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United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510–6200

November 24, 2026

Robert F. Kennedy Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Secretary Kennedy,

The October 1, 2026 Office of Refugee Resettlement (ORR) "Summary Report on Fraud Perpetrated by Potential and Actual Sponsors in the Unaccompanied Alien Children Program" (Memorandum) is of staggeringly low quality and an embarrassment to ORR.[1] The Memorandum is the clear result of a bad-faith investigation and bogus analytical foundation which lead to unsupported conclusions that call for predetermined policy changes long sought by the Trump administration. The health and safety of children in ORR's care is of paramount importance. Rather than take this mission seriously, ORR is publishing mission analysis reports lacking any analytical rigor, or apparently any basic proofreading.

The consequences are not theoretical: the Memorandum is being used to justify dismantling the legal representation infrastructure Congress funded to protect these children, to restrict the sponsor vetting framework that reunifies children with family and caregivers, and to constrain the independent trafficking identification pathways Congress built into the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA). Children in ORR care will spend longer in federal custody, be released to fewer qualified sponsors, lose access to the counsel Congress required, and face immigration proceedings with fewer of the protections Congress enacted specifically for them.

[1] Office of Refugee Resettlement, Summary Report on Fraud Perpetrated by Potential and Actual Sponsors in the Unaccompanied Alien Children Program (Memorandum) (Oct. 1, 2026) https://acf.gov/system/files/filefield_paths/CLEAN---ORR-MEMO_Final_.2-PDF.pdf.

First among the Memorandum's problems is that it relies on a cherry-picked sample drawn from ORR's own universe of 1,669 fraud-flagged reports, itself a small subset of the broader population of unaccompanied children released to sponsors, against which the Memorandum then extrapolates its findings to the full universe of more than 100,000 sponsor releases, without explanation of how these cases were selected or evaluated. The Memorandum does not disclose what fraction of those 1,669 reports the Department of Health and Human Services (HHS or Department) Office of General Counsel (OGC) actually reviewed, but the resulting analytical sample is almost certainly less than two percent of the universe of children released to sponsors to which the Memorandum extrapolates its conclusions.

The conclusions the Memorandum draws from this specious data are also unsound. ORR reports an "intentional documentation fraud" rate of 77% of Child Level Events (CLEs), an 85% rate in the subset of cases HHS OGC reviewed, and, buried in the Findings section, a 37% rate perpetrated by sponsors.[2] Three figures ostensibly describing the same category of conduct cannot all be true. The Memorandum does not reconcile them, does not disclose the denominators, and does not identify the sample sizes. The reader is left with a quantitative claim HHS cannot substantiate with its own numbers. The 85% figure is particularly misleading: it describes the rate of intentional fraud within reports already flagged as fraud – a tautology dressed as a finding.[3]

The "staggering backlog of 65,000 unanswered CLE reports" the Memorandum invokes as evidence of oversight failure fares no better.[4] The Memorandum itself acknowledges that CLE reports include "warnings, request for services, or other red flags," a category broad enough to include non-emergency requests.[5] In fact, the Memorandum's narrow framing of CLEs as a locus of fraud obscures the broader purpose of the CLE reporting system, which documents the full range of events in a child's time in federal care, including positive milestones, mental health concerns, educational progress, medical needs, requests for family contact, and other circumstances bearing on the child's welfare.[6] By focusing exclusively on CLEs the Memorandum characterizes as fraud-related, HHS presents a selective and distorted picture of what the CLE system actually captures about children in ORR custody. The Memorandum does not disclose what percentage of the 65,000 required agency response, what percentage reflected safety concerns, how the backlog compares to prior administrations, or how the backlog compares proportionally to the number of children in ORR care or discharged during the relevant time period. Historical CLE backlogs may have been numerically smaller than 65,000 in absolute terms while nonetheless being proportionally larger relative to the far greater number of children in care during peak-intake periods. Conversely, a 65,000-report backlog, measured

[2] Memorandum, *supra* note 1 at 2-3.
[3] *Id.* at 2.
[4] *Id.*
[5] *Id.*
[6] ORR Unaccompanied Alien Children Bureau Policy Guide § 5.8 https://acf.gov/orr/policy-guidance/uac-program-policy-guide-section-5#5.8.

against the current ORR census, may be proportionally low. The figure is deployed for rhetorical effect, not analytical argument, because the proportional context would undercut its narrative.

