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United States Senate

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

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<http://help.senate.gov>

July 25, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar:

I write to express grave concern about the long-term negative impact of President Trump's family separation policy on the nearly 3,000 children cruelly separated from their families. Trauma affects children's emotional, behavioral, and physical development, and without appropriate mitigation efforts, could lead to adverse health effects and even early death.¹ I urge you to take action to address the separation and detention of children to limit the harm caused to their short- and long-term health and to promulgate a clear plan to ensure all children in the care of ORR have access to developmentally, culturally, and linguistically appropriate trauma care.

Following a June 2018 court order that requires the Trump Administration to return children to their families, the Administration has been working to reunify migrant families. Regardless of the uncertainties moving forward, children who have been separated from their families and placed into the care of the Office of Refugee Resettlement (ORR) as newly unaccompanied alien children (UAC) will have both immediate and long-term health care needs as a result of the trauma they have faced.

Not only have many of these children likely faced violence and fear in their home countries, but the separation from their families alone can result in trauma that causes neurological disruptions and long-lasting health consequences. According to the National Child Traumatic Stress Network, separation from parents or primary caregivers is one of the most powerful traumatic stressors that a child can experience, and may lead to an increased risk for developing depression, anxiety, post-traumatic stress disorder symptoms, heart disease, diabetes or other adverse health consequences.² This type of highly stressful experience can even compromise the development of children's brains.³

¹ <https://www.cdc.gov/violenceprevention/acestudy/index.html>

² <https://www.nctsn.org/resources/key-points-traumatic-separation-and-refugee-and-immigrant-children>

³ <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAPStatementOpposingBorderSecurityandImmigrationReformAct.aspx>

Given these negative physical and emotional consequences, the American Academy of Pediatrics (AAP) recommends against separating children from their parents and placing them in detention facilities.⁴ In fact, according to AAP, there is no evidence to support the notion that any period of time spent in a detention facility is safe or inconsequential for children's health.⁵ However, by recognizing trauma early and deploying effective interventions through developmentally, culturally, and linguistically appropriate trauma-informed care, children can recover from traumatic separation.⁶

Additionally, children in need of trauma-related mental health care services must be able to trust that their interactions with health care providers will not be later used against them. Reports that medical and psychological records have been used by the federal government in immigration court raises significant questions about privacy concerns for these children and their families. Patients must always be able to trust that their interactions with health care providers will be confidential and that the information they are providing will be used for health care purposes rather than to keep them unnecessarily detained.

In order to better understand what affirmative measures the Department of Health and Human Services (HHS) is taking to address the trauma-related needs of these children, I ask that you respond to the following questions no later than August 8, 2018:

1. How is HHS ensuring all children in the care of ORR have access to developmentally, culturally, and linguistically appropriate trauma care?
2. Please list all relevant mental, behavioral, and physical health care services that are provided to children in ORR's care and the measures that ORR has taken to ensure the providers of these services are trained to administer evidence-based, age-appropriate, trauma-informed care.
3. What training, certifications, and other qualifications related to the provision of developmentally, culturally, and linguistically appropriate trauma care does ORR require for contracted health care providers in ORR-supported shelters?
4. What, if any, special training does ORR require for contracted health care providers in tender-age shelters?
5. What is the ratio of mental health professionals to children in each ORR supported shelter, and what evidence base did HHS use to determine such ratio was effective?
6. What, if any, trauma-informed care is HHS offering to children post-reunification with their families?
7. How will HHS ensure adequate continuity in care for children's trauma-related needs post-reunification?
8. Will HHS assist in providing mental health and trauma care to any children that may be placed in the care of the Department of Homeland Security (DHS)?

⁴ <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/StatementOpposingSeparationofChildrenandParents.aspx>; <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAPStatementOpposingBorderSecurityandImmigrationReformAct.aspx>

⁵ <http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483>

⁶ <https://www.nctsn.org/resources/key-points-traumatic-separation-and-refugee-and-immigrant-children>

9. What training, certifications, and other qualifications related to providing developmentally, culturally, and linguistically appropriate care will DHS require or implement for personnel who will interact with children in their care?
10. What is the HHS policy regarding sharing children's medical records with DHS or Immigration and Customs Enforcement (ICE)? How is this policy being communicated to children and to providers offering health care services in ORR-supported shelters?
11. How is HHS ensuring that it is following its own Health Insurance Portability and Accountability Act (HIPAA) regulations to protect the privacy of children's medical records?
12. What actions, if any, has the Substance Abuse and Mental Health Services Administration (SAMHSA) taken with regard to children in ORR's care?

We appreciate your prompt attention to this very urgent matter. If you have any questions regarding this request please contact Jake Cornett or Elizabeth Letter with Senator Murray's Health, Education, Labor, and Pensions Committee, at 202-224-0767.

Sincerely,



Patty Murray
United States Senator
Ranking Member, Senate Committee on
Health, Education, Labor, and Pensions

cc: The Honorable Lamar Alexander, United States Senator
Chairman, Senate Committee on Health, Education, Labor and Pensions