



**House State Affairs Committee
Testimony against House Bill 2225
Texas Pediatric Society
April 5, 2017**

Chairman Cook and committee members,

My name is Marsha Griffin, MD. I am a professor of clinical pediatrics and a pediatrician serving children on the border in Brownsville, for over ten years. I am a proud member of the Texas Pediatric Society and the Co-Chair of the American Academy of Pediatrics' Special Interest Group on Immigrant Health. I was honored to be asked by the Executive Board of the American Academy of Pediatrics to co-author the Academy's Policy Statement released in March opposing the Detention of Immigrant Children. I am here today on behalf of the 3600 members of the Texas Pediatric Society in opposition to House Bill 2225.

Our team spent over a year investigating the conditions in which immigrant children are being held by the US government and researching alternatives to detention. A team of pediatricians including five Texas pediatricians toured the family detention centers, processing centers, and shelters for unaccompanied children. At times, we were not allowed into these facilities, the tours were delayed or we were denied access to meet with or know the credentials of the medical team on staff.

HB 2225 seeks to provide statutory authority to the Department of Family and Protective Services (DFPS) to license a family residential center operated by or under a contract with US Immigration and Customs Enforcement (ICE) as a general residential operation. The Texas Pediatric Society is opposed to granting DFPS this authority and the creation of rules to carry out this function. This position is in accordance with our December 13, 2015 written comments in opposition to the proposed DFPS rule published in the Texas Register on November 13, 2015.ⁱ

The detention of children is a global issue condemned by human rights and professional organizations alike. Studies have found negative physical and emotional symptoms among detained children including developmental delay, poor psychological adjustment, and potential difficulty with functioning in school. Qualitative reports have found high rates of anxiety, depression, and suicidal ideation among both mothers and their children. Even brief detention can cause psychological trauma and long-term mental health risks for children. There is no evidence indicating that any time in detention is safe or healthy for children.ⁱⁱ

My colleagues observed children being detained in restrictive settings void of compassionate care normally found in child care settings meant to facilitate a child's developmental growth and emotional wellbeing. Children and their mothers were clearly being treated as incarcerated detainees rather than residents. Many requirements and activities most often found in prison settings were observed such as badge checks three times a day, passage through electronically locked doors for access to basic areas such as the library, limited and monitored access to telephones and email – all of which were provided at a cost to detainees – and severe consequences for children's misbehavior. The culture of the facility was one of control and detainment rather than residential housing. The staff are employed by private prison corporations and it is unlikely they have training in child development, trauma-informed care, or behavior management techniques. When visiting, my colleagues were unable to meet with or ascertain the credentials of the medical team. In addition, there were several noted discrepancies between the educational, medical and, in particular, the mental health services as represented by staff and the reality of available services as reported by detained mothers with whom my colleagues spoke. This is especially worrisome due to the frequency and intensity of trauma faced during the journeys of these refugee families. All mothers

interviewed reported that their children were experiencing behavioral changes and typical symptoms of acute stress and trauma including clinging, startling, irritability and disrupted eating and sleeping patterns. Many mothers endorsed symptoms of depression such as sadness, feelings of hopelessness, trouble sleeping and suicidal ideation. It was by no means clear that the facility was prepared or willing to address those acute stress symptoms in either the mothers or their children. Licensing of the facility would most likely not alleviate reported symptoms as the culture of detainment is inherently traumatic, especially for children.

From the moment children are in the custody of the United States they deserve:

- 1) health care that meets guideline-based standards
- 2) treatment that mitigates harm or traumatization
- 3) services that support their health and well-being

These are children fleeing and have experienced traumatic events in their countries of origin and during their journeys to the United States. As a nation, we cannot afford to continue to traumatize them through the process of detention.

The Department of Homeland Security Advisory Committee on Family Residential Centers made the recommendation that “DHS’s immigration enforcement practices should operationalize the presumption that detention is generally neither appropriate nor necessary for families and - that detention.... is never in the best interest of children.”ⁱⁱⁱ

The AAP policy statement entitled “Detention of Immigrant Children” released last month recommends eliminating exposure to conditions or settings that may re-traumatize children, such as those that currently exist in detention or detention itself, and it recommends DHS should discontinue the general use of family detention and instead use community-based alternatives to detention for children held in family units. Alternatives to detention offer opportunities to respond to families’ needs in the community as their immigration cases proceed. For most families, release into the community allows families to live their lives as normally as possible.

By licensing family residential centers, the DFPS is assuming added responsibility for an already overburdened system, and specific language in the bill allowing the executive commissioner to exempt a family residential center from any rule applicable to a general residential operation to operate the center is particularly concerning.

Children need access to diverse, nurturing, and enriching programs and life experiences while under the caring supervision of their loved ones. It is clear from my colleagues’ experience that there is a lack of trauma-informed, medical and mental health resources, and an inability for the contracted group that run these centers to provide meaningful opportunities for social interaction. The intrinsic nature of these prison-like facilities are not conducive to the emotional and developmental needs of highly traumatized children. It only continues to expose them to adverse childhood events that will have negative impacts on their physical and mental health.

ⁱ William H. Dirksen, MD. Submitted Written Comments on Proposed Rule, Chapter 748, Sec. 748.7, Minimum Standards for General Residential Operations. Texas Pediatric Society. (Dec 13, 2015). Available at:

<https://txpeds.org/sites/txpeds.org/files/documents/newsletters/tps-comments-on-dfps-detention-center-licensing.pdf>

ⁱⁱ Julie M. Linton, Marsha Griffin, Alan J. Shapiro, Council on Community Pediatrics. Pediatrics Mar 2017, e20170483; DOI: 10.1542/peds.2017-0483. Available at; <http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483>

ⁱⁱⁱ Department of Homeland Security. Immigration and Customs Enforcement. Report of the ICE Advisory Committee on Family Residential Centers. Available at: <https://www.ice.gov/sites/default/files/documents/Report/2016/acfrc-report-final-102016.pdf>