The Memorandum's selective use of the backlog also raises its own operational questions. If ORR genuinely considers 65,000 unanswered CLE reports a "staggering" indicator of oversight failure, the appropriate response is to resolve the backlog, not to repurpose it as a political talking point. Under §§ 5.8 and 6.8.6 of ORR's own policy guide, care providers are already required to report CLEs to the appropriate oversight entity within specified timeframes.[7] The 65,000 figure therefore reflects not a failure of the care provider network to report incidents, but a failure of ORR itself to review, triage, and respond to the reports it has received - obscuring an oversight failure of its own making. Yet the Memorandum does not describe any corrective action HHS has taken to work through the backlog, address the welfare concerns and safety reports those CLEs contain, or implement the follow-up protocols a competent child welfare agency would require. The same analysis applies to the broader Significant Incident Report (SIR) framework, through which care providers document serious safety events, detention fatigue indicators, mental health deterioration, and self-harm concerns for children in ORR custody. The administration's public silence on the SIR and CLE response infrastructure, while simultaneously citing the backlog as evidence of prior-administration failure, is itself a telling indicator of where this Department's actual priorities sit.

The Memorandum then conflates distinct categories of fraud – sponsor fraud, what the Memorandum characterizes as "age misrepresentation" by unaccompanied children, and family-member fraud – and attributes the aggregate to prior sponsor vetting policies. The Memorandum's "age misrepresentation" category warrants its own scrutiny. ORR's own age determination process relies heavily on radiographic and dental assessments that have been widely criticized as unreliable, and that are frequently used to classify children as adults notwithstanding documentary evidence to the contrary.[8] The Memorandum does not define how it categorizes a case as "age misrepresentation," does not distinguish between cases where a child intentionally misrepresented age and cases where ORR's own age determination protocols produced the "adult" classification over conflicting documentation, and does not disclose the data infrastructure ORR uses to track age determinations. Age concerns identified at the border by Customs and Border Protection (CBP) at intake are separate from any age concern arising during

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[7] ORR Unaccompanied Alien Children Bureau Policy Guide §§ 5.8, 6.8.6 https://acf.gov/orr/policy-guidance/uac-bureau-policy-guide.

[8] ORR Unaccompanied Alien Children Bureau Policy Guide § 1.6.2 https://acf.gov/orr/policy-guidance/uac-program-policy-guide-section-1#1.6.2 (outlining medical age assessments used by ORR including dental maturity assessments); Farzana Kapadia, Jacqueline Stevens & Diana Silver, *Dental Radiographs for Age Estimation in US Asylum Seekers: Methodological, Ethical, and Health Issues,* 110.12 Am. J. Pub. Health 1786 (2020) (finding methodological and ethical concerns with third molar dental radiographs.) https://pmc.ncbi.nlm.nih.gov/articles/PMC7661996/; Nadia Laniado, M Lindsay Wright & Brittany Seymour, *The Use of Dental Radiographs for Age Estimation of Unaccompanied Migrant Minors: Scientific and Ethical Concerns,* 82.3 J. Pub. Health Dent. 349 (2022) (detailing the inadequacy of dental radiographs as a means of chronological assessment for minors) https://pubmed.ncbi.nlm.nih.gov/35170749/.

