June 27, 2018

The Honorable Daniel R. Levinson
Office of Inspector General
Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201

Dear Inspector General Levinson:

We write to request a comprehensive review of the operations of the Department of Health and Human Services (HHS) Office of Refugee Resettlement’s (ORR) Unaccompanied Alien Children (UAC) program, particularly focused on how the Office has approached and responded to President Trump’s family separation policy. We are alarmed by the uncertainty and pain inflicted on thousands of families arriving at the U.S. border, particularly the mental and physical harm inflicted on immigrant children and their parents by this policy, and we are deeply troubled by recent reports of maltreatment of children while under ORR custody. While we are encouraged by the announcement of recent efforts to prioritize family reunification, we also have significant questions about how the Department is working to accomplish this goal. It is equally important that we understand what measures, if any, HHS undertook to prioritize the health, safety, and wellbeing of children in its custody as it implemented the family separation policy, both before and after President Trump’s June 20 Executive Order to reverse the policy.

Under President Trump’s family separation policy, thousands of children who arrived in this country with their parents were placed in ORR custody while their parents were detained separately awaiting immigration proceedings. On June 20, 2018, President Trump signed an Executive Order purportedly to reverse the policy, but the path forward to execute the Order remains unclear. The Executive Order instructs the Secretary of Defense to provide “facilities available for the housing and care of alien families.” Later on June 20, the Department of Defense (DoD) issued a memo announcing that HHS had asked whether DoD has the ability to house up to 20,000 children at military installations between July and December 2018, in order to accommodate HHS’s need to rapidly increase its capacity.1 As HHS addresses an increased number of children in its custody at HHS-contracted UAC program facilities, it is unclear what steps are being taken to ensure that HHS contractors and facilities are meeting established standards for ensuring the safety and wellbeing of children in their care—including meeting requirements related to background checks, inspections, qualifications, training, and licensure.

Recent press reports have also detailed concerning allegations of abuse of children in HHS-contracted UAC program facilities, raising concerns about the Department’s oversight of the UAC program, especially as it seeks to ramp up capacity.2 One report from a Virginia

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facility described aggressive and routine use of physical force to restrain children. Another story from a Texas site recounted coerced use of numerous psychotropic drugs on children, including through forced injections and medications disguised as vitamins. These allegations are deeply worrisome and merit intense scrutiny of the quality of care in HHS-contracted UAC program facilities, particularly as the Administration is separating and detaining more and more children.

The forced separation of immigrant children from their parents is a serious, traumatizing event that should never have occurred. Forced separation can over-activate the body’s stress-response system, creating a constant “fight-or-flight” mode that can disrupt a child’s brain chemistry and create potentially long-term or lifelong health consequences, as documented in the Centers for Disease Control and Prevention’s (CDC) Adverse Childhood Experiences (ACEs) study. As the Department responsible for children’s health and wellbeing, HHS should be dedicating resources to ensuring children are receiving the medical and mental health care they need. HHS has the tools to measure capacity in its facilities and to assess the potential needs of children in their custody. Yet, we remain concerned about whether the Department is ensuring children receive the care they need and whether the services and treatments they receive are trauma-informed and evidence-based.

To better understand HHS’s efforts to implement the family separation policy and the June 20 Executive Order, we ask that you conduct an investigation of the UAC Program and address the following questions:

1. What processes does HHS employ to assess the needs of children in the UAC program, including the capacity needed at HHS-contracted UAC program facilities and their ability to provide needed services for children of all ages and medical needs?
   a. Did those processes change when President Trump’s family separation policy was implemented?
   b. Did those processes change after President Trump signed his June 20 Executive Order?
   c. What steps did the Department take to prepare for the arrival of children separated from their parents at the U.S. border? Was notice provided to HHS ORR in advance of President Trump’s family separation policy to allow the agency to plan for the increase in UACs in its custody?
   d. Was notice provided to HHS ORR in advance of President Trump’s June 20 Executive Order to allow for HHS ORR to establish policies, train employees and contractors, and plan for family reunification consistent with federal law and court orders?
   e. Were additional program or contracting staff tasked to ORR in response to the expected increase in UACs?

