

U.S. Immigration Policy Contributes to Another Child Death

By [Physicians for Human Rights](#)

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Following the second death of a child in U.S. Border Patrol custody in recent weeks, [Physicians for Human Rights \(PHR\)](#) urgently calls for the immediate release of all detained children to community-based settings, access to independent medical providers for all detained children, and an independent investigation into the deaths. An eight-year-old boy from Guatemala, identified as Felipe Alonzo-Gomez, died on Christmas Eve in New Mexico, just two and a half weeks after seven-year-old Jakelin Caal Maquin died in Texas.

[Kathryn Hampton](#), PHR's Asylum Network program officer, said,

"The death of this eight-year-old is a damning indictment of U.S. immigration policy. The Trump administration's policy of mass detention of children and families is endangering the lives of children and has contributed to an environment that has now led to the deaths of two children in recent weeks. These fatalities are not isolated incidents, but rather represent an institutional failure, both to provide adequate conditions for migrants being held in U.S. custody and also to conduct transparent, timely investigations into repeated failures. The Department of Homeland Security (DHS) and Customs and Border Protection (CBP) are responsible for all those in their custody and must be held accountable when policies are implemented that increase the risk that children will die, or face inadequate conditions that could have long-lasting effects on their development."

A [CBP statement](#) indicates that the boy had been detained at a highway checkpoint since December 18, which would violate CBP guidelines that cap short-term detention at 72 hours due to inadequate conditions for longer detention, including a lack of beds and sanitation facilities. While CBP has not yet disclosed the cause of death, the cells are known as "hieleras" (ice boxes) and "perreras" (dog kennels), due to the extremely cold conditions and chain link fencing at detention facilities.

"The 72-hour guideline is not followed or enforced, as Felipe Alonzo-Gomez's case clearly shows," Hampton added. "The DHS Office of the Inspector General has recorded the detention of children by CBP for [as long as 25 days](#). Notably, DHS's medical experts, Drs. Scott Allen and Pamela McPherson, [warned of a significant risk of harm](#) to children from an escalation of family detention. These risks are materializing, resulting in flagrant violations of human rights, including child deaths, which can only be expected to increase. PHR and medical professionals have repeatedly called out [the health risks of child detention](#), particularly under the inhumane conditions implemented by the Trump administration as part of its 'zero-tolerance' immigration enforcement

policy. The health risks of detention only increase as the duration of detention and number of children detained increase, particularly in light of DHS's inability to enforce even its own inadequate safeguards. We know from media reports that the El Paso sector Border Patrol, which had custody of both children who died, had 700 children in its custody as of December 25, despite not having adequate measures in place for caring for children," added Hampton.

PHR calls for the immediate implementation of the following measures, consistent with U.S. obligations under international human rights law and best practices for child welfare:

1. A transparent, impartial, and independent investigation into the deaths of these children which must involve medical professionals, including pediatric specialists, with access to all medical information related to the case. The proposed internal review by the CBP Office of Professional Responsibility is insufficient and the DHS Office of the Inspector General must investigate overall conditions in CBP short-term holding facilities and all other DHS facilities holding children.
2. DHS must transfer all children held in Border Patrol custody to developmentally appropriate settings, allow independent experts to evaluate conditions of confinement, and must pursue community-based alternatives to detention.
3. Congress must prioritize oversight of DHS operational agencies, including the introduction of legally-binding standards related to medical screening and medical care for all detainees and financial support for alternatives to detention, especially for children and families.
4. CBP must ensure thorough medical screening by qualified health professionals for all those in its custody without delay, with adequate provision for language interpretation.
5. CBP must provide safe channels for asylum seekers and ensure capacity at ports of entry to process those who come to the border with a credible fear of persecution in a safe, timely, and humane manner.

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