

United States Senate

Washington, DC 20510-1304

June 26, 2018

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Azar:

There are moments in time when the true strength and character of a nation is tested. Today, our nation finds itself in such a moment, and I believe we are failing that test. Despite your thoughts and opinions about our nation's immigration laws, what is happening at our Southern Border is a national disgrace.

Thousands of innocent children ripped from their parents' arms, mothers and fathers unable to see their children for weeks or months at a time, allegations of abuse and mistreatment of traumatized children, proposals to indefinitely detain children in detention centers—in violation of court rulings that protect basic human rights—all either under the supervision of, or at the specific direction of President Trump. As a United States Senator, I am appalled by the President's callous actions and irate that our federal agencies—including the Department of Health and Human Services (HHS)—are shrouding basic information about these children's well-being and when they will be reunited with their families. As a father and a grandfather, I am heartbroken.

Though this crisis does not appear to be of your Department's specific making, HHS is responsible for providing care to these immigrant children who have been forcibly separated from their parents. I write today to express my alarm about the impact of this Administration's policies on young children, and to request detailed information on the health services being provided to these traumatized children by your Department.

As you are aware, when children experience serious traumatic events—such as being forcibly removed from their parents—their body's stress-response system can be over-activated, creating a constant “fight-or-flight” mode that can literally disrupt a child's brain chemistry. Decades of research have established the link between a child's exposure to trauma, its harmful effect on neurological and behavioral development, and long-term health and societal consequences—such as mental health disorders, chronic disease development, and academic achievement. The Centers for Disease Control and Prevention's (CDC) Adverse Childhood Experiences (ACEs) study found that those with four or more ACEs are up to twelve times more likely to attempt suicide. Parental attachment and building safe, stable, nurturing environments for children are foundations of healthy development, according to the CDC. This Administration's family separation policy ignores core recommendations from its own federal health agencies.

The nation's medical community has uniformly warned about the catastrophic health effects of this Administration's family separation policy on children, and expressed strong opposition to family separation and indefinite detention of families. A petition from more than 12,600 mental health professionals states, "to pretend that separated children do not grow up with the shrapnel of this traumatic experience embedded in their minds is to disregard everything we know about child development, the brain, and trauma." The President of the American Academy of Pediatrics has called this family separation policy, "government-sanctioned child abuse." And the American College of Physicians has noted that, "those negative health impacts cannot be reversed."

In addition to immediately reuniting these separated children with their parents and families, research also shows that trauma-informed health services will be necessary to help heal the harm caused by these experiences. Given the well-established medical understanding of trauma and the concerns from our nation's health care stakeholders, I ask that you provide detailed responses to the following questions by July 9, 2018.

1. At least 2,300 children have been separated from their families as a result of the Administration's "zero tolerance" policy. When will they be reunited with their families?
 - a. What contact, and with what frequency, do separated children have with their parents prior to reunification?
 - b. How many children have already been released to a sponsor?
 - c. What is the Department's policy for evaluating sponsorship requests from family members? Has this process changed under the zero tolerance policy?
 - d. What is the Department's record-keeping and identification policy for tracking children, including communicating their personal information and health needs?
2. What initial and ongoing physical and mental health care is being provided to currently separated children?
 - a. What specific mental health screenings and interventions are being furnished? What standards and evidence are these models based upon?
 - b. What medications and drug treatments are being provided to separated children?
3. What arrangements and policies are in place for the provision of health care services to children with disabilities and to those who do not speak English?
4. What is the aggregate, de-identified number of separated children who have been diagnosed or otherwise identified to have mental health disorders? Please provide figures broken down by specific mental health disorders.

5. How many mental health clinicians are employed or contracted by the Department to provide mental health services to these separated children?
6. What daily academic, developmental, and social programming is provided to separated children? Please provide the standard contractual curricula and program requirements.
7. What is the Department's official policy on sharing mental health information about a separated child with DHS, a component agency of DHS, or any other governmental or judicial entity?
8. As our nation's Health Secretary, do you believe that forcibly removing any young child from their parents' care—when there are no allegations of abuse or mistreatment—is in the best short- or long-term health and developmental interest of the child?
9. There have been troubling reports of mistreatment at facilities housing separated children, including allegations of abuse and mass administration of psychiatric drugs to calm hysterical kids separated from their parents. What is the Department's policy on administering psychiatric drugs to separated children and what steps is the Department taking to ensure a safe environment for children at your facilities?

This Administration's policies have created a humanitarian and health crisis that we have a moral obligation to rectify. You must reunite these children and parents immediately and provide quality, evidence-based mental and physical health services in a timely manner to address the trauma intentionally inflicted upon them by the United States government. I look forward to a through and quick response.

Sincerely,



Richard J. Durbin
United States Senator