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5 https://www.cdc.gov/violenceprevention/acestudy/index.html
6 http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483
2. What steps did the Department take to prepare for reunification of the separated children with their parents consistent with federal law and court orders?
   a. What specific steps has the Department taken to coordinate, with the Department of Homeland Security (DHS) on the reunification of children in its custody with parents in DHS’ custody? Please provide a list of procedures detailing inter-agency coordination between the Department and DHS to reunify separated families.

3. Was the Department adequately prepared to care for separated children, including by providing the range of necessary, age appropriate, medical and mental health services needed in a traumatized population of children, and to reunify families consistent with federal law and court orders?
   a. Were additional medical or mental health staff tasked to ORR in response to the expected increase in UACs?
   b. Does ORR have adequate staff to oversee and support the medical and mental health needs of traumatized children in the UAC program?
   c. What steps did the Department take to ensure evidence-based trauma-informed services were provided to separated children? Did HHS ORR consult with any other units or programs within HHS that have expertise in the medical and mental health needs of traumatized children?
   d. Did HHS ORR consult with any non-governmental entities with expertise in the medical and mental health needs of traumatized children?
   e. Did HHS ORR medical staff provide guidance to HHS-contracted UAC program facilities regarding the use of psychotropic medications? Was any such guidance sufficient?

4. How did the Department ensure UACs had adequate access to qualified mental health professionals?

5. How does the Department assess the qualifications of contracted providers to deliver adequate medical and mental health care to children in their custody? Did the Department take additional steps to ensure proper oversight of the quality of care that is provided to separated children, particularly in light of the trauma experienced when separated from their parent(s)?

6. Prior to awarding new contracts to operate facilities under the UAC program, what steps does HHS ORR take to determine if the operator or facility has past allegations of abuse or neglect, including under any program under state law?

7. Press reports indicate that HHS is currently in the process of exploring opportunities to expand capacity of the UAC program.
   a. What was the timeline of actions taken by HHS to assess capacity of the UAC program?
   b. What information was HHS relying on to make expansion decisions?
   c. Who was making decisions about when and how such expansions would occur?

8. There continues to be significant confusion across the federal government regarding implementation of President Trump’s family separation policy and of the June 20 Executive Order.
   a. How have HHS staff and HHS-contracted UAC program facilities received direction about implementation of Administration policies?
b. Is that direction coming from within HHS? If not, is it coming from other federal departments or from the White House?

c. What information has HHS staff provided to HHS-contracted facilities about implementation of Administration policies?

d. What was the timeline for communication to HHS-contracted UAC program facilities on family reunification procedures that are consistent with federal law and court orders?

9. How is HHS ensuring that its contractors and facilities meet established standards for ensuring the safety and wellbeing of children in their care and after placement with a sponsor, including background checks, inspections, qualifications, training, and licensure?

10. How does HHS investigate and address allegations of mistreatment, abuse, or neglect of children at HHS-contracted facilities in the UAC program?
   
a. Are these measures adequate to ensure the health, safety, and wellbeing of children in the Department’s custody?

b. Were there any instances of leaving children in the physical care of a HHS-contracted UAC program facility that had an allegation of mistreatment, abuse or neglect of children? If so, for how long?

c. Under what conditions would HHS end a contract with a facility with substantiated allegations of abuse? Has HHS followed such protocols?

Thank you for your attention to this important matter, and we look forward to reviewing the findings from your investigation.

Sincerely,

Patty Murray
United States Senator

Richard J. Durbin
United States Senator

Dianne Feinstein
United States Senator

Ron Wyden
United States Senator

Tom Udall
United States Senator

Elizabeth Warren
United States Senator
Tim Kaine  
United States Senator

Chris Van Hollen  
United States Senator

Michael F. Bennet  
United States Senator

Kamala D. Harris  
United States Senator

Mazie K. Hirono  
United States Senator

Kirsten Gillibrand  
United States Senator

Robert Menendez  
United States Senator

Gary C. Peters  
United States Senator

Brian Schatz  
United States Senator

Margaret Wood Hassan  
United States Senator

Bill Nelson  
United States Senator

Christopher Murphy  
United States Senator

Jack Reed  
United States Senator

Robert P. Casey, Jr.  
United States Senator

Jeffrey A. Merkley  
United States Senator

Debbie Stabenow  
United States Senator
Sherrod Brown
United States Senator

Mark R. Warner
United States Senator

Thomas R. Carper
United States Senator