

COMPASSION WITHOUT BORDERS

RNs REPORT ON THE PUBLIC HEALTH CRISIS AT THE BORDER



RNRN
RN Response Network

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Missy Gilbert, an RN from Maryland, at Casa Alitas shelter.



Jessica Rose, an RN from Arizona, with a young patient.

“ When the families first arrived at the shelter, they were shell-shocked, hesitant, and scared. They were initially afraid to admit to any medical problems because they thought their asylum applications would be rejected. It took a while to gain their trust. We had to tell them we had nothing to do with Border Patrol, we were nurses there to help. ”

— Missy Gilbert, RN, Maryland

“ I met a mom from Honduras with two teenagers who broke down in tears when we nurses offered her and her sons basic care. She couldn't believe she made it to Arizona. She said that her son got kidnapped and she freed him. They ran away so her son could avoid being recruited by gangs. If anyone refuses, the gangs will kill them or their families. ”

— Idi Aleman, RN, Texas

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Deaths in federal custody. Young children separated from their parents. A public health crisis. As reports of the dire situation at the border emerged, the Registered Nurse Response Network (RNRN) was moved to act and sent out a call for volunteers; nearly 2,000 RNs responded. As a result, RNRN — a disaster relief program sponsored by National Nurses United (NNU) and California Nurses Foundation (CNF) — deployed 20 teams of volunteer registered nurses to provide basic medical care at border shelters from January 2019 to July 2019.

There was a clear and urgent need for the compassion and care of nurses at the border. As advocates for a single standard of care, regardless of immigration status or country of origin, nurses such as Sonia Torres, an RN from Texas, were ready to help. “What was happening at the border was unsettling in my soul,” said Torres. “This RNRN opportunity felt like it was mandatory for me. It felt like a visceral response that needed to be done. The stories of people who come to our country because they are seeking asylum or because they want a better life for themselves is near and dear to my heart. My dad did this at just 13 years old. My daughter is now the same age. Tucson became a bridge where my heart was opened, my eyes were opened, and my hands were open and put to use to be a welcoming agent, a friendly face after a long, treacherous journey.”

RNRN RESPONDS: NURSES DEPLOYED AT THE BORDER

An RNRN advance team traveled to El Paso, Texas and Tucson, Arizona in January 2019 to assess the immediate needs and provide care in these border communities. RNRN was asked to continue deploying nurses to Tucson at a shelter operated by Catholic Community Services of Southern Arizona through Casa Alitas, its local humanitarian aid project. Local medical volunteers urgently needed relief and additional support to care for the increasing number of families dropped off by U.S. Immigration and Customs Enforcement (ICE) and U.S. Border Patrol.

Casa Alitas had been operating a 24/7 shelter since October 2018, and in January 2019 it secured a large monastery to operate a shelter with more than 350 beds. For these asylum seekers, the shelter was just a short stop on their journey to their next destination — the home of a host family or relative in the United States. But Casa Alitas was a place where they were able to shower, eat warm, edible food, and sleep on a cot or bed instead of a concrete floor.

“People told me that while they were in detention, the lights were on all the time so they lost track of time,” said Carla Valdez, an RN



From left to right: Sandy Reding, RN, California; Cecilia Olivas, RN, Texas; Maria Rojas, RN, Florida; and Anna Landau, MD, Arizona.

volunteer from Texas. “There were no windows and it was freezing cold. Parents rationed the food they got, giving it to their kids. Some hadn’t eaten anything for days by the time they arrived at Casa Alitas.”

RNRN volunteers provided medical care as well as comfort and support for many who suffered deep trauma. The nurses saw exhausted and scared asylum seekers arrive at the shelter. Some families had been moved from one detention center to another and didn’t know where they were when they arrived in Tucson or if they were still in detention. “The adults were in shock,” said Ann MacKenzie, an RNRN volunteer from California. “They didn’t know what was going to happen to them and they didn’t trust anyone.”

In detention, the asylum seekers did not get enough water to drink and were given food they could not digest. “When they arrived, all of the people from Central America had digestive problems,” said Idi Aleman, an RN from Texas. “Even tiny kids had gastritis. It’s horrible the way they are being treated in detention.”

