice of incarceration continues, even despite ongoing legal battles, we are reaching out to you. Given the urgency created by fast moving events, we have an ongoing duty to do whatever is necessary to prevent further harm to children and their families.

The recent events summarized above combined with the imminent threat of harm to children posed by detention trigger a professional obligation on our part to intervene to mitigate ongoing and prevent future avoidable harm to children. Below are our specific concerns based on our research and experience to date:

Family Detention is Harmful to the Health of Families and Children

[5] For reference, severe dehydration is indicated by an acute weight loss of 10% of the initial body weight.

Family detention is harmful to the health and development of children.[6] The use of family detention as has already occurred ignores the recommendation of DHS's own advisory panel (Report of the DHS Advisory Committee on Family Residential Centers)[7] to limit or eliminate the use of family detention.

Indefinite detention, even for short periods, exacerbates the stress associated with detention and therefore increases the risk of harm.

Expansion of Family Detention Carries High Risk of Harm to Children

There has not been sufficient time for DHS to properly devise a careful and detailed plan for how to keep children safe in the process of a rapid surge in family detention, so we fear that there is no detailed and vetted plan that ensures their safety. In light of past failures (Artesia, in particular[8]), we would be skeptical of claims by planners that proper facilities and properly trained staff and services could be rapidly deployed. The existing facilities still have significant deficiencies that violate federal detention center standards as documented by our reports,[9] despite repeated assurances that cited shortcomings will be corrected. Examples include:

- Facilities for the housing of children require careful and informed architectural design. Current family detention includes the retro-fitting of a medium security adult prison, and the spring-loaded heavy steel doors of the cells resulted in dozens of serious finger injuries to children (Karnes). Dilley, a facility that was supposed to be designed for family detention, lacked sufficient medical space resulting in the use of a gymnasium for medical overflow. Artesia had numerous problems with both medical space and residential space.

- DHS has likely not been able and/or will be unable in the future to staff these facilities in a timely manner with qualified pediatricians, psychiatrists, child and adolescent psychiatrists, mental health clinicians including those with expertise in treating children and toddlers, and pediatric nurses. Examples: Karnes failed to ever hire a pediatrician over the first years. Dilley has had difficulty sufficiently staffing enough pediatricians. Dilley was never able to hire a child and adolescent psychiatrist. Artesia had no pediatric

[6] Family detention has been opposed by the AMA due to the risk of harm to children and their families. See Appendix. See also http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483

[7] Report of the DHS Advisory Committee on Family Residential Centers September 30, 2016. Available at: https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc16093.pdf

[8] See medical and mental health reports from Artesia and note recommendation that was followed by DHS to immediately close the facility and transfer the families due to risks to health and safety. Among the findings was a failure to deploy pediatricians.

[9] Existing Family Residential Centers have been cited for numerous and repeated violations of the existing 2007 Family Residential Standards (FRS) and the 2011 Performance Based National Detention Standards (PBNDS), including (but not limited to): Medical provider staffing: (II.1.6 and 14; V.A.1, 2 and 3, V.B), clinic space (PBNDS II.25 and FRS II.1; timely access to medical care (FRS V.12 and 15), disregard for designation of [medical] authority (PBNDS V.B and FRS II.23 and V.1); language services access (PBNDS II.3 & 24 and V.E and FRS II.31).

providers and missed significant weight loss in a number of children and missed a critically dehydrated infant under their care.

- DHS has likely not been able and/or will be unable in the future to rapidly hire needed bilingual teachers and meet the educational needs of youth.

- DHS has likely not been able and/or will be unable in the future to provide an adequate setting for observation of persons with suicidal ideations as this has proven difficult in some of the family detention centers.

- The current Family Residential Centers (FRC's) have mostly housed women with their children. Housing men, women and children will present new challenges, including compliance with the 2016 Revisions to the 2011 PBNDS enacted to prevent, detect and respond to sexual abuse and assault in detention facilities.[10]

- DHS has likely not been able and/or will be unable in the future to provide appropriate training to custodial staff to care for at risk children, including recognizing signs of trauma and abuse. Misuse of medical housing unit during investigations at Dilley was an example of how ill prepared staff were to handle this.

