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August 6, 2018

The Honorable Kirstjen M. Nielsen
Secretary, U.S. Department of Homeland Security
245 Murray Lane, SW, Building 410
Washington, DC 20528

The Honorable Alex Azar
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Nielsen and Secretary Azar:

The California Conference of Local Health Officers (CCLHO) is deeply concerned about reports of recent federal actions regarding the treatment of families seeking asylum at the United States-Mexico Border. Per multiple published reports, the current administration's immigration policy resulted in the separation of more than 2,000 children from their families. As public health officials, we strongly encourage you to ensure that children who have yet to be reunited with their families are reunited immediately.

There is abundant evidence that the traumas inflicted by family separation can have long-term adverse consequences to the children. We also believe that the children that went through separation should be provided the necessary health and mental health services to mitigate these adverse childhood experiences (ACEs). Children experiencing family disruption are more likely to have social, emotional, and cognitive impairment and are at greater risk of developing chronic diseases and health-risk behaviors. There is also growing evidence for an intergenerational cycle of ACEs; that is, children impacted by ACEs grow up and become parents and then their children are at higher odds of poor overall health status; the greater the parental ACEs, the higher the odds of poorer health in their offspring.*

We are aware that a presidential executive order is intended to end the policy of separating families at our border and that recent court decisions have required family reunification. Going forward, children in the custody of their parents should not be separated from the parent unless there are concerns for the safety of the child at the hand of the parent. Reunification should be the default unless there are specific compelling concerns regarding health and safety that would preclude reunification.

In every decision about children, government decision-makers should prioritize the best interests of the child. Families seeking asylum should be treated with dignity and respect to protect their health and well-being. Many of these families and children already experienced trauma prior to arrival at the border making them particularly vulnerable. It is important that parents are given the care and support to help healing. Good parenting and social support contribute to a child's resilience.

Moreover, the current administration has argued in court for the ability to indefinitely detain immigrant families apprehended at the border. Of note, the Department of Homeland Security's Advisory Committee on Family Residential Centers made the following recommendation in 2016: *DHS's immigration enforcement practices should operationalize the presumption that detention is generally neither appropriate nor necessary for families—and that detention or the separation of families for purposes of immigration enforcement or management are never in the best interest of children.***

Secretary Nielsen and Secretary Azar
Page 2
August 6, 2018

CCLHO agrees with the American Academy of Pediatrics policy statement on the Detention of Immigrant Children (March 2017) that states "*Children, especially those who have been exposed to trauma and violence, should not be placed in settings that do not meet basic standards for children's physical and mental health and that expose children to additional risk, fear, and trauma.*"***

Given what we know about the adverse long-term health consequences of childhood traumas, we are deeply concerned that children have been separated from their families and that for those families still together, the administration has requested the ability to detain families, including those families currently housed in detention centers, indefinitely. Considering the previous trauma that many of these families experienced during their journey to the US border and beforehand, CCLHO strongly urges that immigrant children who have been separated from their families be reunited with their families in a rapid and safe manner and that children and families receive medical and mental health care that is of high quality, that is trauma-informed, and that is appropriate to age and circumstance.

CCLHO was established in statute in 1947 to advise the California Department of Health Services (now the California Department of Public Health), other departments, boards, commissions, and officials of federal, state and local agencies, the Legislature and other organizations on all matters affecting health. CCLHO membership consists of all legally appointed physician health officers in California's 61 city and county jurisdictions.

Thank you for your consideration. Should you have any questions, please contact me by email at ken.cutler@co.nevada.ca.us or by phone at 530-265-7154. Thank you.

Sincerely,

Original signed by Dr. Ken Cutler

Ken Cutler, MD, MPH
President, California Conference of Local Health Officers

cc: Karen Smith, MD, MPH
Director and State Public Health Officer, California Department of Public Health

*American Academy of Pediatrics, AAP News and Journals Gateway,
<http://www.aappublications.org/news/2018/05/31/when-aces-are-held-by-more-than-one-generation-the-outcomes-are-concerning-pediatrics-5-31-18>
Accessed July 11, 2018.

**Department of Homeland Security, Immigration and Customs Enforcement. Report of the ICE Advisory Committee on Family Residential Centers, <https://www.ice.gov/sites/default/files/documents/Report2016/acfrc-report-final-102016.pdf>.
Accessed July 9, 2018

***American Academy of Pediatrics, AAP News & Journals Gateway,
<http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483>
Accessed July 9, 2018.