Initially, ICE brought approximately 40 to 60 people daily to the Casa Alitas shelter but during the RNRN deployments, the numbers continued to grow, with often more than 100 and sometimes more than 200 people per day dropped off by ICE and Border Patrol. The new arrivals were in addition to the hundreds already staying in the shelter waiting to continue their journey to their host families.

During the months that RNRN provided support to the Tucson site, the shelter assisted more than 10,000 individuals who are exercising their legal right to seek asylum in the United States. Many left their home countries because of extreme violence and poverty. In Honduras, young people face an endless cycle of gang violence, making it difficult to survive to adulthood.¹

“I met a mother who took the risk to flee because she feared being caught in the gang crossfire,” said Torres. “She left her family, everyone she knew, everything she owned, and a country where she knows the language and culture... all to protect her baby. I think as a mama, I would’ve done the same.”

“One father said he had to leave El Salvador after threats from a local gang,” said Ada Bajada, an RN from California. “They planned to kill him and his son. He had to decide overnight to pack up their lives in a backpack and leave behind nearly everything they had.”

“One mother I found crying outside the shelter office,” said Maria Rojas, an RN from Florida. “She fled her home in Guatemala where gang violence is rampant. She said gang members wanted to recruit her 16-year-old son. Her husband offered to take his place in the gang, if only they would leave the boy alone. He was a good student, and his family wanted a better life for him. The gang responded swiftly, murdering the father.”

As fierce patient advocates, RNRN volunteers were shocked to witness the public health crisis at the border. The medical expertise and compassion of the RNs were sorely needed, as nearly all of the families presented with conditions ranging from upper respiratory infections, dehydration, fevers — and far worse.

In nearly all of our teams deployed, RNs needed to escalate care to hospital ERs due to more serious conditions, including:

- » Pelvic tumor
- » Bleeding by pregnant mothers
- » Possible ovarian cancer
- » Infected gall bladder requiring removal
- » Children with high fevers of 104 degrees
- » Flesh wounds
- » Seizures
- » Chicken pox
- » Influenza
- » Diabetes
- » Pneumonia
- » Diabetes
- » Sprained ankles
- » Broken bones
- » Deep vein thrombosis requiring hospitalization
- » Lower limb and hand amputations
- » Advanced pregnancies
- » Sickle cell
- » Strep throat



Asylum seekers in Border Patrol detention at McAllen, Texas. Source: OIG

Nurses saw the effects of adults and children having necessary medications confiscated and destroyed by ICE and/or Border Patrol agents, including those needed for blood pressure and heart conditions, to lower cholesterol, as well as asthma and anti-seizure medications. Nurses also got reports of bottles and formula being taken away from bottle-fed babies and their mothers. RNRN volunteers also saw the physical and emotional trauma experienced by the asylum seekers during their time in U.S. custody, and its potential for long-term adverse implications on asylum seekers' health and well-being.

During these deployments, RNRN sent more than 50 RNs from 16 states and Washington, D.C., including practicing nurses from Arizona, Colorado, Florida, Kansas, Louisiana, Maryland,

Maine, Nebraska, Nevada, New Mexico, Texas, and Virginia, as well as team leads in nonclinical roles from California, Oregon, and Minnesota. During their weekly deployments, Casa Alitas shelter staff and medical leadership lauded RNRN teams for providing such high-quality, around-the-clock care to new family arrivals and families already housed at the shelter.

"The RNRN team saved me on countless occasions," said Dr. Anna Landau, a Tucson doctor who coordinated medical volunteers at Casa Alitas. "Every team who's come over the course of the last two months since we've been here has been without fail... just not only phenomenal clinicians who have helped us get through the patient load and patient care, but also just phenomenal human beings."