ORR intake or during the ORR sponsor vetting process, and none of these is appropriately characterized. Compounding this analytical failure, the Memorandum asserts that family members who use smugglers "have been active participants in alien smuggling" in violation of 8 U.S.C. § 1324, a legal characterization that does not reflect prosecutorial practice.[9] The Department of Justice (DOJ) has historically used § 1324 to target commercial smuggling networks and cartel-affiliated traffickers, not parents arranging their children's transit.[10] For an HHS memorandum to misrepresent federal criminal law in support of a child welfare policy conclusion is a serious departure from basic standards of inter-agency accuracy.

Moreover, the Memorandum's framing of sponsors, family members, and others associated with unaccompanied children as "active participants" in schemes to smuggle children necessarily invokes the TVPRA, even where the Memorandum does not use the word 'trafficking' explicitly. That framework is internally inconsistent in a way that reveals the bad faith underlying the Memorandum. If HHS genuinely believes that sponsors, family members, and others associated with unaccompanied children are "active participants" in trafficking and smuggling schemes, the operational implication is that a substantial share of the unaccompanied children in ORR care qualify as trafficking victims and would therefore be eligible for a T-visa and the protections Congress created for victims of a severe form of trafficking. Yet HHS has produced no data showing that this population is being identified as trafficking victims, no analysis of T-visa referrals or grants, and no indication that ORR is screening systematically for trafficking indicators. To the contrary, on September 10, 2026, ORR issued an internal memorandum directing care providers, home study and post-release services providers, and the ORR National Call Center to cease direct reporting of suspected trafficking to the Office on Trafficking in Persons (OTIP). If the Department actually believes trafficking is the pervasive concern the Memorandum describes, it would be expanding, not dismantling, the independent OTIP reporting pathway and the T-visa referral infrastructure. The Department cannot credibly claim both that pervasive trafficking is a crisis and that the operational mechanisms Congress built to identify and protect victims should be constrained.

The Memorandum closes with four individual cases presented as representative of program-wide risk. The cases are, by any measure, disturbing. Each one is one too many. But four cases out of more than 100,000 sponsor releases do not establish a systemic conclusion, however they are framed. The Memorandum offers no argument that the four cases are representative, no documentary basis the Committee or any other reviewer can use to independently verify the facts described, and no explanation of how the four cases were selected. Notably, several of the facts described bear a striking resemblance to matters announced at DOJ's June 11, 2026 joint press conference regarding fraudulent sponsorship. If the Memorandum's "representative cases" are

[9] Memorandum, *supra* note 1 at 1.

[10] U.S. Sentencing Commission, Alien Smuggling (2025) (finding 14% of all cases involved an unaccompanied minor.) https://www.ussc.gov/research/quick-facts/alien-smuggling.

drawn from the same publicly announced DOJ enforcement actions HHS and ORR handed over to DOJ, the Department should say so.

The Memorandum also fails to distinguish between attempted fraud and successful fraud, a distinction that is analytically essential to any honest assessment of whether the sponsor vetting system is functioning. An instance in which ORR's sponsor vetting process identified an attempted fraud and prevented a release is evidence that the system worked, not evidence of systemic failure. By aggregating attempted and successful fraud without distinguishing between them, the Memorandum obscures the extent to which the figures it presents actually reflect the vetting system catching bad actors rather than the vetting system failing.

Finally, it appears that the Memorandum was never intended to stand on its own as an authoritative analysis. Rather, it's a fig-leaf of authority the administration can use to dress up its anti-immigrant propaganda and distract from the harms its policies inflict on children. That is why you paired it with a companion "Claim vs. Reality" document[11] distributed to the press, and why senior administration officials like White House Chief of Staff Stephen Miller have taken to social media to exaggerate its findings.[12] HHS and the administration are attempting to regain control of a narrative they have lost on their own merits. Every hour HHS spends drafting bogus memoranda, coordinating press rollouts, and amplifying unsupported claims on social media is an hour not spent responding to the thousands of child- and program-level events already in ORR's backlog, not spent processing sponsor applications, not spent conducting home studies, and not spent providing the trauma-informed care Congress funded this agency to deliver.

