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A HUMANE RESPONSE: PRIORITIZING THE
WELL-BEING OF UNACCOMPANIED CHILDREN

WEDNESDAY, JUNE 9, 2021

House of Representatives,
Subcommittee on Oversight
and Investigations,
Committee on Energy and Commerce,
Washington, D.C.

The subcommittee met, pursuant to call, at 11:29 a.m., via Webex, Hon. Diana DeGette [chairman of the subcommittee] presiding.

Present: Representatives DeGette, Kuster, Rice, Schakowsky, Tonko, Ruiz, Peters, Schrier, Trahan, O'Halleran, Pallone (ex officio), Griffith, Burgess, McKinley, Dunn, Joyce, Palmer, and Rodgers (ex officio).

Staff Present: Kevin Barstow, Professional Staff Member; Jeff Carroll, Staff Director; Austin Flack, Policy Analyst; Waverly Gordon, General Counsel; Tiffany Guarascio, Deputy Staff Director; Perry Hamilton, Clerk; Rebekah Jones, Counsel; Chris

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Knauer; Oversight Staff Director; Mackenzie Kuhl, Press Assistant; Kevin McAloon, Professional Staff Member; Kaitlyn Peel, Digital Director; Tim Robinson, Chief Counsel; Benjamin Tabor, Junior Professional Staff Member; Caroline Wood, Staff Assistant; C.J. Young, Deputy Communications Director; Diane Cutler Minority Detailee, Oversight and Investigations; Theresa Gambo, Minority Financial & Office Administrator; Marissa Gervasi, Minority Counsel, Oversight and Investigations; Brittany Havens, Minority Professional Staff Member, Oversight and Investigations; Nate Hodson, Minority Staff Director; Peter Kielty, Minority General Counsel; Emily King Minority Member Services Director; Bijan Koohmaraie, Minority Chief Counsel, Oversight and Investigations Chief Counsel; Clare Paoletta, Minority Policy Analyst, Health; Alan Slobodin Minority Chief Investigative Counsel, Oversight and Investigations; Michael Taggart, Minority Policy Director; and Everett Winnick Minority Director of Information Technology.

Ms. DeGette. The Subcommittee on Oversight and Investigations hearing will now come to order.

Today, the committee's holding a hearing entitled, "A Humane Response: Prioritizing the Well-Being of Unaccompanied Children."

Today's hearing will examine the Biden administration's efforts to humanely and responsibly care for unaccompanied children. Due to the COVID-19 public health emergency, today's hearing is being held remotely. All members, the witnesses, and staff, will be participating via video conferencing. As part of our proceeding, microphones will be set on mute for purposes of eliminating inadvertent background noise.

Members and our witness, you will need to unmute your microphone every time you wish to speak. And if at any time during the hearing I'm unable to chair the hearing, the vice chair of the subcommittee, Mr. Peters, will serve as chair until I'm able to return. Documents for the record can be sent to Austin Flack at the email address that we've provided to staff. And all documents will be entered into the record at the conclusion of the hearing.

The chair now recognizes herself for the purposes of an opening statement.

Today, we're holding an important hearing on the safety and well-being of unaccompanied children that arrive at our border without a parent or a legal guardian. This is the committee's third hearing on unaccompanied children in the past 2-1/2 years. We've come a long way since the initial hearings that we had. Unlike the previous administration, the Biden administration is, once again, implementing policies that are in the best interest of the vulnerable children in its care. But, along with the Department of Health and Human Services, and the Office of Refugee Resettlement, they are now

faced with a steep challenge.

The numbers of unaccompanied children being transferred into the care of HHS this year have been unprecedented. To be clear, the Biden administration did not cause this surge. These are long-standing, structural root causes for these trends, which is why Vice President Harris was in Central America this week to talk about long-term solutions to these very thorny problems, but regardless of the factors, these children are here, and HHS is charged with their care until it can find a suitable sponsor for the children.

When the numbers went up this year, the Biden administration took swift action to open urgently needed temporary facilities at the border to safely house children, while HHS worked to find them beds in licensed facilities around the country, and then to place them in permanent homes, with sponsors like a parent or close family relative.

As a result of those efforts, the number of children staying at the Customs and Border Patrol facilities has declined dramatically, and HHS is making progress moving children out of the temporary facilities and into permanent beds, enabling the agency to close some of those facilities with more to close in the oncoming weeks.

But before I talk about the ongoing work and what more needs to be done, I want to talk for a minute about the recent history of the programs and to provide some context about where we are today. Every recent administration has faced the enormous challenge of unaccompanied children at the border. The solutions are never easy, but this country has accepted those seeking refuge at our doorstep, and treated them with humanity, especially children.

But the Trump administration's response was State-sanctioned cruelty. It intentionally separated thousands of children from their families, unleashing chaos as the administration lost track of their parents, and spent months trying to reunite them. The

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policy inflicted untold trauma on the children, and, unfortunately, hundreds of those parents have not even been found today.

The committee led the condemnation of this shameful policy, and we held two hearings and conducted an investigation that exposed how HHS, under the Trump administration's political leadership, should have done more to stop this travesty. In addition, the Trump administration weaponized HHS as an arm of immigration enforcement, deterring potential sponsors from coming forward to take the children in, and further impairing the agency's important mission to serve those children.

That was the state of affairs when the Biden administration took office on January 20th, a decimated asylum system, civil servants and volunteers discouraged and prevented from doing their jobs, and precious time and resources spent on putting separated families back together instead of preparing for the next surge of migrants.

And yet, despite those difficulties, the Biden administration has made significant progress in responding humanely to the enormous challenge before it. In his first days in office, President Biden formed an interagency task force to find and reunify families, study the fallout from the separations policy, and work to correct the injustices. That important work continues with our support.

And then, faced with unprecedented numbers at the border, instead of separating families, or just turning children away, the Biden administration is responding with as much compassion as possible.

But the challenge is not over and a lot needs to be done. HHS needs to continue to work to make sure that temporary facilities provide adequate services and are adequately staffed, and then it has to find permanent beds for those children.

HHS must remain vigilant in the face of COVID-19, including testing and quarantining newly arrived children, and then treating any children that's sick. And HHS

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must also continue to thoroughly vet potential sponsors to make sure the children are in a safe environment.

But let me end on one note, I think we can all agree on both sides of the aisle, we need a long-term strategy to expand the number of permanent, licensed beds so we are not in this situation of opening up temporary beds every spring when we get a surge.

This year's surge demonstrated the need to expand that network and history shows this is not going to be the last time. So HHS needs to prepare and so does Congress. I really want to thank our witness for being here today. It's clear we have our work cut out for us, but I'm hoping that we're back on the right course and committed to putting the welfare of the children first. And we stand ready to assist in those efforts.

I yield back. And at this time, I'll recognize the ranking member of the subcommittee, Mr. Griffith, for 5 minutes for the purposes of an opening statement.

Mr. Griffith.

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[The prepared statement of Ms. DeGette follows:]

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Mr. Griffith. Thank you, Chair DeGette, for holding this hearing. This committee's oversight over the U.S. Department of Health and Human Services' Office of Refugee Resettlement, ORR, management, care, and treatment of unaccompanied children, as well as the sponsorship process for unaccompanied children extends back to 2014 in response to the first major influx of children in family units coming across our southern border.

Because of the work done by this committee and others, reforms were made to the ORR program, including improving the medical care available to children while in HHS care and custody. In the 115th Congress, our work on this issue continued after the announcement, and then end of the zero-tolerance policy.

I want to be very clear: I support strong enforcement of our Nation's borders, but I do not support separating children from their parents. I care deeply about the safety and well-being of these children and these separations caused great harm to the children and the families involved.

In 2019, the U.S. Department of Homeland Security and HHS experienced another surge of unaccompanied children and family units coming across our southern border. ORR received 69,488 referrals from DHS in fiscal year 2019. That influx was higher than it had been in previous years leading to capacity and resource issues at the U.S. Customs and Border Protection, and ORR facilities.

Over the past few months, the U.S. has been experiencing another surge in its southern border. According to the CBP, southwest land border demographic data in fiscal year 2021 to date, U.S. Border Patrol has had encounters with over 64,600 unaccompanied children, single minors, with over 9,200 encounters in February, over 18,700 in March, and over 16,900 in April. According to a recent article, the number of

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migrant children in CBP custody peaked at 5,767 on March 28.

Further, according to ORR, on April 2nd, the average time in CBP custody was 133 hours, significantly over the 72-hour limit. In addition, ORR has more than 23,000 children in its care in late April. As we have seen over the years, immigration trends can be hard to accurately predict, but the current circumstances at the border were not completely unforeseeable.

President Biden campaigned on easing immigration controls, giving migrants a reason to believe that it would be easier for them to get into the U.S. if he were elected President. In fact, ORR first reached 85 percent operational capacity, also referred to as influx capacity, on February 7, 2021, less than 1 month after President Biden was sworn into office.

This committee does not have jurisdiction over immigration policies, and that is not what we are here to discuss today. However, it is ORR's role to care for unaccompanied children who are referred to them by immigration officials. And it is critical that ORR's prepared for surges in unaccompanied children referrals, in order to make sure that ORR can adequately care for unaccompanied children while they are in their custody, especially during a global pandemic. Whether it is challenges with bed capacity, hiring, training, and adequately vetting personnel at ORR facilities, or ensuring that sponsors are appropriately screened before placing children in their care, all of these components are critical to ensure the safety and well-being of these children.

Over the past few months, we have seen concerning reports, including the administration not requiring FBI fingerprint background checks of caregivers at its emergency intake sites, allegations of neglect or abuse at ORR facilities, children being stuck on parked buses for days before going to family or to sponsors, and inadequate living conditions at ORR facilities, including reports of girls housed at a Houston facility

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being instructed to use plastic bags for toilets because there were not enough staff to accompany them to restrooms.

In addition, ORR has implemented policies to expedite the release of unaccompanied children to sponsors, and we need to ensure these policies do not inadvertently put children in danger. I recently visited an ORR facility in Texas, and I greatly appreciate all of the hard work of the staff, contractors, and volunteers who are helping to care for these children.

But I remain concerned about some of the recent reports and ORR's processes when it comes to the management and care of these children. I look forward to the opportunity to ask questions regarding these concerns at today's hearing. I thank Acting Assistant Secretary Chang for being here today, and being a part of this important discussion.

And I yield back.

[The prepared statement of Mr. Griffith follows:]

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Ms. DeGette. I thank the gentleman.

The chair now recognizes the chairman of the full committee, Mr. Pallone, for an opening statement, 5 minutes.

The Chairman. Thank you, Madam Chair. Today, we continue our oversight of one of the most challenging issues our country has faced in recent years, the unprecedented numbers of unaccompanied children at the U.S. border, and this is not a new phenomenon. The last three administrations have all faced surges of unaccompanied children and each administration has had to decide how to respond to this challenge. We all recall the choice the Trump administration made as thousands of innocent children were forcibly separated from their families at the border, the chaos and devastation from those actions is well-documented. Children cowering in fear, suffering depression, and post-traumatic stress. The Trump administration's actions were cruel and inhuman, in my opinion. And, sadly, the challenges of reunification continue as the parents of nearly 400 children still have not been found as of last month.

The prior administration took other actions to undermine the Office of Refugee Resettlement, which is tasked with caring for unaccompanied children until it can safely place them with a suitable sponsor. The Trump administration instituted a hiring freeze and established an information-sharing agreement that turned ORR-sponsored vetting program into an arm of immigration enforcement. The result left sponsors afraid to come forward and children left in the ORR and ORR's care for extended periods of time. Actions that ORR ultimately deemed counterproductive to its mission.

For the Biden administration, these Trump era actions in the global COVID pandemic only served to compound the challenges presented by record numbers of unaccompanied children arriving at our border. Fortunately, under President Biden's

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leadership, the approach has been decidedly different. Zero tolerance was formerly rescinded, unaccompanied children are no longer being turned away at the border, and the information-sharing agreement that weaponized ORR has been terminated.

ORR's mission to prioritize the well-being of the children in its care is being restored, and that isn't to say that this administration doesn't face challenge. ORR's licensed bed capacity reduced due to COVID-19 has been at nearly full capacity, I should say, for months. In March, thousands of children who crossed the border were brought into Customs and Border Protection facilities, which are not meant to house children for longer than 72 hours. But the Biden administration quickly mobilized resources, and with assistance from FEMA and the Department of Defense, ORR added capacity for more than 18,000 temporary beds. And as a result, even as the influx of unaccompanied children continues, the average time a child spends in CBP custody has been 24 hours or less since the beginning of May.

The ORR temporary facilities are not perfect, but they are far better for children than a CBP detention center. Basic humanitarian requirements are met, children have access to food, shelter, clean clothes, medical assessments, and basic hygiene. The facilities are working to include legal, recreational, and educational services as well.

So working with the Centers For Disease Control and Prevention, ORR has also taken great strides to mitigate the spread of COVID-19 at these sites, instituting a testing regiment, quarantine requirements, and providing treatments when needed. And just last week, ORR issued guidance to care providers that eligible children in the care can now begin to receive a COVID-19 vaccine.

So these temporary facilities are not meant, as we know, for the long term, and that's why the Biden administration has also ramped up efforts to expand its permanent licensed bed capacity and better facilitate sponsor vetting so the children can be placed in

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a safe home. And I think those efforts are paying off. In May, ORR averaged 4,100 sponsor unifications per week, more than all unifications for the entire month of February by comparison. And while this progress demonstrates the administration's commitment to the well-being of these children, the temporary facilities cannot be a permanent solution. We all know that.

