



POSITION STATEMENT

Detention of Immigrant Children

Introduction

The National Commission on Correctional Health Care (NCCHC) is the nation's long-standing leader in the development of standards and accreditation of health care in correctional facilities. NCCHC's primary goal is to ensure the provision of high quality, comprehensive health care to all people detained in confined settings. The challenges presented by the increasing numbers of children and families being detained by U.S. Immigration and Customs Enforcement and the extended periods of confinement overwhelm the capacity of health care providers in these settings and surrounding communities, reduce the available resources to provide quality care, and pose potential health risks to these immigrant children and those caring for them.

Position Statement

The National Commission on Correctional Health Care does not support the detention of any child due to immigration status and encourages full compliance with the Flores Settlement Agreement that establishes standards and licensing authority and limits the amount of time for which migrant and asylum-seeking children can be detained.

NCCHC recommends that all people who are detained in confined settings receive developmentally appropriate physical and mental health care that also incorporates the social and life skill needs of the population being served. Immigrant children, adolescents, and pregnant women detained in confined settings require the following:

1. Provision of health care services by pediatric, adolescent, and obstetric health care specialists that includes screening and treatment for medical and behavioral health conditions and is timely, culturally and linguistically sensitive, and gender- and trauma-responsive
2. Housing in developmentally appropriate facilities with policies and procedures in place to minimize the risk of communicable disease and the development or exacerbation of other health conditions by ensuring appropriate environmental temperatures, sanitation, physical space, and provision of adequate linens, clothing, water, food, and hygiene products
3. Safe supervision by personnel specifically trained to support the developmental and cultural needs of the population being served
4. The opportunity to remain with parents, guardians, siblings, or other relatives whenever possible and to reunify with family members at the earliest possible time both to minimize further trauma and to allow for adequate medical history and consent for treatment

5. Transition to a nonsecure, licensed facility at the earliest possible time as per the Flores Settlement Agreement

*Adopted by the National Commission on Correctional Health Care Board of Directors
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References

Linton J et al (2017). Detention of immigrant children. *Pediatrics*, 139 (5): e20170483.

McLaughlin, KA & Lambert, HK (2017). Child trauma exposure and psychopathology: mechanisms of risk and resilience. *Current Opinion in Psychology*, 14: 29-34.