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U.S. Department of Health & Human
Services
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Washington, DC 20201

July 7, 2021

Re: Protected Whistleblower Disclosures of Gross Mismanagement by the
Department of Health and Human Services at Fort Bliss, Texas Causing
Specific Dangers to Public Health and Safety

To Whom It May Concern:

We, Government Accountability Project, represent Laurie Elkin and Justin Mulaire. Both are whistleblowers and career federal civil servants.¹

This is a disclosure protected under the federal whistleblower laws. It concerns eyewitness accounts of gross mismanagement and specific endangerment to public health and safety at the Fort Bliss Emergency Intake Site (EIS) for unaccompanied children operated by the U.S. Department of Health and Human Services (HHS). We request that you promptly investigate the matters discussed herein.

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¹ For identification purposes only, Ms. Elkin and Mr. Mulaire are attorneys currently employed in the Chicago District Office of the U.S. Equal Employment Opportunity Commission (EEOC). The views expressed in this disclosure are their own and do not reflect any policy or position of the EEOC.

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Summary

From May 12, 2021, to June 2, 2021, Ms. Elkin and Mr. Mulaire served in a temporary assignment with HHS caring for unaccompanied, undocumented immigrant children in HHS custody. They were sent to Fort Bliss, a large military base in the desert outside of El Paso, Texas, where thousands of children are housed for prolonged periods in enormous, undivided tents — perhaps the size of a football field. Ms. Elkin and Mr. Mulaire were assigned to provide line of sight supervision of children in the tents that served as makeshift dormitories.

As discussed in further detail below, Ms. Elkin and Mr. Mulaire were actively discouraged from reporting concerns about what they witnessed at Fort Bliss. However, because they believed the

tent conditions were placing children at risk, they regularly and persistently used the internal reporting mechanisms at Fort Bliss and filed complaints with the HHS Office of Inspector General (OIG). The conditions they witnessed caused physical, mental and emotional harm affecting dozens of children. EIS management ignored their concerns. During their time at Fort Bliss, no remedial action was taken.

Context

HHS's Office of Refugee Resettlement (ORR) is responsible for the care of undocumented immigrant children in U.S. custody. During the first four months of 2021, the number of unaccompanied children cared for by ORR grew from 4,020 on January 31, 2021, to 20,339 on April 30, 2021.² While large, these numbers were not unexpected. For example, as of April 30, HHS cared for 13,352 children in 2020,³ and 12,587 in 2019.⁴ Fort Bliss, along with facilities on other military bases, were set up in 2018 to care for 20,000 children at one time.⁵

In May 2021, the Fort Bliss EIS housed 4,800 children. On June 28, 2021, HHS Secretary Xavier Becerra visited Fort Bliss. He told reporters that approximately 790 children (all boys) remain.⁶ But unlike other EIS sites that are being phased out due to falling numbers, Fort Bliss will remain open.⁷

Timeline

Request for Volunteers

In late March 2021, the head of Ms. Elkin and Mr. Mulaire's home agency announced that the President had called for federal employees to volunteer to take a temporary assignment (or "detail") with HHS to help address the influx of unaccompanied minors at the southern border.

² HHS, *Latest UC Data - FY2021*, available at <https://suggestion.hhs.gov/programs/social-services/unaccompanied-children/latest-uc-data-fy2021/index.html>.

³ HHS, *Latest UC Data - FY2020*, available at <https://suggestion.hhs.gov/programs/social-services/unaccompanied-children/latest-uc-data-fy2020/index.html>.

⁴ HHS, *Latest UC Data - FY2019*, available at <https://suggestion.hhs.gov/programs/social-services/unaccompanied-children/latest-uc-data-fy2019/index.html>.

⁵ El Paso Times, *Fort Bliss, Goodfellow Military Bases in Texas Will House Immigrants, Pentagon Confirms* (June 28, 2018) ("Pentagon said last week that it had been asked to be prepared to shelter as many as 20,000 unaccompanied children"), available at <https://suggestion.elpasotimes.com/story/news/2018/06/25/fort-bliss-goodfellow-military-bases-texas-house-immigrant-children-families-reports-say/731023002/>.