If these patterns of migration continue, we must ensure ORR expands its licensed bed network, and that it has well-trained and vetted staff to care for these vulnerable children. And I look forward to hearing from our witnesses today about the progress that has been made, and what more is needed to develop and execute ORR's long-term strategy, and that strategy has to start with one priority, and that's the well-being of the innocent children placed in ORR's care.

And I thank Ms. Chang for being here today. We all know that this is a difficult task and one that, unfortunately, is with us for a while. But I do think that there have been significant improvements under your watch, Ms. Chang. So I thank you for that.

And yield back, Madam Chair.

[The prepared statement of Mr. Pallone follows:]

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Ms. DeGette. I thank the gentleman. The chair now recognizes the ranking member of the full committee, Mrs. Rodgers, for 5 minutes.

Mrs. Rodgers. Thank you, Madam Chair, and members of the committee. There's a humanitarian crisis, a national security crisis, and a public health crisis at our southern border. And the Biden administration is responsible for this historic surge. While running for office and since taking his oath, President Biden and his administration have sent a clear message to migrants, our southern border is open and you should come.

On a debate stage, Biden gave an obvious wink and nod to admit migrants when he said he would provide free healthcare for illegal immigrants. On Inauguration Day, once again, we heard Biden -- he issued several executive orders, five immigration executive orders, some weakening our security and the ability to stop the flow of illegal immigrants.

Just last week, the Biden administration officially ended the Trump era Remain in Mexico policy. And for months, administration officials had made clear that they would not turn away any child trying to cross our borders.

This is not a humane approach. Encouraging migrants to make the dangerous journey north, especially encouraging children, is not humane. Yet this administration's policies and rhetorics are encouraging the migrants to come at an unprecedented rate.

The U.S. Border Patrol has had over 54,400 encounters with unaccompanied children and single minors already this year. In March alone, the number of unaccompanied children Border Patrol encountered reached nearly 19,000, smashing the previous high by more than 60 percent. At the end of April, ORR had more than 23,000 children in its care. And more broadly, the unaccompanied children in April alone, more than 178,000 migrants were encountered at the southern border, the highest 1-month

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total in more than two decades.

There's also been a dangerous spike in drug trafficking. What we are seeing at the southern border is an increase in opioids, deadly, extremely lethal opioids. As of April, the Customs and Border Patrol seized more fentanyl this year than it did all of 2020. And we know that the surge brings with it public health concerns, especially during a global pandemic. To get this unprecedented crisis under control, we need leadership. Unfortunately, we've seen some critical missteps which have led to internal finger-pointing. President Biden has passed the buck now to Vice President Harris. This happened in March. And her team recently tried to distance herself from the crisis. She still hasn't been to the southern border. This week she met with the heads of Guatemala and Mexico, but as the point person, she must do more. It's not a joke or a laughing matter.

Unfortunately, Health and Human Services has also had its challenges, especially when it comes to an unprecedented flow of unaccompanied children. Our brave Border Patrol officials and workers caring for unaccompanied children deserve applause and support.

Sadly, some members of Congress that were outraged by overcrowded Border Patrol facilities and ORR facilities housing unaccompanied children are remaining silent now. Those who decried the ORR facilities used in the last administration -- some even compared them to concentration camps -- now remain silent despite this administration using the same facilities.

And those who criticized conditions of the facilities, holding unaccompanied children during the last administration, are now remaining silent, with the recent allegations of abuse, neglect, and failures to properly vet staff. We must acknowledge this border crisis. Our witness today is only one piece of the border issue at the

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southern border, and our discussion will focus on ORR, which is responsible for coordinating and implementing the care.

We expect more, we need to do more to secure our border, and this moment calls for leadership. Thank you for this discussion.

And I yield back.

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[The prepared statement of Mrs. Rodgers follows:]

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Ms. DeGette. The gentlelady yields back.

The chair now asks unanimous consent that members' written opening statements be made part of the record and without objection, so ordered. I would like to now introduce our witness for today's hearing, JooYeun Chang, who is the Acting Assistant Secretary, Administration for Children and Families, U.S. Department of Health and Human Services.

Thank you so much for coming today. I really appreciate it. And I know you're aware, Ms. Chang, the committee is holding an investigative hearing, and when doing so, we have the practice of taking testimony under oath.

Do you have any objections to testifying under oath today?

Ms. Chang. No, Chair DeGette, I do not.

Ms. DeGette. Thank you. Let the record reflect the witness responded no.

And the Chairwoman advised you that under the rules of the House and the rules of the committee, you're entitled to be accompanied by counsel. Do you wish to be accompanied by counsel today?

Ms. Chang. Not today.

Ms. DeGette. Let the record reflect that the witness has responded no.

In that case, if you would please, raise your right hand so you may be sworn in.

[Witness sworn.]

Ms. DeGette. Let the record reflect, the witness responded affirmatively, and you're now under oath and subject to the penalty set forth in Title 18, Section 1001 of the U.S. Code. And the chair will now recognize our witness for a 5-minute summary of her written statement. There's a timer on your screen you can see that will count down your time, and it turns red when your 5 minutes is over.

Ms. Chang, you are now recognized.

**STATEMENT OF JOOYEUN CHANG, ACTING ASSISTANT SECRETARY, ADMINISTRATION
FOR CHILDREN AND FAMILIES, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Ms. Chang. Chair DeGette, Ranking Member Griffith, and members of the subcommittee, it's my honor to appear on behalf of the Department of Health and Human Services. My name is JooYeun Chang, and I'm the Acting Assistant Secretary for the Administration for Children and Families. As the Acting Assistant Secretary, I oversee the work of the Office of Refugee Resettlement, or ORR, which is responsible for the care and placement of unaccompanied children in HHS custody.

Today, I want to share with you ACF'S efforts to increase capacity, while quickly and safely unifying unaccompanied children with a sponsor, typically, a parent or a close family member. This is a challenging time for the UC program. A combination of extremely high levels of referrals from DHS, COVID health and safety protocols that forced nearly 40 percent of ORR licensed beds offline, and programmatic and policy decisions made by the previous administration created very difficult circumstances.

Despite these challenges, we have a moral and legal obligation to safely care for every child referred to us, and we are meeting our obligation by taking action in three key areas: one, by increasing both emergency and State-licensed bed capacity; two, implementing policy and operational changes to quickly and safely place children with their sponsors; and finally, by deploying additional Federal staff in the field to support this critical mission.

Despite continuing challenges, we are making tremendous progress. Due to increased capacity and interagency coordination, unaccompanied children are moving

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quickly out of CBP facilities, spending only 24 hours in CBP care on average, with only a few unaccompanied children in custody longer than 72 hours each week. As of yesterday, there were less than 700 unaccompanied children in CBP facilities, compared to over 5,000 at the end of March when the average time in custody was nearly 5 days.

Working closely and collaboratively with our interagency partners, we are also bringing down the overall census in ORR shelters, and have reduced the number of children in our care by 25 percent in the last month alone, from a high of 23,000 at the end of April, to just around 16,000 today, due to both a recent decline in referrals, as well as ORR's significant progress in safely accelerating unifications. We have reduced the number of children staying in temporary emergency facilities by 50 percent over the past month, and have demobilized four of our emergency intake shelters to date, with more to come.

Since January 20th, ORR has unified more than 38,000 children with their vetted sponsors. We've made this progress by first aggressively working to safely regain licensed beds taken offline, due to COVID-19, by implementing updated CDC guidance to the field. ORR has authorized over 4,000 beds to come back online in State-licensed facilities.

Second, ORR has stood up over 19,000 temporary beds. In addition to activating the influx care facility at Carrizo Springs, Texas, ORR has deployed a third category of care provider facility, the emergency intake site. We've done this in coordination with our interagency partners, including FEMA and DOD.

ORR currently has 10 active emergency intake sites, which meet the immediate need for additional capacity to keep pace with the number of referrals of unaccompanied children to ORR, and allow us to begin case management. In addition to increased bed capacity, we have taken action to enhance case management resources, including

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ensuring robust case management at all of our EIS sites. We are addressing hurdles to unification with sponsors through both policy and process modifications.

For example, HHS has terminated the 2018 memorandum of agreement with DHS regarding information sharing of sponsor and sponsor household information, which advocates have cited as a negative influence on sponsors coming forward. At EIS facilities, we have utilized virtual case management, and ORR has also created an expedited unification process for Category 1 children so that they can be more safely and quickly unified with a parent or legal guardian.

I want to stress that this expedited process does not eliminate background checks for the parent or legal guardian. The expedited process streamlines vetting procedures and eliminates bureaucracies in order to avoid unnecessarily prolonging the time that children remain in government's custody.

These efforts have allowed us to safely unite tens of thousands of children with a vetted sponsor. HHS has also utilized Federal staff to help support the UC mission. This is included deployment of HHS employees, including the U.S. public health service commissioned corps members to support emergency intake sites. DHS has also provided hundreds of volunteers, including over 300 USCIS employees, who have been trained as ORR case managers.

Federal staff from other agencies have also responded to the call for support of ORR missions and their service has allowed us to quickly and safely increase capacity.

Looking forward, ACF is committed to improving ORR's ability to successfully implement the unaccompanied children's program, and adapt its capacity and service delivery to emerging referral pattern, both during periods of influx, as well as low occupancy, and look forward to working with you on this issue.

Thank you for this opportunity to update you on ORR's efforts in the

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unaccompanied children program, and for your commitment to the safety and well-being of unaccompanied children. I look forward to working with you on our continued enhancement of policies and procedures, and I'd be happy to answer any questions.

[The prepared statement of Ms. Chang follows:]

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Ms. DeGette. Thank you so much, Ms. Chang. We appreciate you giving us an update of what's happening.

The chair will now recognize herself for 5 minutes for questions.

The first thing I want to talk to you about is what the Biden administration faced when it came into the office on January 20th. As I mentioned in my opening statement, there were a number of issues in the previous administration that impacted what happened this spring. So I'd like to ask you first, what was the state of the unaccompanied children program when the Biden administration started at the beginning of the year?

Ms. Chang. Chair DeGette, we really faced three significant challenges all at the same time. One of those issues, as you mentioned, were some of the policy and administrative decisions that the last administration made that really left us unprepared for the significant surge and the impacts of COVID. Those things included hiring freezes, that meant we did not have enough staff to address the daily needs of an ORR program.

It included policies, decisions like the memorandum of understanding that made it unlikely that sponsors would come forward, which is absolutely critical, to move children safely out of our program. But in addition to that, we had historical number of referrals from DHS. Someone noted earlier that the single largest month of referrals before this year had been a high of 10,000 many years ago.

Just as a point of comparison, in the month of April this year, we had nearly double the number when you think about the highest -- previous highest month of referrals. You have, on top of that, a complete impact of COVID on our licensed bed capacity, which is the network that ORR typically relies on to care for the children who are referred to us by DHS. COVID restrictions took off 40 percent of our beds, and the

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previous administration did not take actions to address that gap.

Ms. DeGette. And I just have to ask you, if you know, Ms. Chang, do the number of unaccompanied minors have historic patterns? Do they tend to go up in the springtime over time? Have you seen that?

Ms. Chang. Yes, ma'am. There are seasonal patterns that we see in the ORR program. There are usually a few months in the spring, and, perhaps, in the fall, where we see, kind of, increases in the numbers but, again, the numbers that we saw starting in March are simply unprecedented, especially the jump that we saw, and the volume that we saw in each of those months.

Ms. DeGette. And, so, I wonder if you can tell me briefly, what can you do to build this program up not, just to deal with the crisis right now, but to make sure that we don't have this crisis every time we have a seasonal increase, whether it's as large as this year or even not, because it does tend to fluctuate?

Ms. Chang. Yes. Thank you for the question. It's absolutely something that is on the leadership's mind here at HHS. We recognize that living from challenge to challenge simply isn't the right way to do our work. The President's budget request has a proposal that we think would really transform our systems' ability to respond to these challenging influxes and we look forward to working with you, Chairwoman DeGette, and members of this subcommittee to think about how we can fundamentally transform our program.

Ms. DeGette. And are there some other steps HHS can take to ensure that children are safely placed with appropriate sponsors?

Ms. Chang. So, you know, one of the things that we've been doing is talking very closely and working closely with child advocates who have been working in this space, as well as other immigration experts. And one of the things that has become clear to me,

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and, certainly, my -- a little bit of my history. I'm a little new to the unaccompanied children's program, but I spent the last 20 years of my career working on child welfare issues.

And in the child welfare world, we often think about how we can prevent these things from bubbling up to challenge, but also really focusing on the services that children need once they actually go home.

And so one of the things that has become apparent to me is that this program focuses so much on what it does for the short period of time that children are in its care and custody while we are identifying and vetting sponsors, and spends less resources and time with a child after they are unified and where they actually need perhaps even more support and services.

As we know, when families come back together and they are struggling, they may need mental health services, social services to make sure that that child remains safe. And, so, I would love to see us invest further in those post-release services.

Ms. DeGette. Thank you so much. My time's expired, and I'm now very pleased to recognize Mr. Griffith for 5 minutes for questioning.

Mr. Griffith. Thank you, Madam Chair.

Your written testimony notes that in the months since January 20th, the Office of Refugee Resettlement, ORR, has implemented policy and operational changes to expedite the release of unaccompanied children. It describes some of these changes, including paying for transportation, sharing information across agencies, and streamlining vetting of sponsors.

Will you commit to provide me with a written list of all the policy changes that have been made for this purpose? Yes or no?

Ms. Chang. Absolutely. Yes, we will do that.

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Mr. Griffith. Thank you.

