



December 4, 2019

Statement for the Record of Myra Jones-Taylor, Chief Policy Officer, ZERO TO THREE

Mr. Chairman, Ranking Member Foxx, and Members of the Committee:

On behalf of ZERO TO THREE, I wish to express our deep appreciation to the Committee for holding this hearing, helping to keep the ongoing, unjust treatment of children in immigrant families in the consciousness of your colleagues and the public. Under the current Administration, immigration policy has taken a drastic turn, putting many children and families at risk: more than 5,400 children have been separated from their families;ⁱ further, attacks on eligibility have contributed to steep declines in participation in vital programs that support families with children.ⁱⁱ Together these policies jeopardize access to the supports for healthy development for millions of young children in immigrant families.

Founded more than 40 years ago, ZERO TO THREE is a national nonprofit organization whose mission is to ensure that all babies and toddlers have a strong start in life. We translate the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers. We work to ensure that babies and toddlers benefit from the family and community connections critical to their well-being and healthy development.

As we continue to learn more about the emotional and physical toll of recent immigration policy changes, specifically as they pertain to young children, ZERO TO THREE is compelled to reiterate what decades of childhood trauma research clearly spell out about its impacts on young children: Separating children from their family members or trusted adults, holding children in detention centers, stripping families’ of their rights to basic needs through the expansion of public charge, publicizing Immigration and Customs Enforcement (ICE) raids, thus deliberately instilling fear in immigrant families and communities, and any other policy that deprives children -- American or not -- of the opportunity to thrive is not in the best interest of our society. The ramifications of such policies are persistent and could lead to lifelong harm.

The Science of Early Development Explains Special Risks for Babies.

The research is clear - babies develop and learn within the context of their earliest relationships and experiences with the trusted adults around them. As babies, the ways in which we are held, talked to, and cared for teaches us about who we are how we are valued – experiences that profoundly shape the people we will become. Because of the essential role of close relationships in early development, babies in turn are affected by the emotional well-being of their caregivers and families. These experiences and relationships influence the foundational brain architecture on which all later learning will rest.

The period of extraordinary development that takes place in the first three years of life is also one of great vulnerability. Infants and toddlers who do not receive the positive experiences needed for strong development in the first years of life, who are stripped of the protective relationships and environments that can buffer them from adverse experiences, can rapidly fall behind. This is precisely the situation in which very young children at the border find themselves: the actions of representatives of the United States government are placing their early development and long-term well-being at grave risk.

There is a common misconception that babies are too young to be affected by the events around them – that they do not notice when they are separated from their parents or held in detention centers. In truth, at the very foundation of babies’ development, intense trauma almost inevitably creates physiological damage to their brains, and emotional damage that they will carry into the future.

Recent Immigration Policy Creates a Pattern of Stress and Trauma for Young Children.

Over the past several years, changes in immigration policy have increased the situations that result in stress and trauma for young children and their families. Traumatic experiences inflicted upon these young children, such as separation from close caregivers, detention with or without families, and being housed in orphanage-like facilities, could lead to lifelong harm and are tantamount to child abuse.

Upon implementation of the current Administration’s “Zero Tolerance Policy” (Zero Tolerance), young children whose families sought safety in the United States were separated from their caregivers primarily their parents, or trusted family members marking a drastic change in the treatment of families seeking refuge and asylum in the country. Subjecting young children to separation from trusted adults creates trauma that could lead to lifelong harm. Further, placing these children, along with older children in Customs and Border Patrol detention, as happened for a period this past year, and exposing them to unhealthy living conditions is grossly inadequate care that puts them at further risk of long-lasting trauma.

As protests against Zero Tolerance mounted, the Administration looked at placing more children and parents in family detention. However, long-term family detention is blocked by the provisions of the Flores Settlement Agreement (FSA), which created protections for immigrant children in U.S. custody. The regulations promulgated to take the place of the FSA would wipe away the protections given to children that effectively prohibit unlimited family detention, an unhealthy situation for children, and especially the very young. ZERO TO THREE was proud to stand with 20 other organizations to file an amicus brief on the impact of the Rule on children. The brief detailed many ways in which the Rule, which was rejected by the court and is now on appeal, would harm children. Drawing on our longstanding expertise in infant and early childhood mental health, one of these focused on the impacts on young children’s emotional well-being:

Sending infants and toddlers, even with their parents, to institutional detention is profoundly destructive to the health and well-being of a young child. Decades of research in child development clearly show that physical and social environments have a significant impact on children’s healthy development. A baby’s brain makes more than one million neural connections every second, growing faster than at any point later in their life. These connections are shaped by their experiences—both positive and negative—and the consequent level of harmful stress in their lives... Early childhood trauma has severe implications for both physical and emotional health over time, increasing young children’s risk for learning difficulties, problems forming relationships, and adult health problems.ⁱⁱⁱ

