September 15, 2025

The Honorable John Cornyn
Chair
U.S. Senate Committee on the Judiciary
Subcommittee on Border Security and Administration
Washington, DC 20510

The Honorable Alex Padilla
Ranking Member
U.S. Senate Committee on the Judiciary
Subcommittee on Border Security and Administration
Washington, DC 20510

Dear Chairman Cornyn and Ranking Member Padilla:

On Behalf of the American Academy of Pediatrics, [add organizations], we write to express concern about the harm current immigration policies are having on the health, well-being, and stability of children in our country. As medical and mental health clinicians for children and families, we believe that separating families, prolonging the stay of children in U.S. custody, and resuming and expanding family detention are negatively impacting children and request you to utilize Congressional oversight and legislative mechanisms to ensure children's best interests are being upheld.

Family Separation

Immigration enforcement actions resulting in the deportation of parents, have physical, emotional, and developmental repercussions for millions of children across the country, including U.S. citizen children from mixed status families. An estimated 4.4 million U.S. citizen children have at least one parent or legal guardian who is not a U.S. citizen.[i] When parents or guardians are detained and/or deported, the impacts on children are profound. Families may lose their primary source of income, children may end up with other relatives not equipped to care for them, and some children will be placed in the child welfare system.

As medical professionals, we know that a child should never be separated from his or her parent unless there are concerns for the safety of the child at the hand of the parent and a competent family court makes that determination. Studies overwhelmingly demonstrate the irreparable harm caused by breaking up families.[ii] Prolonged exposure to highly stressful situations — known as toxic stress — can disrupt a child's brain architecture and affect his or her short- and long-term health. A parent or a known caregiver's role is to mitigate these dangers. When robbed of that buffer, children are susceptible to a variety of adverse health and developmental impacts. Separated children can face immediate health problems, including physical symptoms like headaches and stomach pain, changes in body functions like eating, sleeping, behavior problems like anger, irritability and aggression, and difficulty with learning and memory. In addition to health challenges, separated children can experience developmental delays like those in in gross and fine motor skills, as well as regression in behaviors like toileting and speech. In the long-term, children who have been separated may be

susceptible to chronic conditions such as depression, post-traumatic stress disorder, diabetes, and heart disease.

Prolonged Stays in ORR Custody

Children who arrive at the border unaccompanied by a parent or legal guardian are referred by DHS to the HHS Office of Refugee Resettlement's (ORR) Unaccompanied Children's (UC) program. Children referred to ORR are placed in shelters where they are provided essential services. The UC program is designed to provide temporary care for children while ORR finds and vets sponsors, typically family members, who can care for children in communities while their immigration cases proceed through the courts. Similar to the domestic child welfare system, congregate care shelters run by ORR are not designed for caring for children for long periods of time and child welfare best practices point towards unifying a child with a family is in the child's best interest. Children and adolescents need permanency, stability, and a sense of belonging in a family for optimal well-being. It has been well established that prolonged stays in congregate care settings are harmful to child health and development and that children should be reunified with their families as quickly as possible. The longer children remain in these congregate settings, the more likely they are to experience toxic stress which leads to adverse health outcomes, especially for their mental health. Qualitative reports about detained unaccompanied immigrant children in the United States found high rates of posttraumatic stress disorder, anxiety, depression, suicidal ideation, and other behavioral problems.[iii] Young children who are detained may experience developmental delays and poor psychological adjustment, potentially affecting functioning in school.[iv]

Unfortunately, ORR has recently implemented new policies that are not in accordance with child welfare best practices that are resulting in increasing lengths of care for unaccompanied children. In fact, the average length of care in the UC program has gone from 35 days in December 2024 to 171 days in July 2025. This increase is and will have negative health impacts on children and is the result of recent changes in ORR policy. add a sentence on the circumstances in which a child ends up in ORR custody]

In March, ORR published the Interim Final Rule (IFR) which rescinded prohibitions on disqualifying sponsors based solely on immigration status, collecting sponsor immigration status information for enforcement purposes, and sharing sponsor immigration status information with enforcement agencies. This policy was adopted without justification or evidence that a sponsor's immigration status has any bearing on their ability to provide safe custody for children. These policy changes have prevented ORR from releasing children to their parents or close relatives despite a requirement in the Foundational Rule that ORR "release a child from its custody without necessary delay."[v] As a result of these policy changes, children are experiencing prolonged delays in being reunified with sponsors and remaining in congregate care at great cost to both the government and their own health and well-being.

