THE DEPUTY SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUL 1 1 2018

The Honorable Elijah Cummings
Ranking Member
Committee on Oversight and Government Reform
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Cummings:

Thank you for your interest in the Department of Health and Human Services' (HHS) efforts to reunite children in the care of the Office of Refugee Resettlement (ORR) with a parent, close relative, or other sponsor.

We share your concern for the safety and well-being of all children in HHS-funded facilities and are working closely with the Department of Homeland Security (DHS) to ensure that parents or relatives know the location of their children and have regular communication until such time they can be reunited or placed with an appropriate sponsor. This letter details HHS' efforts to achieve these important goals.

HHS is Deploying All Relevant Resources to Reunify Parents and Children

We are bringing to bear all the relevant resources the Department has available. The Assistant Secretary of Preparedness and Response (ASPR) has been directed by HHS Secretary Azar to assist the Administration for Children and Families (ACF) and ORR in their efforts to ensure family reunifications are handled safely, responsibly and expeditiously. ASPR previously assisted ACF during the 2012 and 2014 influxes of unaccompanied alien children (UAC).

The activation of ASPR also included the Secretary's Operations Center (SOC), which is a command center that operates 24 hours per day, 365 days per year. The mission of the SOC is to synthesize critical public health and medical information for the U.S. Government. While typically used for a public health emergency or natural disaster, the SOC can also serve as a communications hub for large, data-intensive, inter-departmental operations such as this one.

ASPR activated an Incident Management Team as well. As of today, the Incident Management Team has 41 members. It works full-time to provide logistical and administrative support. HHS has also dispatched more than 270 personnel to the field. Those personnel include individuals from ACF, ASPR, ORR, the Public Health Service Commissioned Corps, and the National Disaster Medical System's Disaster Medical Assistance Team. This also includes HHS' contract with BCFS Health and Human Services, Inc., to provide 100 reunification case managers, plus approximately 40 staff for logistical and administrative support.

The ASPR is focusing on three directives. First, ASPR will work to guarantee accurate information regarding the separation status of each minor. Second, it will try to ensure parents and children are in communication with each other as often as possible. Finally, HHS is working to place minors in ORR facilities back with parents as safely and expeditiously as possible. ASPR began executing on this mission on June 22, 2018.

HHS Knows the Location of All Children in its Care

ORR has an electronic care management portal through which HHS tracks every alien child in its care—currently, more than 12,000 children.[1] There are fewer than 3,000 children who are currently in ORR care and could possibly have been separated at some point in the past. This number includes children separated from a purported parent taken into custody for having crossed the U.S. border illegally or those who were separated for other reasons like concerns for child welfare. This number is the upper bound and is not limited to those who were separated at the border on or after May 6, 2018, but includes those who were separated at the border before May 6 and those who may have been, but not necessarily were, separated at the border. HHS has determined that approximately 102 children in ORR care under the age of 5 could have been separated under the terms defined by the Court.

At all times, HHS knows the names and locations of children who are in ORR care and custody because ORR maintains that data in its portal. The ORR portal includes data about each child that DHS provided when DHS transferred the child to ORR custody. It also includes health and social data collected or entered by ORR personnel, grantees, or contractors.

HHS is Facilitating Regular Communications between Parents and Children

Within 24 hours of arriving at an HHS-funded UAC care facility, minors are given the opportunity to communicate with a verified parent, guardian, or relative when contact information is available. Minors are permitted to call family members and potential sponsors in the United States and abroad. Attorneys representing minors have unlimited telephone access. A minor may also speak to their consulate or child advocate. All UAC in HHS care are assigned case managers. In the circumstance of children whose parents are in federal custody, the minors' case managers engage with the parents' case managers and federal law enforcement officials to verify their parent-child relationship.

A separated parent or guardian can contact the ORR National Call Center at 1-800-203-7001 or via email (information@orrncc.com) to determine if their child is in the custody of ORR. The ORR National Call Center has numerous resources available for children, parents, guardians, and sponsors. ORR policies on "Services Related to Culture, Language and Religious Observation" were updated in 2015.[2] Care providers must make every effort possible to provide comprehensive services and literature in the native language of each UAC and provide

[1] An individual illegally crossing into the United States alone, not as part of a family unit comprised of a child and a legal guardian, would be detained by the U.S. Customs and Border Protection (CBP). An adult would be sent to Immigration and Customs Enforcement (ICE) and an alien child to ORR.

[2] ORR's policy guide is available here: https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied

on-site staff or interpreters as needed. All ORR-required documents must be translated in the UAC's preferred language, either written or verbally. The ORR National Call Center is also able to handle calls in Spanish as well as the language preferred by the parent.

If a parent is no longer in the United States and a child is in ORR custody, they can communicate with their child via the processes described above.

