



**STATEMENT OF  
SYLVIA BURWELL  
SECRETARY  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ON**

**UNACCOMPANIED CHILDREN**

**BEFORE THE  
COMMITTEE ON APPROPRIATIONS**

**UNITED STATES SENATE**

**JULY 10, 2014**

**Testimony of  
Secretary Sylvia Burwell  
U.S. Department of Health and Human Services  
before the  
U. S. Senate  
Committee on Appropriations  
July 10, 2014**

Chairwoman Mikulski, Ranking Member Shelby, and members of the Committee, thank you for inviting me here today to discuss the Department of Health and Human Services' (HHS) work to address the recent rise in unaccompanied children crossing the southwest border into Texas. This influx requires a robust humanitarian response on both sides of the border, and I very much appreciate the opportunity to discuss HHS' role in addressing this situation with you. I want to thank Senator Mikulski for joining Homeland Security Secretary Johnson, Ambassador Shannon, Associate Administrator for Response and Recovery at FEMA Joe Nimmich, and me on a fact-finding visit to a Customs and Border Protection (CBP) Border Patrol station in Texas and our Department's temporary shelter located at Joint Base San Antonio-Lackland. We experienced firsthand the complexity of the current situation.

To help us deal with the immediate situation, I will highlight the Department's role under the law in caring for unaccompanied children who are apprehended by CBP; the steps we take to place children with appropriate sponsors who can care for a child while awaiting resolution of their case; the challenges we face as we work to meet the needs of this unprecedented number of children; and the President's emergency supplemental appropriations request.

In our trip to Texas last week, it was clear that the current influx of unaccompanied children across our border is the result of complex human tragedies – families separated by thousands of miles, children risking their lives to flee dangerous situations in their home countries, and communities across Central America devastated by violence (due in part to the drug trade and transnational criminal organizations) and facing an exodus of the next generation.

Unaccompanied children are subjecting themselves to serious risks to make the journey here and our Border Patrol stations are overcrowded to the breaking point.

This is not an issue that lends itself to easy answers, but I am confident that, working

together, we can care for the unaccompanied children in a way that honors the values of the American people while at the same time enforcing the law and dissuading children from undertaking this dangerous journey.

### **HHS's Mission and Role**

The children who are apprehended while trying to enter the United States without a parent or guardian are one of the many vulnerable populations that HHS serves. By law, the Administration for Children and Families (ACF) must accept unaccompanied children under the age of 18 (except those from Canada and Mexico) who are apprehended by CBP into its care and custody. ACF provides grant funding to 63 non-profit organizations, including faith-based organizations, to operate shelters around the country to care for these children until they can be placed with sponsors, usually parents or other relatives, while awaiting immigration removal proceedings.

Faced with a dramatic rise in the number of unaccompanied children coming into our care and custody, and without sufficient capacity at our permanent shelters, the Department has had to establish temporary emergency shelters. In recent weeks, we have opened shelters on three military bases – Joint Base San Antonio-Lackland in Texas; Fort Sill in Lawton, Oklahoma; and Naval Base Ventura County in Oxnard, California.

The growth in numbers is staggering: in Fiscal Year (FY) 2011 an estimated 6,590 unaccompanied children entered our country. In FY 2014, we are preparing for a scenario in which 90,000 of these children cross our borders. Reasons for this increase are complex. A key factor is the high level of violence in Honduras, El Salvador and Guatemala, the countries of origin for most unaccompanied children, which is exacerbated by a misperception that the United

States is issuing “permisos” or permits for children and families who cross the border to remain in the United States. This misperception is propagated, in part, by individuals offering smuggling services to vulnerable children, many of whom have been separated from their parents by thousands of miles.

At the direction of President Obama, on June 2, the Administration established a Unified Coordination Group to leverage Federal resources to provide humanitarian relief to address the ongoing situation. In coordination with the Departments of Defense (DoD), Homeland Security, Justice, State, and the General Services Administration, we are working to better understand the reasons for the increase in the number of unaccompanied child arrivals; develop strategies to expand capacity to serve the rising number of unaccompanied children; and identify new facilities to serve as shelters for the unaccompanied children.

### **Steps HHS is Taking in Response to the Rising Number of Unaccompanied Children**

As the number of unaccompanied children apprehended has outstripped HHS’s shelter capacity, Border Patrol stations have become very overcrowded and children are remaining in CBP custody far beyond the 72 hour limitation laid out in federal law. At HHS, we are addressing the time children spend in CBP custody through two key strategies: (1) reducing the amount of time that children remain in our care before being placed with a sponsor (typically a parent or other relative) who can care for them safely and appropriately while their immigration case is processed; and (2) expanding our shelter capacity. We have made progress in both areas, though significant work remains.

In the last three years, ACF has streamlined its placement process, reducing the average amount of time unaccompanied children spend in shelters. ACF has cut the average length of

stay for all unaccompanied children from 75 days between FY 2005 and FY 2011 to fewer than 35 days in FY 2014. In June, the Department launched a pilot project in two of our permanent shelters to further expedite the process for children who are being released to their parents in the United States while awaiting immigration proceedings. This expedited process still includes the critical steps to assuring child safety (such as background checks of potential sponsors and screening the child for abuse, abandonment, neglect, trafficking and serious mental health issues), but speeds up the process so that we are able to more quickly move children out of CBP detention facilities and shelters and into more appropriate settings. If successful, we will expand the use of this expedited process to additional shelter sites.