While Zero Tolerance has ended, some young children continue to be separated from the caregivers who brought them to the U.S. border. Since the Office of Refugee Resettlement (ORR), which cares for unaccompanied children, has traditionally cared for older children who made the journey to the U.S.

alone, they have scrambled to find suitable placements for younger children and have contracted for at least one congregate care facility housing only children from birth to age five.^{iv} As we explain below, such an arrangement is unsuitable to meet the developmental needs of children who need interaction with a continuous caregiver in order to thrive.

Evaluations of children who have been detained in similar conditions, even with their families, reveal alarming outcomes for young children, with many displaying developmental delays and signs of emotional disturbance.^v The long-term harm of family detention on children is well known. Research has shown that children in detention are more susceptible to Post-Traumatic Stress Disorder (PTSD) symptoms as compared to adults.^{vi} Further, researchers have found regressions in child development, suicide attempts, and high levels of anxiety and depression in children in detention.^{vii} While even brief periods of detention impact children’s functioning, worsening mental health symptoms increase the longer a child is in detention.^{viii}

Creating barriers to services that help families meet their basic needs harms children and families.

Beyond reliable relationships that foster good mental health, babies and toddlers need safety, good nutrition, and health care in order to have strong physical health. It is widely understood that programs like SNAP, Medicaid, and housing assistance are critical for infants, toddlers, and families. When babies have access to resources that provide safe, stable housing, access to quality, affordable health care, and good nutrition, the neural connections in their brains are strengthened, forming a strong foundation for healthy development. Conversely, when babies do not get what their growing brains need to thrive, they do not develop as they should, leading to life-long developmental, educational, social, and health challenges. The recent attempts by the Administration to severely limit immigrant families’ access to critical supports that help them meet their basic needs undermines children’s ability to thrive.

Previous experience and recent research suggest that the expansion of the public charge definition will lead individuals to forgo enrollment in or disenroll themselves and their children from public programs because they do not understand the rule’s details and fear their own or their children’s enrollment could negatively affect their or their family members’ immigration status.^{ix} For example, prior to the final rule, there were growing anecdotal reports of individuals disenrolling or choosing not to enroll themselves or their children in Medicaid and CHIP due to growing fears and uncertainty.^x Providers also have reported increasing concerns among parents about enrolling their children in Medicaid and food assistance programs,^{xi} and WIC agencies across a number of states have had enrollment drops that they attribute largely to fears about public charge.^{xii} A survey conducted prior to the final rule found that one in seven adults in immigrant families reported avoiding public benefit programs for fear of risking future green card status, and more than one in five adults in low-income immigrant families reported this fear.^{xiii}

Out of deep concern for young children, families, and the future of our country, ZERO TO THREE remains in strong, informed opposition to any practice that causes trauma and long-term harm to children. As we apply our research-based lens to current immigration practices and debate, we have three priorities that we urge Congress to consider in formulating a response to this tragic situation:

1. Babies do not belong in congregate care or detention, even with their families.

Research demonstrates that babies’ physical and social environments have a significant impact on their development. Even under the best circumstances, caring for young children outside of community-based family settings deprives them of the proper care they need to thrive. There is definitive scientific evidence that being held in congregate care or detention is harmful for young children. In congregate care, young children are stripped of critical one-on-one relationships that support healthy brain development. Placing babies and toddlers in detention centers, even with their families, is not a viable option. The only safe placement for young children is in a family setting. In the unique circumstance of a young child entering our country with an adult deemed to be dangerous or unfit to provide care, the young child must remain in a community-based family setting, such as with foster parents.

Congregate care:

Infants and toddlers need consistent and personalized care from trusted, loving adults. When migrant babies are placed in congregate care, as reports indicate, they are deprived of the nurturing relationships needed to thrive and their development is derailed. In such group settings, multiple different adults that the child does not know, or trust are responsible for their care, while working rotating shifts. Studies from around the world show that children placed in congregate care settings experience serious compromises in cognitive, language, and especially, social development. Landmark studies of young children exposed to institutional rearing in Romania show alterations in the structure and functioning of their brains, and serious psychiatric and social impairments lasting into adulthood.^{xiv}

Family detention:

Sending infants and toddlers to institutional detention even with families is detrimental to their health and well-being. The contention that children are only temporarily being held in detention facilities does nothing to change the impact on their development. Reports from detention camps indicate that children, including babies, are not being provided with the basics of hygiene and care, including regular diapering and nutritious food. Beyond these violations to basic needs, detention places children in an environment of confinement, deprivation of stimuli or overstimulation, and developmentally inappropriate and often harsh treatment, causing severe stress for both the children and their caregivers. Historically, evaluations of children who have been detained, even with their families, reveal alarming outcomes, with many children displaying developmental delays and signs of emotional disturbance such as short attention span, aggression, withdrawal, difficulty coping, and learning difficulties.^{xv} If the legal protections established for children’s care in such facilities (including time limits and regulations) are not adhered to, or are reversed, infants, toddlers and their families in detention facilities are vulnerable to prolonged stays, abuse, and neglect. Further compounding the risk to their well-being, families in detention may face inadequate access to services including the medical and mental health care they desperately need.

2. Families who have been separated must be reunified immediately, and the practice of separating children from their parents must not continue.

While the practice of separating children from their families was prohibited over a year ago via an Executive Order, it is evident that this practice has continued. While the rapid development of infants and toddlers makes them particularly vulnerable to trauma, families offer an essential buffer to those experiences. When children are separated from their parents after crossing the border, that primary bond is severed. This causes stress hormones to flood babies’ brains, disrupting their neurological circuitry in ways that profoundly affect their short- and long-term physical and emotional health, and their ability to form relationships and learn. That trauma is compounded when children are placed in the care of strangers untrained to care for young children, either older children or adults who are ill-equipped to protect them, much less nurture their healthy development. The broad consensus of researchers and practitioners is that to continue to separate families in this way is tantamount to child abuse. Additionally, children who have already been separated must be immediately reunited with their caregivers, providing them with the close relationship they need to cope with the trauma they have undergone.

3. Young children who have been held in detention and/or have been separated from their families need access to voluntary infant and early childhood mental health services and support.

Decades of psychological and brain research have demonstrated that adverse experiences during the first three years, including forced parental separation and placement in incarceration-like settings, can have profound immediate and long-term harm on child development. In the short-term, children may experience anxiety, depression, and self-regulatory issues, including sleeplessness or eating issues. Over time, they may show regression in behavior and cognition, and demonstrate symptoms of post-traumatic stress disorder. This type of trauma, particularly when not addressed by an experienced and trusted clinician, has severe implications for both physical and emotional health over time, increasing young children’s risk for learning difficulties, problems forming relationships, and adult health issues. Caregivers, who are also deeply psychologically and physiologically impacted by their recent experiences, also need support to provide their children with the care they need. When families have been separated, reunification itself may be difficult, as separated young children do not have the capacity to understand what has transpired and may feel abandoned by their parents. This is complex work, requiring a focus on both parent and child, and requiring specialized expertise and developmentally appropriate, evidence-based support. Infant and early childhood mental health professionals across the United States are able to help, but they need pathways to families. Unlike with older children in ORR custody, who are afforded mental health services only when they exhibit signs of distress, it should be assumed that any young child who has been detained with family members or separated from them has experienced trauma. That child’s care should be guided by an understanding of infant and early childhood mental health, and observation by a trained specialist should be the rule rather than the exception.

Regardless of when or how children arrive to the United States, we have an obligation to ensure their safety and basic needs. All children should have a safe and healthy childhood – federal laws protect the right of immigrant children and the children of immigrant parents to access many of the essential programs and services under the jurisdiction of this Committee. We would like to reiterate our gratitude

to this Committee for holding this important hearing and keeping this issue before the public eye. The Administration’s actions are jeopardizing access to a safe and healthy childhood for millions of children, undermining their development and radically altering the trajectory of their lives.

Thank you again for your time and commitment to infants, toddlers, and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Myra Jones-Taylor". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Myra Jones-Taylor

Chief Policy Officer, ZERO TO THREE

ⁱ Tally of children split at border tops 5,400 in new count. (2019, October 25).

<https://apnews.com/c654e652a4674cf19304a4a4ff599feb>

ⁱⁱ SNAP Caseload and Spending Declines Have Accelerated in Recent Years. (2019, July 12).