- DHS has likely not been able and/or will be unable in the future to provide trauma informed care. Trauma informed care is the standard, facility-wide approach recommended for all detention settings and traumatized children (as has recently been affirmed in the 2018 State Department report on child victims of human trafficking).[11] Trauma informed care was implemented only briefly then abandoned. Adequate screening for trauma was never implemented. HQ and facility staff at Dilley failed to develop an adequate plan for typical parenting challenges like two-year-old's biting or hitting peers and instead placed toddlers (with parent) in medical isolation for days. This practice is abusive and demonstrates how medical authority can be subverted in the confusion created by the numerous "authorities" controlling bits of facility operations while answering to HQ hundreds of miles away.

- DHS has likely had difficulty and/or will have difficulty in the future providing language services for detainees, especially those who speak indigenous languages. This is a pervasive concern across all facilities There have been times when telephonic translation was not available in emergent situations. Telephonic translation is less than ideal and at times translators have mistranslated or added cultural biases, especially in the case of Arabic languages.

[10] DHS promulgated regulations in 2014 under the Prison Rape Elimination Act (PREA) of 2003; the 2016 Revisions implement changes to the 2011 PBNDS to promote compliance with this Act (https://www.ice.gov/detention-standards/2011).
[11] Trafficking in Persons Report, 2018. https://www.state.gov/j/tip/rls/tiprpt/2018/282575.htm#4

- Lines of authority and coordination between different agencies and partners from programs and departments within government carry high risks of communication breakdown, lack of accountability and confusion during initial build-up and ongoing management of large programs with rapid turnover programs to house at risk children. For example, at Dilley, an IHSC nurse (Health Services Administrator) deployed a vaccination program without the approval of and during the absence of the Clinical Medical Authority and medical director, a pediatrician. The program resulted in the vaccination of numerous children with the incorrect dose of vaccine (adult doses were given) because none of the providers were familiar with the labels and markings of pediatric vaccines.

The Family Residential Standards Have Not Been Updated to Reflect All Known Risks
DHS Family Residential Standards (FRS) have not been updated to reflect the known risks of of harm of separation and detention. Specifically, the FRS:

- Fail to include language referencing the need for trauma informed care programming. FRS also fail to include language barring separation of children from their parents (except in cases where the parent represents a threat to the child).

- Fail to include language stating that detention of children, with or without a parent, is harmful to their health and development and should therefore only be used when there is no less restrictive community-based alternative and for the shortest possible time.

- Fail to include language regarding the additional harms of indefinite detention. Indefinite detention is known to heighten anxiety and stress of detention. In the cases where family detention cannot be avoided, strict caps (such as 20 days required by Flores) should be incorporated into the standard.

Dignity and Justice are Basic Principles of Medical Ethics
Human dignity and justice have led to a community standard that demands children be kept in the "least restrictive environment." DHS has not truly exhausted all less restrictive alternatives for innocent children of parents charged with misdemeanor crimes. DHS has not satisfactorily answered these policy questions: is it absolutely necessary or justifiable to detain children because of a misdemeanor crime allegedly committed by a parent? Are less restrictive alternatives available?

The placement of innocent children in confinement because of the action of a parent is unjust and places children in harm's way to advance a message of deterrence. This is an exploitation and an assault on the dignity and health of children and families.

The implementation of the "zero tolerance" immigration policy and the traumatizing of thousands of children by forced separation or detention raises real concerns about the ability of the federal or contractor staff to modulate and in any meaningful way impact this policy as it is hastily executed, no matter how well-intentioned or dedicated they may be to minimizing the risk

of harm to children. "Zero tolerance" is unjust because in policy and practice, it leads to foreseeably dangerous conditions for thousands of children.

The ethics of our profession are clear that we have a professional duty not only to intervene to prevent physical and mental harm to children, but to speak out against assaults on their dignity as well. We also have a professional duty to speak out against injustice where authority discriminates against vulnerable populations, especially when it involves children.[12] As DHS experts, our duty is particularly pressing. To remain silent would mean complicity. Not only can we not facilitate the expansion of family detention, we are duty bound to oppose it.