RNs AND MEDIA REPORT ON THE INHUMANE TREATMENT AND CONDITIONS IN ICE AND BORDER PATROL DETENTION FACILITIES, JAILS, AND PRISONS

Asylum seekers told RNRN volunteers about the inhumane conditions they faced in detention, all of which have been exhaustively confirmed and documented by outside media sources reporting on asylum seekers in detention in a variety of locations, from ICE and Border Patrol facilities to jails and prisons: freezing temperatures, poor sanitation, inadequate food and water, abuse, overcrowding, and fatal delays in medical care.^{2,3} The conditions for asylum seekers would violate Geneva Conventions for prisoners of war.⁴

Freezing Conditions Leading to Respiratory Illness

Families reported being held in what they called “hieleras,” which is the Spanish word for icebox. The “hieleras” are concrete cages where asylum seekers are held with everyone sleeping on the cold cement floor. Patients reported that they may or may not have what was equivalent to a piece of plastic to sleep on, with only a Mylar foil sheet to cover them. Some asylum seekers reported that cells were so overcrowded that

they did not have enough space to lie down and sleep.⁵ These were the same circumstances for all who were detained, from healthy adults to small children, infants, and pregnant mothers. All of these conditions have been confirmed in news articles.⁶

The ICE holding areas are so cold that nearly every family released from detention and seen by RNs had upper-respiratory issues. Children and adults arrived with severe colds, fevers, runny noses, the flu, and strep throat. One child had to go to the hospital because her nose was so congested she was having trouble breathing. At least one of the patients seen by RNRN volunteers was also admitted to the hospital for pneumonia.

Families were permitted to keep only one layer of clothing. The lack of warm clothing was particularly punishing because of the very cold conditions. When the asylum seekers were forced to choose between keeping a jacket or a shirt, they kept their jacket for more warmth.

“

The RNRN team saved me on countless occasions. Every team who's come... [has had] not only phenomenal clinicians who have helped us get through the patient load and patient care, but also just phenomenal human beings.

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— Anna Landau, MD, Arizona



Asylum seekers in Border Patrol detention at Weslaco, Texas. Source: OIG

Confiscating and Destroying Medications

Many parents reported that ICE agents confiscated clearly marked prescription medications and threw them away instead of returning them or allowing access to them during their stay. Confiscated medications included prescription drugs for blood pressure, diabetes, and thyroid conditions as well as inhalers for asthma. One parent told RNRN volunteers about the cruel practice of ICE agents destroying anti-seizure medication in front of her and her child who needed it.

Doctors treating people at the border have also confirmed that the Border Patrol is confiscating essential medications and not giving them back.⁷

Dehydration and Digestive Issues

Asylum seekers were not given sufficient amounts of food or drinking water during detention. “I had to take a little seven-year-old boy to the hospital,” said Fabiola Chevarria, an RN from Virginia. “He had sores in his mouth because he was so dehydrated and his mouth was so dry. When he asked border agents for water, they told him, no.”

Nurses observed the following:

- » **Every patient seen was dehydrated.** Many people report being given only one small bottle of water per day. Parents would forgo drinking their rationed drink and give it to their children, further exacerbating dehydration for those already suffering from lack of fluids as a result of their long journey.
- » **Digestive issues affected many of the families.** Most of the patients report being fed frozen burritos that were not cooked or even thawed before serving. They would try to find a warm place for the burrito to thaw enough so that it was edible. But many soon learned that the burritos would make them sick and chose not to eat them.
- » **Other food rations they received were crackers and a juice box.** Again, many parents chose to give their portion to their children.

Unsanitary Conditions Spreading Communicable Diseases

While in ICE detention, many families reported not being able to shower, comb, or brush their hair, and having to wear the same clothing with no way to clean or change their clothes. This further exacerbates highly contagious diseases and creates conditions where infectious diseases are allowed to spread, unchecked.

Unsanitary conditions and inadequate staffing have led to public health risks including chicken pox and scabies outbreaks.⁸ One news outlet reported that a mother was refused clean clothes after her baby had diarrhea so she wrapped him in two diapers.⁹ In addition, menstruating girls are not given enough sanitary pad or tampons and are bleeding through their underwear and clothing.¹⁰

Lawyers sued the government on behalf of detained children, arguing that they must provide basic hygiene supplies, food, and water. A lawyer for the Justice Department argued that soap and toothbrushes may not be needed if children are in custody for a short time.¹¹ The Ninth U.S. Circuit Court of Appeals disagreed, ruling in August 2019 that children

in immigration custody must have edible food, clean water and basic hygiene.^{12, 13}

RNRN nurses saw multiple patients at the shelter with head lice, and whole families with chicken pox outbreaks that required their isolation in the shelter and delayed their travel to prevent spreading these contagious diseases to others.