In stressing the safety of ORR's efforts to expedite the unification of children with a sponsor, you noted in your written statement that ORR does not eliminate the background checks for parent or legal guardians. Expedited processes or not, I have serious concerns about what ORR considers to be satisfactory background check.

Three weeks ago I visited Fort Bliss, an ORR facility with 4,500 children at the time I was there at the southern border. I regret not having gone sooner because what I learned there was, frankly, shocking and disappointing.

Staff at the facility told visiting members that potential sponsors must undergo a criminal public records check and, in most cases, a sex offender registry check. I asked if they worked with the FBI or other national databases to find information about all sponsors. They said no.

Additional discussion about their so-called public records check led me to conclude that ORR relies primarily on widely available internet search engines, sites any of us could access for around \$20 a month to vet the sponsors.

If a website like Spokeo or Checkmate doesn't show evidence of abuse or neglect, the sponsor is approved. That troubles me. The information on these websites is not always accurate or up to date, and legally it is neglect to turn your minor child over to a criminal cartel, or to send them off on their own for whatever distance and for how many ever days to seek the border themselves.

The Federal Government maintains sources of information that can be used to conduct background checks in a timely matter, including the National Institute Criminal Background Check system, NICS, the National Crime Information Center, NCIC, and the integrated automated fingerprint identification system. Further, each States' Department of Social Services keeps a list of founded cases for abuse and neglect.

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But even after I made my frustration and my ire clear, no one there said we are using these on a routine basis or oh, yes, we forgot to tell you that in the big meeting. That didn't happen.

Our social services systems conduct interviews in home studies when we're evaluating child welfare. Yet, ORR is releasing children to people in homes they know little or nothing about. Is that safe? Is that humane? We must not sacrifice children's safety in the interest of an expedited process. These are children, not commodities.

While I do not agree with President Biden's immigration policy, I believe that we have an obligation to ensure the safety of children once they are here, and it seems to me that ORR is failing to meet that obligation. All that being said, I would like a complete list of the sources ORR uses to vet every sponsor, and if you need permission or resources from Congress to be able to improve the vetting process, then let me know that, too.

Can you commit to getting me that information?

Ms. Chang. Yes. Ranking Member Griffith, we will absolutely get you all of our policies and all of the information about the vetting process.

Mr. Griffith. And to be fair, this is not -- this is not -- from what I've learned, this is not something that you all changed. This is what they've been doing over a number of administrations. That doesn't make it right. I don't think we're checking these enough, particularly, when, if we were in any of the juvenile courts that I used to practice in, the courts would say that's neglect and then we'd turn them over if we don't see something that flashes up on a fairly minor site, particularly when they don't have reference to information from the home country, because they haven't gone to check for it, and sometimes they do if they see a problem, but they don't generally check for that.

And so we don't have a complete picture, and I just don't think we're doing it

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right. And I would ask you as a final question, the budget that you referenced earlier about things they were going to do better once they were back reunited with their family that let them go with a criminal cartel that drops little kids over fences. We saw that spot where two little girls were dropped over. If that's not neglect, I don't know what it is, but does your budget include money for a better vetting process for all sponsors, not just the ones that flag up on the site as maybe having a problem, but ones that have a problem just inherently because they let their children go with a criminal cartel?

Ms. Chang. So Ranking Member Griffith, first, thank you for your passionate focus on child safety and for visiting our kids at Fort Bliss. You know, we share with you that commitment to safety, and the well-being of children who are in our care and custody. I can assure you that it is not only my personal top priority, but it is absolutely the clear mandate from the Secretary that this is not only our legal, but moral obligation to keep children safe. And we look forward to working with you about how we can improve those practices.

Mr. Griffith. Thank you.

I yield back.

Ms. DeGette. I thank the gentleman.

The chair now recognizes Mr. Pallone for 5 minutes for questioning.

The Chairman. Thank you, Madam Chair. I wanted to take a moment to talk about why we have this unaccompanied children program, Ms. Chang. These children seek refuge in the U.S. for a number of reasons, including fleeing violence in their home countries. And I think it's vital that we have a humane system in place to care for them, and both HHS and ORR have facilities that are staffed with child welfare experts and healthcare providers, and they are not only taking them in and providing appropriate services; they've been working to find safe and suitable sponsors.

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So Ms. Chang, can you speak or -- I'm going to go back to another question. Just walk us through why it's important to remember that ORR is not an immigration enforcement agency, and, instead, cares for the health and well-being of these children? Why is that distinction so critical and how does that inform everything that ORR does? I know you already mentioned it, but if you could talk about it a little more, I'd appreciate it.

Ms. Chang. Yes. Chairman Pallone, thank you for that opportunity. As you mentioned, there are a number of reasons that children may be coming to us as unaccompanied. They may be fleeing violence in their home communities, natural disasters, and Congress, in its wisdom, has made clear that HHS is to have a very specific role in actually caring for the safety and well-being of these children to identify and vet sponsors.

The data is clear that most of these children are coming here to be with family members, usually parents or legal guardians or other close family members like a grandmother or aunt like me who may have helped raise a child before. And so, we have a very distinct role in this process, and it is not to be part of the immigration or law enforcement process, but as Congress has mandated for us to play a humanitarian role in making sure that these children are safe, that we screen them for any trafficking risk, and that we appropriately address those risk factors.

The Chairman. And thank you. And you know, I guess my problem is that -- I don't know if it's my problem, but my bias, if you will, is that I just felt that the Trump administration was primarily looking at this as an immigration enforcement issue and then they came up with this zero-tolerance policy, which I thought was a disaster, because of that ideology that, you know, what we're doing here is really about enforcing immigration.

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And then, you know, the Trump administration, therefore, implemented policies that, in my opinion, weren't in the best interests of the children, and I continue to have concerns regarding the long-term implications for kids who were subject to this zero-tolerance policy, or even were never reunited with their parents.

So Ms. Chang, again, at a high level, what is HHS doing across the board to realign its policies and actions to ensure that we are putting the health and welfare of these kids first, if you would?

Ms. Chang. Yes, sir. I apologize. It may just be on my end, but [inaudible], I apologize. We're having some technical difficulties.

The Chairman. We hear you, it's just we have music in the background. So go ahead.

Ms. Chang. Okay. I think that's taken care of. I apologize, sir. So, yes, our mission has been clear. We have a legal mandate to care for the safety and well-being of children. I will say that, as you know, I've had a chance to work with State child welfare staff from across the country, and most recently in Michigan, where I oversaw the child welfare and juvenile justice systems. And people who do this work do it usually for one reason and one reason alone, and that is because they care deeply about child well-being. Certainly not for any glory or money because there's none to be found in this work, but because they have that deep personal commitment to doing good humanitarian work, and the staff that I have seen do this work, both here at ORR and across the Federal Government, are no different.

These are folks who are committed to one thing and one thing alone, and that is to care for children, make sure they are safe, that they have everything that they need to be safely unified with their family members. And we are staying single mindedly focused on that, and that is one of the reasons why it was very important to us to

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officially terminate the memorandum of agreement with DHS that the last administration had put in place, because it did create confusion and conflicting messages about what ORR's role was about. And it also had a chilling effect on the very people who loved these children and would be in the position to care for them from coming forward.

And, so, we thought it was important, even though, we had immediately stopped putting into effect that agreement to officially and publicly signal that that was no longer what ORR was doing.

The Chairman. Thank you so much. And thank you, Madam Chair.

Ms. DeGette. I thank the gentleman.

The chair now recognizes Mrs. Rodgers for 5 minutes.

Mrs. Rodgers. Thank you, Madam Chair.

When I visited these facilities, it's really been heartbreaking to hear the stories of these unaccompanied minors. The one that I visited was all young ladies, very young ladies, who had made the trip, and story after story to a person was one of abuse, assault, just heartbreaking stories. And we are all committed, and we must be committed to the health and welfare of these children.

You mentioned that -- that when you took over, you felt that you were left unprepared and that COVID restrictions had taken 40 percent of your capacity. ORR had kept two facilities in warm status and this was in the case of a surge, so these were facilities that were going to be easy to access in case it was an unprecedented surge, and that's what we've seen. We've seen the largest levels of apprehension, 170,000 apprehensions, three straight months since 2000. Two of these facilities are Carrizo Springs and Biscayne Bay.

So, now, ORR reopened the Carrizo Springs in February, but it refused to reopen Biscayne Bay, despite the record surge. We needed additional capacity, children were

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being kept in overcrowded CBP facilities for longer than the law allows, but yet this facility remained unused.

Ms. Chang, can you please explain why ORR didn't reactivate Biscayne Bay?

Ms. Chang. Thank you, ma'am. So the focus of ORR's work, as we've partnered with our interagency partners, was to quickly add capacity because our goal was to safely move children out of CBP detention facilities. I also had a chance early on when I joined HHS to visit one of those CBP detention facilities, and, as I think, perhaps, you noted, the staff at CBP employees who were there were heroic in their attempt to do everything in their power to care for these children.

But it was clear and they were the first to tell me, these sites were not designed nor were they the right place for any child to be. And I couldn't agree more. So we felt a very urgent need to try and move as many of those children safely and quickly as possible. So we did look at all of our options, including the Biscayne facility that you mentioned. We, as you noted, did open the Carrizo Springs facility in early February before --

Mrs. Rodgers. Excuse me. Excuse me. I'm sorry, Ms. Chang. I'm going to run out of time. Can you just answer why you didn't choose to open Biscayne Bay?

Ms. Chang. Sure. For a couple of reasons. One is that the time to stand up Biscayne was approximately 2 months and we were looking to open up places in a matter of days, not even weeks, much less months. In addition to that, Biscayne Bay was slated to only house up to 800 children, and at that time we had 5,000 children who were already spending too much time in the facility. So it was really about time and numbers.

Mrs. Rodgers. Okay. Thank you. Thank you, Ms. Chang.

So in 2019, Vice President Harris had visited the facility and criticized the use of Biscayne Bay. I wanted to ask, did any officials from Health and Human Services, or

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ORR, visit Biscayne before making the decision not to reactivate?

Ms. Chang. I'll have to get back to you, ma'am. I honestly don't know. I did not myself.

Mrs. Rodgers. Okay. Thank you. Thank you.

Why do you believe it would have taken longer to reactivate Biscayne Bay compared to other facilities?

Ms. Chang. That's what the contractors and contract administrators had estimated based on the proposals, initially proposals, that had come back.

Mrs. Rodgers. Okay. In March, senior administration officials visited the border. I understand you visited the border. What information and insight did that visit provide you?

Ms. Chang. It really told me two things that the Federal employees at CBP were doing extraordinary humanitarian work, but that CBP facilities were no place for children. It really was heartbreaking to see the conditions that kids were in. And it made me realize that we had to do everything in our power to stand up emergency sites that could safely house these kids and get them out of CBP detention facilities.

Mrs. Rodgers. Okay. Well, thank you for being with us. I do have more questions. I'll follow up in writing. Thank you, Madam Chair.

Ms. DeGette. I thank the gentlelady.

The chair now recognizes Ms. Kuster for 5 minutes.

Ms. Kuster. Thank you very much, Chairwoman DeGette, for organizing this very important hearing. Most Americans assume that people with important cases pending before our courts are represented by an attorney. If they can't afford to pay for representation, Americans assume people in courtrooms will have access to a public defender. However, every year, thousands of children in our country go before a judge

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to plead the most important case of their lives without the assistance of legal counsel. Less than half of unaccompanied children in immigration court are represented by an attorney. This leaves boys and girls, many of whom have fled unthinkable trauma and violence, all alone in an American courtroom.

Immigration courts are adversarial in nature. Asylum seekers having the right to present testimony and evidence to challenge the government's case against them and to file appeals, but without an attorney, children are simply unable to navigate this complex process. Unsurprisingly, children represented by counsel are 70 times more likely than children without counsel to have their asylum claims granted. And when children have legal representation, they are more likely to show up at their immigration court proceedings, which helps the court work through their cases in a timely manner.

While I, along with Chairwoman DeGette and Representative Peters, have advocated for and secured increased funding for legal services for unaccompanied children over the past 2 years, unaccompanied children seeking asylum still walk into court alone every day in this country. It's a fundamental violation of due process and a miscarriage of justice that the fate of a child fleeing gang and sexual violence hinges on whether they're lucky enough to receive legal representation.

Acting Assistant Secretary Chang, can you explain why it's difficult for a child without an attorney to successfully demonstrate to an immigration judge that they meet the complex legal qualifications for asylum or other humanitarian relief?

Ms. Chang. Well, first, Representative Kuster, I want to thank you and Chairwoman DeGette and Representative Peters for your longstanding commitment and support for legal representation for these very vulnerable children for all the reasons that you explained. I, myself, have spent my career in the child welfare system fighting to ensure that children, foster youth, and their parents also have the right to legal

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representation for the very reasons you explained. There is -- this is an adversarial system.

There is a difference of power and people have the need for legal representation to be able to tell their story and to understand their rights. It makes the entire system work better, more fairly, and more efficiently,

And so we look forward to working with you and others to ensure that we can truly make legal representation available for all of our kids.

Ms. Kuster. And given some of these challenges that you just outlined, what actions is ORR taking to increase the percentage of unaccompanied children who do receive post-release legal services?

Ms. Chang. So, one of the things that we are doing is trying to find additional resources that we can commit to this very service. So right now, one out of four of our children receives post-release services, which includes legal representation and support. We have recently announced that we have increased our investment in this space. So that even more children can benefit from these services, but, again, we really look forward to working with you and other members of the subcommittee to make that promise true for everyone.

Ms. Kuster. Great. Thank you.

