



November 1, 2018

Debbie Seguin
Assistant Director, Office of Policy
United States Immigration and Customs Enforcement
Department of Homeland Security
500 12th Street S.W.
Washington, DC 20536

Submitted electronically to <https://www.regulations.gov>

Re: DHS ICEB-2018-0002/HHS-OS-2018-0023 for Apprehension, Processing, Care, and Custody of Alien Minors and Unaccompanied Alien Children

Dear Ms. Seguin,

The American Nurses Association (ANA) is pleased to provide written comment to the United States Department of Health and Human Services (HHS), regarding Docket No. HHS-OS-2018-0023 for Apprehension, Processing, Care, and Custody of Alien Minors and Unaccompanied Alien Children. ANA is the premier organization representing the interests of the nation's 4 million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

Nurses practice under their scope and standards as well as under the [*Code of Ethics for Nurses with Interpretative Statements \(The Code\)*](#), the Code is the ethical guide for the [*most honest and ethical profession*](#). ANA along with the nurses it represents has an obligation under Provision 9.3 of the Code to speak collectively in shaping healthcare and to promulgate change for the improvement of health and health care locally, nationally, and internationally. Nurses must be vigilant and take action to influence, leaders, legislators, governmental agencies, non-governmental organizations, and international bodies in all related health affairs to address the social determinants of health.² Furthermore, Provision 9.4

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

² American Nurses Association (2015, Jan.). Code of Ethics for Nurses with Interpretive Statements. Provision 9.3. Retrieved from <https://www.nursingworld.org/coe-view-only>

instructs the nursing profession “to actively participate in solidarity with the global nursing community and health organizations to represent the collective voice of U.S. nurses around the globe. Professional nursing organizations must actively engage in the political process, particularly in addressing legislative and regulatory concerns that most affect-positively and negatively – the public’s health and the profession of nursing...Global health, as well as the common good, are ideals that can be realized when all nurses unite their efforts and energies”.³

ANA, along with other health care organizations will use its voice to advocate for nurses and vulnerable populations, but nurses also have individual responsibilities and duties under the Code. Provision eight of the Code specifically states that “the nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities”.⁴ Moreover, ANA “believes that respect for the inherent dignity, worth, unique attributes, and human rights of all individuals is a fundamental principle”.⁵ ANA is strongly against aspects of the proposed rule regarding the uncertainty around “additional or longer detention for certain minors...how many will be detained at Family Residential Centers (FRCs) after this rule is effective or for how much longer individuals may be detained because there are so many other variables to consider”.⁶

ANA strongly believes that undetermined detention due to “other variables” should not be included in the final rule. ANA encourages HHS and DHS to address those “other variables” and have a concrete plan in place prior to finalizing a rule. An expert task force with the inclusion of nurses, especially those who focus in pediatrics, must be a part of these discussions. Nurses have the knowledge and experience to protect and care for vulnerable populations while balancing with other regulatory and policy challenges. Implementation of ill-conceived regulations and policy can have lifelong detrimental consequences, even if unintended, to individuals, families, and communities.

These children and families have fled stressful and traumatic situations including extreme poverty, war, gang and domestic violence.⁷ Studies have shown that children experiencing frequent and ongoing adverse events, particularly in the absence of protective behaviors, will suffer from toxic stress.⁸ The continued uncertainty and instability will only continue to affect them, their families, and societies for years to come. The American Academy of Nursing, recognizes that “as a result of the traumas and

³ American Nurses Association (2015, Jan.). Code of Ethics for Nurses with Interpretive Statements. Provision 9.4. Retrieved from <https://www.nursingworld.org/coe-view-only>

⁴ American Nurses Association (2015, Jan.). Code of Ethics for Nurses with Interpretive Statements. Provision 8. Retrieved from <https://www.nursingworld.org/coe-view-only>

⁵ American Nurses Association (2015, Jan.). Code of Ethics for Nurses with Interpretive Statements. Provision 8. Retrieved from <https://www.nursingworld.org/coe-view-only>

⁶ Apprehension, Processing, Care, and Custody of Alien Minors and Unaccompanied Alien Children. 83 Fed. Reg. 174, 45488 (Sept. 7, 2018).

⁷ American Academy of Nursing (2018, June 19). *Separation of Children from their Parents Increases the Likelihood of Toxic Stress*. Retrieved from https://higherlogicdownload.s3.amazonaws.com/AANNET/c8a8da9e-918c-4dae-b0c6-6d630c46007f/UploadedImages/docs/Press%20Releases/2018/2018-Academy_Statement_on_Separation_of_Children-Parents_at_Border__1_.pdf

⁸ Mason, D.J. and Cox, K. (2014, Nov.-Dec.). *Toxic Stress in childhood: Why we should all be concerned*. *Nursing Outlook*, 62 (6), 382-383. <http://dx.doi.org/10.1016/j.outlook.2014.09.001>

psychological abuses experienced in their home countries, as well as through their eventual journey and stay in temporary U.S. facilities, many of these unaccompanied immigrant children have a higher prevalence of mental health problems”.⁹ Transparency, due process, and the respect for human rights and dignity are necessary for all children and families entering the United States seeking safety, security, and asylum.

We appreciate the opportunity to share our views with the HHS and hope to continue to work together as a partner and to contribute nursing expertise to this important discussion. If you have any questions, please contact Ingrid Lusic, Vice President, ANA Policy and Government Affairs, at 301.628.5081 or Ingrid.Lusic@ana.org.

Sincerely,



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Chief Nursing Officer/EVP

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, ANA Chief Executive Officer

⁹ Sullivan, C.G. (2016, Jan.-Feb.). Support for humanitarian aid to refugee children. *Nursing Outlook*, 64(1),94-97.
<https://doi.org/10.1016/j.outlook.2015.12.003>