From: Katherine P
To: InfoCollection (ACF)
Subject: public comment on Proposed Information Collection, Office of Refugee Resettlement (ORR) Unaccompanied Alien Child Health Forms (OMB #0970-0466)
Date: Monday, October 5, 2026 9:28:10 PM

Resettlement (ORR) Unaccompanied Alien Child Health Forms

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)

To the Office of Refugee Resettlement:

I am writing in my personal capacity to comment on the Proposed Information Collection, Office of Refugee Resettlement (ORR) Unaccompanied Alien Child Health Forms (OMB #0970-0466). I am a pediatrician based in Boston and have studied and written about the health and care of migrant children (and adults) in US government custody for more than two decades. I agree with the need to provide continuity of care for children when they transfer between government agency custodies (in this proposal, from ORR to DHS). However, I have significant concerns about the lack of specificity of the sharing of the children's health data with DHS.

Given that there have been past instances when DHS/ICE have used data from ORR to proactively find migrant children and place them in deportation hearings, I am concerned that there are no safeguards around that potential use of health information in this **Proposed Information Collection (**henceforth known as **Proposal)**. I suggest the following modifications and updates to this **Proposal:**

- Health information of children in ORR custody should only be shared with DHS once the repatriation/deportation decision is finalized *and* scheduled AND there must be at least a two-week window after the decision is finalized/when ORR is notified and when the child is actually deported. To clarify, there must be *a minimum* of a two-week period during which ORR is notified at Day 0 of the final decision by DHS to deport/repatriate the child and Day 14 when DHS actually deports the child. This time is necessary to ensure appropriate communication between the many individuals this transfer decision affects including ORR staff, DHS staff, the child, the child's attorney/advocate, the child's clinicians, and the caregivers who will receive the child once they are repatriated. During those two weeks, there must occur several procedures:
    - There must be a formal written *and* verbal medical hand-off by which a pediatric medical provider in ORR shares necessary medical details of the

child's medical history with a pediatric medical provider in DHS with plans for how care will be continued based on accepted medical standards for the pediatric medical issues that the child has. This hand-off must be documented and signed by both the sending (ORR) and receiving (DHS) clinician / the child must also receive a copy of this hand-off document with a health summary and a month's supply of medications, durable medical equipment, and other supplies necessary for their health - this must be in a language the child (or their caregiver and clinicians in the country of repatriation) can read
    - The child, their clinicians, and their attorney, advocate, and caseworker must be notified between Days 0-2 of the aforementioned two-week timeline of the child's impending repatriation/deportation. The child's caregiver in the country of repatriation should also be notified in Days 0-2 so they have time to prepare for the child's arrival including preparing for their medical needs.
- The sharing of health information between ORR and DHS must only be allowed for continuity of medical care and not be allowed to be used for immigration enforcement, removal proceedings, custody or detention decisions, sponsor vetting, or credibility assessments. The barring of health information for these reasons must be an expressly written part of this **Proposal**
- There must be expressly written guidelines in the **Proposal** around how long DHS will keep this health data, how and when it will be destroyed, and how DHS will monitor and report who has accessed the child's health data, when, and for what purpose.

Thank you for your consideration of these comments as you further refine this **Proposal**. I am available to clarify any of these comments if helpful.

Sincerely,
Katherine Peeler, MD, MA
Boston, MA