Speeding the process alone will not solve the problem. We must expand our shelter capacity so that we can serve the children who are already here even as we work across the Federal government to stem the flow of unauthorized children crossing the border.

Today, we have space for approximately 6,600 children in our permanent shelters and specialized placements (such as foster care for very young children) – an increase of about 4,700 over the shelter capacity in place in July 2011 and an increase of about 1,700 since January 2014. In addition, we have opened three emergency shelters that can serve a total of 2,975 children at a time.

But even with these expansions, we do not have enough capacity to take unaccompanied children into our care quickly and overcrowding at CBP facilities remains a serious problem. Over the July 1-7 period, an average of 2,000 children were in CBP custody awaiting HHS placement and a majority had been in CBP custody for more than 72 hours. In June, CBP opened a temporary holding facility for unaccompanied children in Nogales, Arizona, which has

relieved some pressure in the border patrol stations. Many children at the Nogales facility are subsequently placed in our shelters on military bases.

Thus, we are continuing to seek additional locations that can serve as temporary or permanent shelters. However, the bottom line is that our current appropriation simply is not sufficient to allow us to bring on and maintain the shelter capacity that is needed to address the current situation.

Finally, there is one other important element to HHS's role in this response. Through the Office of the Assistant Secretary for Preparedness and Response (ASPR), HHS has been providing emergency response and medical support to some CBP facilities, when requested by DHS, including the new facility in Nogales, Arizona. Members of the Commissioned Corps of the U.S. Public Health Service, the Office of Emergency Management, and the National Disaster Medical System are providing public health and medical coordination, medical screening, basic medical care, vaccinations, and mental health screening for unaccompanied children at the Nogales facility in addition to augmenting ACF-contracted staff in temporary shelters on military installations. This work has helped speed up medical screenings and vaccinations all children receive who come it HHS custody and has reduced emergency room visits and helped address important health issues while unaccompanied children are in CBP custody.

### **Supplemental Appropriations Request**

We appreciate the Committee's willingness to provide ACF with increased funding based on updated arrival estimates in the annual FY 2013 and FY 2014 appropriations bills. Coupled with the Department exercising its transfer authority, the increased funding in FY 2013 allowed ACF to serve all incoming unaccompanied children transferred to its care. In FY 2014, we have

taken several steps within our current authority to increase funding for the UAC program before coming to Congress with a supplemental request. First, the Department used the Secretary's transfer authority to provide the maximum amount of available funds to this program. And in June, we notified Congress of the need to reallocate up to \$94 million from several Refugee and Entrant Assistant programs to the unaccompanied children program to further augment funding for the UAC program. Reallocating these funds is not without serious implications. These funds are needed by states, local governments and voluntary agencies to help refugees and asylees maximize their potential in the United States. These programs provide them with the critical resources to assist in becoming integrated members of American society. The United States has a solemn commitment to assist refugees and asylees, who have fled persecution and have often spent years in refugee camps waiting for a chance at a new life. We did not make the decision to reallocate these funds lightly. We simply did not have other options when faced with our legal duty to care for unaccompanied children and after exhausting our transfer authority.

Even these additional funds are not sufficient to care for the growing number of unaccompanied children in the United States. The President's emergency supplemental request seeks an additional \$1.8 billion for HHS to provide care for these children, consistent with Federal law, while also maintaining services for refugees. With these funds, HHS will be able to acquire additional capacity in the near term to accommodate the growing number of unaccompanied children, and continue the ongoing medical response activities that our Department is supporting. It also provides resources for HHS to establish more permanent capacity that will allow us to replace temporary shelters, reducing our need to use DoD facilities, and will allow us to shift to more cost-effective care for these children. We are requesting additional funding for the remaining months of FY 2014 and then going forward. Securing these

funds now will enable us to better manage the program, including the need to secure additional *permanent* shelter capacity and increase the number of children we can serve and to reduce the use of temporary shelters provided by DoD.

## **Conclusion**

In my trip last week, I witnessed the remarkable work of our men and women on the ground, protecting our borders and caring for children. This is truly a unified government and community response, with employees across the government working side by side every day to respond to the tremendous challenges presented. And they are not doing it alone. Top-notch organizations around the country serve as our grantees and operate shelters that provide compassionate care to unaccompanied children. Communities are pitching in, too – from donating astroturf for a recreational space to arranging religious services for the children. Americans can be proud of the work carried out through partnerships between government entities, the military, and communities.

Congress is a key partner in this response as well, and I appreciate the attention that you and your colleagues have paid to this important issue. I look forward to working with you on our response and ensuring that HHS and our partners have the necessary resources to provide care for unaccompanied children, provide needed services to refugees, and do best by our communities.

Again, thank you for the opportunity to testify. I would be happy to answer any questions you may have.