



Community for Children, Inc.

Harlingen, Texas 78550

Sacramento, California 95819

Washington, DC 20010

communityforchildren@gmail.com

October 5, 2026

Office of Refugee Resettlement
Administration for Children and Families
U.S. Department of Health and Human Services

Re: Comment on Proposed Information Collection, Office of Refugee Resettlement (ORR)
Unaccompanied Alien Child Health Forms (OMB #0970-0466), FR Doc. 2026-15848, 91 FR
50549 (August 5, 2026)

To the Office of Refugee Resettlement:

Community for Children submits this comment on the proposed revisions to ORR's health forms for unaccompanied children. Community for Children is a physician-led nonprofit, founded in 2016, that provides support to families and children to fill critical gaps in medical care. Community for Children supports ORR's goal of continuity of care for children with medical needs who are being repatriated. A child who leaves U.S. custody without medications, equipment, or a treatment plan is at risk of poor health outcomes and the discharging facility would be at risk of medical malpractice. The proposed sharing of health information with the Department of Homeland Security (DHS); however, lacks basic safeguards. We urge ORR to adopt the safeguards below before it is approved.

Health information sharing with DHS: The notice states a purpose for sharing but no limits on how DHS may use, keep, or redisclose a child's health information. Children in ORR care reveal information to clinicians about trauma, mental health symptoms, and reproductive health needs. In our experience, some hesitate to disclose because of trauma or mistrust, and others disclose freely without knowing to ask where their information goes. Many do not understand how sharing sensitive information could affect them. Children cannot be expected to protect themselves here, so the safeguards must come from ORR. Therefore, it is recommended that ORR adhere to the following:

1. Limit use to continuity of care. DHS should use shared data only for medical care during repatriation. ORR should expressly bar its use in enforcement, removal proceedings, custody or detention decisions, sponsor vetting, or credibility assessments, and put these terms in a public written agreement with DHS.

2. Share only the minimum necessary. The notice lists "active diagnoses or concerns that require management." "Concerns" is undefined and open-ended. ORR should limit this category to conditions that require management during travel and immediately after arrival, and exclude trauma histories, mental health narratives, and psychosocial information unless a clinician determines they are needed for safe travel.
3. Clarify the reference to the Mental Health Assessment Form (MHAF). The notice says data "captured on the MHAF" will be shared, but this collection covers only the Medical Assessment Form, Dental Assessment Form, and Serious Medical Procedure Request Form. If this is a drafting error, ORR should correct it. If mental health assessment data are in scope, that change should be republished for public comment.
4. Define the trigger that would activate this sharing. The notice does not define when a child is "identified by DHS for repatriation." Sharing should occur only once a child's departure is final and scheduled.
5. Give notice to the child and the clinician. Before information is shared, ORR should inform the child, in an age-appropriate way and in their language, along with their attorney of record and child advocate. The proposed provider signature authorizes record sharing with ORR. The form and the Dear Colleague Letter should tell providers plainly that information may also go to DHS.
6. Ensure continuity in practice. The child should leave with a written health summary in their language, an adequate supply of medications, and any needed equipment, with a copy sent to a receiving health provider where possible.
7. Set retention and accountability rules. DHS should keep the data only as long as needed for the child's travel and log all access, and ORR should report annually on the number of disclosures.

Thank you for considering these comments.

Respectfully,

A handwritten signature in blue ink, appearing to read "Marsha Griffin". The signature is fluid and cursive, with a large initial "M" and "G".

Marsha Griffin, MD FAAP, Founding President and CEO

Community for Children, Inc.