

## ORR QFRs HELP Committee

### Senator Murray

#### Immigrant Youth, Trafficking Survivors, and Refugees

1. In 2016, two defendants were sentenced for their role in a forced labor scheme that exploited Guatemalan minors. According to the indictment, members of the labor-trafficking conspiracy recruited workers from Guatemala, some as young as 14 or 15 years old, falsely promising them good jobs and a chance to attend school in the United States. The traffickers then smuggled and transported the workers to a trailer park in Marion, Ohio, where they ordered the children to live in dilapidated trailers and to work at physically demanding jobs at Trillium Farms egg farm for up to 12 hours a day for minimal amounts of money. The indictment identified eight minors and two adults as victims of the forced labor scheme. This is just one example that illustrates that unaccompanied immigrant minors are especially vulnerable to trafficking. If you are confirmed, will you support comprehensive programs that provide follow up services to ensure the protection of immigrant youth?

Yes, follow-up services that assist in keeping unaccompanied alien children safe from traffickers are an important part of the work by the Office of Refugee Resettlement in the Administration for Children and Families.

2. Immigrant and refugee women experience unique difficulties in obtaining services following an instance of intimate partner violence because of language barriers, confusion over their legal rights, and new and different cultural and social structures. HHS's Office of Refugee Resettlement (ORR) plays a critical role in addressing these challenges faced by immigrant and refugee survivors of violence. Do you support HHS's role in providing necessary services to immigrant and refugee survivors? Do you intend to impose any income or immigration status eligibility requirements in order for survivors to access HHS-funded services related to intimate partner violence? If you would make changes, what specifically would you change? Will you work to improve sensitivity and response to intimate partner violence issues through the Office of Refugee Resettlement at HHS? If so, how?

No, I do not intend to impose any new income or immigration status eligibility requirements for refugees and other eligible populations for refugee resettlement services, and I do not have plans for other changes at this time. Although I do not have any specific plans at this time, I support improving sensitivity to intimate partner violence through the work of the Office of Refugee Resettlement.

3. ORR serves an extremely vulnerable population-- unaccompanied immigrant minors. Many face sexual violence in their home countries, during their journey to the US, or in custody, and are in need of urgent reproductive care. These young people have critical and time-sensitive reproductive health needs including abortion, emergency contraception, and longer-term contraception needs. There are many young women in

federal custody who are being or will be denied access to constitutionally-protected care and who will be coerced and shamed by HHS for their decisions. Will HHS, under your leadership, continue to apply this unconstitutional HHS policy to prevent young women throughout the country from getting abortions and other reproductive health care?

Pursuant to the interim final rule on “Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment Involving Unaccompanied Children,” unaccompanied alien children who suffer abuse in an ORR care facility and become pregnant receive timely and comprehensive information about all lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. For youth who suffer abuse outside of ORR custody or become pregnant through consensual sex, ORR follows its 2008 policy on “Medical Services Requiring Heightened ORR Involvement” and March 2017 guidance from then-Acting ORR Director Kenneth Tota. (attached)

4. ORR Director Scott Lloyd has used a variety of tactics to block abortion access for the young women in ORR custody. He has instructed his staff to prevent minors seeking abortion from meeting with attorneys, has personally visited pregnant minors to pressure them to continue their pregnancies, and has directed ORR and shelter staff to notify parents and sponsors of minors’ pregnancies, even when they have received judicial authorization to make their own medical decisions.
  - a. Are you concerned that Lloyd is violating a 1997 federal settlement in the *Flores v. Reno* case, which requires ORR to provide emergency health care and family planning services?

No, the *Flores* settlement agreement requires family planning services, but family planning services are not defined in the agreement. ORR follows a longstanding 2008 policy on “Medical Services Requiring Heightened ORR Involvement” and March 2017 guidance from then-Acting ORR Director Kenneth Tota.

- b. Are you concerned that Lloyd is violating the constitutional rights of these young women by effectively banning abortion for them, which the Supreme Court forbid the government from doing more than 40 years ago in *Roe v. Wade*?

No, as noted above, ORR follows a longstanding 2008 policy on “Medical Services Requiring Heightened ORR Involvement” and March 2017 guidance from then-Acting ORR Director Kenneth Tota.

- c. Is it appropriate for a political appointee like Scott Lloyd to override the determination of a Texas state judge who ruled that Jane Doe was mature enough to make her own medical decisions?

The case that you refer to continues in litigation and the agency does not comment on ongoing litigation.

5. The Office of Refugee Resettlement provides crucial services to refugees, asylees, trafficking survivors, torture survivors, Special Immigrant Visa recipients targeted due to their work with United States military and diplomatic personnel, Cuban and Haitian entrants, and unaccompanied children. The Office of Refugee Resettlement funding is critical not only to these individuals and families rebuilding their lives, but also to the communities that welcome them across the United States, including local and community-based charities, schools, and state governments. Unfortunately, the Office of Refugee Resettlement budget has not kept pace with its mandate, nor the cost of living and inflation. Accurate and timely information is essential for Congress and its Committees to fulfill its Constitutional and other legal functions, including appropriations. Will you communicate in a clearly and timely manner, when requested by Congress and its Committees, regardless of party, about the financial information, management, policies, practices, and plans of these programs, including budgeting projections and refugee flows?

