

## Presidents Message

# Giving voice when barriers are in place: Academy's continued response to the U.S. migrant crisis



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Heart wrenching. Maddening. Implausible. Any of these words and more can describe the emotions of so many Academy fellows who have written to me and other members of the leadership team expressing their deepest concern with the treatment of migrant individuals at the United States' southern border. The American Academy of Nursing (Academy), like so many of our partner organizations, is utterly dismayed by the inhuman treatment of children, women, and men who are attempting to enter our country. Health professionals and citizens alike are pained by the recent media reports of children dying in custody, the lack of consistent medical care, and quite simply an unacceptable lack of basic hygiene (Romero et al, 2019). Personally, and as a long-time pediatric nurse, the images are seared into my mind. I cannot fathom how terrified and traumatized these children and adults must be.

Like so many others, I want to ACT. I want things to change immediately, and I want nursing to help lead the charge. It is our professional and ethical duty to do so. Nothing feels like enough. This has gone on far too long. It was over a year ago, in June 2018, that the Academy joined throngs of voices warning of the real health threats that occur when children experience toxic stress from traumatic events (Academy, 2018). The Administration's *Zero Tolerance Immigration Prosecutions* (Department of Homeland Security, 2018) would certainly lead to this. On that same day, the organization was one of 33 national nursing associations to sign a letter on behalf of the Nursing Community Coalition stating "our profession requests immediate action be taken to protect the health of immigrant children and reverse the current policy. Their young minds, their health, and their ability to thrive in the future is of utmost importance" (Nursing

Community Coalition, 2018, para. 3). The Academy is well versed in toxic stress, having hosted a Critical Conversation at the National Press Club in Washington, D.C. on the topic in October of 2017 (Cox et al, 2018). This threat continues to be real and the organization still stands ready with evidence to reverse this policy.

In February of this year, the Academy partnered with the American Nurses Association (ANA) to provide written testimony to the House Committee on Energy and Commerce, Subcommittee on Oversight and Investigations' hearing on the Administration's policy to separate children from their families at the border (Academy & ANA, 2019). The Academy and ANA called on Congress to take swift action to address the needs of migrant, refugee, and asylum-seeking children and families impacted. In the statement signed by ANA President Ernest Grant and myself, we stated,

"Their care is not a partisan issue, but rather, a human rights issue that is bolstered by the resolve of the American people to treat others with compassion. In that spirit, ANA and AAN urge you to leverage the full force of the committee's jurisdiction to bring a swift resolution to this policy that jeopardizes the current and future wellness of children" (para.4).

Again, the Academy signed on to a similar letter sent by the Nursing Community Coalition on February 7, 2019 (Nursing Community Coalition, 2019).

As members of Congress gained access to some of the detention sites this summer, the pain resurfaced even more palpably as images, videos, and testimonials were documented for the public (Dawsey and Itkowitz, 2019). On July 2, 2019, the Academy sent a letter to Department of Homeland Security Acting Secretary Kevin McAleenan expressing extreme concerns regarding the conditions and treatment of immigrants at our southern border. Then and now, the Academy calls on the Administration to take meaningful, immediate action to improve access to appropriate health care for these individuals (Academy, 2019).

Recently, I wrote a letter in support of the *U.S. Border Patrol Medical Screening Standards Act* (H.R. 3525), introduced in late June 2019 by Representative Lauren Underwood (D-IL). This legislation would require the U.S. Customs and Border Protection to deploy consistent medical screenings within 12 hours of the initial

stop at the port of entry. It would also ensure proper documentation of the requirements for screening.

The question remains, what's next? First, it is important to recognize that Congress passed and the President signed the Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019 [Public Law No: 116-26]. This law, which was signed on July, 1, 2019 will take effect and offer \$4.59 billion in funding to assist agencies to provide better care to those in their custody and other necessary operations. For example, this funding will increase necessary medical treatment, food, and clothing, support staffing, identify housing, support border operations, and care for homeless migrants (*Roll Call, July 2019*).

Yes, it will take time to ensure these resources are in place and that they are moving efficiently and expediently through the process to reach those in custody. We also have to remember that one bad policy does not mean all are bad actors. There are health care professionals, social workers, policy makers, and federal officials at these facilities who want to see things change. The difficult reality is the uncertainty of change. Change in the media's attention, public opinion, optics or political will all impact the ability for a positive resolution. This is a complex issue and organizations are looking at every angle to identify opportunities for engagement. For example, the American Academy of Pediatrics (AAP) developed an Immigrant Child Health Toolkit (*AAP, n.d.*) and the American Red Cross continues to provide information to those seeking to aid in the crisis (*American Red Cross, 2019*).

Often times, the best action we can take is supporting the organizations that are primed, organized, and resourced to coordinate a large-scale effort. The Academy firmly believes that partnerships are a critical element to success. To that end, nursing research on toxic stress has added to the power of the national argument against this policy. The American Civil Liberties Union has launched multiple campaigns and platforms for individuals to engage. It reminds me of the wise words spoken by President Harry Truman, "It is amazing what you can accomplish if you do not care who gets the credit." In this case, it is not one profession or one organization, but the collective whole working to achieve a resolution to the inhumane treatment. And that is extremely powerful.

This crisis needs all of us. The Academy will continue to support in the way that our organization is structured to, through policy recommendations and by presenting the evidence. The Academy must be thoughtful in our partnerships and approaches. I remember a time when policy was not the focus of this organization and I embrace all of the work that has been done to create a policy infrastructure that bolsters our Expert Panels and policy conference. I also know that we still need to define and come to a fully recognized agreement on the policy voice of the Academy. To some it may be activism, to others, it may be advocacy, and to others it is engagement in the policy

making process. The Academy is at a defining moment in our history as an organization. To make impact we must have a clearly defined purpose. The Academy cannot be everything to every Fellow. To that end, our collective voice, agreed priorities and secured partnerships are paramount. Knowing this, I encourage all Fellows to engage in ways that are meaningful to you on this crisis. Breaking through barriers is done by giving voice in any and all platforms, each of which needs the voice of nursing.

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