

For Immediate Release

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Five Years Later, We Refuse to Let the Truth Behind the Migrant Children Shelter Response Be Rewritten

May 2026 marks five years since the establishment of Emergency Intake Sites (EIS) in response to a humanitarian crisis involving unaccompanied children. As the frontline and undersigned organizations who led the day-to-day response in Pomona and Long Beach, we believe it is necessary to provide clarity and historical context as new public narratives emerge.

This crisis did not begin in 2021. The United States has faced recurring waves of unaccompanied children seeking safety, including a well-documented crisis in 2014. Across administrations, the federal government failed to build a humane, prepared, and community-based system to receive and care for children. Instead, it repeatedly defaulted to reactive, large-scale emergency sites that were never designed to meet the needs of young people experiencing trauma and displacement.

While the EIS in Pomona and Long Beach were operating, it was our coalitions and organizations, alongside community members, legal providers, and grassroots leaders, who carried the daily responsibility of responding to urgent needs, monitoring conditions, supporting children, and pushing for reunification. Organizations such as Immigrant Defenders Law Center led critical legal work, while groups including Organizing Rooted in Abolition, Liberation, and Empowerment (ORALE), the Pomona Economic Opportunity Center (PEOC), the Inland Coalition for Immigrant Justice (ICIJ), and Comunidades Indígenas en Liderazgo (CIELO) provided direct, on-the-ground support through accompaniment, interpretation, transportation coordination, airport support, advocacy, and crisis response.

Our presence was never an endorsement of Emergency Intake Sites. We consistently raised concerns about the normalization of large-scale child confinement under the guise of emergency response. Our work was rooted in harm reduction, accountability, and doing everything possible to move children out of these facilities and into safe, family-based or community-based care.

Communities were left to carry the burden created by political inaction and failed leadership across administrations. The actions and public posture of the U.S. Secretary of Health and Human Services at the time reflected a broader institutional failure, one where those with the authority to protect children chose delay and political calculation over urgent care. Children were moved through systems that too often prioritized institutional efficiency over their safety, dignity, and stability.

We reject attempts to rewrite this history. The work carried out by frontline organizations and impacted communities cannot be retroactively claimed by those who were not present in the day-to-day response.

Finally, we remain clear in our position: Emergency Intake Sites should not exist. The reliance on these facilities reflected an ongoing failure to invest in the kinds of community-based, child-centered systems that we have long demanded and that children deserve.

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