Yes, I will communicate in a clear and timely manner, when requested by Congress and its Committees, regardless of party, about the financial information, management, policies, practices, and plans of these programs, including budget projections. Refugee flows are handled by the Department of State and the Department of Homeland Security and I defer to those agencies on refugee flow issues.

### **Senator Murphy**

1. In a September 29<sup>th</sup> Presidential Memorandum, President Trump set a Presidential Determination on Refugee Admissions for Fiscal Year 2018 of 45,000 refugees. What specific measures will you take at HHS to ensure the number of refugee admitted in FY 2018 meets the 45,000 target?

The Office of Refugee Resettlement (ORR) awards a variety of grants and provides a variety of services to help resettle new refugees. These programs are vital lifelines for refugees and refugee resettlement agencies. How will you support the work of the ORR? What specific measures will you take to ensure ORR funding is disbursed regularly and quickly?

The Office of Refugee Resettlement in the Administration for Children and Families does not control the refugee flow or the number of refugees admitted, and I must defer to our colleagues at the Department of State and the Department of Justice on meeting the 45,000 target. However, I will support the work that ORR has been doing this year, particularly on increasing monitoring of programs and improving data collection, both of which assist in ensuring proper disbursement of funding.

### **Senator Warren**

**The role of the Director of the Office of Refugee Resettlement (ORR)**

The Office of Refugee Resettlement, housed within the Administration for Children & Families at HHS, is responsible for providing “care and placement for unaccompanied children who enter the United States from other countries without an adult guardian.”<sup>1</sup> The current director of ORR is Scott Lloyd.<sup>2</sup>

Mr. Lloyd has made concerning statements suggesting that is unaware of the legal boundaries of his role as ORR Director. He is a zealous anti-abortion advocate, and has used his role as Director to personally influence young women’s decisions regarding unplanned pregnancy.<sup>3</sup> An HHS spokesman has described Mr. Lloyd as having “custody of these children, and just like a foster parent, he know that that’s a lot of responsibility and he is going to make choices that he thinks are best for both the mother and the child.”<sup>4</sup>

Nothing in statute defines the Director of ORR as a “foster parent.”<sup>5</sup> The young women under the custody of ORR are not Mr. Lloyd’s children, and he has no legal right to make decisions for them—or their fetuses—as a father-figure.

- A. As HHS Secretary, would you commit to ensuring that the Office of Refugee Resettlement is run in accordance with federal statute—not based on the whims of a Director who appears to misunderstand the autonomy of the young women in ORR’s custody?

As HHS Secretary, I would commit to ensuring that the Office of Refugee Resettlement is run in accordance with the Refugee Act, the Homeland Security Act and the Trafficking Victims Protection Reauthorization Act of 2008, as well as other applicable federal statutes and regulations.

- B. As HHS Secretary, would you commit to providing all individuals within the custody of ORR with medically accurate health information, including medically accurate information on abortion and contraceptive services?

As HHS Secretary, I would commit to providing medically accurate health information to individuals within the custody of ORR, as required by the interim final rule on “Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment Involving Unaccompanied Children,” which requires that unaccompanied alien children who suffer abuse in an ORR care facility and become pregnant receive timely and comprehensive information about all lawful pregnancy-related medical services. For youth who suffer abuse outside of ORR custody or become pregnant through consensual sex, ORR follows its 2008 policy on “Medical Services Requiring Heightened ORR Involvement” and March 2017 guidance from then-Acting ORR Director Kenneth Tota.

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<sup>1</sup> Office of Refugee Resettlement, “What We Do” (online at <https://www.acf.hhs.gov/orr/about/what-we-do>).

<sup>2</sup> Administration for Children and Families, “Scott Lloyd” (online at <https://www.acf.hhs.gov/about/leadership/scott-lloyd>).

<sup>3</sup> Rachel Siegel, “The Trump official who tried to stop a detained immigrant from getting an abortion,” *Washington Post* (October 26, 2017) (online at [https://www.washingtonpost.com/news/post-nation/wp/2017/10/26/the-trump-official-who-tried-to-stop-a-detained-immigrant-from-getting-an-abortion/?utm\\_term=.fc5b298000a4](https://www.washingtonpost.com/news/post-nation/wp/2017/10/26/the-trump-official-who-tried-to-stop-a-detained-immigrant-from-getting-an-abortion/?utm_term=.fc5b298000a4)).

<sup>4</sup> *Ibid.*

<sup>5</sup> 8 USC 1522; 6 USC 279.