In acknowledgement of the harms prolonged stays in custody have on unaccompanied children, Congress passed the Trafficking Victims Protection Reauthorization Act (TVPRA) which requires unaccompanied children to be promptly placed in the least restrictive setting that is in the best interest of the child.[vi] Additionally, in its 2019 report on the challenges of the Office of Refugee Resettlement (ORR) care providers in addressing the mental health needs of children in HHS custody, the HHS Office of Inspector General (OIG) found that longer stays in ORR custody led to higher levels of defiance, hopelessness, and frustration among children, along with more instances of self-harm and suicidal ideation. One of the six OIG recommendations in the report was that ORR should take all reasonable steps to minimize the time that children remain in ORR custody.

In addition to keeping immigrant children in congregate settings for prolonged periods, these recent policy changes are nullifying decades of established law protecting unaccompanied children. In May, the administration attempted to terminate the *Flores Settlement Agreement*, which establishes standards of care of unaccompanied children. In August, the administration attempted to deport 76 unaccompanied Guatemalan children, depriving children of the protections afforded by Congress by the TVPRA which requires that unaccompanied children who are not initially granted asylum resume their formal removal proceedings before an immigration judge, who may also hear their claims for asylum. Federal protections for immigrant children in U.S. custody granted by *Flores* and the TVPRA have been continuously upheld by federal courts.

Family Detention

In March, the Department of Homeland Security resumed detaining families in ICE detention centers at Karnes and Dilley in Texas. Our organizations believe that immigrant children seeking safe haven in the United States should never be placed in ICE detention facilities, as there is no evidence that any amount of time in detention is safe for children and detention itself poses a threat to child health. Family detention facilities have historically been unable to provide medical and mental health care that meets generally recognized standards.[vii] In March, our organizations wrote to President Trump and Secretary Noem raising serious concerns about the administration's decision to resume detaining families.

Detention of youth is associated with physical and mental health symptoms that appear to be caused and/or worsened by detention. A study of children ages 3 months to 17 years in a British immigration detention center revealed physical symptoms that may include somatic complaints (*e.g.*, headaches, abdominal pain), weight loss, inability to manage chronic medical problems, and missed follow-up health appointments including those for vaccinations, developmental and educational problems, and mental health symptoms including anxiety, depression, and reemergence of post-traumatic stress disorder.[viii] The authors conclude that detention of immigrant children and youth is particularly detrimental to mental health and an example of trauma with cumulative impact.[ix]

Even short periods of detention can cause psychological trauma and long-term mental health risks. Parents in detention centers have described regressive behavioral changes in their children, including decreased eating, sleep disturbances, clinginess, withdrawal, self-injurious behavior, and aggression.[x] The effect of detention has been found to undermine parental authority and parents' capacity to meet their child's needs, causing strain in the parent-child relationship.[xi] This difficulty is complicated by parental mental health problems, which include depression, anxiety, and a sense of hopelessness.[xii]

Impact of Enforcement Actions on Communities

Family separation, prolonged stays in ORR custody, and the resumption of family detention have had a 'chilling effect' on immigrant children and families in our communities. In January, the administration revoked a policy that limited federal immigration enforcement in protected spaces such as schools, hospitals, and places of worship.[xiii] Afraid of being separated, parents have instructed their children to stay home and not go outside to play or even attend school.[xiv]

Clinicians are reporting increases in no-show or cancellation for routine health care appointments, including well child visits for infants. These visits are essential to monitoring children's physical and mental development and providing preventive care. Clinicians are also seeing an increase in children and families delaying medical care for children due to fear of immigration enforcement. Delayed treatment leads to worse health outcomes including poor maternal and infant health, which require more intensive, costly interventions to mitigate and can lead to lifelong adverse impacts as children grow. Delayed medical care also causes strain on hospital emergency departments, and ultimately, to state systems and taxpayers.

Call to Action

Independent oversight of locations in which children are temporarily housed, detained, or sheltered is critical. In March, the Department of Homeland Security ordered a reduction in force for the Office of Civil Rights and Civil Liberties, the Office of Immigration Detention Ombudsman and the Office of the Citizenship and Immigration Services Ombudsman, which investigated complaints about the immigration system including detention conditions and the care of migrant children. In the absence of interdepartmental oversight, Congress remains the only institution responsible for providing oversight over the health and well-being of children in U.S. custody.