Now, child advocates also play an important role in the immigration system. These highly trained workers are tasked with providing recommendations about the best interests of especially vulnerable children, like those who are victims of abuse or trafficking or children who are under aged 12.

These recommendations are then supposed to inform how your agency, the Department of Justice, and the Department of Homeland Security, approaches the child's case moving forward, but despite this invaluable service, child advocates are not available

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at all locations where children are in ORR custody, and there's greater demand for these services than advocates available.

Secretary Chang, do you believe that child advocates play an important role in the asylum process and what steps will you take to expand access to these services?

Ms. Chang. Absolutely. These child advocates are incredibly important to the entire process and ensuring that children are not only safe while they're with us so that we are making decisions about where they go and the services that they might need long after they leave our care. Again, like any other post-release service or legal services, our greatest constraints are budget constraints, but we look forward to working with you and other members of the subcommittee to address this issue.

Ms. Kuster. Great. Thank you so much. We'll be working on that.

And with that, I yield back to Chairwoman DeGette.

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[12:30 p.m.]

Ms. DeGette. Thank you so much.

The chair now recognizes Mr. Burgess for 5 minutes.

Mr. Burgess. I thank you for the recognition.

Let me just ask, because it came up with the -- and thank you for being here, Acting Secretary.

It came up previously on the questioning with Mrs. McMorris Rodgers with the former facility at Homestead. And I did go to that facility, and I was impressed at the care that they were providing there. I've also been to Carrizo Springs a couple of times. I was there very recently. Again, they do a very good job.

Now, Monday, I had the opportunity to visit the facility at El Paso. And, again, that was a very recent -- that facility was very recently stood up.

But -- I understand that there was some urgency with how you had to deal with the numbers that you were facing, but it just doesn't make sense to me that Homestead would take more time to bring back on line than standing up the massive facility at Fort Bliss.

Make no mistake about it, it's a tribute to the people who were able to get it up and functioning at the time. It has got to be a phenomenally expensive undertaking. But no one could tell me exactly what the cost per child was at Fort Bliss.

But, again, I'd just wonder why Homestead was not kept in the mix when you were having such a severe crisis.

Ms. Chang. So, Dr. Burgess, one, thank you for the attention that you've given and for visiting our kids both at Bliss and in Carrizo Springs.

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As I said, I did not have a chance to visit Homestead, but it absolutely -- or Biscayne -- but it absolutely was part of the mix. Our staff were looking at that as an option, including all of the options on the table.

And, as you noted, we made decisions based on the urgency of the need to stand up these emergency facilities in a matter of days and the ability to care for the large number who were backing up in the CBP facilities.

I would --

Mr. Burgess. Yeah. And, again, I'm not questioning that. I really would be grateful if you could provide us a little of the material, the background material, you used to base that decision.

I will tell you, one of the ironic things in going out to Fort Bliss on Monday was, I also made several trips out to a similar facility, located also near El Paso, at a town called Tornillo, a couple of years ago. And a very similar facility was set up at Tornillo, soft-sided facility, so tents, in the desert. But the kids were well taken care of. And that was taken down, I guess, when the number of unaccompanied minors diminished, and you've then rebuilt the same facility on the other side of the freeway.

Now, Tornillo was the subject of a great deal of criticism the entire time it was up during that administration. And Fort Bliss is, of course, not receiving the same level of criticism, though it is a very, very similar facility.

Let me just ask you a question, and perhaps you can get back to me with the actual data. I asked a question about vaccine administration both when I was down at the Dallas Convention Center -- and the 2,400 unaccompanied 13- to 17-year-olds were brought there -- and then again I asked the same question out in El Paso on Monday.

In Dallas, I was told that the kids were going to receive eight vaccinations but they weren't all available to them, and they were waiting to be able to do that. Now, out in

El Paso, I was told that the kids get an MMR, the measles-mumps-rubella vaccine.

So, obviously, there's a discrepancy there. Perhaps if you could have someone follow up, just exactly what is the vaccination regimen that is being administered to the kids.

It's important, because this committee, this subcommittee, was the one that actually first identified that there was a problem with placing children in communities after they've been released from a facility, placed with a family. Now they're going to be placed at our community schools, and if they were not adequately protected with the usual childhood illness vaccinations like any other child enrolling in school, that was going to be a problem.

So, if you would, follow up with me about that.

And then one other thing -- and, again, I'd appreciate maybe an answer in writing, because I know our time is short. I was also told when I was out at the facility on Monday that there were females being held there and all of the females were administered a pregnancy test upon their arrival. And what is not clear to me is, was there any screening for sexual assault that those kids had available to them?

It is obviously a concern, because people are being tested, being given pregnancy tests, but a question about or screening for sexual assault seems to be a critically important part of that. That's come up time and again during our hearings on ORR facilities, and I would just ask you to look into that and perhaps get back to me with that information.

Ms. Chang. I would be happy to do that.

Ms. DeGette. I thank the gentleman.

The chair now will recognize Miss Rice for 5 minutes.

Miss Rice. Thank you, Madam Chair.

Ms. Chang, I'd like to ask you some questions about the functions of the task force.

The executive order specifically focuses on three areas: identifying the children who were separated as a result of the zero-tolerance policy or related initiatives; facilitate and enable the reunification of these children with their families; and provide recommendations regarding additional services and support for the children and their families, including behavioral health services, et cetera.

So how difficult was it to identify all of the children who were separated during that -- you know, it gives a 4-year time period, January 20, 2017, to January 20, 2021. How difficult was it to identify every child who was separated?

Ms. Chang. So --

[Audio interruption.]

Ms. Chang. Is that my line? Okay. I think it's gone.

So, yes, as you note, HHS is a member of the multiagency task force and is assisting with the identification of families as well as supporting reunifications and providing services.

In the first 120 days of the task force, we identified nearly all of the children who were separated from their parents as a result of the zero-tolerance policy, but, however, we have only been able to reunify 1,800 of them.

It is really heartbreaking to think about the 2,100 children who have not been reunified.

Miss Rice. So I guess the problem is in the actual reunification process. And is that because there was no system set in place before this policy was initiated to ensure that there was a way to put child with parent together at a future date? What was the big problem there?

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Ms. Chang. That's exactly right, ma'am. There wasn't a clear process to track and keep data about these children and their parents to ensure that that kind of reunification could happen. And so, as I noted, it's not about finding the kids; it's about identifying and tracking down their parents that has been so challenging.

Miss Rice. Okay.

I'm just curious, like, so what is the process, as far as you know, as to, is there any kind of -- are there any breadcrumbs to help figure out who the family members are?

Ms. Chang. Yes. And we can certainly circle back with you and get you more detailed information about what the interagency task force is working on. But one of the first things that ORR did was to voluntarily share any information we had received or collected, based on our care and custody of the children, to try and help locate and identify those parents.

But, again, that was long after the fact. It was not put in place as a protective measure from the start. And so it was a lot of catching up of information.

Miss Rice. Thank you.

So just my final question: You know, so far, what I've heard during our discussion here today is, you know, it's not a political discussion. Every single person has expressed concern about these children and the trauma that they have experienced as a result of being separated from their families.

So the recommendations -- I think that everyone would agree that it is so incredibly important to not just reunify the families but to address the trauma that they suffered on both ends and facilitate giving them behavioral health services with a focus on trauma-informed care. How is that plan going?

Ms. Chang. So some of those features and outlines of that is included in the President's budget proposal.

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But, absolutely, ma'am, we recognize that the children themselves, if they didn't experience trauma before they took this perilous journey, they certainly experienced it on their way here and then further may have experienced trauma once they arrived.

And so, yes, I think part of our humanitarian aid has to extend beyond the time that they are in our physical care and custody. And we look forward to working with you and others on making that happen.

Miss Rice. Thank you so much, Ms. Chang.

And I yield back, Madam Chair. Thank you.

Ms. DeGette. I thank the gentlelady.

The chair now recognizes Mr. McKinley for 5 minutes.

Mr. McKinley. Thank you, Madam Chair.

And welcome, Ms. Chang.

At the President's press conference on March 24th, the President appointed Kamala Harris to, quote, "lead the effort to stem the migration across our southern border," close quote. But in the last 77 days, she's not visited the border.

Anyone trying to solve this crisis involving unaccompanied minors without visiting the border is really like a doctor diagnosing a patient without examining them.

Ms. Chang, wouldn't it be helpful to you, HHS, and ORR if Vice President Harris visited the border? It's a "yes" or "no."

Ms. Chang. This has been an all-of-government response --

Mr. McKinley. It's a "yes" or "no," please. I've got three other questions I'd like to get through. It's a "yes" or "no."

Ms. Chang. Representative McKinley, we focus --

Mr. McKinley. Would it be helpful?

Ms. Chang. -- we focus on ACS mandate, and we are focused on doing what

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Congress has asked us to do, which is to care for the safety and well-being --

Mr. McKinley. Okay. So, yeah, I've got to reclaim my time. I'm sorry. You're not going to answer it.

Under the Trump administration, the maximum number of unaccompanied minors reached 2,600, and they were excoriated. But, as of June 2nd, according to HHS, there are now 17,000 unaccompanied minors under your care.

Now, rather than using a diplomatic approach to solve this crisis, Vice President Harris has invoked politics, blaming the influx on everything from the Trump administration to climate change.

Fortunately, at a meeting with the Guatemala President, Giammattei, he stated that the Biden administration's policies -- Giammattei did -- he stated that the Biden administration policies were the ones to blame for this crisis and they were inviting migration, including unaccompanied minors, because of our open border policy.

So, Ms. Chang, do you agree with President Giammattei that the Biden administration's policy may have contributed to this crisis involving minors?

Ms. Chang. What I can tell you, sir, is that I agree with the wisdom of Congress when they implemented the law that says that HHS should be in charge of our humanitarian response to caring for vulnerable children --

Mr. McKinley. Okay. You're not going to answer that again. So thank you. You're not.

So let me ask a third question. Ms. Chang, the President of Guatemala has claimed that many of the children that are brought here come from coyotes or human traffickers and should be classified as unaccompanied minors.

President Obama and Trump both used the fencing techniques that we've seen in the press to segregate children and women from the men, but that policy was widely

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criticized and stopped. President Biden appears to be reinstating that policy.

But I'm curious, if we could just role-play for a minute. For example, if a 35-year-old man brings a 3-year-old child across the border and is apprehended, he claims the child is his. Until that can be verified, do you keep the two separated?

Ms. Chang. So we actually only care for unaccompanied children. And as part of our --

Mr. McKinley. Is this child considered an -- you don't know. Is this child an unaccompanied minor with a 35-, 40-year-old person?

Ms. Chang. So our role --

Mr. McKinley. How do you determine? Maybe that is. Maybe this person has been trafficked. Maybe -- go on. How do we separate -- how do we make that determination? And how long do we wait until we determine, this child does not belong to that adult?

Ms. Chang. So I can only speak for ACF and HHS's role, which is to care for unaccompanied children who have been referred to us by DHS.

Mr. McKinley. So, if I could, then, so if this child is ultimately determined not to be a father or a relative, what I understand from your testimony, they are placed in childcare until they reach the age of 18, after which -- I'm trying to understand the mechanics.

Then, do you go to that family, that foster family that maybe the child has been there for 7 or 8 years and then extract that family -- extract that person from the family and deport them?

Ms. Chang. So I'll try to answer that question as best I can, sir. So, for children who we cannot find a sponsor for -- but I will say, we never give up on finding a --

Mr. McKinley. I'm talking -- you've got a foster parent. You know where they

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are. They're in Tulsa, Oklahoma. They've been in your care now for 5 years, 6 years. Do you go back when they're 18 and extract them out and deport them?

Ms. Chang. So there are certainly some children who age out of ORR's custody. Again, we care for children, which means until they reach the age of 18, whether that's in our care and custody or after we have placed them in a licensed provider or a long-term foster home. It is possible they are there until they reach age 18 or their asylum proceedings have concluded.

Mr. McKinley. I'm sorry, Madam Chairman, that we didn't get the answers on that. I'd still like to know whether --

Ms. DeGette. The gentleman's time has expired.

The chair now recognizes --

Mr. McKinley. Thank you.

Ms. DeGette. -- Ms. Schakowsky for 5 minutes.

Ms. Schakowsky. Thank you, Madam Chairman.

In the 2022 budget proposal by the President, HHS requests a \$2 billion increase to prepare for future influxes of children, as I'm sure you well know.

The past few months, we have seen a dramatic increase in the use of large, unlicensed facilities to house thousands of children, while the hiring and training of case managers was a secondary priority, even though case managers are responsible for making release recommendations.

So, Ms. Chang, here's my question: Given this budget request and the past few months, how can we avert the reliance on unlicensed facilities moving forward? And how are you ensuring that children are promptly transferred to licensed beds?

Ms. Chang. Thank you, Representative, for that question.

That is absolutely our top priority as we speak. Even as we are shutting down

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emergency intake sites, we are focused very squarely on making sure that children who may need to be -- may take longer to get to their sponsor or who have special needs either never go to an emergency intake site or are quickly transferred to a licensed bed provider in our network.

We are also working very hard each day -- we have a team dedicated to working with our licensed bed provider network to try to bring those beds back on line so that we will need our emergency intake sites less and less. And we've started to see that happening already.

So that is absolutely a priority. We hope that in the next year or whatever time that these seasonal patterns emerge again that we are prepared, through a larger network of licensed beds that are ready when our children are coming to the border, to care for them in that licensed network.

Ms. Schakowsky. So child welfare experts view small-scale, family-based placements as in the children's best interest, over the large covenant -- over the agreement. And so what steps are you taking at HHS to put children in these smaller settings? I know we've got some in the Chicago area. But what are you doing to make sure that happens?