Life and Safety at Risk

Asylum seekers and immigrants in detention centers, prisons, and local jails have endured fatal delays in care and sexual abuse.

Children and adults have died as a result of the conditions and mistreatment in custody, including the deaths of children ages 19 months (girl), seven years (girl), and eight years (boy).^{14, 15} In July 2019, the mother of the 19-month-old testified in Congress about her daughter's death.^{16, 17} Two men in their 40s died in Border Patrol custody, one in February 2019 and the other in the following month.¹⁸ As of June 2019, 24 immigrants have died in ICE or Border Patrol custody under the Trump administration's policies.¹⁹

“ One woman told me that when she was in detention the showers had video cameras and neither the showers nor toilets had doors so she wouldn't take a shower. ICE said the video cameras weren't on, but I don't believe that. The last thing she wanted to do was to get naked and wet in front of people. So many women have been victims of sexual assault. ”

— Venessa Soldo-Jones, RN, Minnesota

Media reports on inhumane conditions and the public health crisis include:

- » Terrible medical consequences from unsafe conditions inside detention centers and prisons, that include understaffed facilities where detainees experience “unreasonable delays, poor practitioner and nursing care, and botched emergency response.”^{20, 21}
- » Allegations and evidence of sexual abuse have been exhaustively detailed in the Department of Health and Human Services (HHS) own records, including 4,556 allegations of child sexual abuse during their time in federally funded immigration facilities from October 2014 to July 2018.²²
- » Children as young as seven and eight years old in detention taking care of babies and toddlers who have been separated from their parents.²³
- » Nearly 30 women have miscarried while detained by ICE since 2017.²⁴
- » Toddlers who were so sick, visiting lawyers forced Border Patrol to send them to the hospital.²⁵

Long-term Health Effects of Family Separation

In addition to National Nurses United, the American Academy of Pediatrics, the American College of Physicians, and the American Psychiatric Association have all condemned the policy of separating children from families.^{26, 27}

Family separations, and the accompanying imprisonment under extreme and harsh conditions, have documented long-term health effects:

- » Toxic stress and trauma harms children both biologically and psychologically. Stress and trauma can rewire neural circuits and trigger epigenetic changes that can have lifetime implications for cognition, emotional and biological health, and mortality.^{28, 29}
- » Forced separation of children from parents disrupts the parent-child relationship, putting children at risk of mental health disorders. Of primary concern are post-traumatic stress disorder, anxiety, depression, attention deficit hyperactivity disorder, and other behavioral challenges.³⁰ The youngest child separated at the border was a four-month-old baby named Constantin Mutu who was reunited with his family at nine months old but at 18 months was not walking or talking.^{31, 32, 33, 34}
- » The impact on adults can be an increased risk of suicide, depression, anxiety, and post-traumatic stress.³⁵
- » Forcibly separating a lactating mother and her baby interferes with the oxytocin reflex, which can result in mastitis or breast abscess in the woman and disrupt the parent-child relationship.³⁶



They didn't have any blankets in detention. They slept on the cold floor, which is not conducive to healing. It makes healthy people sick.



— Missy Gilbert, RN, Maryland

Violations of the 72-hour Hold Laws for Children

While the courts have ruled that children in ICE custody must not be held for more than 72 hours from the time they are taken into custody, many families with children reported to RNs that they had been held for as long as six or seven days before arriving at the shelter.³⁷ RNRN volunteers are very concerned about asylum seekers being held longer, given the health impacts of detention that they have witnessed firsthand.³⁸

Toxic Stress and Trauma Before and During Detention

The journey to the United States can result in its own trauma: 68.3 percent of the asylum seeker and refugee populations transiting through Mexico en route to the United States have been victims of violence during their journey. Moreover, nearly one-third of the women had been sexually assaulted.³⁹ Many patients endured highly stressful conditions in their home countries in addition to the often-treacherous journeys they took to get to the United States.

“I met a woman whose alcoholic husband beat her,” said Nancy Rudner, an RN from Florida. “She had five kids and no way to survive financially in Guatemala. So she left, traveling with her children to move in with her sister in the United States.”