⁶ AP, *US: Big Drop in Migrant Kids at Largest Emergency Shelter* (June 29, 2021), available at <https://apnews.com/article/joe-biden-business-immigration-health-government-and-politics-e1a0e41e0cb48cfca66a6188fa824405>.

⁷ AP, *US Will Close 4 Emergency Shelters for Migrant Children* (June 29, 2021), available at <https://apnews.com/article/immigration-government-and-politics-d7bccfc6f85559c48d5d25cc13aa80a6>.

ORR needed current federal government civilian employees for a 30 to 120-detail to support ORR's mission to provide a safe place of refuge for unaccompanied children and unify them with family members or other suitable sponsors as quickly as possible.

According to the job announcement posted on March 25, 2021 on USAJOBS.gov, the detail would involve "contact with migrant children and a variety of federal and non-federal entities."⁸ Pertinent responsibilities included:

Maintain line of sight and supervision of children. Assess the needs of unaccompanied children in care.

Interview unaccompanied children in CBP [(U.S. Customs and Border Protection)] custody and collect contact information for parents in home country and family members in the US.

Efficiently collect and provide information to ORR to enable the National Call Center to begin contacting parents and family members to expedite children's discharge to a US family member sponsor.

Assist CBP and ORR in identifying children requiring prioritization for placement based on vulnerable category or time in CBP custody.

Ms. Elkin and Mr. Mulaire both volunteered for 30-day details.

Orientation

In early May 2021, Ms. Elkin and Mr. Mulaire travelled to Dallas for a brief orientation and a background screening. They were then assigned to start work at Fort Bliss on May 12.

On the morning of May 12, Ms. Elkin and Mr. Mulaire attended an orientation run by members of the U.S. Public Health Service (PHS) and federal employee detailees who had arrived at Fort Bliss weeks earlier. There were perhaps 100 federal detailees in attendance. They were told that they were there to support private contractor employees on site. The site did not yet have the requisite number of contractor employees with suitable clearances, and federal employee detailees were being used as a stopgap.

No one from ORR — the lead agency responsible for the well-being of the children — spoke or was identified at the orientation. No contact information for any ORR employees or representatives was provided, but towards the end of their details, Ms. Elkin and Mr. Mulaire learned that ORR representatives were on site.

⁸ USAJOBS Job Announcement, *Field Program Specialist (Detail)*, Announcement No. HHS-ACF-DETAIL-21-11071982, available at <https://suggestion.usajobs.gov/GetJob/ViewDetails/596318100>.

No Complaints Allowed

During the orientation, Ms. Elkin and Mr. Mulaire were told that the primary means of providing “feedback” about any problems they noticed was to send e-mails to a “suggestion box” at an HHS.gov address. They were also told *not* to provide such feedback during their first ten days on the job.

Such gag orders are illegal. The “anti-gag” provision of the Whistleblower Protection Enhancement Act (5 U.S.C. § 2302(b)(13)) specifically states that gag orders cannot be imposed on federal employees unless they are explicitly told that such orders do not apply when employees exercise their whistleblower rights. The directive given to Ms. Elkin and Mr. Mulaire included no such limiting language.

In any event, Ms. Elkin and Mr. Mulaire obeyed the order. They did not submit complaints until the ten days had run, on May 21, 2021. The ten day wait served no purpose. The problems they identified were obvious at the outset and continued unremedied through their last day on June 2, 2021.

About the Dormitory Tents

The Fort Bliss dormitory tents are massive, with between 1000 and 1500 beds each.



Source: KDBC-TV (El Paso, TX).⁹

They are segregated by gender. Ms. Elkin was assigned to the girls’ tent, and Mr. Mulaire to one of the boys’ tents, both housing children ages 13-17. Each worked a schedule of 12 hours per day, six days per week.

⁹ Available at <https://cbs4local.com/news/immigration/gallery/unaccompanied-migrant-children-begin-arriving-for-care-at-fort-bliss-site#photo-2>.

