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January 11, 2018

The Honorable Kirstjen M. Nielsen  
U.S. Secretary of Homeland Security  
Washington, DC 20528

Dear Secretary Nielsen:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 66,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I write to congratulate you on your confirmation as Secretary of the Department of Homeland Security (DHS), and to urge you to use your new position to safeguard the health and well-being of immigrant children.

Recent media reports indicate that DHS is considering a policy that would separate children from their parents at the border. We urge you in the strongest possible terms to reject such a proposal, and request to meet with you at your earliest convenience to discuss why it would be detrimental to the health, safety and well-being of children.

The AAP has always recognized the role that DHS plays in affecting the health of the nation, especially the health of our nation's immigrant and refugee children and families. As pediatricians, immigrant children are our patients, they are part of every community, and they deserve to be cared for, treated with compassion, and celebrated. DHS is in a position to play an important role in ensuring that immigrant children who arrive in the U.S. receive compassion and assistance. We urge you to join us in finding ways to advance optimal child development rather than pursuing a policy that would adversely impact child health.

Proposals to separate children from their families as a tool of law enforcement to deter immigration are inhumane and counterproductive. Federal authorities must exercise caution to ensure that the emotional and physical stress children experience as they seek refuge in the United States is not exacerbated by the additional trauma of being separated from their parents.

As children develop, their brains change in response to environments and experiences. Fear and stress, particularly prolonged exposure to serious stress without the buffering protection afforded by stable, responsive relationships—known as toxic stress—can harm the developing brain and harm short- and long-term health. Pediatricians work to keep families together in times of strife because we know that in any time of anxiety and stress, children need to be with their parents, family members and caregivers.

Children are not just little adults; they have unique needs and our immigration system must recognize this reality. The very children who would be affected by the policy reportedly under consideration by DHS are victims of or witnesses to unspeakable violence or trauma; separation from the very parents who would provide them with love, stability and reassurance would only exacerbate their suffering. Similarly, the detention of family units may retraumatize children and, as such, DHS should discontinue the general use of family detention.<sup>i</sup> The conditions at Customs and Border Protection (CBP) processing centers are inconsistent with AAP recommendations for appropriate care and treatment of children; therefore, children should not be subjected to these facilities.<sup>ii</sup>

All children, throughout the immigration process, should have access to comprehensive, trauma-informed care, including preventive care, chronic condition management, dental care, and mental health treatment, when indicated. Further, immigration enforcement actions should not occur at or near sensitive locations such as hospitals, health clinics, doctor's offices, schools, and child care facilities. The threat of arrest or deportation at a health care facility further exacerbates the fear immigrant families live with every day, causing immigrant children and families, including U.S. citizens, to avoid seeking needed health care. We are troubled by media reports of instances that would appear to violate the DHS sensitive locations policy. As such, we seek clarity as to the current policy and the enforcement actions DHS takes against those who violate the policy.

As you begin to develop and advance the priorities of DHS and plan for the years ahead, the AAP would offer the recommendations in the attached document to promote healthy children, support secure families, build strong communities, and ensure that the United States is a leading nation for children from our [Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future](#), which was released in the fall of 2016. The *Blueprint* offers several specific recommendations for DHS and we hope you will take these under consideration.

The AAP looks forward to working with you to advance shared child health priorities. At your convenience, the AAP would like to arrange a meeting with you to discuss optimal child health and safety for immigrant children and their families. To arrange that meeting, please contact Tamar Haro at [tharo@aap.org](mailto:tharo@aap.org) or 202-347-8600. In the meantime, if we or any of our subject matter experts can be of assistance to you, please do not hesitate to call upon us.

Thank you in advance for your consideration.

Sincerely,



Colleen A. Kraft, MD, FAAP  
President

CAK/mrc

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<sup>i</sup> AAP Council on Community Pediatrics, Detention of Immigrant Children Policy Statement 2017.

<sup>ii</sup> Ibid.



## DEPARTMENT OF HOMELAND SECURITY

### Vision

Immigrant children represent the fastest growing segment of the U.S. population. One in every four children lives in an immigrant family. Immigrant children who have fled violence, trauma, and extreme poverty and arrive in the United States deserve compassion and assistance. All children, throughout the immigration process, should have access to comprehensive, trauma-informed care, including preventive care, chronic condition management, dental care, and mental health treatment, when indicated. Culturally informed education, interpretation, and legal services should be available at every step in the immigration process. Children should never be placed in settings that fail to meet basic standards of health and well-being. In no case should a child be forced to represent him or herself in an immigration proceeding. It is unconscionable that a child seeking asylum or other protection in the United States be allowed to go before a judge without legal representation. The needs of the child should come first, and typically that means that separation of a parent from his or her children should not occur, unless there are concerns of safety of the child.

### Recommended Administrative Actions

**Family detention.** The Department of Homeland Security (DHS) should close all its existing family detention centers, which do not meet appropriate standards for the safety and well-being of children. In cases where children cannot be released from custody, DHS should contract with Department of Health and Human Services (HHS) and its Office of Refugee Resettlement to provide shelter and care for children.

**Access to legal representation.** The next administration should ensure that all children in immigration custody have access to legal counsel and should make legal orientation programs available at all detention and processing centers, so families know their rights and responsibilities under immigration law.

**Executive actions to defer action on deportation.** The next administration must strongly defend and expand the executive actions to defer action on deportation: Deferred Action for Childhood Arrivals (DACA) and Deferred Action for Parents

of Americans and Lawful Permanent Residents (DAPA). The next administration should end the practice of denying access to health care through the Affordable Care Act (ACA), Medicaid, and Child Health Insurance Program (CHIP) to immigrant youth who qualify for the DACA program.

### Recommended Congressional Actions

**Enact immigration reform that provides health care for all.** Every individual living in the United States, including and especially every child, should have health insurance coverage. All children, regardless of immigrant status, should have access to affordable, high-quality, comprehensive, coordinated, continuous, and culturally and linguistically responsive health services provided in a medical home. The health, well-being, and safety of children should be prioritized in all immigration proceedings. Congress should enact comprehensive immigration reform that addresses these principles.

**Legal representation.** If the administration fails to make legal representation available to all children in immigration proceedings, Congress should pass the Fair Day in Court for Kids Act (S. 2540 in the 114th Congress).

### Funding Priorities

**Protection of children.** There must be a vast increase in the resources spent on medical care (including mental and dental care), educational, interpretation, and legal services for children who arrive in the United States at the border.

### About this Document

*This document is an excerpt from Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future (<http://aap.org/blueprint>), which was produced by the American Academy of Pediatrics in September 2016 and has also been endorsed by the following organizations: the Academic Pediatric Association, the American Pediatric Society, America's Promise Alliance, the Association of Medical School Pediatric Department Chairs, Family Voices, the National Association of Pediatric Nurse Practitioners, the Pediatric Policy Council, the Society for Adolescent Health and Medicine, the Society for Pediatric Research and ZERO TO THREE.*