All children, regardless of where they were born, deserve to live safely with their families and in their community. As clinicians with extensive expertise in the medical and mental health care of children and for the reasons stated above, we urge you to conduct bipartisan oversight:

- Conduct a thorough, independent investigation of the government's detention practices.

- Understand how longer stays in ORR custody are impacting children's health and well-being and ensure that needs of children are met by qualified and trained providers.
- Monitor and ensure that ORR is pursuing placements in smaller shelters or long-term foster care and deprioritizing or closing large, congregate care sites which are often unlicensed.
- Appoint an independent team comprised of pediatricians, pediatric mental health providers, child welfare experts and others to conduct unannounced visits to federal facilities including ICE family detention centers and ORR shelters to assess their conditions for children and capacity to respond to medical emergencies involving a child. These experts need unfettered access to sites where children are held in federal custody to ensure that they receive suitable care while there.

Thank you for the opportunity to share our clinical knowledge with you. If you have any questions regarding this letter or if we can be of assistance, please contact Mandy Slutsker in AAP's Washington Office at mslutsker@aap.org.

Sincerely,

[list of organizations]

---

[i] Pillai D, Pillai A, Artiga S. Children of Immigrants: Key Facts on Health Coverage and Care. *Kaiser Family Foundation*. Updated April 10, 2025. Available at: https://www.kff.org/racial-equity-and-health-policy/issue-brief/children-of-immigrants-key-facts-on-health-coverage-and-care/

[ii] Bouza A, Camacho-Thompson DE, Carlo G, et al. The Science Is Clear: Separating Families Has Long-Term Damaging Psychological and Health Consequences for Children, Families, and Communities. *Society for Research in Child Development*. June 2018. Available at https://www.srcd.org/policy-media/statements-evidence/separating-families

[iii] Ibid.

[iv] Linton JM, Griffin M, Shapiro AJ. Detention of Immigrant Children. *Pediatrics*. 2017;139(5). Available at https://publications.aap.org/pediatrics/article/139/5/e20170483/38727/Detention-of-Immigrant-Children.

[v] https://www.federalregister.gov/documents/2024/04/30/2024-08329/unaccompanied-children-program-foundational-rule

[vi] §§235(a)-235(d) of TVPRA; 8 U.S.C. §1232(c)(2).

[vii] Linton JM, Griffin M, Shapiro AJ. Detention of Immigrant Children. *Pediatrics*. 2017;139(5). Available at https://publications.aap.org/pediatrics/article/139/5/e20170483/38727/Detention-of-Immigrant-Children

[viii] Lorek A, Ehntholt K, Nesbitt A, et al. The Mental and Physical Health Difficulties of Children Held within A British Immigration Detention Center: A Pilot Study. *Child Abuse Negl*. 2009;33(9):573-85.

[ix] Ibid.

[x] Linton JM, Griffin M, Shapiro AJ. Detention of Immigrant Children. *Pediatrics*. 2017;139(5). Available at https://publications.aap.org/pediatrics/article/139/5/e20170483/38727/Detention-of-Immigrant-Children.

[xi] Shapiro A. Declaration of Dr. Alan Shapiro, MD, dkt no. 187-7, case no. 2:85-cv-04544-DMG-AGR. Available at: www.humanrightsfirst.org/sites/default/files/HRFFloresAmicusBrief.pdf

[xii] Kronick R, Rousseau C, Cleveland, J. Asylum-seeking children's experiences of detention in Canada: a qualitative study. *American Journal of Orthopsychiatry*. 2015;85(3):287-294.

[xiii] Bustillo X, Martinez-Beltran S. Trump administration strips schools, churches, or immigration enforcement protections. *NPR*. January 21, 2025. Available at https://www.npr.org/2025/01/21/nx-s1-5269899/trump-immigration-enforcement-schools-churches

[xiv] Goldstein D, Sanchez IC. Immigration Raids Add to Absence Crisis for Schools. *New York Times*. June 16, 2025. Available at https://www.nytimes.com/2025/06/16/us/immigration-raids-school-absences-deportation-fears.html