Ms. Chang. So, Representative Schakowsky, I actually have spent most of my career in child welfare trying to shut down large shelters, as to your point, because we know that children are safe and do best when they are in family-like environments. I couldn't agree with you more.

One of the things that has been a recent trend in the child welfare domestic foster care programs is to recognize that long stays in these types of large congregate spaces are not good for kids unless it is medically necessary. And so we certainly know that that's true here.

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That's why I want to emphasize that these emergency intake sites are designed to be exactly that, emergency intake sites that are temporary in nature. We actually have an initiative here and our staff -- every morning, the staff get to hear me emphasize that our goal is to make sure that kids are in these sites for only as long as they absolutely need to to safely and timely get to their sponsor.

So we are working on case management, intensive case management. We have specialized teams that are working with longer stayers. We are moving kids with complex -- kids to --

Ms. Schakowsky. I do have one more question. I have less than a minute, but I have -- so let me just ask: What efforts are being made for HHS to quickly hire qualified caseworkers across intake sites to speed the reunion with family and a sponsor?

Ms. Chang. So there are a couple of things that we're doing. We've been working very closely with our contractors to not only support them hiring staff but, more importantly, ma'am, to train them on the policies and procedures. We have a dedicated contract that is experienced in training these folks.

We are also training them with our trafficking-in-persons team here at ACF so that they know which risk factors to look for as they are doing case management.

Ms. Schakowsky. And, with that, I yield back.

Ms. DeGette. Thank you so much.

The chair now recognizes Mr. Palmer for 5 minutes.

Mr. Palmer. Thank you, Madam Chairman.

According to a Reuters article from March 23rd, multiple smugglers told Reuters that they have been encouraging parents to send their children alone as a result in the shift in U.S. policy.

This is particularly concerning since Teresa Ulloa Ziaurriz, the director of the Latin

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America branch of the Coalition Against Trafficking International, estimates that a shocking 60 percent of Latin American children who set out across the border alone or with smugglers have been caught by the cartels and are being abused in child pornography or for drug trafficking.

Even President Obama acknowledged the dangers of children being smuggled alone. In 2014, he said this, and this is a quote from President Obama: "Our message absolutely is, don't send your children unaccompanied or on trains or through a bunch of smugglers. We don't even know how many of these kids don't make it and may have been waylaid into sex trafficking or killed because they fell off the train." That's President Obama.

I would argue that the crisis at the border is the result of the Biden policy of encouraging parents to send their kids to the border. And I think that is consistent with the view of President Giammattei in Guatemala.

So, when you talk about the fact that this is a Trump problem and that we have this surge of children at the border and we don't have the facilities for them, it's because the Trump administration made it clear that they could not enter the country. We had the "stay in Mexico" policy.

How would you respond to that? Because the humanitarian crisis is not the overcrowding; it's the danger that these children are being exposed to.

Ms. Chang. So, sir, I would respond to that in a couple of ways.

One is that we take very seriously our responsibility at ACF to safely care and provide humane care for children referred to us by DHS --

Mr. Palmer. No, you're not answering the question. I know what you're doing or trying to do at the border. I mean, it's like you want us to put up a Motel 6 along the border.

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I'm asking about the fact that we're encouraging these people to send their kids here and these kids are being exploited. And some of them, I think, are being murdered. Some of them are dying in the desert.

Does the Biden administration's policy justify that risk? It's a simple "yes" or "no."

The answer is "no."

Chairman Pallone justified the migration of these children in order to escape violence in their countries of origin. Do you agree with that? That's a "yes" or "no."

Ms. Chang. So that is certainly one of the reasons that we hear from the children in our care --

Mr. Palmer. Well, let me point out something out to you. The homicide rate per 100,000 people in Honduras is 37.6. That's very high. In El Salvador, it's 19.7. In Guatemala, it's 15.4. But, in Baltimore, it's 58.6. In Philadelphia -- in St. Louis, it's 87 per 100,000.

So what is your administration doing for those children to help them escape violence in these American cities?

Ms. Chang. I'm afraid, sir, I can only respond to the responsibilities that we have here at HHS, at ACF, to care for the kids that are referred to us by DHS.

Mr. Palmer. Well, the thing that concerns me about all of this is that you've got all these kids crowded down there because the Biden administration basically said, "The border is open; send everybody," and they came, as you would expect them to.

And I understand that you're recruiting people from other Federal agencies to try to go to the border to care for these kids. Are you vetting these people?

Ms. Chang. So, absolutely, sir. And I also just want to start by thanking all of our incredible Federal agency volunteers who have stepped forward --

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Mr. Palmer. You can do that on your own time, but what I want to find out is, are these people properly vetted? Can you ensure that they're placed with appropriate guardians? Can you certify that no children have been placed with anyone affiliated with a gang or any other criminal organization?

Ms. Chang. So --

Mr. Palmer. Because this is a humanitarian tragedy that the Biden administration has inflicted on these children. That's my view. That may not be the view of my colleagues, but that's my view.

You're not going to answer.

I yield back.

Ms. Chang. I --

Ms. DeGette. The chair recognizes Mr. Tonko for 5 minutes.

Mr. Tonko. Thank you, Madam Chair. You can hear me, I hope?

Ms. DeGette. Loud and clear.

Mr. Tonko. Thank you.

As the Biden administration works to address the well-being of the unaccompanied children in its care, we cannot forget that we are still dealing with the fallout of the previous administration's actions.

A report released this week by the Interagency Task Force on the Reunification of Families found that more than 3,900 children were separated from their families as a result of the Trump administration's zero-tolerance policy. The results of that cruel policy were devastating, and the repercussions are still being felt by all involved.

A September 2019 HHS Office of Inspector General report found that, while all unaccompanied children have experienced some type of trauma, those children who were unexpectedly separated from their parents exhibited, and I quote, "more fear,

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feelings of abandonment, and post-traumatic stress than other children in ORR's care."

So, Ms. Chang, you were not involved in that policy, but you have devoted, as you indicated, your career to child welfare. What can you tell us about the effects of the trauma those children experienced and likely continue to struggle with?

Ms. Chang. Thank you, sir.

It's heartbreaking to imagine children being separated from their families in the manner that we know happened. I can tell you that, even when it is absolutely necessary to do that in child abuse and neglect cases, the act of separation itself is very traumatic for children.

And the longer that children are separated from their families, the less they are certain about their surroundings. The more time that they are not with a caring and dedicated adult caregiver who they trust and know, the more that trauma compounds.

Mr. Tonko. Thank you.

And this committee's investigation last Congress found that career HHS staffers were sounding the alarm about family separations and imploring HHS's political leadership not to allow it to happen, but those warnings were not heeded.

So my question to you, Ms. Chang, is, can you tell us what effect that policy and that whole era had on the morale of HHS employees who have dedicated their careers to the welfare of these children? And how is the administration working to repair that relationship and empower these civil servants?

Ms. Chang. Yes, sir. Thank you for recognizing our incredible staff. As you noted, they really are public servants who have dedicated their careers to caring for some of our most vulnerable populations, and they do it because they are passionate about humanitarian work.

And, as you suggest, I think it was deeply troubling, to say the least, for them to

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work under those policies, and, as you suggested, some of them resisted that.

It is -- I don't know that we've even had a chance to fully address some of the trauma that our staff experienced, quite frankly, because we have immediately had to respond to the challenges before us, in caring for the tens of thousands of kids who have been brought to our care and custody.

But what I will say, to their credit, is, it hasn't stopped them. You know, our staff work 7 days a week, often more than 12 hours a day, because they are just that committed to doing what's best for the kids.

Mr. Tonko. Thank you.

And, finally, I'd like to turn to the effects on ORR care providers. The September 2019 HHS Office of Inspector General report found that the family separation policy made the jobs of ORR providers more difficult. One program director interviewed said, and I quote, "We're seen as the enemy."

So, Ms. Chang, can you speak about the lasting impact that the family separation policy had on ORR care providers and what the Biden administration is doing to rebuild trust in ORR?

Ms. Chang. Yes. As you noted, many of our providers, I think, were deeply affected by the last administration's policies, as well as the children and families themselves. I think these providers take great pride in being a part of a larger system who they see as being humanitarian in nature and doing the right thing by children and families.

You know, we have over 200 providers across the country who do this work, many of whom are faith-based, and, if not, certainly child and family mission-oriented. And so, you know, the thing that I am grateful for is that they stayed committed to this mission and are doing whatever they can to support the situation we have now.

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Mr. Tonko. Well, thank you. And I appreciate the work the Biden administration and the civil servants are doing to rebuild trust.

And, with that, Madam Chair, I yield back.

Ms. DeGette. I thank the gentleman.

The chair now recognizes Mr. Dunn for 5 minutes.

Mr. Dunn. Thank you very much, Madam Chair.

I appreciate the opportunity to conduct oversight of the HHS Office of Refuge -- we're going to call it "ORR." And I especially am interested in ensuring, of course, that these unaccompanied children receive adequate medical care.

As we know, unaccompanied minors that enter our country illegally are placed in the care of HHS, which is then responsible for their health and safety. I think it's abundantly clear we have a crisis at our southern border. The fate of these children is really just one aspect of that crisis.

I fear that the unsustainable increases in border crossings jeopardizes the agency's ability to monitor, track, and trace COVID-19 among these illegal immigrants, putting them, the unaccompanied children under your care, and the American people at risk. And I'd like to hear more about the health and safety protocols and how they're functioning in light of the COVID-19 pandemic.

So, to that end, Secretary Chang, first, can you tell me how many children in ORR's care have tested positive for COVID-19 to date, as a raw number or a percentage or both?

Ms. Chang. Representative Dunn, I apologize, I don't have that number in front of me, but I'm happy to get that to you after this hearing.

Mr. Dunn. Yeah, I think we'd appreciate hearing that, actually. Do you have any rough guesstimate?

Ms. Chang. I'd hate to guess, but I know that it's less than -- it ranges. It's less

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than 10 percent in most of our emergency intakes sites. And I will note that we regular -- we know this because we regularly test all of our unaccompanied --

Mr. Dunn. That's a great -- so I'm glad you said that. Now, are they all tested upon intake by Border Patrol or ORR?

Ms. Chang. They are tested immediately before they actually even come into ORR custody. Before they get on whatever transportation they're going to take to come to one of our emergency intake sites, we do test them.

And, sir, that's because we want to make sure that we are protecting them even on the way to the emergency intake site so that we can separate --

Mr. Dunn. Good.

Ms. Chang. -- kids who are testing positive --

Mr. Dunn. So you would say, then, that these somewhere-south-of-10-percent kids, that they're actually getting the COVID-19 -- they're coming in with that, that's not something they're picking up at your facilities? Or do those outbreaks happen at your facilities?

Ms. Chang. It's hard to say, sir, exactly where they may have been exposed to COVID-19. But what we want to do is take every precaution to identify and then separate them and isolate them as necessary --

Mr. Dunn. Okay.

How about your staff, the ORR staff? And I include the contractors involved here. How many of them have tested positive for COVID-19?

Ms. Chang. Again, sir, I'm sorry, I don't have that number in front of me. We do have it, because we do track that, and we'll be sure to get that to you after this hearing.

Mr. Dunn. Good.

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Ms. Chang. We do track that by testing them at least twice a week. So, again, try -- you know, we worked very closely with the CDC to set up our public --

Mr. Dunn. Good, good. So I'm going to keep going, because we only have a little time left here.

So my understanding is that you've been working hard to vaccinate the staff -- the ORR staff, contractors, and volunteers. What percentage of your staff, all of those, have been vaccinated to date?

Ms. Chang. I actually don't even know if we have that information, but I certainly can check on that, sir, and get back to you. We do make it --

Mr. Dunn. Okay.

Ms. Chang. -- available to every one of our --

Mr. Dunn. We think tracking vaccination rates is reasonable in a medical facility.

Are the children required to test negative before they are placed with a sponsor or prior to being transferred to another ORR facility?

Ms. Chang. So we do test all children regularly. What I will tell you is that any child who has tested positive does not leave and move to another facility until they have quarantined, isolated, and tested negative.

Mr. Dunn. So that's interesting. They complete the quarantine period. And what quarantine period is ORR using? Is it 10 days, 14 days, or 3 weeks? I don't know.

Ms. Chang. Ten days, sir.

Mr. Dunn. Ten days. Okay.

So are you under the impression that no children have, let's say since the first of the year, no children have been released to a sponsor or transferred out before testing negative or completing quarantine?

Ms. Chang. I'll have to -- I certainly can't speak in absolutes, sir, but what I can

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tell you is that we have worked with the CDC to put in safety protocols to avoid exactly that. And we have a safety and health officer at each of our emergency intake sites to oversee that, because that is a top priority.

Mr. Dunn. Well, thank you very much for that, Secretary Chang.

Madam Chair, I yield back.

Ms. DeGette. I thank the gentleman.

The chair now recognizes Mr. Ruiz for 5 minutes.

Mr. Ruiz. Thank you, Chairwoman DeGette.

Ms. Chang, thank you for being here today. It's great to see you again.

As an emergency physician, public health expert, and chair of the Congressional Hispanic Caucus, I am encouraged to see the Biden administration working to reverse the failed policies implemented by the previous administration based on hate, fear, demonization of immigrants, cruel, intentional, traumatizing separation of children from their mothers that harmed children and made things worse -- policies that were supported and justified by Republicans that were here in Congress and that are now here in this hearing who are now saying they are concerned.

Look, last Congress, I introduced legislation to combat these harsh policies. My bill, the Humanitarian Standards for Individuals in CBP Custody Act, creates basic humanitarian standards for health, nutrition, sanitation, water, hygiene, and shelter for migrant children, women, elders, and families in the custody of CBP.