Many asylum seekers already suffered from anxiety, depression, and/or post-traumatic stress before their arrival in the United States and then suffered the added traumas of detention and separation.⁴⁰ The trauma of imprisonment can cause depression, strained family relationships, and other mental and emotional problems.⁴¹ Anxiety and fear can persist long after incarceration ends. Long-term physical effects include cardiovascular disease and premature death.^{42, 43}

Families report that they were fleeing dangerous situations; some had already lost a family member and were dealing with severe stress from threats to themselves, their children, or spouses. “A young mother fled Guatemala with her three-year-old daughter because her family was facing death threats if they didn’t pay one-third of their small business’ income every week to extortionists,” said Diane McClure, an RN from California. “It took her two attempts to make it to the border. Her husband stayed behind to pay the criminals another week’s income and then hoped to join them.”

“One father told me the story of how he and his child got to the United States,” said Cathy Kennedy, an RN from California. “They traveled by climbing on top of a freight train and then hung on for dear life. Just the thought of a father and a four-year-old child doing that... I can’t even imagine. Somehow, they were able to get here. I know some families’ stories didn’t end so well. Instead, they had injuries, amputations, and even death.”

Some families report that they were unable to communicate with relatives or their host family as they continued their journey because ICE took their phones away and never returned them, causing more difficulties and stress. In addition, the families faced a new challenge — and likely anxiety and fear — as they would be traveling (often across the country) on a bus with multiple stops and possibly all information written or spoken in English.

Some patients’ travel was delayed because of illnesses, such as chicken pox or fever, which can cause additional stress for families who urgently want to reunite with spouses and other family at their next destination.

BACKGROUND: DETENTION AND SEPARATION OF IMMIGRANT FAMILIES



Terry Tate, RN from Louisiana, with a patient at Casa Alitas shelter.

To better understand their stories, here's a look at the policies of family separations and border crackdowns implemented by recent presidential administrations.

Family Separations

In April 2018, President Donald Trump's administration began enforcing a “zero tolerance” immigration policy against unauthorized border crossings. Under this policy, children were separated from family members seized after crossing the U.S.-Mexico

border or, in many cases, legally presenting themselves for asylum. The policy also required criminal prosecution of adults crossing the border illegally.^{44, 45, 46} Children were put under the supervision of HHS, often placed in detention centers and tent cities, while detained adult family members await prosecution in federal prisons and jails.

By the time Trump signed an executive order in June 2018 ending the policy, more than 2,800 children had already been separated from their parents, and sent them to shelters across the United States.⁴⁷ Often, parents and guardians were not informed where children were sent.^{48, 49} Separated children encompassed all ages, including some as young as 4 months old.⁵⁰ In addition, children — including toddlers — were forced to represent themselves in asylum court.⁵¹ Since the forced separations ended, more than 900 children have been removed from their families, at times for minor reasons, such as a traffic citation.⁵²

Thousands of children in the custody of the Office of Refugee and Resettlement (ORR) could be held for years until they are 18 when they would be turned over to ICE and could be deported. Finally, there are more than 400 documented cases of parents being deported, while the children remain in the United States.^{53, 54}

As of Aug. 4, 2019, ORR is holding about 8,700 unaccompanied children.⁵⁵ They are in ORR care for 45 days, which is “down from a high of 93 days in November 2018.⁵⁶ In the first seven months of the current fiscal year, ORR took in 40,900 children — an increase

of 57 percent from last year.⁵⁷ Moreover, the number of undocumented immigrants being held in jails and prisons around the country is at an all-time high — more than 50,000 people.⁵⁸ Although the Trump administration maintains it is merely attempting to discourage illegal immigration, it is in fact, terrorizing and traumatizing immigrants while simultaneously using them as bargaining chips to push for far-right immigration reform.