<https://www.cbpp.org/research/food-assistance/snap-caseload-and-spending-declines-have-accelerated-in-recent-years>

ⁱⁱⁱ United States District Court General District of California. Jenny Lisette Flores, *et al.*, Plaintiffs, v. William Barr, Attorney General of the United States, *et al.*, Defendants. Case 2:85-cv-04544-DMG-AGR Document 632-1. Filed 08/30/2019. https://gallery.mailchimp.com/31e15e5fee7b5a6208b646806/files/501a9948-29c9-415d-93d1-8f49e3fe0c62/2019_0830_632_1_Exhibit_A_Proposed_Amicus_Brief.pdf

^{iv} The US is quietly opening shelters for babies and young kids. One has 12 children and no mothers. (2019, July 13). <https://www.revealnews.org/article/the-us-is-quietly-opening-shelters-for-babies-and-young-kids-one-has-12-children-and-no-mothers/>

^v Mares, S. (2015). Fifteen years of detaining children who seek asylum in Australia – evidence and consequences. *Australasian Psychiatry*, 24(1), 1-14. doi:10.1177/1039856215620029

^{vi} Triggs, G. (2015). The Forgotten Children: National Inquiry into Children in Immigration Detention 2014. *The Medical Journal of Australia*, 202(11), 553-555. doi:10.5694/mja15.00551

^{vii} Acer, E., Byrne, O. (2015). Family Detention: Still Happening, Still Damaging. *Human Rights First*.

^{viii} Mares, S. (2015). Fifteen years of detaining children who seek asylum in Australia – evidence and consequences. *Australasian Psychiatry*, 24(1), 1-14. doi:10.1177/1039856215620029

^{ix} Findings show that recent immigration policy changes have increased fears and confusion among broad groups of immigrants beyond those directly affected by the changes. See Samantha Artiga and Petry Ubri, *Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health*, (Washington, DC: Kaiser Family Foundation, December 2017), <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/> and Samantha Artiga and Barbara Lyons, *Family Consequences of Detention/Deportation: Effects on Finances, Health, and Well-Being* (Washington, DC: Kaiser Family Foundation, September 2018), <https://www.kff.org/disparities-policy/issue-brief/family-consequences-of-detention-deportation-effects-on-finances-health-and-well-being/>. Similarly, earlier experiences show that welfare reform changes increased confusion and fear about enrolling in public benefits among immigrant families beyond those directly affected by the changes. See Neeraj Kaushal and Robert Kaestner, *Welfare Reform and Health Insurance of Immigrants*, *Health Services Research*, 40(3), (June

2005), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361164/>; Michael Fix and Jeffrey Passel, *Trends in Noncitizens’ and Citizens’ Use of Public Benefits Following Welfare Reform 1994-97* (Washington, DC: The Urban Institute, March 1, 1999) <https://www.urban.org/sites/default/files/publication/69781/408086-Trends-in-Noncitizens-and-Citizens-Use-of-Public-Benefits-Following-Welfare-Reform.pdf>; Namratha R. Kandula, et. al, “The Unintended Impact of Welfare Reform on the Medicaid Enrollment of Eligible Immigrants,” *Health Services Research*, 39(5), (October 2004), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361081/>; Rachel Benson Gold, *Immigrants and Medicaid After Welfare Reform*, (Washington, DC: The Guttmacher Institute, May 1, 2003), <https://www.guttmacher.org/gpr/2003/05/immigrants-and-medicare-after-welfare-reform>.

^x Samantha Artiga and Petry Ubri, *Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health*, (Washington, DC: Kaiser Family Foundation, December 2017), <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>; Samantha Artiga and Barbara Lyons, *Family Consequences of Detention/Deportation: Effects on Finances, Health, and Well-Being* (Washington, DC: Kaiser Family Foundation, September 2018), <https://www.kff.org/disparities-policy/issue-brief/family-consequences-of-detention-deportation-effects-on-finances-health-and-well-being/>; and Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, *With Public Charge Rule Looming, One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*, (Washington, DC: Urban Institute, May 2019), <https://www.urban.org/urban-wire/public-charge-rule-looming-one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018>

^{xi} The Children’s Partnership, California Children in Immigrant Families: The Health Provider Perspective, 2018, <https://www.childrenspartnership.org/wp-content/uploads/2018/03/Provider-Survey-Inforgraphic-.pdf> .

^{xii} Bottemiller Evich, H., Immigrants, fearing Trump crackdown, drop out of nutrition programs, Politico (Washington, DC, September 4, 2018). Accessed July 18, 2019, <https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>

^{xiii} Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, With Public Charge Rule Looming, One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018, (Washington, DC: Urban Institute, May 2019), <https://www.urban.org/urban-wire/public-charge-rule-looming-one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018>

^{xiv} Zeanah, C. H., Fox, N. A., & Nelson, C. A. (2012). The Bucharest Early Intervention Project: case study in the ethics of mental health research. *The Journal of nervous and mental disease*, 200(3), 243–247. doi:10.1097/NMD.0b013e318247d275

^{xv} Mares, S. (2015). Fifteen years of detaining children who seek asylum in Australia – evidence and consequences. *Australasian Psychiatry*, 24(1), 1-14. doi:10.1177/1039856215620029