

Congress of the United States
Washington, DC 20515

October 14, 2014

The Honorable Sylvia Burwell
Secretary
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell,

We are writing to follow up on our meeting with U.S. Department of Health & Human Services (HHS) officials on July 31, 2014, regarding the surge in unaccompanied alien children (UAC) apprehensions. According to the Office of Refugee Resettlement (ORR), 43,419 UAC have been released nationwide from January 1, 2014, to August 31, 2014, including 1,623 who have been released in Georgia.¹ Additionally, the Associated Press reports that, "about 70 percent of immigrant families the Administration had released into the U.S. never showed up weeks later for follow up appointments."² We appreciate your agency's commitment to keep us informed on the future placement of UAC in Georgia, but despite our efforts to obtain more detailed information regarding this issue, critical questions remain unanswered.

We ask that your Administration please provide us with answers to the following questions by October 31, 2014:

1. What is the funding source for education, school lunches, and child care for these children in Georgia who currently have sponsors that are on benefits themselves?
2. Will the children be classified as 'refugees,' which would entitle them to all social welfare benefits available to Americans? As you are aware, this is a heavy burden on the already strained Medicaid program in Georgia and on tax payers.
3. Where in Georgia are the children being sent and how long do you propose they will stay? How do you plan to safely return them to their parents?
4. What specific facilities will children without sponsors go to and what is the notification process for government officials on both the state and federal level?
5. The William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008 (Public Law 110-457) requires age determination procedures to consider multiple forms of evidence. Your office has broken these types of evidence into four distinct categories: documentation, statements by individuals, information from another government agency, and medical age determination procedures. Regarding these individuals, what categories of evidence are most common? Additionally, what is the

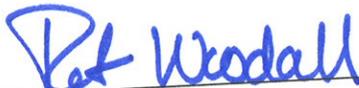
¹ <http://www.acf.hhs.gov/programs/orr/programs/ucs/state-by-state-uc-placed-sponsors>

² <http://bigstory.ap.org/article/e2da7d75d8654743bd5cab186931bddb/apnewsbreak-immigrant-families-ignore-follow>

distribution of UAC by self-reported age, and how does this data compare to ages that have been confirmed or verified by HHS?

Thank you for your prompt attention to this request.

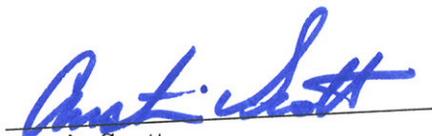
Sincerely,

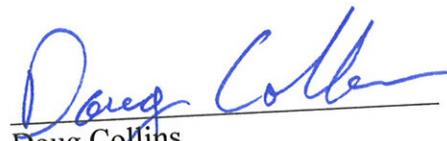

Rob Woodall
Member of Congress

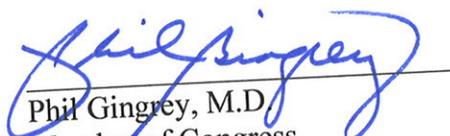

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