The Current Political Climate

While the Trump administration has been particularly stringent and brutal in its enforcement of family detention and separation, it did not create the policy at the heart of the crisis. President George W. Bush's Operation Streamline laid the foundation for the current "zero tolerance" policy and practice of family separation.⁵⁹

President Barack Obama's immigration policy initially focused on deporting immigrants who committed crimes in the United States, but in 2014, in response to a surge of refugees fleeing violence in Central America, the Department of Homeland Security began building family detention centers in several states.^{60, 61, 62} The Obama administration released women and children after detaining them together for 21

days, but continued criminally prosecuting unauthorized border crossers.^{63, 64}

More recently, under immense pressure from the Trump administration, including the threat of tariffs on Mexican imports, the Mexican government has implemented an unprecedented crackdown on asylum seekers headed to the United States. Measures include the deployment of a militarized national guard at the Guatemalan border, thousands of additional asylum seeker arrests, and accepting busloads of asylum seekers being directly turned away by U.S. officials.^{65, 66}

The Asylum Seekers

Many people who are crossing or seeking asylum at the U.S.-Mexico border are fleeing poverty, political repression, drug war-related violence, gang recruitment, and sexual trafficking in parts of Mexico and, especially, in the Northern Triangle of Central America — El Salvador, Guatemala, and Honduras. Those three Central American countries consistently rank as among the most dangerous in the world. Decades of war and political turmoil — caused, in part, by the destabilizing effect of U.S. foreign policy — have given rise to corruption and weak governmental institutions.^{67, 68, 69, 70}

“ I met a lady who was taking two blood pressure medications. ICE took them away. They took her blood pressure and told her she didn't need it. But the only reason her blood pressure was normal was because she had been taking the medications. ”

— Fabiola Chevarria, RN, Virginia

U.S. trade policy has contributed to the poverty, economic instability, and insecurity that are also driving immigration from Central America and other parts of Latin America. For example, the North American Free Trade Agreement (NAFTA, a 1994 agreement between Canada, the United States, and Mexico) and the Dominican Republic-Central America Free Trade Agreement (CAFTA-DR, a 2006 pact including the United States, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and the Dominican Republic) purportedly lifted “trade barriers” for their respective countries’ economic well-being but, in fact, have done more to strengthen the dominance of U.S. corporations, undermine democracy, and increase poverty and corruption in those countries. Under these conditions, many of the families currently attempting to enter the United States should be recognized as economic refugees.^{71, 72, 73}

Another key driver of Central American asylum seekers is climate change. Many of the individuals coming to the United States have experienced severe food insecurity in recent years as a result of changing weather patterns that have ruined crops and farms and, in the

process, devastated incomes. In addition, since 2012, a fungus has destroyed coffee crops across Central America. The fungus typically dies when temperatures drop, but due to warmer weather patterns, it has thrived and farmers have lost their livelihood.⁷⁴

Some families were forced to leave their homes because of climate change. “A gentleman from Guatemala told me that the crops failed,” said Nancy Rudner, an RN from Florida. “He said, ‘We can’t grow anything anymore. There’s nothing to eat.’”

Profit Motive

As the United States continues to violate the fundamental human rights of asylum seekers, corporations are reaping profits from their suffering. Since 2014, immigrant children’s shelters have received \$4.5 billion for housing and services.⁷⁵ Lenders and investors financing for-profit detention expansion are also making money. Stock holdings of JPMorgan Chase, a key lender to private detention, increased from \$182,000 to more than \$11 million for Core Civic, and \$150,000 to almost \$45 million for Geo Group, between September of 2016 and December 2017.⁷⁶



A four-year-old girl we cared for was extremely dehydrated. We took her to the hospital twice because we were worried that she had an infection. She had to get IV fluids and antibiotics. As a result, her family’s travel was also delayed until her fever went away.



— Cathy Kennedy, RN, California



Jessica Rose, an RN from Arizona and Cathy Kennedy, an RN from California, with a patient.

NURSES DEMAND ACTION

Nurses urge the following actions be immediately taken to address this crisis:

- » At the very least, meet standards required for prisoners of war set forth by the Geneva Conventions to provide sufficient food, water, clothing, hygiene, and medical attention to support health.⁷⁷
- » Provide asylum seekers, including children and their families, with all the care required to meet their health needs, including access to showers, sufficient drinking water, nutritious meals, and prompt and comprehensive medical care.
- » Adhere to the child health, education, and welfare standards of the respective state.
- » Verify that any relevant departments and state officials who are involved with the housing of asylum seekers confirm they are set up in a humane manner that will ensure the health and safety of the children and youth who will be residing there.
- » Require public agencies to provide regular updates and information regarding any public health or child welfare monitoring on the operation of detention facilities and the treatment of the children held in them.
- » Abide by the Trafficking Victims Protection Reauthorization, which limits Customs and Border Protection, the agency that oversees the Border Patrol, to detaining children for more than 72 hours.

