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PEDIATRICS PERSPECTIVES

Children's Lives on the Border

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KEY WORDS

children, border, violence, immigration, toxic stress

ABBREVIATIONS

CforC—Community for Children

ORR—Office of Refugee Resettlement

UAC—unaccompanied alien children

UTHSCSA—University of Texas Health Science Center at San Antonio

Dr Griffin conceptualized and researched the content and drafted the initial manuscript; Dr Son contributed to conception and content and critically reviewed and edited the manuscript; Mr Shapleigh contributed to conception and acquisition of data and critically reviewed the manuscript; and all authors approved the final manuscript as submitted.

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Prolonged fear can have deleterious effects on the trajectory of a child's health and can be considered "toxic stress."¹ Hundreds of thousands of Hispanic children living along the Texas-Mexico border are exposed to fear and discrimination on a daily basis.

The authors have 35 years combined experience advocating for such children. Dr Son, a professor of pediatrics in the Division of Critical Care at the University of Texas Health Science Center at San Antonio (UTHSCSA), has extensive experience teaching and providing medical care on the Texas-Mexico border and areas of limited resources. Dr Griffin is a pediatrician at Brownsville Community Health Center, a federally qualified health center in south Texas, and is clinical faculty at UTHSCSA. Eliot Shapleigh served as Texas state senator from 1997 to 2011. Senator Shapleigh's political career continues to focus on the needs of border children.

In 2006, Drs Son and Griffin cofounded Community for Children (CforC), a UTHSCSA-sponsored international elective in community pediatrics on the Texas-Mexico border. Its focus is to train young physicians to address social justice issues. Information can be found at www.communityforchildren.org. Senator Eliot Shapleigh is a frequent visiting speaker with CforC.

The authors believe that the children's situation along the Texas-Mexico border has become dire. We write this perspective to inform other pediatricians and to solicit their advocacy on behalf of these children. Two institutions have done the most research on these children: the Women's Refugee Commission and the Vera Institute. More information regarding these institutions and the results of their research can be found in the references cited here.

Children suffering toxic stress along the Texas-Mexico border include the following:

1. children traveling alone trying to escape terror in their home countries who are arrested in the dark of night, amid screams and searchlights, in the brush country along the border²;
2. children exposed to violence in the Mexican drug wars, who now live in border communities;
3. youth brought to the United States as infants, "dreamers"³ who fear deportation or that their only pathway to legal residency will be the military³; and
4. citizen-children living in mixed-immigration status families who fear permanent separation from their parent(s) through deportation.⁴

The Texas-Mexico border is predominantly Hispanic. Even Hispanic US citizens labor under a cloud of suspicion. The 20 000 US Border Patrol agents along the southern border are seen everywhere: on the streets, in the parks, in shopping malls, even at favorite fishing holes. We would be hard pressed to find a family that does not know someone who has been removed from the community, whether that be a child whose best friend suddenly “disappears” or a beloved uncle who is taken away in handcuffs.

The impact of this fear is seen in our clinics every day:

- The 16-year-old girl with chronic inflammatory demyelinating polyneuropathy who fears not the progression of her disease but the deportation of her mother
- The new mom who quit nursing her newborn son when her husband was deported and shot to death by a drug gang and who wants to know if she has lost the intimacy of nursing her child
- The young girl with fractured vertebrae and ribs incurred from falling off the 20-foot border wall

Children apprehended by US Immigration and Customs Enforcement or the US Border Patrol crossing the border alone are called “unaccompanied alien children” (UAC) in government statutes.⁵ Although the majority of UAC are boys, aged 15 to 17, girls and boys of all ages, including infants, are detained.⁵ Most are Central Americans and are fleeing war, violence, and abuse.² The children travel by bus, on the roofs of trains, or on foot.⁶ They often witness violence, rape, and death along the way.⁶

After a child is apprehended by the Border Patrol, he or she is transferred to a shelter overseen by the Office of

Refugee Resettlement (ORR). Transfer can take hours or days and can happen at any time of the day or night. While waiting, children are detained in ill-equipped holding areas.² The children call the holding facilities *hieleras* (iceboxes).² A Border Patrol agent acknowledged that the facilities are intentionally kept cold to keep the detainees “docile.”² There are 1400 beds dedicated for UAC in shelters, foster care, and detention centers along the Texas-Mexico border (L. Raffonelli, personal communication, MA, 2013). When there are not enough beds along the border, ORR calls the shelters to alert them to prepare for “the bathers” (K. Dorset and A. Torres, personal communication, 2012). The bathers are children who will be given a shower and a meal before being transported to another ORR-approved shelter farther north. Shelter administrators describe heartbreaking moments when the bathers arrive. Dirty, scared, and hungry, they are afraid to take their first bite of food and dare not ask for more. They are fed and cleaned and then they are gone. In 2012, there were 13 625 children held in ORR facilities in 17 states.⁷

Sometimes children are detained with their parents but later separated until the Border Patrol can confirm that the adults are the child’s parents. Recently, after a night of violence in Valle de Juarez, a 4-year-old whose mother fled with him across the border was detained. As he was being separated from his mother by the Border Patrol, the boy calmly asked her, “¿Mama, ya nos van a matar?” (“Momma, are they going to kill us now?”) (C. Spector, JD, personal communication, 2013).

Last spring, we took CforC participants to Immigration Court to witness the UAC being processed through court. We watched as approximately a dozen

children filed in that day. It is a haunting experience to watch 7- and 8-year-old children, standing in court alone and confused, as the judge tries to explain that they have violated US immigration laws. Although the ORR is responsible for ensuring access to legal representation for all UAC in custody, by government statute, it must be at no cost to the government.⁵ The Texas-Mexico border is an impoverished region with few pro bono legal resources. Most of these children, therefore, have no legal representation.

In June, the US Senate passed SB 744, which includes a border “surge,” which would double the number of Border Patrol agents, as well as adding Apache attack helicopters and other security measures. We believe that comprehensive immigration reform should not come at the expense of children’s health and human rights along the border.

The children along the Texas-Mexico border need “strategically positioned community leaders” from the professions of law, medicine, and education to intervene on their behalf.¹ The level of toxic stress and their experience of violence affects their physical, emotional, and mental health. The authors urge the American Academy of Pediatrics to continue to advocate for comprehensive immigration reform to include health care for all immigrant children, along with mental health services. We recommend pediatricians join the American Academy of Pediatrics’ Immigrant Health Special Interest Group to add their voices as advocates for these children. We invite pediatricians to come to the Texas-Mexico border to bear witness to this humanitarian crisis. If our profession is truly dedicated to the health of all children, this must include the frightened children on the border.

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