This bill passed the House, and every Republican on this hearing who voted voted against these humanitarian standards, voted against basic humanitarian provisions like diapers, age-appropriate food like baby food, basic health screenings to prevent children from dying, basic provisions worthy of human dignity.

So don't come now with your newfound concerns about the plight of children in

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U.S. custody when you were justifying and defending the policy of ripping children from their mothers' arms, especially now when the Biden administration has improved the situation with a professional and humane approach.

So, now, Ms. Chang, in regards to solutions, in recent months we've seen the Biden administration working to help ensure the children are safely and swiftly transferred from CBP to ORR facilities. Ms. Chang, can you explain why these facilities were necessary and why they are better for children than the alternatives?

Ms. Chang. Thank you, Dr. Ruiz. And let me first just thank you for your long championing of these issues and for all the work that you and the CHC has done to support these vulnerable children.

As I mentioned earlier, I had the chance to visit one of our CBP facilities, and it was clearly -- and I think the CBP officials there will tell you the same -- these facilities were never designed for children, nor were they designed for children to --

Mr. Ruiz. And so why are these ORR facilities better?

Ms. Chang. So we have in place basic humanitarian standards, where children can have recreational activities, where they get case management first and foremost. That is critical. They all get medical care. They get mental health --

Mr. Ruiz. Great. So they're specialized in child welfare.

Ms. Chang. That's right.

Mr. Ruiz. And so, but news reports have detailed that in certain cases children are sleeping in rooms with hundreds of others, especially in these large facilities. And I'm concerned about the prospect of any child staying for a long period in these type of facilities.

So, Ms. Chang, how long are children staying at these facilities now? And can you speak about efforts to reunify them with families as quickly as possible or move them

into licensed facilities?

Ms. Chang. Yes, Dr. Ruiz, we're happy to get you detailed information about the length of stay for different children in different facilities. But I can tell you that we are committed to doing a couple of things.

We have specialized case management teams. We have case management leaders with a great deal of experience working to organize their staff so that no child stays one day longer than they need to and that, if they have complex cases that require more time, they are moved to licensed facilities.

Mr. Ruiz. Thank you. And, look, we all know that the smaller the group, the more attention the child can take to meet their needs. And so these large facilities are not the ideal. We want them into the smaller facilities.

Look, I've spoken with President Biden and Secretaries Mayorkas and Becerra about developing a civilian humanitarian response team to help with border crossing surges. The civilian humanitarian response team would be modeled after the DMAT team, the Desert Medical Assistance Team. The civilians will predominantly be composed of caseworkers, social workers, nurses, but not limited to those.

The civilian humanitarian response team would be able to rapidly deploy to areas to quickly process unaccompanied asylum-seeking children, find their relatives, ensure they get tested for COVID, meet their quarantine needs, and assist them in their logistics or transportation, access to counsel, and returning for their immigration court date.

Ms. Chang, would a humanitarian civilian response team help address the needs associated with border crossing surges?

Ms. Chang. Absolutely.

Mr. Ruiz. Thank you.

Thank you, Ms. Chang. I appreciate your efforts and the professional, humane

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activities that you are doing to improve the situation. There has been great progress. And we're here to ensure that children are our priority in this matter.

With that, I yield back my time.

Ms. DeGette. The chair now recognizes Mr. Joyce for 5 minutes.

Mr. Joyce. Thank you, Chair DeGette and Ranking Member Griffith, for having today's subcommittee hearing and to Acting Assistant Secretary Chang for being with us.

Ms. Chang, in order to ensure that the Office of Refugee Resettlement, ORR, provides a safe environment for children in its care, ORR imposes requirements for preventing and addressing potential dangers, including an examination of the background and the qualification of facility employees who have direct contact with the children and minimum staff-to-child ratios.

In March, the Associated Press reported that the Biden administration was, quote, "not requiring FBI fingerprint background checks of caregivers at the rapidly expanding network of emergency sites," continuing that, "alarming child welfare experts, who say the waiver compromises safety."

In the agency's response to a letter sent by committee Republicans this past spring, HHS noted ORR may waive or modify background check requirements on a facility-to-facility basis.

Ms. Chang, has ORR waived or modified background check requirements for any of its facilities since January 20, 2021?

Ms. Chang. So, Representative, the one that comes to mind most immediately is a State Child Abuse and Neglect Registry check for our Carrizo Springs influx site. As you noted, we do waive those requirements on a case-by-case basis. The State simply wasn't able to complete those checks in a timely manner.

But I will note that every one of those staff members did a fingerprint FBI criminal

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background check, as well as the Department of Justice Sex Offender Registry check that every single staff member is required to pass in order to work with our kids.

Mr. Joyce. For any additional facilities, Ms. Chang, were these requirements waived or additionally modified?

Ms. Chang. So I will have to check, and I'm happy to get back to you, sir, with any details, but I don't have that information at my fingertips.

Mr. Joyce. As Representative Griffith stated earlier, when these children are in our custody, their safety is our responsibility. And I share his concerns that we must make sure that those caring for them are not criminals, have not been associated with criminal activity, or any indication that they should not be around children.

In response to the committee's Republicans' April letter, Ms. Chang, HHS notified, quote, "Staff and volunteers who provide direct care must pass public criminal background checks for deployment at EIS."

Can you state, did all staff and all contractors and all volunteers pass background checks before staffing these influx care facilities and emergency intake sites?

Ms. Chang. So what I can tell you about -- contract staff and deployed Federal employees who do provide direct care have to pass a public criminal background check as well as DOJ's sex offender check. We also require that all of our Federal deployed employees have up-to-date criminal background checks. That includes a fingerprint check on the FBI's criminal database.

And I just want to iterate that child safety is absolutely our top priority, and we have zero tolerance for any type of abuse or misconduct or mistreatment of our children. We have trained all of our Federal volunteers as well as our contractors about the importance of being vigilant, to appropriately report any concerns that they might have about child safety. And we take those issues very seriously and report them as

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necessary if any concerns exist.

Mr. Joyce. And, to that point, have any staff or contractors or volunteers failed background checks after having started to work at any of ORR's facilities?

Ms. Chang. I can't think of any, sir, but I can't say that with any certainty. So I'll have to check our records, and I'm happy to get back to you on that.

Mr. Joyce. These children are of quite concern to all members on this committee. Please do follow up with that.

And, in my few seconds that are left, in March, President Biden asked Federal employees to volunteer to serve in a 4-month detail to ORR. The Trump administration also sought volunteers throughout government to address the surge of migrants in 2019.

How is HHS working with OPM to acquire volunteers to assist with unaccompanied children along the border?

Ms. Chang. So we are working very closely with OPM and all of our interagency partners to help them understand the nature of the mission and the type of volunteers that we are seeking.

And we have been really, really grateful to everyone who has stepped up with such a generosity of spirit. We have heard folks talk about how committed they are to the mission and how it's profoundly impacted them, because they do come into this work for public-service mission-oriented needs, and we are really, really grateful for their sacrifice.

Mr. Joyce. My time has expired. Chair DeGette, I yield.

Ms. DeGette. Thank you.

The chair now is pleased to recognize the vice chairman of the subcommittee, Mr. Peters, for 5 minutes.

Mr. Peters. Thank you so much, Madam Chair.

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And, Ms. Chang, I want to thank you for your testimony. I have to say, as a member of this committee, you have been one of the more direct, responsive, and educational witnesses that we've had. And I just want to say that I really know it's not easy to sit there all this time, but you've done a great job, and I appreciate it.

I wanted to address the number of referrals of unaccompanied children from Customs and Border Protection in the temporary facilities. There's 14 set up -- there have been 14 set up to house those children. One of those sites is in my district, the San Diego Convention Center, and we were the first community in California to open up to host one of these. And I want to commend Mayor Todd Gloria and County Board of Supervisors Chairman Nathan Fletcher for their leadership in opening our community to those children seeking asylum.

And I had the opportunity to see the operation twice, and it's really -- the work is really heroic. And so I want to thank you, Ms. Chang, and your HHS team on the ground in San Diego: Heidi Staples, Bonnie Preston, Pete Weldy, Matthew Steele, Stephen Fields, and Carol Fiertz.

And I also want to thank the local community partners like the Convention Center, South Bay Community Services, Rady Children's Hospital, and the city and county of San Diego for their tireless efforts to coordinate care for these kids.

Ms. Chang, in your testimony, you state that HHS has now reduced the average time spent by children in CBP facilities to 24 hours, which is well below the limit of 72 hours.

I know that temporary facilities are not perfect, but can you walk us through why they play such an important role with this problem, and maybe with a focus on the site in San Diego?

Ms. Chang. Thank you, Representative Peters. And I just want to thank you

and everyone in San Diego County and City who stepped up.

At the beginning of these challenging times, you know, I thought about San Diego as a possible site because San Diego has one of the best child welfare systems in the country. It is led by Nick Macchione, who is a trailblazer. And they were incredibly generous to open up their arms and hearts and space to care for our kids and to demonstrate that it could be done well, that our kids could be safe and that their well-being needs could be met.

So I just want to also just give such a note of warm thanks to everyone in your community and to you for making that possible.

These facilities were so important to us. As you noted, in early March, we had thousands of children in CBP detention facilities for days on end. These sites were not appropriate for any child to spend 1 day, 3 days, much less 5 days. And we needed sites that could be stood up within a matter of days with child welfare experts, with pediatricians, with mental health specialists, caseworkers who could identify and treat the trauma that these kids may have experienced and to work their cases so that they could get home.

And these emergency intake sites, most notably San Diego, stepped forward in a matter of days and weeks and did exactly that, and we are extremely grateful.

Mr. Peters. If I could ask you, too: The facilities are meant to be temporary. The goal is to move these children out of them and put them into beds in a licensed facility.

There's a little irony here that some of our colleagues on the Republican side are expressing concern about how the Biden administration is caring for these children when the Republican Governor of Texas just threatened to revoke the licenses of the very facilities that could provide these children a stable and caring environment.

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But, aside from that, Ms. Chang, can you talk about what HHS is doing to move kids more quickly to permanent beds and how you're supporting those State-licensed facilities?

Ms. Chang. Absolutely, sir.

There are a couple of things that we're doing. One of the most important, perhaps, happened early on, and that was to partner with the CDC to really clarify what kind of protections and actions our licensed providers needed to take in order to keep the children safe, their staff and their community.

We worked with them closely to talk about acquiring appropriate PPE and what isolation and quarantine actually required. And we provided technical assistance site by site, if necessary.

And we also worked with our facilities, because one of the challenges is staffing shortages. That's something that lots of industries are facing, but, certainly, the fears of working in a congregate-care setting during the middle of a pandemic certainly impacted our licensed bed providers from hiring appropriately.

And so making sure that those staff were eligible early on for vaccines, making sure that they had appropriate PPE and guidance from the CDC were some of the things that we did to support them.

Mr. Peters. Thank you again for your testimony, your excellent testimony, and your great work.

My time has expired, and I yield back. Thank you, Madam Chair.

Ms. DeGette. I thank the gentleman.

The chair now recognizes Ms. Schrier for 5 minutes.

Ms. Schrier. Thank you, Madam Chair.

And thank you, Acting Assistant Secretary Chang. Having visited ORR's licensed

ORR facilities in Texas last Congress and as a pediatrician, I really appreciate your concerted effort to act in the best interests of these children.

And I think that the quality of the services provided at your State-licensed facilities is frequently lost in public discourse. And what I saw at a licensed facility were well-cared-for children, two to a bedroom, bunk beds, clean bathrooms, outdoor play areas, classrooms, and access to pediatricians, social workers, case managers, and more.

These facilities are not intended for long-term stays, and children should be reunited with their sponsors as quickly as possible, but, in the meantime, I am very grateful for the care that these licensed facilities continue to provide for these unaccompanied children.

Now, when I visited, the emergency influx sites didn't exist yet. I am happy that these intermediate facilities have been constructed to get children out of the crowded, fenced, cement CBP facilities and into a more suitable transition while awaiting placement in a licensed ORR facility.

However, as you've heard, I understand there is quite a bit of variability in the EIS conditions. And some resemble the licensed ORR facilities, which is great, but one in particular that we've talked about today has been described as just a really gigantic, crowded tent with rows of beds, five on each side of a long central aisle, providing no privacy, limited staffing and oversight, and limited access to safe recreation -- in other words, as you know, falling far short of a healthy environment for children.

So, Ms. Chang, seeing as these EISes are not regulated and given that we're still recovering from the pandemic, how can we make all of these EIS facilities a little more humane and child-friendly, more like their licensed ORR counterparts?

Ms. Chang. That's a great question, Dr. Schrier. I, too, visited a licensed facility, and you're right, these are -- it was so heartwarming. I saw kids playing outside with

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water balloons and screaming in joy and having fun. I saw them in classrooms, and I saw some of their incredible artwork.

And we absolutely want every child in ORR custody to be in a licensed facility if at all possible. And, as I talked earlier, we are doing everything in our power to bring more of those licensed beds on line so that that can happen.

But, in the meantime, we have also been working with our emergency intake sites to try and improve the quality of care that we are providing. Even though it's just a temporary site, we recognize that child well-being requires us to dedicate every ounce of energy and ability we have to make those sites work as well as they can.

So a couple of things I will mention about Bliss in particular.

As you noted, one of the things that I saw when I was there and that others have noted are the somewhat crowded conditions. There are a couple of things that we have done.

One is to think about how we are using that physical space differently so that kids do have more space and privacy, perhaps cohorting kids by their age as well.

