



National Association of County & City Health Officials

The National Connection for Local Public Health

September 23, 2019

The Honorable Bennie Thompson
Chair
House Homeland Security Committee
Washington, DC 20515

The Honorable Lauren Underwood
Vice Chairwoman
House Homeland Security Committee
Washington, DC 20515

Dear Chair Thompson and Representative Underwood:

On behalf of the National Association of County and City Health Officials (NACCHO) and nearly 3,000 local health departments, thank you for holding the conference, “Adverse Impacts of Department of Homeland Security Policies on Children.” We appreciate your much-needed attention on this topic and the broader mental and physical health impacts of government detention facilities.

Local public health departments are the governmental agencies that work every day in their communities to prevent disease, promote wellness, and protect health. They are responsible for safeguarding the health of everyone in their communities, regardless of race, ethnicity, economic level, or immigration status.

On behalf of our local health department members, NACCHO has long identified that separation of children from their parents as well as child detention are harmful to children’s health.¹ Studies show that detention has been associated with a wide range of damaging mental and behavioral health impacts in children. Most children reported symptoms of depression, sleep problems, loss of appetite, and somatic complaints such as headaches and abdominal pains; specific concerns include inadequate nutritional provisions, restricted mealtimes, and child weight loss.² There are also concerns about the safety of these facilities, including adequate supervision by trained care givers, overcrowding, and access to medical and behavioral health care providers.³

The impacts of detention on children should also be examined in light of significant body of evidence-based research detailing the implications of adverse childhood experiences. According to the CDC, children exposed to adverse childhood experiences (ACEs) suffer from disrupted neurodevelopment; social, emotional, and cognitive impairment; are more likely to adopt health-risk behaviors; are at greater risk of developing chronic diseases, disabilities and social problems; and are susceptible to early death.⁴ Family stability is a key social determinant of health, and it is imperative that children, no matter their immigration status, have a chance at a healthy life. ACEs can make children at risk for lifelong health problems, including mental health issues.

Based on this knowledge, NACCHO has urged the administration to immediately work to reunite the families who have been separated and end inhumane family separation. NACCHO, in cooperation with other public health partners, has encouraged the administration to focus on implementing alternatives that do not entail what could amount to the long-term detention of families, with resulting harm to the physical and mental health of children.



Moreover, while we appreciate that the committee is looking at mental and behavioral health impacts at this hearing, it is important to note that these facilities may not be meeting even the most basic physical health needs of children. Recent accounts have noted that the Customs and Border Protection Agency (CBP) intends to immunize their staff for the influenza virus, but not detained people, including children. This is despite the CDC recommendation for annual influenza vaccination for everyone 6 months and older. Serious outcomes of flu infection can result in hospitalization or death and young children can be at particularly high risk of serious flu complications.⁵ Living in crowded conditions makes children in detention centers even more at risk for being infected by the flu virus. Vaccines, including the flu vaccine, are a fundamental tool to protect the health of an individual and the broader public. Therefore, NACCHO urges you to continue to emphasize with CBP the importance of protecting the whole health of children in detention centers—physical and mental—and ensure that they are at the very least under the care of appropriately-skilled medical and behavioral health professionals.

Thank you again for holding this important hearing highlighting the health needs of children held in government custody. For more information, please contact Adriane Casalotti, MPH, MSW, NACCHO's Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal flourish at the end.

Lori Tremmel Freeman, MBA
CEO

¹ NACCHO. Immigrant Health Policy Statement. Retrieved September 16, 2019 from <https://www.naccho.org/uploads/downloadable-resources/99-02-Immigrant-Health.pdf>.

² Lorek, Ann, Kimberly Ehntholt, Anne Nesbitt, Emmanuel Wey, Chipso Githinji, Eve Rossor, and Rush Wickramasinghe. The Mental and Physical Health Difficulties of Children Held within a British Immigration Detention Center: A Pilot Study. *Child Abuse & Neglect* 33, no. 9 (September 2009): 573-85. doi:10.1016/j.chiabu.2008.10.005.

³ *Los Angeles Times*, "ICE provides 'deplorable' healthcare to detained immigrants, advocates allege in massive lawsuit." Retrieved September 18, 2019 from <https://www.latimes.com/california/story/2019-08-19/immigrant-detention-medical-care-lawsuit> and *New York Times*, "Poor Conditions Persist for Migrant Children Detained at the Border, Democrats Say." Retrieved September 18, 2019 from <https://www.nytimes.com/2019/08/29/us/politics/homeland-security-migrant-children.html>.

⁴ CDC. About Adverse Childhood Experiences. Retrieved September 16, 2019 from <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>.

⁵ CDC. About Flu. Retrieved September 16, 2019 from <https://www.cdc.gov/flu/about/index.html>.