There were approximately a half dozen regular dormitory tents in service when Ms. Elkin and Mr. Mulaire were at Fort Bliss. Separate tents housed children who tested positive for Covid-19. Most of the regular dormitory tents had a bed capacity of about 1000, although a larger tent put into service for girls has a capacity of approximately 1500 beds.

The interior of each tent is undivided. In a typical 1000-bed tent, the cots — stacked bunk-bed style — were arranged in ten columns by nearly 60 rows, with an aisle down the center. Twelve to 18 inches separated each cot. The top beds were about three feet off the ground, and lower-level beds were six to ten inches off the ground.¹⁰ The site is dotted with portable restroom trailers, port-o-potties, and electric generators. Air conditioning and ventilation equipment — necessities given the sweltering temperatures — are attached to each tent.

Neither ORR nor HHS appeared to play any direct role in running the tents. Federal detailees reported to tent leads, who themselves were recently arrived federal detailees. For instance, the tent lead in Ms. Elkin's tent worked for the General Services Administration. The tent lead in Mr. Mulaire's tent worked for the Department of Labor. Both leads apparently reported to another detailee who worked for the Drug Enforcement Administration.

As of mid-May, the boys' tent Mr. Mulaire was assigned to housed approximately 900 boys and was staffed by approximately 10 federal detailees from various agencies and approximately 20-30 private contractors. The girls' tent at that time housed approximately 800 girls and had a similar number of contractors and a larger number of federal detailees. While during orientation, federal detailees were told that the children were organized into "pods" of several dozen children each, this was not true in the boys' tents.

By early June, approximately half of the boys in the tent to which Mr. Mulaire was assigned — those under age 16 — were moved to another tent, and the size of the pods in the girls' tent became smaller as girls were transferred or placed with sponsors. Also, by early June, federal detailees were phased out of the dormitory tents, as the number of contract workers in the dormitories had at least doubled. However, as described below, despite the larger number of contract workers and the reduced number of children in the dormitory tents, fundamental deficiencies remained unchanged.

Typical Day in the Tents

Little instruction was given to Mr. Mulaire and Ms. Elkin about what to do each day in the tents other than a suggestion to interact with the children and do what might be enjoyable. While contractors were primarily responsible for safety of the children and providing line of sight

¹⁰ Reportedly as of June 25 (after Ms. Elkin and Mr. Mulaire left the facility), the double-decker bunks in the boys' tents were brought down to ground level and spread out. El Paso Times, 'A Horrible Mess': Contractor Issues Add to Turmoil at Fort Bliss Migrant Children Shelter (June 25, 2021), available at <https://www.elpasotimes.com/story/news/2021/06/25/fort-bliss-migrant-children-intake-shelter-deplorable-conditions-sources-allege/5324736001/>. Ms. Elkin and Mr. Mulaire have no personal knowledge about whether that is true or not, but such a change would be a welcome development.

supervision, they did not initiate interaction with the children and generally simply stood quietly, passively watching the children.

In the dormitory tents, the children's day was largely unstructured. During the day, they were typically either sitting or lying in their beds or milling around with relatively few activities available to them. An English as a Second Language class was offered in the morning and a religious service was provided during parts of the day. Up to a few dozen children attended each.

Federal employee detailees had purchased out of their own pockets some board games, decks of cards, arts and crafts materials, and balls to kick or toss around, which provided activities for a modest number of children. Mr. Mulaire, on his own initiative, offered English tutoring lessons, using materials he created. Many children also organized their own prayer groups in the morning or evening. By the end of Mr. Mulaire's and Ms. Elkin's detail, a recreation tent was in operation, and the children had the opportunity to go there for approximately an hour per day.

Eye-Witness Observations

Ms. Elkin and Mr. Mulaire witnessed numerous instances of gross mismanagement, causing harm to children's health and wellbeing. Some more notable examples follow.