We write to you in sincere hope that Congress can act with urgency to meaningfully impact policy and procedures in order to protect children.

Our legal counsel, Dana Gold and Tom Devine at the Government Accountability Project, are supporting and coordinating our efforts to communicate these serious issues to you and other oversight entities. We look forward to aiding you in any way possible to mitigate this crisis and prevent its escalation in light of our direct expertise and experience with the DHS family detention system. We are able to brief members and their staff on potential routes forward. Please contact our attorney, Dana Gold, at DanaG@whistleblower.org, or her colleague Irvin McCullough at IrvinM@whistleblower.org with any questions.

Sincerely,

Scott Allen, MD and Pamela McPherson, MD

[12] American Medical Association Code of Ethics. See https://www.ama-assn.org/delivering-care/ama-code-medicalethics

Appendix

American Psychiatric Association
May 29, 2018
Statement of American Psychiatric Association President Regarding the Traumatic Effects of Separating Immigrant Families
http://www.apa.org/news/press/releases/2018/05/separating-immigrant-families.aspx

WASHINGTON — Following is the statement of APA President Jessica Henderson Daniel, PhD, regarding the deleterious impact on the health and well-being of children and families who are separated as they seek to enter the United States without proper documentation: "The administration's policy of separating children from their families as they attempt to cross into the United States without documentation is not only needless and cruel, it threatens the mental and physical health of both the children and their caregivers. Psychological research shows that immigrants experience unique stressors related to the conditions that led them to flee their home countries in the first place. The longer that children and parents are separated, the greater the reported symptoms of anxiety and depression for the children. Negative outcomes for children include psychological distress, academic difficulties and disruptions in their development. "The American Psychological Association calls on the administration to rescind this policy and keep immigrant families intact. We support practical, humane immigration policies that consider the needs of immigrants, and particularly immigrant families. We must adopt policies that take into account what we know about the harmful, long-term psychological effects of separation on children and their families. This is not an acceptable policy to counter unlawful immigration."

American Academy of Pediatrics
June 27, 2018
Catherine E. Shoichet, CNN
Doctors decry plans to detain immigrant kids with parents.
https://www.cnn.com/2018/06/27/health/immigrant-family-detention-children/index.html

Doctors are speaking out against the Trump administration's plans to stop separating immigrant families by instead detaining children with their parents.

That approach, top pediatricians warned Wednesday, replaces one inhumane policy with another. "It puts these kids at risk for abnormal development," said Dr. Colleen Kraft, president of the American Academy of Pediatrics.

Kraft, who earlier this month condemned the practice of separating families as "government-sanctioned child abuse," said Wednesday that detaining kids with their parents can be just as detrimental to their health.

"Having them in detention is traumatizing and it's not a good place for children," she said. "Children deserve to be with their families in a community-based setting where they can heal." Dr. Lanre Falusi, a pediatrician in Washington, DC, echoed those concerns in a call with reporters, noting that even short periods of detention can cause psychological trauma and mental health risks. Children who are detained display signs of physical and emotional distress, including anxiety, depression, suicidal ideation and behavioral problems, Falusi said.

"A detention facility is absolutely no place for a child," she said, "even if they're accompanied by their families."

AAP Statement on Executive Order on Family Separation
June 20, 2018
https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Statement-on-Executive-Order-on-FamilySeparation.aspx

By: Colleen Kraft, MD, MBA, FAAP, President, American Academy of Pediatrics
"Today's executive action seeks to end this Administration's harmful policy of forced separation of children from their parents at the U.S. southern border. The American Academy of Pediatrics agrees with ending this abhorrent practice, which drew widespread outcry among pediatricians, advocates, and the American public. Families should remain together.

Sadly, however, continuing to maintain the "zero tolerance" policy will put more children in detention facilities, an environment the AAP states is no place for a child, even if they are accompanied by their families. The order also fails to address the more than 2,300 children who have already been cruelly separated from their parents. "In 2017, the AAP published a policy statement that immigrant children seeking safe haven in the United States should never be placed in detention facilities. 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. Conditions in U.S. detention 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. No child should ever have to endure these conditions. "Family detention is not the solution to address the forced separation of children and parents at the U.S. southern border. We urge our government to stop exposing children to conditions or settings that may retraumatize them, such as those that exist in immigration detention. Alternatives to detention exist. Children and families should have access to legal counsel throughout the immigration pathway and community-based case management can increase the likelihood of compliance with government requirements. As pediatricians, we know children fare best in community settings, under the direct care of parents who love them.