The companion "Claim vs. Reality" document asserts that the U.S. Committee for Refugees and Immigrants (USCRI) "is appearing at nearly all immigration hearings as a friend of the court" and that direct legal representation is "an additional service that is not legally required."[13] Both assertions are alarming and inaccurate. A friend of the court is not legal counsel for the child. A friend of the court does not represent the child's interests in adversarial proceedings against the federal government, does not file motions on the child's behalf, does not cross-examine the government's witnesses, does not preserve the record for appeal, and does not owe the child the fiduciary duties of the attorney-client relationship. A friend of the court is not what Congress required in 8 U.S.C. § 1232(c)(5) when it directed the Department to ensure to the greatest extent practicable that unaccompanied children "have counsel to represent them in legal proceedings."[14] Your redefinition of HHS' statutory obligation does not relieve it of that obligation.

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[11] Office of Refugee Resettlement, *Claim vs. Reality* (Oct. 16, 2026), https://acf.gov/orr/report/Claim-vs-Reality-about-UAC-Bureau.

[12] National Review, *Office of Refugee Resettlement Pushes Back on Reports of Children Facing Court Without Lawyers* (Oct. 16, 2026), https://www.nationalreview.com/corner/office-of-refugee-resettlement-pushes-back-on-reports-of-children-facing-court-without-lawyers/; Stephen Miller (@StephenM), X (Sept. 29, 2026, at 8:58PM), https://x.com/StephenM/status/2105099859699093591?s=46.

[13] Office of Refugee Resettlement, *supra* note 9.

[14] 8 U.S.C. § 1232(c)(5).

HHS has an affirmative obligation under the Information Quality Act (Pub. L. 106-554, § 515), the Office of Management and Budget's implementing guidelines, and the HHS Information Quality Guidelines administered through the Office of the Assistant Secretary for Planning and Evaluation (ASPE) to ensure that information it disseminates to the public is "accurate, reliable, clear, complete, unbiased, and useful," supported by "full, accurate, and transparent documentation" of data sources, sampling frame, analytical approach, and limitations.[15] Neither the Memorandum nor the companion "Claim vs. Reality" document meet that standard. The Committee reserves the right to pursue the formal correction mechanism available through ASPE as the record develops.

Given the Department's reliance on the Memorandum as the analytical foundation for consequential policy decisions affecting unaccompanied children, I request that you provide written responses to the following questions and produce the underlying analytical record no later than **December 8, 2026**. I further request written confirmation of document preservation measures within seven business days of receipt of this letter.

1. Please describe the genesis of the Memorandum including who within the Department initiated the review that produced this document, the date on which the review was initiated, the stated purpose of the review at the time it was initiated, and all authorizing memoranda, directives, or communications that established the review's scope and objectives.
2. Describe the relationship, if any, between the Summary Report and the June 11, 2026 Department of Justice joint press conference announcing the indictments of Maritza Azucena Cahuec Coc and co-conspirators and the sentencing of Juan Tiul Xi. Were any of the four "representative cases" cited in the Memorandum drawn from the matters announced at that press conference? If not, please describe (a) the source of each of the four cases; (b) the date on which the case was first identified by ORR, HHS, or an ORR care provider as a potential safety or sponsor-related concern; (c) the date on which the case was first referred to the HHS Office of Inspector General (OIG) or to any federal law enforcement component; (d) the referring entity (e.g., ORR, ORR care provider, HHS OGC, HHS OIG, DOJ, DHS, or other); and (e) the operational status of each case as of the date of the Memorandum (e.g., indictment pending, indictment issued, conviction obtained, sentencing completed, or other).
3. Describe the mechanism, consistent with child privacy and ongoing law enforcement sensitivities, by which you will accommodate the Committee to independently verify the facts of the four "representative cases" cited in the Memorandum.
4. Provide the complete HHS OGC review that produced the Memorandum, including the methodology used, the total sample size reviewed, the sample selection methodology, the universe from which the sample was drawn; the criteria for inclusion in the sample; and all analytical products created during the review.

[15] Pub. L. 106-554, § 515.