Inability to See or Help Children in Distress

Because each tent contained such a large number of closely spaced bunk beds, line-of-sight supervision was impossible for a substantial of children. That failure, combined with the vast size of the tents, put at-risk children at even greater risk. A child in distress risked being overlooked by adults, especially if hidden from view on a lower bunk.

And these children were and are at risk. They were separated from their parents and family, their community and culture. They are unmoored from most everything that provides a sense of safety and security. At orientation, the detailees were told that the children have experienced dire conditions in their home countries — often involving one or more traumas — that prompted them to flee in the first place. The long and dangerous journey from their homes in Central America was another likely source of trauma for many, the detailees were told, ranging from being victims of sexual assault or other crimes to witnessing others die along the journey.¹¹

In the dormitory tents, Ms. Elkin and Mr. Mulaire each discovered multiple children who reported medical problems — ranging from unexplained pain to profuse bleeding. They also discovered children who were deeply upset and anxious about their situation and wanted to talk to a counselor. These were not children who were likely to get up out of bed and seek assistance from an adult.

¹¹ See also Immigration Psychology Working Group, *Vulnerable but not Broken: Psychosocial Challenges and Resilience Pathways among Unaccompanied Children from Central America* (2018), available at <https://www.apa.org/advocacy/immigration/vulnerable.pdf>.

Further, these were just the children in need that Ms. Elkin and Mr. Mulaire were able to discover, and despite substantial language barriers between them. Virtually all of the children did not speak English, and most federal detailees in the dormitories did not speak Spanish or the other indigenous languages spoken by the children. (Mr. Mulaire did speak some Spanish, Ms. Elkin less.) The children in need who Ms. Elkin and Mr. Mulaire did find among the hundreds of children in their tents were likely only a fraction of those with unaddressed medical, emotional and other needs.

In short, housing children who are dislocated and in distress in groups numbering in the hundreds all but ensures that many will continue to be in distress. Not being within the line of sight of adults also increases the risk that children with medical, mental health, or other needs will simply go unnoticed in these vast, airplane hangar-sized tents.

Intolerable Noise

At times, the loudspeakers in some dormitory tents were set at an intolerable volume. Near the entrance to each tent was a desk staffed by contractor personnel, who controlled the volume of the loudspeakers. They blasted music at the children starting early in the morning and periodically throughout the day, with some children's cots being perhaps only ten feet away from the loudspeakers.

In one notable case, in an apparent effort to wake the children up in the morning, contract staff routinely started playing painfully loud music at around 6am or 7am. Early one morning, a contractor — dissatisfied that the children were not waking up fast enough — went up and down a tent aisle yelling at the children through a bullhorn to get up. When that, too, did not meet with the results she hoped for, she turned on the bullhorn's siren and walked up and down the aisle blaring that at the children.

Odor and Filth

Ms. Elkin and Mr. Mulaire further report that the tents were dirty and often had a foul odor like a locker room. Moreover, because of the numerous portable restroom facilities, the odor of sewage was not uncommon at the EIS.

Dust and sand were everywhere. When sandstorms occurred (as they periodically do in El Paso), the air inside the tents became visibly cloudy with dust, which made its way into everyone's eyes, ears, and lungs.

Clean bedding and clothes were not regularly provided. Although many children were housed in these tents for as long as two months (or more), it appeared their bedding was never washed; many beds were visibly dirty. The children also reported having insufficient clean underwear and socks, which in turn made them reluctant to exercise or to bathe because they knew they lacked clean clothes to change into. It was not uncommon in the girls' tent, for example, for the children to plead for clean underwear so that they could take a shower and have something clean to change into.

Undue Reliance on Unskilled Contractors

Perhaps the single greatest problem observed by Ms. Elkin and Mr. Mulaire was the use of wholly unsuitable contract staff. Ms. Elkin and Mr. Mulaire learned that the contractor providing direct supervision of the children in the dormitory tents — Servpro — is a fire and water damage repair company. Many of the Servpro staff's t-shirts bore the Servpro corporate logo found on the internet, with some including the corporate logo: "As if it never happened."