"We must remember that children do not immigrate, they flee. Parents will continue to flee violence to protect their children and themselves and seek safe haven in our country. The Academy's mission is to protect the health and well-being of all children – no matter where they or their parents were born – and we hold our federal leaders to that same standard. These vulnerable families deserve our compassion and assistance."

American Medical Association

1. AMA Adopts New Policies to Improve Health of Immigrants and Refugees

   June 12, 2017 CHICAGO - The American Medical Association (AMA) today voted to adopt new policies aimed at improving and protecting the health of immigrants and refugees who have come to the United States. The new policies were approved by physicians from all corners of the nation as they gathered at AMA's Annual Meeting to shape the health care positions of the nation's largest physician organization.

   Opposing Detention of Families Seeking Refuge in the U.S.

The AMA adopted policy today seeking to provide protections to families that have come to the United States as temporary refugees seeking safe-haven. Given the negative health consequences that detention has on both children and their parents, the AMA opposes family immigration detention, separation of children from their parents in detention, and any plans to expand these detention centers.

"The separation of children from their parents who are detained while seeking safe haven causes unnecessary distress, depression and anxiety," said AMA President Andrew W. Gurman, M.D. "The vast majority of detained families are ultimately released, but the physical and psychological distress of detention can continue, particularly for children."

Given the unique health needs of detained families, and the importance of focusing on treatment of this vulnerable population, the AMA will advocate for access to health care for women and children in immigration detention.

https://www.ama-assn.org/ama-adopts-new-policies-improve-health-immigrants-and-refugees

2. Doctors oppose policy that splits kids from caregivers at border
JUN 13, 2018

A policy of universally separating children from their parents or other caregivers entering U.S. borders "will do great harm" to children and could "create negative health impacts that will last an individual's entire lifespan," says a resolution whose recommendations were adopted at the 2018 AMA Annual Meeting in Chicago. The resolution came in response to the Department of Homeland Security's new policy referring all unlawful border crossers to the U.S. Department of Justice for prosecution. The policy makes no exception for parents or caregivers seeking asylum from persecution who enter with children, according to the resolution. The children are then treated as unaccompanied minors, separated from their parents or caregivers and sent to facilities administered by the federal government. The policy of separating children from their caregivers "only serves to dramatically exacerbate" the stress that families seeking refuge in the U.S. are already experiencing, the resolution says.

"Children leaving the chaos of their home countries should not be further traumatized by the U.S. government policy of separating children from their caregiver," said AMA Board Member Bobby Mukkamala, MD. "It's inhumane and risks scarring children for the rest of their lives."

The AMA House of Delegates adopted new policy for the AMA to:

Oppose the practice of separating migrating children from their caregivers in the absence of immediate physical or emotional threats to the child's well-being.

Delegates also directed the AMA to:

Urge the federal government to withdraw its policy of requiring separation of migrating children from their caregivers, and instead, give priority to supporting families and protecting the health and well-being of the children within those families.

https://wire.ama-assn.org/ama-news/doctors-oppose-policy-splits-kids-caregivers-border

American College of Physicians
July 5, 2018
https://www.acponline.org/acp-newsroom/acp-says-family-detention-harms-the-health-of-children-other-familymembers

ACP Says Family Detention Harms the Health of Children, Other Family Members

Washington, DC (July 5, 2018) — In a new policy issued today, the American College of Physicians (ACP) emphasized the negative health impact of forced family detentions in immigration cases, and the considerable harm to the physical and mental health of the detained children and other family members resulting from being held in government detention centers while the adults' immigration status is resolved.

In response to a recent court decision ordering the administration to promptly re-unite the thousands of immigrant children who had been separated from their families under the "zero tolerance" policy, Department of Justice lawyers are now arguing in court that the government should be able to detain children and families for an indefinite period of time in federal detention centers. This could result in families being detained for months, even years, until a determination is made on the parents' or other adult primary caretakers' immigration status, including for immigrant families seeking to be accepted into the U.S. as refugees.