We also recognize that what kids need are stimulating, engaging activities, and so we've tried to increase educational opportunities, recreational activities like yoga as a good stress relief, as well as ensuring that kids have access to religious services, which can be an important source of comfort to them.

In addition, one of the things that one of our staff noted was that, yes, we have a soccer field where kids can burn off energy and have recreational time, but, in Texas, it can get really hot in the middle of the day, and so we have also created indoor recreational space so that kids can have options.

Ms. Schrier. Thank you.

I have a quick other question -- and thank you for your attention to that.

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I have a question about the COVID-19 vaccine. Last week, HHS updated guidance surrounding COVID-19 vaccines for eligible children. Can you walk us through the new guidance and how this will be implemented?

Ms. Chang. Yes. So, I think as someone else mentioned earlier, the law is clear about our need to make sure kids are safe and that their well-being needs are met, and that absolutely includes providing medical care. ORR has always provided needed vaccinations for all children in our care and custody.

And we are working site by site to ensure that the COVID vaccine is also made available, as part of that suite of medical care, to every eligible child. And so we have already vaccinated hundreds of kids in Texas and are working alongside of our licensed providers, as well, to make sure they have access.

Ms. Schrier. Thank you. It seems like getting those rolled out would allow you to fully fill the licensed facilities, because they would no longer have to be so separated.

Thank you very much.

I yield back.

RPTR PANGBURN

EDTR ROSEN

[1:26 p.m.]

Ms. DeGette. Thank you so much.

Mrs. Trahan, I'm now pleased to recognize you for 5 minutes.

Mrs. Trahan. Thank you, Madam Chair. And thank you, Chair DeGette, for holding this important hearing today. This hearing is an opportunity to reflect on the errors of our recent past in order to forge a wiser and more humane path forward, one that better resembles our country's values.

Two years ago, I joined a number of colleagues on a CHC-led codel to Texas so that we could see firsthand how the CBP facilities were handling the influx of children. Frankly, it was even worse than we'd imagined. No one expects CBP to run full-scale child centers, but there wasn't even an adequate plan to prevent overcrowding or prolonged detainment, or even to provide these children hot meals.

As a mother of two little girls who are no older than some of the children we saw, it was an appalling and absolutely heartbreaking scene to witness. By separating these children from their families, they were being treated as, though, they were hostages rather than innocent children. This isn't one of those situations in which it takes time to reflect on the error of our ways. The prior administration's family separation policy was obviously abhorrent and indefensible at the time, and I regret that it will forever be a stain on our Nation.

But today, having heard Secretary Chang's testimony, I'm grateful that those days are finally behind us, and the Biden administration is taking the steps necessary to ensure that unaccompanied minors are treated with compassion, care, and dignity by moving them out of CBP facilities as quickly as possible, and safely into the arms of sponsor

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families. Secretary Chang, according to your testimony, very few unaccompanied children are in CBP custody for more than 72 hours.

Can you just explain to the committee why it is so important to transition these children out of CBP custody and into ORR's hands as quickly as possible?

Ms. Chang. Absolutely. Thank you, Representative Trahan, for the work that you've done, and for your advocacy. As you noted, seeing those conditions, I think, makes it really clear, but I'll describe what I saw when I went to a CBP facility a few months ago. These were kids in these large rooms separated by plastic. They were sleeping on mats on the floor and had aluminum sheets as blankets. They often had really very little to do for most of the day, and as you noted, someone noted, didn't always have hot meals available to them.

Children do well and they thrive when they feel safe, when they are with a loving, caring adult who they recognize and understand cares about them. They need medical care, especially if they have gone through a traumatic and challenging journey, as many of these kids have. They need education, they need case management, and they need to get home. And none of those things, unfortunately, were available in CBP detention facilities, not because the staff didn't care deeply about their welfare, but because the facility itself was not designed to do any of those things.

And, so, as you noted, we had to quickly stand up ORR facilities, maybe not the ideal, but places where all of those child-centered activities could happen.

Mrs. Trahan. Well, thank you for that. You know, since October, at least 550 unaccompanied minors have been released to sponsors in Massachusetts. And we're so grateful to your office, as well as the many families and organizations who are providing them services. One of those organizations is the International Institute of New England, founded in Lowell, Massachusetts, over a century ago.

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The institute has supported the reunification of hundreds of unaccompanied children with family members in Massachusetts and throughout the region. In one young person the institute is helping arrived in the U.S. last year. He came to our country with severe intellectual disabilities as a result of an injury during infancy. Despite those challenges, he traveled to the U.S. with his sister and with the Institute's support, both children were able to reunite with their mom, and he was able to attend a virtual class last year.

So thanks to the support of the Institute, he's also begun learning American sign language. He's being outfitted with hearing aids. But this is just one of a range of challenges, physical and mental, that unaccompanied minors face. I'm wondering if you could just speak a little bit more about ORR's standards of care, including services for the accompanied children who are suffering from a mental health crisis or other specialized needs.

Ms. Chang. Absolutely. So one of the things that we do is to try to recruit places like the Institute that provide that kind of specialized care. We know that children will come to us with medical, mental health, other types of special needs, and we want to make sure that there is a bed available for each and every one of them.

So we have been working to recruit more of those facilities and more of those beds and to connect children with the amazing people that you described who can provide for those needs.

Mrs. Trahan. Thank you. I'm out of time.

I yield back, Madam Chair. Thank you so much.

Ms. DeGette. Thank you. Mr. O'Halleran, are you with us today? I saw you appear briefly. I know Mr. O'Halleran has been having some technical issues. And so, when he's able to get back on, we will recognize him.

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In the meantime, it's the practice of the subcommittee to allow members of the full committee who are not subcommittee members to ask questions, and I'm very pleased, and I want to thank the witness for agreeing to stay for those questions. We appreciate it.

And Mr. Bilirakis, I'm pleased to go to you for 5 minutes. Welcome.

Mr. Bilirakis. Thank you, Madam Chair. And I want to thank the Secretary as well. Thanks for your patience. I appreciate it very much. Thanks for allowing me to waive on, Madam Chair, and the ranking member as well.

Secretary Chang, President Biden was slow to acknowledge that there was a crisis at our southern border. Does ORR believe there's a crisis on our southern border? Yes or no, please. Is there a crisis on our southern border? I visited the border, too, a couple weeks ago, and I saw a crisis. Is there a crisis at the southern border, in your opinion?

Ms. Chang. We have made incredible progress in spite of a lot of different challenges, including the COVID-19 impact on our licensed beds, the unprecedented numbers of children coming across to our care and custody, but we are pleased to see the progress that we have been able to make, including reducing the time that children spend in CBP care and custody, less than a day now, and we have fewer than 700 children in CBP detention centers to date.

Mr. Bilirakis. Okay, but would you declare it a crisis as the President has? Would you define it as a crisis at the southern border? Clearly, we had 12 members go down just a -- again, a couple weeks ago in El Paso on the border, and we declared it a crisis. Would you consider it a crisis?

Ms. Chang. I consider that we've made incredible progress and that --

Mr. Bilirakis. All right. Let me go on to the next question, though. Thank you.

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What is the average time of an unaccompanied child? How long do they remain, on the average, in one of these facilities, ORR facilities?

Ms. Chang. So I can tell you that on average, any child who is in ORR custody will stay in our care for approximately 37 days. That is the current average.

Mr. Bilirakis. Has that changed over the past 6 months? Has it gotten better or worse as far as the child remaining in ORR?

Ms. Chang. So this number is very fluid. It does tend to go up and down by a matter of days. Nearly every day, we track this information and we're happy to get you a breakdown from the last 6 months.

Mr. Bilirakis. Has it gotten -- has it increased in the last 6 months?

Ms. Chang. You know, to be honest, sir, I don't remember what the number was 6 months ago, but I'm happy to look at that and get back to you.

Mr. Bilirakis. Okay. Thank you. What happens when an unaccompanied child, let's say, one particular child does not have family or sponsor that can't be identified, or if ORR determines if a child is a victim of trafficking during the migration? Does the child remain in the United States, or is the child returned to his or her home country?

Ms. Chang. So I'd like to break that apart in two pieces because you mentioned two groups of kids, one that we are not able to locate a sponsor, and one who is a victim of trafficking. So, I want to talk about them differently because they're unique populations.

So any child who comes into our care and custody, we work to find a sponsor and, quite frankly, our staff and our incredible licensed network. Organizations never give up, but there are some children for whom we cannot find a sponsor in the immediate term, and so, we will place that child in a licensed provider that provides longer term

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care, but even then, their caseworker will continue to search for any relative or appropriate sponsor to identify and vet.

And sometimes, we do find children that we may have thought have no sponsor, and actually have someone here in the U.S. that they can unify with. So it's important value proposition that they -- we continue to search and they remain in our care as they await their immigration proceedings. And, so, they will stay in our care if they don't have a sponsor until they reach the age of 18, or their immigration proceedings determine what happens next with them.

For victims of trafficking, there are special protections in place, including services that we provide, also special type of vetting and secure procedures that we use to make sure that wherever we place that child that their special needs are taken into account and that we heighten our safety protocols by doing things like home studies and fingerprint checks on the sponsor and any other household members.

And we do take special precautions for a child who may be a victim of trafficking, but that doesn't mean that they won't have any sponsor, it just means we heighten our work to ensure they are safe.

Mr. Bilirakis. Okay. So that means that they do remain in the United States. Is that correct? And then they're not transported to their country of origin if they're trafficked?

Ms. Chang. As long as they're in our care and awaiting immigration proceedings, they are -- they're in our care, or they are with their sponsor while awaiting immigration proceedings, but we are not involved in the law enforcement or immigration processes.

Ms. DeGette. The gentleman's time's expired.

Mr. Bilirakis. I see that my time has expired. Thank you.

I yield back.

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Ms. DeGette. Welcome back, Mr. O'Halleran. You are now recognized for 5 minutes.

Mr. O'Halleran. Thank you, Madam Chair, and ranking member for holding this meeting. It is no surprise that the border crisis has been worsened by government failures to quickly reunify families. This has placed an untold burden on border communities like some of those in my district, just miles north of the southern border. I appreciate the Health and Human Services' recent efforts to reunite children with their families, or with community nonprofits more rapidly.

However, more must be done to ensure that NGOs and nonprofits are aware of the status of unaccompanied minors, have the resources to properly care for these children, and can ensure that they are placed with family or other long-term shelter services in the United States as soon as possible.

And I congratulate the Department on moving as fast as they have been recently. Too often, the Federal Government has failed in collaborating with State and local governments in providing relief for entities and personnel who are in the front lines of managing the crisis.

Assistant Secretary, I thank you for being here today. How is the Department of Health and Human Services working with Arizona's communities now to ensure that they have the resources they need to safely reunite children? And I must say, that I don't know if you've answered it already, because I've been off for so long.

Ms. Chang. So Representative O'Halleran, we work very closely with our licensed provider network in Arizona, but you are right that it takes more than the government; it takes more than even our grantees who may be in your community. We have to work with other advocates and NGOs and communities to ensure that children are safe, and that their needs are being met.

We are trying to increase -- and we can certainly do better, and we're trying to increase our ability to work closely with local community providers to understand their needs and how they can be part of the solution.

Mr. O'Halleran. Thank you. Another question is, what additional actions do you think Congress can take to ensure that Arizona's border communities have the tools they need to solve this issue?

Ms. Chang. So I have talked about how the President's budget proposal really re-envisioned how we do this work, and how we can invest greater in community resources to support children and their families, not only while they're in our care and custody, but after they go back into the community. And we would be happy as an administration to meet with you, sir, and other members of the committee to talk about what that means.

Mr. O'Halleran. Specifically, what programs are in place now to help those communities from a funding standpoint and coordination?

Ms. Chang. Sir, I'll have to get back to you if that's okay. I'll have to find out exactly what is available in your community and happy to report back on that.

Mr. O'Halleran. I thank you, and I'm going to continue monitoring this to ensure that the Federal Government is effectively working with local leaders and nonprofits.

And Madam Chair, I yield.

Ms. DeGette. I thank the gentleman for yielding.

The chair now recognizes Mr. Johnson for 5 minutes.

Mr. Johnson. Well, thank you, Madam Chair.

Ms. Chang, I represent Ohio's 6th congressional district that includes eastern and southeastern Ohio. Last month, I traveled to the Rio Grande Valley portion of the southern border to see the situation myself firsthand. What I saw was astonishing.

There is an unmitigated crisis, one that is self-inflicted. The Biden administration

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has effectively neutered our men and women of Customs and Border Patrol, and unaccompanied children are some of the biggest victims of these dangerous policies. I was repeatedly told by members of the Border Patrol that there are no longer consequences for those attempting to illegally cross the border. And make no mistake, the children in facilities like the Delphi one I visited in Donna, Texas, are victims of this administration's failures. We are not doing those children any favors by refusing to enforce our Nation's southern border security. This is neither kindness nor empathy. This is negligence of the highest order.

Sadly, this administration has taken the policy stance of simply throwing money at problems and hoping they'll go away. We've seen this playbook time and again, whether it's disguised as COVID relief or a liberal wish list disguised as infrastructure investment. Our spending is simply out of control. HHS, your agency, is as guilty as any.

So Ms. Chang, how many children are in HHS custody today and where are these facilities located?

Ms. Chang. So as of this morning, at 8:00 a.m., we had 16,250 children in ORR custody, and they are in a combination of emergency intake sites in Texas and California, as well as licensed providers across the country.

Mr. Johnson. Okay. So they're spread throughout the Nation?

Ms. Chang. That's correct, sir.