According to its website, "the Servpro Industries, LLC, franchise system is a national leader of fire, water, mold and other specialty cleanup and restoration services."¹² Youth care is not in its portfolio. Contractor staff told Ms. Elkin and Mr. Mulaire that they had received no training prior to beginning work and had little guidance about what their role was.

Deficiencies in Contractor Guidelines and Youth Care

Ms. Elkin and Mr. Mulaire report that many contract workers seemed to view their job more as crowd control than youth care. While some individuals plainly meant well, other contract workers exhibited impatience with children and were plainly unsure of how to supervise them (as illustrated above with their use of a bullhorn and siren to wake up children).

Problematic contractor guidelines exacerbated this situation. Contractors told Ms. Elkin and Mr. Mulaire that they were not permitted to interact with the children unless a child specifically approached them. Many children in a state of distress, suffering with depression, anxiety or more, are less likely to initiate such an interaction and seek out an adult for help.

Even in those instances when children did reach out for help, Ms. Elkin and Mr. Mulaire report that contractors were often of little help. They each witnessed episodes in which contract staff questioned a child's request for medical attention and/or made the child wait for hours before escorting the child to the medical or mental health tents for care.

Three Illustrations of Malfeasance

When Ms. Elkin found girls in distress and asked a contractor to escort them to the medical or mental health tent, their requests were often met with indifference or even resistance.

Hostility. Early on, Ms. Elkin noticed that one girl was sleeping continuously. Upon approaching the girl, the girl said that she felt sick with a sore throat. When Ms. Elkin asked a contractor to take the girl to the medical tent, the contractor responded by saying no and that the medical staff would not do anything for her. Ms. Elkin persisted, and the girl eventually received medical care.

Indifference. Ms. Elkin discovered a girl in a bottom bunk having a panic attack — shaking uncontrollably and hyperventilating. (The girl had just discovered that her older sister who was her sponsor had gone into a coma and was likely to die.) Ms. Elkin approached a contractor to

¹² Available at https://suggestion.servpro.com/our_business.

report that the girl appeared to be having a panic attack. The contractor reacted, incredibly, by simply telling Ms. Elkin to take the girl outside and walk her around. However, because Ms. Elkin persisted, the girl was eventually brought to the mental health tent and then to case management to update her case manager on her situation.

Resistance. Ms. Elkin discovered a girl in a bottom bunk who looked ghostly pale. The girl told Ms. Elkin that she had not had her period for months but was now bleeding profusely and did not feel well. Clearly, the girl needed medical attention. Ms. Elkin approached a contractor to request that the girl be taken to the medical tent. The contractor responded by saying she was not allowed to take girls to the doctor. Ms. Elkin then brought the case to contractor's supervisor who questioned why and if the girl needed to see a doctor. Ultimately, but only because of Ms. Elkin's intervention, the girl received medical treatment.

Case Management Failures

By law, ORR must place children in the least restrictive setting that is in the best interests of the child, which means that ORR facilities provide case management services for each child. The primary goal of case management services is to place children with a sponsor within the United States so that they can be released from HHS custody. A different contractor provided these services. At Fort Bliss, it was routine for children to get lost in the case management system. There was no official mechanism in the dormitories for children to report that their case had seemed to have fallen through the cracks, or to communicate relevant information they may have learned from a phone call to their family. They simply had to wait, sometimes for weeks, for a case worker to contact them. Failures to effectively manage children's cases resulted in unnecessary emotional distress to the children at Fort Bliss.

Lost in the System. Mr. Mulaire and Ms. Elkin heard from numerous children who reported they had not spoken to a case worker in weeks. The contractors in the dormitory tents provide no help in such situations; one supervisor explained to Mr. Mulaire that they could not do anything in such situations because "case management is a different contractor." Mr. Mulaire, in talking to one younger boy, learned that he had not seen his case worker in 27 days. The boy asked Mr. Mulaire for help. Although federal detainees had no official channel for reporting such problems, Mr. Mulaire decided to go to the Case Management tent and raise the boy's situation with another federal detainee he knew who worked there. Within about 30 seconds of scrolling through the boy's electronic case file, the Case Management worker concluded, "yeah, he's been forgotten." He also commented that the boy's case was not a difficult one and could probably be completed within a matter of days. The boy's case was brought to the attention of his assigned case worker, who agreed to see the boy soon. If not for Mr. Mulaire's intervention there is no saying how long this young boy would have remained at Fort Bliss, unnecessarily lost in the system.

