

September 18, 2019

The Honorable Rosa DeLauro
Chairwoman
U.S. House Committee on Appropriations
Subcommittee on Labor, Health and
Human Services, Education, and Related Agencies
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
U.S. House Committee on Appropriations
Subcommittee on Labor, Health and
Human Services, Education, and Related Agencies
2358-B Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to provide comments to the U.S. House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies regarding the hearing entitled, “Oversight Hearing: Mental Health Needs of Children in HHS Custody.” As the largest professional association for physicians and the umbrella organization for state and national medical specialty societies, the AMA has been, and continues to be, deeply committed to ensuring the health and safety of all individuals regardless of immigration status.

Unaccompanied minors seeking refuge in the U.S. endure emotional and physical stress during the often long and dangerous journey to the U.S. This stress is only exacerbated when the children are placed in U.S. Department of Health & Human Services (HHS), Office of Refugee Resettlement (ORR) shelters for extended periods of time and forcibly administered psychotropic drugs, without proper consent, as has been reported.¹ It is well known that childhood trauma and adverse childhood experiences created by inhumane treatment often create negative health impacts that can last an individual’s entire life. Studies of detained immigrants have shown that children may suffer negative physical and emotional symptoms from detention, including anxiety, depression, and post-traumatic stress disorder.²

The numbers of children that have and will continue to cycle through ORR are significant. ORR has provided care for almost 390,000 Unaccompanied Alien Children (UAC) since the UAC program began. According to ORR, the UAC program received 24,668 UAC referrals from the U.S. Department of Homeland Security (DHS) in FY 2013; 57,496 referrals in FY 2014; 33,726 referrals in FY 2015; 59,170 in FY 2016; and 40,810 in FY 2017. In FY 2018 49,100 UAC were referred. As of August 25, 2019, there were approximately 7,000 UAC in HHS care.³ It has been reported that the federal government plans to open three new ORR shelters in California, Florida and Virginia in spring 2020. According to a recent HHS, Office of Inspector General (OIG) Report, ORR facilities continue to report challenges addressing the individual mental health needs of children in ORR’s custody. Between May 1, 2018, and July 31, 2018, about 300 children had been prescribed a psychotropic medication. Specifically, the HHS OIG reports a lack of clarity amongst ORR staff regarding authorization and consent for psychotropic

¹ <http://www.abajournal.com/files/Doc409-1FloresvSessions.pdf>

² <http://pediatrics.aappublications.org/content/pediatrics/early/2017/03/09/peds.2017-0483.full.pdf>

³ <https://www.hhs.gov/sites/default/files/Unaccompanied-Alien-Children-Program-Fact-Sheet.pdf>

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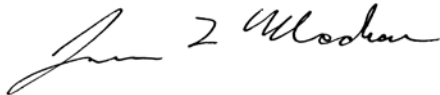
medications to children in ORR facilities. In addition, HHS OIG states that as of May 2019, ORR reported that it is working through the Department of Justice to try to negotiate a national framework for treatment authorization and consent for psychotropic medications with class counsel in the *Flores* case.⁴

With the announcement of proposed new ORR shelters, we remain deeply concerned that immigrant minor children, in the custody of ORR could be administered psychotropic drugs despite the lack of evaluation by appropriate medical personnel, and potentially without parental or guardian consent or court order when the child is in no imminent danger to self or others, in violation of applicable laws.⁵

We acknowledge that there may be unique cases where there is a need to administer psychotropic drugs to an unaccompanied minor due to the child causing imminent harm to themselves or others. However, the AMA believes that health care services provided to minors in immigrant detention, border patrol stations, and ORR shelters should focus solely on the health and well-being of the children. In addition, we strongly condemn the use of confidential medical and psychological records and social work case files as evidence in immigration courts without patient consent. We urge this Subcommittee to remain vigilant in its oversight of existing and new ORR shelters.

In conclusion, we strongly urge Congress and the Administration to work with the AMA and other medical and mental health care experts to develop policies that ensure the health of children is protected throughout the immigration process.

Sincerely,



James L. Madara, MD

cc: Division of Policy, Office of the Director, Office of Refugee Resettlement, U.S. Department of Health & Human Services

⁴ <https://oig.hhs.gov/oei/reports/oei-09-18-00431.pdf>

⁵ <https://www.aila.org/File/Related/14111359ae.pdf>