Mr. Johnson. Okay. According to HHS spokesman Kenneth Wolfe, we are spending approximately \$775 per day on housing children in these emergency sites. Is this correct? Does this jive with your number?

Ms. Chang. I don't have the figures he was relying on, but I'm happy to check in with him and get back to you on that.

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Mr. Johnson. Okay. He's from your department. That's Kenneth Wolfe. So, I'm going to use that number right now until you get back and correct us. Are you aware that according to the Census Bureau, on average, the United States spends approximately \$35 a day per American student on education? Are you aware of that? That's coming out of Census Bureau.

Ms. Chang. Yes. I trust you, sir. I don't have that information.

Mr. Johnson. Okay. I'd encourage you to look that up, because it's a staggering number. I live in and represent one of the most rural parts of the country, Appalachia, whether it's broadband services or real legitimate infrastructure, I see a region ripe for investment. But we are spending over 22 times more money on children in these emergency facilities than our own children's education here in America. It looks to me that we're putting the children of other countries, Northern Triangle countries, above the children in places like Steubenville, Pomeroy, and Cadiz, Ohio. If those numbers are true, if that \$775 per child versus \$35 per child is true, that's a 22 times difference. Would you agree that we've got our priorities in the wrong place?

Ms. Chang. Sir, I apologize. I have this elevator music. It seems to have stopped. Sorry. We have technical difficulties here.

Mr. Johnson. Well, then, let me ask my question, again. Let me ask, again, because I want you to hear the question if you couldn't hear it.

We're spending 22 times more money on these children in emergency facilities than our own children here in America. Would you agree that that's a disparity?

Ms. Chang. What I would emphasize is that HHS is following the law.
Congress --

Mr. Johnson. Well, that's a yes or no. That's an opinion. I understand what the Biden rules are, and that's what's got us in trouble. What is your view on the 22

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times more? Is that a disparity in your view?

Ms. Chang. Sir, I just want to clarify that these are not Biden rules; these are --

Mr. Johnson. Oh, sure, they are. It's the Biden administration that has created this crisis. Let me move on. \$35 compared to \$775. Are these migrant children that much more important --

Ms. DeGette. The gentleman's time is expired.

The chair will now recognize Mr. Cardenas for 5 minutes.

Mr. Cardenas. Thank you very much, Madam Chairwoman, and thank you, Member Griffith, for holding this important hearing about the human beings who come across our southern border. In this particular case, we're talking about children. And we're talking about children who have arrived at what is supposed to be the most caring, loving, welcoming country on the planet. And I'm so glad to see, Acting Assistant Secretary Chang, that we are now returning to who we are as a great country.

For the last 4 years, we had a Trump administration that actually violated human rights, children's rights, violated our own laws of the United States of America by denying these children the safety that we are capable of providing for them.

So, my first question to you, Assistant Secretary Chang, the misguided policies and actions of the Trump administration within your department, Office of Refugee Resettlement, are you following those guidelines, or do you know have new appropriate mandates to follow the law that has been prescribed for your department?

Ms. Chang. Yes, sir. We have made clear that things like the memorandum of understanding that inappropriately required us to share information with DHS is no longer valid. As I mentioned earlier, we, on day one of this administration, we're not practicing and enforcing that memorandum, but we wanted to be crystal clear that that is no longer the position of this administration. And, so, we formally rescinded that

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agreement. It had an unfortunate and terrible chilling effect on sponsors' willingness to come forward and unify with their own children. And, so, it was very important for us to publicly state that that is no longer the policy of this administration.

Mr. Cardenas. Did that Trump policy that you just pointed out that you are no longer following, and that the President Biden and your administration has mandated that that policy not be followed, did it contribute to suffering to children for them being in a nonfamily-like setting for longer periods of time?

Ms. Chang. What I can say is that I think all children yearn to be with a loved one, someone who cares about them, and certainly, parents and legal guardians. And, yes, every day that a legal guardian or parent did not come forward out of fear was absolutely unfortunate and unacceptable. And, so, we have moved away from that policy.

Mr. Cardenas. Thank you. And one -- can you answer this question quickly? When a child is traumatized by being separated from their family, from their parents, does that trauma go away as soon as, fortunately, they are back in the arms of their family members, or does that trauma affect them for the rest of their life, negatively?

Ms. Chang. So, obviously, every child is different, but I think the greater point --

Mr. Cardenas. I'm talking about the science of it. It's my understanding that psychologists, psychiatrists, and people who actually study the human psyche have said over and over and over that the trauma like that to a little child, actually, technically, never goes away. Yes, different individuals adjust differently, but that trauma is about as bad as it gets.

Ms. Chang. Absolutely, sir. That kind of trauma is significant and it can have impacts not only in that child's life, but in the family dynamic. It can affect their ability to feel safe, which is critical for child development. A child actually has to be able to feel

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like they are safe in their environment, and that they can depend on the adults who care for them. And that kind of trauma could have a very lasting effect. And, so, absolutely, it's something to keep in mind and to make sure that we are addressing.

Mr. Cardenas. Yes. Thank you. And that's why I very clearly depict the Trump administration actions as being unconscionable, and, also, human rights violations, purposeful to human rights violations. And I'm just so pleased to know that we now have a President and an administration who refuses to participate in any way in causing any trauma on any children, or any families who come to our great country to seek asylum, and to start a new life because they've feared death, rape, and other atrocities in their home country.

And also my last question is, are you diligently making sure that every facility that handles these children in your authority that they are doing their job correctly? Are you checking up on them?

Ms. Chang. Absolutely. We have Federal staff, ORR staff, at every single one of our emergency intake sites, sometimes dozens of them, to ensure that very thing.

Mr. Cardenas. Thank you. My time is expired.

And thank you so much, Madam Chairwoman, for allowing me to be in this hearing.

Ms. DeGette. Thank you, Mr. Cardenas.

The chair's now very pleased to recognize Mr. Carter for 5 minutes.

Mr. Carter. Thank you very much, Madam Chair. And thank you, Ms. Chang, for being here, and for answering these questions. I want to go back, one of my colleagues earlier in this hearing, Representative Palmer, I believe you were talking about the fact that a lot of these children are coming to America to escape the violence in some of the cities in Central America, and as Mr. Palmer, as Representative Palmer pointed out,

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actually, some of the cities, quite a few of our metropolitan areas here in America, have a higher violence rate than they do in Central America.

For instance, Baltimore and St. Louis where they've defunded the police, both have significantly higher violence rates. Are we sending any of those children to those two cities, to Baltimore and St. Louis? I mean, wouldn't you agree that that would be like taking them out of the frying pan and putting them into the fire?

Ms. Chang. We can certainly get you information about where children in ORR custody go when they go to a sponsor. We have that breakdown by State and by county, and we update that monthly. We're happy to share that with you.

Mr. Carter. Well, I'd certainly like to see that information. I think it would be good for the committee to see because if, indeed, this is the problem that exists, and that is, they're trying to escape violence in some of these areas in Central America and we're sending them to cities that actually have a higher violence rate, you know, how can you say that's humanitarian? I'm baffled by that.

Nevertheless, I want to move on. And I want to tell you that, I wanted to mention the reports that came out about the allegations of neglect and abuse at an ORR facility in San Antonio earlier this year where they were holding more than 1,600 unaccompanied children.

Ms. Chang, I've been to the border, unlike the Vice President, unlike the President, I've been down there and I've seen it firsthand. I've looked into the eyes of those children. Regardless of whether you agree with the policy that is being implemented down there, regardless whether you're Republican or Democrat, to look into the eyes of those children, to see the fear in those children's eyes, to just look at them and to see and witness the overcrowding and what's happening down there, it is simply an humanitarian crisis, there's no question about that. But specifically to the problem in San Antonio, I

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want to ask you were there -- were these allegations reported to the appropriate investigative entities?

Ms. Chang. Sir, if the allegations that you're talking about are the same ones I'm thinking about, then, yes, absolutely. We also ensure that all of our staff, our contractors, our Federal volunteers are fully trained and educated on the importance of reporting any incident that raises concerns. And if those incidents involve any allegations of abuse or neglect, we immediately report that to law enforcement, child protection services, whatever the law requires. We take child safety very seriously.

Mr. Carter. Okay. So I am to assume, and please correct me if I am wrong, that those allegations in San Antonio are being fully investigated?

Ms. Chang. So, sir, again, I'm not sure exactly if we're thinking about the same ones, but yes, any allegations that come up, whether it's in San Antonio or any other site, are fully investigated.

Mr. Carter. And we will know about them, this committee specifically, will know about those and the results of the investigations?

Ms. Chang. I will have to check with our legal counsel, but to the extent we are able to share information protecting and following laws about sharing that information, we are absolutely happy to do that.

Mr. Carter. I'm sorry. There are laws that said that you would not release that information, or --

Ms. Chang. So I can only speak from my experience in child welfare. There are certainly privacy protections in place that prevent the reporting of information about individual cases or active investigations.

So I just want to make sure I'm doing my due diligence and not overpromise, but anything we can share with you, sir, we will.

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Mr. Carter. Okay. I want to ask you about another incident real quick. NBC News had reported last month about an incident about some migrant children that were stuck on parked buses overnight before going to facility or a sponsor, outside an HHS facility in Dallas. And I assume you're familiar with that. Do you have any updates on that investigation?

Ms. Chang. Yes. We immediately looked into that incident. It was terrible. No child should have been on a bus for as long as that child was. It is unacceptable behavior and actions. We took immediate action with the contractor who was in charge of that particular transportation. We have worked with them, still working with them. They're actually co-located here, so we can ensure that something like that never happens again. And I'm really pleased to say that that child is safe, and they are safely with their family right now.

Mr. Carter. Okay. Thank you, Madam Chair. And thank you Ms. Chang.

Ms. DeGette. I thank the gentleman.

This concludes the questioning of the members, and I would defer to Mr. Griffith for 5 minutes for any closing statements he would like to make.

Mr. Griffith. Thank you, Madam Chair. First, I would like to ask for unanimous consent to have placed into the record a letter from June 29, 2018, where the members -- the Republican members of the Energy and Commerce Committee stated that we support keeping families together, and believe that children should not be separated from their parents. There was a misunderstanding apparently earlier, and somebody thought that we had supported separating families on this committee, and that was never the case.

So if that letter could be submitted, unanimous consent, for the record, I would appreciate it.

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Ms. DeGette. Does the gentleman have any other documents.

Mr. Griffith. I do. Yes, ma'am.

Ms. DeGette. Go ahead. I'll put them both in.

Mr. Griffith. I also would like to ask the chair for unanimous consent to enter an April 22nd, 2021 letter sent by the Energy and Commerce Committee Republicans to Vice President Harris. This letter requested information about ORR's operations related to management, care, and treatment of unaccompanied children, related matters given the current surge. Secretary Becerra provided initial response on behalf of the Vice President, which we greatly appreciate; however, the response did not address all the questions in our letter.

Our staff have been in contact with your staff to ensure complete response, but I would like to ask the assistant for comments, just at some point, if she could ensure that we get those answered, I would appreciate it. And the fact that we could have that letter dated April 22nd of this year placed into the record as well.

And with that, Madam Chair, I would say that I'm very appreciative of all the time that the Assistant Secretary has spent with us today, and look forward to getting a lot of written answers to many of the questions that were asked and that she had to defer on the answer because she does not know. I appreciate that. Can't know everything.

But with that, Madam Chair, I will yield back.

Ms. DeGette. I thank the gentleman. And without objection, both of those letters are entered into the record.

[The information follows:]

***** COMMITTEE INSERT *****

Ms. DeGette. I would just like to also add my thanks to Ms. Chang. You have inherited a very difficult situation that you are striving mightily to resolve. And I do believe, and I do believe every member of this committee, Democrats and Republicans, care about these children, and we all want to make sure that we treat these children with dignity, that we unify them with any family members or other sponsors that they might have.

I will just say a couple of things. Several of my Republican colleagues said that President Biden urged people in these Triangle countries or others to send their children unaccompanied to the United States. I have never heard President Biden say that, and I can't imagine that anybody would urge folks, desperate folks, to send their children at great, great personal risk to the United States unaccompanied.

And these children are showing up for whatever reasons of desperation. I know that Vice President Harris is, right now, trying to work with these governments to see what she can do, but to say that Joe Biden would tell children to come unaccompanied many, many miles is beyond the pale to me.

And I want to also say, I, too, have been to the border and I saw these facilities, and this subcommittee went to the border when President Trump was the President. Ms. Chang, we saw what you described. The children on the floors, on the mats, with the Plexiglass between them, and the space blankets covering them and it was terrible. It was a terrible situation for us to see.

The difference between that administration and this administration was that the Trump administration separated those children from their parents, and some of those children still have not seen their parents to this day. And left us this big mess to mop up. And I will also say that the Trump administration did very little, if anything, to try to

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move those children into an appropriate ORR situation, which would be a much more humane situation and did very little to try to expedite their reunion with their parents or their sponsors.

So, I want to thank you, Ms. Chang, and I want to thank your agency, I want to thank your employees, I want to thank your volunteers, for striving mightily under very, very difficult situations every single day to make sure that these children who show up at our borders are treated humanely and that they have some hope for a reasonable life. I really do.

I want to remind members that pursuant to committee rules, they have 10 business days to submit additional questions for the record, to be answered by the witness. And Ms. Chang, we want to thank you for your willingness to submit these responses to these questions, and also any documents that the members have asked. I know that you will respond promptly if you can. And we've inserted the documents into the record.

And, so, with that, I want to thank everybody, particularly, our witness.

And this subcommittee is adjourned.

[Whereupon, at 2:03 p.m., the subcommittee was adjourned.]