“Border Reflections” – A Trip to the Border
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“We can do better.” Not my words, but the words of a Customs and Border Protection (CBP) official who was providing us a tour of the holding facilities used for immigrant children and families. The “us” referred to was a contingent from the Texas Pediatric Society (TPS) and the American Academy of Pediatrics (AAP) headquarters. TPS members included Dr. Marsha Griffin, an advocate on immigrant issues for many years and me, the Alternate Chapter Chair for the Texas AAP Chapter. Drs. Kyle Yasuda and Sara “Sally” Goza, the president and president-elect for the AAP represented the national organization. Other members of our group included Tamar Haro, Senior Director for Federal and State Advocacy at the AAP, as well as Dr. Rachel Golin, a former TPS member who is now very involved with child global health and immigrant issues.

Our group was invited to tour CBP holding facilities in the Rio Grande Valley as well as two Office of Refugee Resettlement (ORR) facilities also located in the area. Families and unaccompanied children who surrender to CBP agents are taken to a CBP holding facility for initial processing. After what is supposed to be a maximum of 72 hours for processing, these individuals are either released if they are a family unit or sent to an ORR facility in the case of unaccompanied children. Unaccompanied children are held in the ORR facility until a family member or other responsible caretaker can be identified into whose care the child will be released. In either case, a court hearing will be set. At the hearing, a determination will be made regarding the individuals’ immigration status.

What we witnessed in our tour of the holding facilities was not as dramatic or as overtly oppressive as other groups have encountered. In general the facilities were clean, although there was a leaking toilet in one that resulted in an unpleasant smell in a large part of the holding area. There was not a lot of tears or crying. The temperature was cool, but not oppressively cold. The staff we encountered were generally open and friendly. Perhaps our experience was influenced by the fact that our visit was six months in the making and those providing us with the tour were understandably trying to put their best foot forward.

Given the above, one might ask if there is a problem. The answer to that is an unequivocal yes! Children and families who have not been accused, much less convicted, of a crime are not appropriately incarcerated in Spartan facilities. Furthermore, children should not be separated from their caregivers. This is particularly problematic for children that have just endured long and arduous journeys to reach our border. In addition, there are a substantial number of individuals that remain in CBP holding facilities beyond the permitted 72-hour period. All of these facts make the current system untenable.

Although CBP workers stated that children separated from parents can ask to see the parent at any time, reports from individuals housed in these facilities indicate that such requests are often denied. We encountered one 10 year old boy whose father had been taken to court. The child did not know when his father would return, if at all, and had lost the slip of paper on which his father had written a phone number for a relative in the U.S. His fear, sadness and despair were palpable. One can only imagine the impact of this adverse childhood event on his subsequent development. The facilities provided by ORR
were a definite improvement over those at the CBP holding centers. The ORR SITES are where unaccompanied children are released until an appropriate relative or other caretaker can be identified. These centers provide much more humane living conditions, including beds, warm meals, education, and recreation. While not ideal, these facilities are clearly making an effort to better meet the needs of the children.

We also toured the Catholic Charities Humanitarian Respite Center in McAllen. It resides within a block of the bus station. Families that are released from their initial CBP detention come to the center for assistance prior to boarding a bus to their eventual destination in the U.S. Staffed by volunteers, it hums with activity as these immigrants rest in preparation for the next step of their journey. This is often the first place that these individuals see a smiling welcome. Overworked staff endeavor to provide the best care possible.

Although the CBP screening includes medical screening, it is not uncommon for the respite center staff to be the first to identify that someone needs medical attention. During our brief visit, we encountered a child whose congenital cardiac problem and need for hospitalization had been missed in the CBP screening process. In addition to ensuring that the child was stabilized, which required hospitalization, Dr. Griffin made contact with care providers at the child’s eventual destination in the U.S. to ensure that continuing medical care was obtained.

In the end, I came away with the following reflections:

- There are a large number of individuals, including members of the CBP, who are doing their best to address a difficult situation. Like the immigrants, the rank and file staff of CBP are caught in a system not designed to address the current problem with families and children seeking refugee status.
- There are no physical alterations to the detention facilities that will make them acceptable as a place to house children. They are developmentally and psychologically inappropriate and several studies of these children have verified the adverse impact caused by the treatment they have been receiving.
- CBP should minimize the time all individuals, but especially children, spend in the holding facilities.
- Families should be maintained intact and not arbitrarily separated based on the age of the child.
- Physicians experienced in caring for children should be involved in the medical screening of children arriving at the border.

When we take custody of children, we cannot absolve ourselves of our duty to provide humane, developmentally appropriate care. Such treatment becomes our ethical and moral obligation. “We can do better.” Those are now my words also.

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