HHS is Providing Quality Care and Expanding its Infrastructure

The majority of the youth in ORR custody are cared for through a network of over 100 state-licensed ORR-funded providers in 17 states. Most of these facilities are subject to both state oversight and monitoring by ORR. ORR's monitoring of the facilities is robust. Section 5 of the UAC Policy Guide details how ORR conducts oversight of all of the components of a care provider's program, including program design, management, safety and security, child protection, case management, personnel management, stakeholder relations, and fiscal management.[3]

The UAC program has regularly used contractors to meet its mission over the years. In particular, HHS has developed processes for bringing both permanent and semi-permanent UAC bed capacity online. It has a bed capacity framework with grant and contract mechanisms to maintain a sufficient base number of standard beds, with the ability to add temporary beds to accommodate changing needs. HHS continues to update its bed capacity planning to account for the most recently available data, including information from interagency partners, to leverage available funds. Given the number of UAC referred to HHS care since October 1, 2017, we have increased the number of shelter beds from approximately 6,500 to nearly 13,000.

There has been significant interest in the quality of care an ORR-funded facility provides. Service providers must offer proper physical care, suitable living accommodations, food, appropriate clothing, and personal grooming items. Educational services are provided in a structured classroom setting. Recreation and leisure time include daily outdoor activity--weather permitting--with at least one hour per day of large muscle activity and one hour per day of structured leisure time activities.[4]

Section 3.4 of the UAC Policy Guide describes in detail the medical services that ORR requires:

- Routine medical and dental care
- Family planning services, including pregnancy tests and comprehensive information about access to medical reproductive health services and emergency contraception
- Emergency health services
- A complete medical examination (including screening for infectious diseases) within 48 hours of admission
- Immunizations

[3] https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5
[4] https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3

- Administration of prescribed medications and special diet
- Appropriate mental health interventions

The scope and quality of services provided by ORR may exceed what the children received in their home countries.

HHS Strives to Protect the Safety, Privacy, and Dignity of Children

In order to protect minors' privacy, minimize disruption of the facilities, and ensure the security of the children, ORR policy is to not publish the exact locations of its care provider facilities. This is also one reason why ORR typically requires at least a two-week notification before visiting a facility, a policy that has been in place since 2015.

We understand the increased congressional interest in the services that HHS-funded facilities provide to UAC through ORR and we appreciate the importance of continued transparency. This increased interest, however, has created resource constraints that are threatening to impact ORR's ability to quickly reunite the children in our care with a parent or safely place them with a sponsor. To date, nearly 500 work hours have been spent facilitating congressional visits to facilities for more than 70 Members of Congress. Many of these hours would otherwise have been spent by ORR field and grantee staff verifying parental relationships to prevent child trafficking, facilitating check-in calls between parents and children, coordinating the delivery of food and medical supplies, and many other duties vital to the health and welfare of the children.

HHS has also received requests to provide lists of the UAC in our care. The dissemination of such lists has the potential to jeopardize the security of the UAC. Moreover, the developing of the lists requires significant agency resources that HHS would otherwise allocate towards reunifying children on the terms prescribed by the district court. The children in ORR care change frequently as UAC are referred to or discharged from the program during the course of every day.

For these reasons, HHS asks that legislators work with HHS to try to structure or limit tours and data requests in a way that maintains transparency without compromising reunification.

HHS is Identifying All Potentially Separated Children and Verifying Parentage

To ensure that every separated child in ORR custody is identified and reunified where possible, HHS had each grantee certify the number of UAC in its facilities that the grantee reasonably believes were separated. In addition, HHS has conducted a full manual review of the case management file for each one of the approximate 12,000 children in ORR custody—the substantial majority of whom were not separated from a putative parent at the border—to confirm or rule out any possibility of separation the border.

To try to verify parentage expeditiously, HHS is presently working with DHS to conduct DNA testing of all parents who may have been separated from a UAC, as well as all children in ORR custody who might have been separated from a parent at the border. Many Members of Congress have requested information about how HHS handles the case of a UAC who may be

too young to identify a parent or family member. This DNA testing can help ensure reunifications with a child's parent.

The DNA testing does not cause discomfort, and HHS is taking steps to protect the privacy of the parents and children who undergo testing. ORR grantees are swabbing the cheeks of the children in their care, while the field teams deployed by HHS or DHS are swabbing the cheeks of the potential family members in ICE custody. The cheek swabs are then sent to a third-party laboratory services provider to complete the DNA testing. The results are then transmitted electronically to HHS, which shares them with the grantees. HHS will use the results only for verifying the parent-child relationship. The samples used for testing are to be destroyed by the testing lab. Any swab samples received by the DNA assessment lab that are not used for testing a matched pair are to be destroyed as well.

The risk of placing children with adults who are not their parents is a real and significant child welfare concern, indeed, ORR has encountered children smuggled across the border or trafficked by adults who fraudulently hold themselves out as parents. The children may not disclose this situation to CBP, ICE, or ORR because they may fear retaliation by their smuggler or trafficker. In some instances they may even fear retaliation by their parents in their home country, who have given them to the smuggler or trafficker so that they may earn money in the United States. DNA testing mitigates the risk of placing a child with an adult who is not their parent or would endanger them.

Thank you again for your interest in the safety and welfare of children in ORR care. We take our responsibilities under the Homeland Security Act of 2002 seriously, and we will continue to do so.

Sincerely,

Eric Hargan

Eric D. Hargan