

May 29th, 2020

To the Committee reviewing the Immigrant Detention Accountability
Bill: HB20-1409

I am a general pediatrician, Associate Professor of Pediatrics at the University of Colorado School of Medicine, and am the Medical Director of the Denver Health Refugee Clinic and Human Rights Clinic. I am on the Executive Committee of the American Academy of Pediatrics Council on Child Immigrant and Family Health. I have provided medical care for immigrants and refugees for 20 years and am funded through the Centers for Disease Control to assist in developing evidence-based medical screening guidelines for immigrant populations. I have also provided expert consultation on the development of the Office of Refugee Resettlement medical screening guidelines for unaccompanied children. I was asked by the Colorado People's Alliance to share my expertise in immigrant health and my experience working to perform medical and mental health forensic exams at the GEO Detention Center in Aurora, Colorado and to provide pediatric expert consultation for unaccompanied children held at the Office of Refugee Resettlement-funded Westminster, Colorado Devereaux shelter.

Based on these experiences, that I will outline, below, I am a very strong supporter of the Immigrant Detention Accountability Bill. This proposed legislation will allow both the ORR unaccompanied children's shelter in Westminster as well as the Immigrant Detention Center in Aurora, Colorado to be defined as "penal institutions" so that the Colorado Department of Public Health and Environment will have regular access to these facilities to assure compliance with the provision of evidence-based medical and mental health care as well as with outbreak management and containment as recommended by the Centers for Disease Control and Prevention.

I personally have performed 4 medical forensic evaluations of immigrant detainees at the GEO Immigrant Detention Center and my team at the Denver Health Human Rights Clinic have performed over 40 evaluations in the past 18 months. What is clear from our expert team of medical and mental health providers is that medical and mental health care is sub-standard. When at a full capacity of 1500 people, it had only one mid-level provider overseeing care. We saw patients with inadequately treated depression, anxiety and PTSD, as well as those needing further neurological work-up and management of post-concussive syndrome due to prior head trauma sustained in countries at war. I personally evaluated a patient who suffered from ongoing, debilitating post-concussive syndrome causing constant headaches, dizziness, difficulty concentrating, and significant sensitivity to light, all due to his prior injuries in Mexico, where he had been beaten by drug traffickers. He had never had imaging of his brain and had not seen a neurologist to manage his symptoms. At that time, he had been held at GEO for approximately 12 months. The Denver Health Human Rights Clinic also is often called upon by pro bono lawyers to write letters highlighting medical and mental health issues that are not being adequately managed by the Detention Center Staff. Letters have included asking for

neurologic, psychiatric, endocrine, and infectious disease sub-specialty consults as well as letters arguing for release due to the current COVID crisis and patients who have medical conditions putting them at high risk for severe complications and death.

The ORR-funded Devereaux shelter for unaccompanied children also needs to be included in this bill to require standardized state oversight of medical and mental health care received there. At its opening, the shelter had no pediatrician nor pediatric psychiatrist identified to consult on children held there with complex medical and/or mental health conditions. They are staffed by 1 English-speaking physician assistant who (I was told by staff there) had no specific training in caring for immigrant children. I was contacted by the shelter's leadership to build capacity at one of Denver Health's community health centers to see children needing complex medical management. However, their leadership did not believe that a pediatric psychiatrist was needed. I had to reach out to the federal ORR office and communicate directly with ORR pediatrician Dr. Shanaan Meyerstein to allow him to explain the importance of having access to an expert child psychiatrist. In this case, I personally had to arrange for the linkage of the shelter to Dr. Stephen Berkowitz, a child psychiatrist and expert in toxic stress, to consult for the shelter.

Of note, current ORR medical screening guidelines (see attached) do not follow evidence-based CDC Domestic Refugee Screening Guidelines (<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>). No children are tested or presumptively treated for high-prevalence parasites and children are not tested for sexually transmitted infections (i.e., gonorrhea, chlamydia, syphilis, hepatitis B and C) unless the child discloses a history of sexual activity, rape, and/or abuse at an intake evaluation. HIV testing is only performed for those children 13 years and over, unless they disclose sexual activity, rape, and/or abuse at intake. And no children are testing for infections acquired from their mothers during pregnancy (i.e., vertically transmitted syphilis, hepatitis B, C, and HIV). These guidelines run counter to what is known about sexually transmitted infections—children will often not disclose sexual activity or abuse—and one would assume disclosure is even more limited given that these children are unaccompanied, have baseline trauma given their circumstances, and do not trust the very process of detention in these settings.

I have personally taken care of a 14 year old girl who was released after being held for 1 year in an ORR shelter in Texas who had an undiagnosed, untreated sexually transmitted disease because she did not disclose her history of sexual abuse while in detention. Under current guidelines, she and others like her, are continually missed. She also had undiagnosed, untreated parasite infections that are missed in all cases at ORR shelters. I and Dr. Berkowitz also have taken care of another unaccompanied child released from a Texas shelter after being held for over 1 year who was misdiagnosed with bipolar disease when, in fact, he had PTSD. He was put on multiple psychiatric medications for bipolar disease with multiple significant side effects and arrived to see us with severe sedation to the point that he was unable to walk.

I understand that the 2 cases, above, come from ORR shelters in Texas, however, these cases underscore the absolute need for state oversight of the ORR facility in Westminster.

I call on the State of Colorado to designate both the ORR shelter and the GEO Detention Center as “penal institutions” so that immigrant children and adults held in our state have access to appropriate, evidence-based medical and mental health care. As a pediatrician specializing in immigrant health, it is of utmost importance to assure that all children held in the ORR unaccompanied minor shelter in Westminster receive CDC standard of care, evidence-based screening for sexually and vertically transmitted disease as well as screening or presumptive treatment for parasitic infections with high prevalence from the countries from where they emigrated.

Sincerely,

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