5. Provide a reconciliation of the 77%, 85%, and 37% figures appearing in the Memorandum. For each, identify the denominator, the defined category of conduct the figure describes, and the methodology by which it was calculated.
6. Provide the ORR sponsor denial rate between FY2017 and FY 2026 to date, with the methodology for how denials are counted.
7. Provide complete CLE data by category for FY 2017 through present, including CLEs documenting positive milestones (e.g., reunification, placement with sponsor, educational enrollment, medical care received, mental health treatment accessed), welfare concerns (e.g., prolonged custody, mental health deterioration, requests for family contact, requests for legal services), and safety concerns, separately identified from the fraud-related CLE categories the Memorandum emphasizes.
8. Please describe the Department's current operational plan for addressing the 65,000 "unanswered" CLE report backlog the Memorandum identifies. Specifically, please describe: (a) the current status of the backlog as of the date of this letter; (b) the rate at which CLE reports are being resolved under current operational protocols; (c) the staffing, resources, and timeline the Department has allocated to backlog resolution; (d) any CLEs within the backlog that have been identified as reflecting urgent safety or welfare concerns and the Department's response to each; (e) any CLE reports regarding or related to detention fatigue, prolonged custody-related mental health deterioration, self-harm, or suicidal ideation received by ORR from October 1, 2025 through present, and the specific follow-up actions taken by ORR in response to each; (f) the specific protocol by which ORR determines that a CLE report is "unanswered" versus "answered" versus "resolved," including the ORR staff responsible for making that determination, the documentation required to classify a CLE as resolved, and the oversight mechanism, if any, that reviews CLE resolution across the ORR care provider network; (g) the historical CLE backlog figures for FY 2017 through present, expressed both in absolute terms and as a proportion of (i) the total ORR census for each fiscal year and (ii) the total number of children discharged to sponsors in each fiscal year; and (h) the specific written ORR policy, procedure, Field Guidance, or other communication that governs CLE follow-up, resolution, and oversight across care providers.
9. Provide all data on fraud rates by category (sponsor fraud, unaccompanied child "age misrepresentation", family member fraud) for FY2017 through present. With respect to "age misrepresentation," please describe: (a) the specific criteria ORR uses to classify an individual case as "age misrepresentation" or "age fraud"; (b) the point in the custody timeline at which such classifications are made (e.g., CBP intake, ORR intake, during ORR custody); (c) the role of ORR's own radiographic and dental age assessment protocols in producing an "age misrepresentation" classification where a child has presented documentary evidence of age that ORR has set aside; (d) the specific ORR data infrastructure used to track age determination cases and "age misrepresentation" classifications across the ORR care provider network; (e) the ORR division and staff responsible for making the "age misrepresentation" classification in each case; and (f) the

specific written ORR policy, procedure, Field Guidance, or other communication governing these classifications. With respect to all three categories, please clarify in your response the specific point at which each type of fraud is identified. With respect to all categories, please separately identify the number of cases in each fiscal year in which (i) the suspected fraud was identified during ORR sponsor vetting and the sponsor release was denied or the case was otherwise prevented from proceeding, and (ii) the suspected fraud was identified only after the release had occurred. Please describe how ORR tracks this distinction operationally.