CONCLUSION

The federal government's treatment of asylum seekers, including families with children, is inhumane and impacts the health and well-being of thousands crossing our border. Conditions in ICE and Border Patrol detention are creating a humanitarian crisis that must be immediately addressed before more lives are lost. With humane treatment and access to medical care as listed in the above recommendations, these tragedies could be averted instead of creating an undue public health crisis.

“

A father and his 14-year-old son ran away from gang members at their doorstep. When they were running at night, it was totally dark. His son fell into a 13-foot-deep ditch. He had a limp on his left side, his left side was contracted, and his face drooped. We took him to the hospital and we think he had a brain bleed that resolved on its own but left residual permanent damage.

”

— Michelle Santizo, RN, California

APPENDIX

Following are additional first-hand reports from registered nurses on the ground in border shelters:

“Asylum seeker after asylum seeker shared stories of humiliation and verbal abuse at the hands of federal agents.

One man who had suffered flesh wounds to his leg and head after being shot at the border, presumably by gang members, said he was taunted by ICE agents. He said the officer told him, ‘Well, the only problem I see here is that it didn’t go right through your brain,’ and then [the officer] started laughing. [The officers] kept saying it was so unfortunate that he had become their problem instead of dying.

Another shocking situation was a patient, a Guatemalan mother, who came to the shelter complaining of severe stomach pains. The woman said she had pleaded to get medical care during the five days she was held in detention, but her complaints were ignored.

Our medical team at the shelter was alarmed by her condition and we sent her to the hospital where she had emergency surgery to have her infected gall bladder removed. Left untreated, an infected gall bladder can lead to a number of serious complications, including death. It is very upsetting. How can you just ignore somebody? [These detention staff] are not medical providers. You just have to err on the side of the caution if someone is hurt.”

— Jessica Rose, RN, Arizona

“One family told me they had a lumber business and had to leave because gang members threatened to kidnap their daughter when the family couldn’t pay off the gang. To show they

were serious, the gang shot and killed two young men who were behind on their payments and dragged their bodies in front of the lumber store. The mother told me, ‘We took nothing, just the money in our pockets and left like thieves in the middle of the night.’”

— Maria Rojas, RN, Florida

“A father from Guatemala told me that after he confronted gang members who beat up his 14-year-old son, the gang members came to his home. When he saw them knocking on his door, he took his son and started running, leaving behind his wife, a daughter, and another son. He knew if he stayed, they would have been killed. He told me, ‘I don’t know what happened to my wife and other kids. I have no way to communicate with them.’ ”

— Michelle Santizo, RN, California

A man travelling with his pregnant wife became so dizzy due to dehydration that he fell in the shelter and cut his head. Everything that we read or heard on the news is true — they are only given a small bottle of juice and burritos. Many people are from Central America, and burritos are not their normal food so it was too spicy for them. All of them had either nausea or diarrhea due to the food, or cold symptoms from the cranked-up air conditioning.

— Fabiola Chevarria, RN, Virginia

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ABOUT RNRN

The Registered Nurse Response Network, a disaster relief program sponsored by National Nurses United and California Nurses Foundation, has a volunteer base of more than 26,000 RNs representing all U.S. states and territories as well as 21 countries around the world. RNRN volunteer nurses have cared for thousands of patients during disaster relief and humanitarian assistance deployments that include the South Asian tsunami (2004); Hurricanes Katrina and Rita (2005); the Haiti earthquake (2010); Super Typhoon Haiyan/Yolanda (2013); Continuing Promise with the Department of Defense (2010, 2015); Hurricanes Harvey and Maria (2017); Volcan de Fuego relief in Guatemala (2018); Hurricane Michael (2018); the Camp Fire in Butte County, Calif. (2018); and the Arizona border to provide medical care to asylum seekers (2019).

RNRN volunteers on various deployments.



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