ACP strongly opposes the Trump administration's "zero tolerance" policy that resulted in children of immigrants being separated from their parents, based on evidence of the immediate, traumatic, and lifelong health impacts on children, and other family members, and has called for families to be reunited without delay. Prolonged family detention is not an acceptable alternative, because it simply adds to and prolongs exposure to trauma that causes great harm to the health of children and their families.

"ACP continues to oppose family separation because of the significant, life-long, negative health impact on children and their family members," said Ana María López, MD, MPH, FACP, president, ACP. "The health impact of prolonged family detention would be similar, as it is consistent with experiences known as Adverse Childhood Experiences which result in emotional and physical illness and chronic disease."

Dr. López noted that when the American Academy of Pediatrics reviewed the evidence on the health impact associated with detention of immigrant children for a 2017 policy paper, it found that "studies of detained immigrants, primarily from abroad, have found negative physical and emotional symptoms among detained children, and posttraumatic symptoms do not always disappear at the time of release." ACP considers the evidence that Adverse Childhood Experiences lead to adult mental and physical health and socio-behavioral disorders to be strong.

ACP's new policy on The Health Impact of Family Detentions in Immigration Cases states:

1. The American College of Physicians continues to strongly oppose the separation of children from their families in immigration cases because of the immediate and long-term health impacts on families and calls for immediate reunification of those that have been separated.

2. ACP believes that forced family detention—indefinitely holding children and their parents, or children and their other primary adult family caregivers, in government detention centers until the adults' immigration status is resolved—can be expected to result in considerable adverse harm to the detained children and other family members that may follow them through their entire lives, and accordingly should not be implemented by the U.S. government. ACP concurs with the position of the American Academy of Pediatrics that separation of a parent or primary caregiver from his or her children should never occur, unless there are concerns for safety of the child at the hand of a parent, primary family caregiver, or other adults accompanying them. Efforts should always be made to ensure that children separated from their parents or other relatives are able to maintain contact with

them during detention and that community-based alternatives to detention should be implemented to offer opportunities to respond to families' needs in the community as their immigration cases proceed.

3. In every immigration policy decision affecting children and families, government decision-makers should prioritize the optimum health interests of the child and of the entire family. "Childhood trauma and adverse childhood experiences create negative health impacts that will last an individual's entire lifespan. Families seeking refuge in the United States have already endured extreme amounts of emotional and physical stress, family detention only serves to dramatically exacerbate that stress and produce illness," concluded Dr. López.

ACP Objects to Separation of Children from their Parents at Border
Statement attributable to:
Ana María López, MD, MPH, FACP
President, American College of Physicians
https://www.acponline.org/acp-newsroom/acp-objects-to-separation-of-children-from-their-parents-at-border

Washington, DC (May 31, 2018)—The American College of Physicians strongly objects to the Department of Homeland Security's "zero tolerance" policy that requires that all unlawful border crossers be referred to the Department of Justice for prosecution as a misdemeanor of illegal entry, including parents seeking asylum from Allen-McPherson letter to Cameron Quinn, CRCL 11 persecution who enter the U.S. with their children. Their children will be treated as if they were "unaccompanied minors," separated from their parents and sent into facilities administered by the federal government. In a 2017 position statement on U.S. immigration policy, ACP expressed our concern about immigration policies that would split up families.

While ACP policy recognizes the right of the U.S. to control who enters its borders, a policy of universally separating children from their parents entering U.S. borders will do great harm to children, their parents, and their families. Childhood trauma and adverse childhood experiences create negative health impacts that will last an individual's entire lifespan. Separating a child from his or her parents triggers a level of stress consistent with trauma. Families seeking refuge in the U.S. already endure emotional and physical stress, and separating family members from each other only serves to dramatically exacerbate that stress.

The American College of Physicians calls on the Department of Homeland Security, Attorney General Sessions, and President Trump to withdraw its new policy to require separation of children from their parents, and instead, give priority to supporting families and protecting the health and well-being of the children within those families.