10. Please describe the Department's protocols governing follow-up on SIRs filed by ORR care providers. Specifically, please provide: (a) the current SIR volume for each fiscal year from FY 2021 through present, broken down by SIR category; (b) the Department's protocols for review, triage, resolution, and response to SIRs reflecting safety concerns, detention fatigue, mental health deterioration, self-harm, or suicidal ideation, including how ORR determines that an SIR has been resolved, the documentation required to classify an SIR as resolved, and the oversight mechanism, if any, that reviews SIR resolution across the ORR care provider network; (c) the current average response time from SIR submission to Department response; (d) any changes to SIR protocols implemented since January 2025; and (e) the specific staffing within ORR responsible for SIR review and response under the current organizational structure.
11. Please provide: (a) the number of unaccompanied children identified by ORR as trafficking victims, as well as the number of CLEs (including Historical Disclosures and SIRs) that indicate trafficking and/or trafficking concerns, in FY 2021 through present; (b) the number of T-visa referrals generated for unaccompanied children in that same period; (c) the number of T-visa applications filed on behalf of unaccompanied children; (d) the number of T-visa grants; (e) the number of legal services provider and child advocate referrals for additional consults and services; (f) specific HHS and ORR screening protocols for identifying trafficking indicators among unaccompanied children; (g) how those numbers reconcile with the Memorandum's broader framing of trafficking as a pervasive concern; (h) beginning with the month of September 2026 and continuing on a monthly basis thereafter, (i) the total number of suspected trafficking reports received by ORR from care providers, home study and post-release services providers, and the ORR National Call Center, (ii) the number of those reports that ORR forwarded and/or referred to OTIP, (iii) the number of those reports that ORR did not forward and/or refer to OTIP, and (iv) for each report ORR did not forward, the specific basis on which ORR determined that OTIP referral was not warranted; and (i) the current average processing time between ORR's receipt of a suspected trafficking report and ORR's determination whether to forward the report to OTIP, broken down by month.
12. Provide the HHS OGC analysis supporting the Department's representation in the "Claim vs. Reality" document that direct legal representation of unaccompanied children in removal proceedings is "an additional service that is not legally required," including the

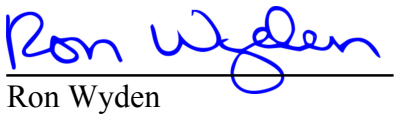
specific statutory and regulatory analysis of 8 U.S.C. § 1232(c)(5) that produced that conclusion.

13. Please also provide all documents, communications, drafts, and analytical products created in the course of HHS OGC's review that produced the Memorandum.
14. Provide all communications among ORR, HHS OGC, HHS leadership and your Immediate Office of the Secretary (IOS) staff, the White House, the Department of Justice, and any other sister agency regarding the scope, methodology, drafting, review, approval, and publication of the Memorandum and the "Claim vs. Reality" document, including communications regarding the public rollout and the social media promotion by Chief of Staff Stephen Miller and HHS Senior Advisor John Fabbricatore.
15. All data on USCRI's actual legal services provision between August 5, 2026, and the date of this letter, including the number of unaccompanied children represented in direct attorney-client relationships, the number of children for whom USCRI appeared solely as "friend of the court," the number of children for whom USCRI appeared without prior client consultation, and the number of legal orientations, Know-Your-Rights presentations, and legal consultations delivered.
16. Describe the Department's compliance with the Information Quality Act (Pub. L. 106-554, § 515), the Office of Management and Budget implementing guidelines, and the HHS Information Quality Guidelines in connection with the publication of the Memorandum and the "Claim vs. Reality" document, including the quality review conducted prior to publication; the peer review conducted or waived; the documentation of data sources, sampling frame, and analytical approach; and the identification of the HHS official responsible for certifying the quality of each document before dissemination.

I further request that the Department preserve all documents, communications, drafts, data queries, and analytical products related to the creation, review, approval, and publication of the Memorandum and the "Claim vs. Reality" document, including communications with the White House, DHS, DOJ, and any other federal agency regarding either document. This preservation obligation extends to text messages, instant messages, Signal communications, and other informal communications among Department personnel and between the Department and other federal agencies.

If the Department genuinely intends to protect children in ORR care, it would abide by the statutory framework Congress built, including the direct legal representation requirement in 8 U.S.C. § 1232(c)(5), the independent trafficking identification pathway, and the family unification mandate that governs sponsor release decisions. Analytical shortcuts dressed as findings are not a substitute for compliance with the law. The children in ORR custody and the sponsors seeking to care for them deserve better. I look forward to your prompt response.

Sincerely,



Ron Wyden
United States Senator
Ranking Member, Committee
on Finance