Miscommunication and Lack of Coordination. Early one morning a girl in Ms. Elkin's tent was woken up and told that she was going home that morning. The girl, who had then been in the tent for 38 days, wept with joy and relief. She quickly changed into street clothes to look good and said her tearful goodbyes. She was then taken to the case management tent to wait for the bus with other children that were going home that day.

Ms. Elkin went to the case management tent to see the girl off. On the verge of leaving after more than seven weeks at the facility, the girl was suddenly pulled out of the bus line. She was told a “mistake” had been made and that she was not going home. The girl collapsed in uncontrollable tears. An ORR staffer told Ms. Elkin, “We are traumatizing these kids. This is terrible. This is horrible. People in Washington know. But this is an emergency situation and mistakes are going to happen.” The staff also said that, in fact, *47 additional children that very morning* had also been told they were going home only to be pulled out of the bus line and sent back to their tents.

Ignored Complaints

Once their ten-day gag order expired, Ms. Elkin and Mr. Mulaire repeatedly reported their concerns to HHS, which largely ignored them. As a result, Ms. Elkin and Mr. Mulaire also contacted the HHS Office of Inspector General (OIG).

First Complaint to HHS Management

On the morning of Friday, May 21, Mr. Mulaire sent an email to the HHS Fort Bliss “suggestion box” reporting the extreme volume of the loudspeakers in tent 3. He wrote that “The music in tent 3 is often extremely loud,” and noted that some children had said they did not like it, and that “for kids who are depressed or anxious, being in a nightclub-like environment may not be the best idea.”

During Mr. Mulaire’s detail, HHS never responded.

To HHS OIG

The next evening, May 22, Mr. Mulaire filed a complaint with OIG in which he identified Ms. Elkin as a witness. He attached an addendum identifying three issues: (i) the size and physical layout of the tents in which the children were housed made it impossible for adults to see many of the children at any given time, especially at night; (ii) the contractor that was placed in charge of the care and supervision of the children in the dormitory tents did not appear to have any competency in youth care; and (iii) there were simply too many children housed together in each tent. He closed by asking OIG to investigate.

Second Complaint to HHS Management

On May 24, 2021, Mr. Mulaire sent a second email to the HHS “suggestion box,” in which he summarized his four biggest concerns: (i) the duties assigned to the contractors, as understood by the contractor staff, were inadequate to insure the health and wellbeing of the children; (ii) the dormitory tents and the groups inside them were simply too large to provide a healthy environment for a population of distressed and dislocated children; (iii) bottom bunks needed to be eliminated; and (iv) better informed and more active monitoring of the contractor was needed.

HHS never responded.

Third Complaint to HHS Management

On May 26 and May 29, 2021, Mr. Mulaire prepared three handwritten HHS Incident Reports forms which he emailed on May 29 to ORR representatives he had learned were on site at Fort Bliss. The first reiterated that the volume on the loudspeakers in tent 3 remained “painfully loud” and that requests to contractor staff to lower the volume were ignored. The second reported extremely loud music in tent 5, which detailees could hear from inside tent 3, and he asked for someone to address this problem with Servpro on a site-wide basis. The third incident report further noted that multiple U.S. Physicians Health Services doctors had also agreed that the volume of the loudspeakers was likely causing the children hearing damage.

HHS never responded to his concerns. In fact, prior to emailing the forms to the ORR representatives, when Mr. Mulaire first attempted to submit one them on paper, a staffer in the Administrative tent told him such reports could not be accepted because they did not concern specific children. When Mr. Mulaire asked how else to report the problems he identified, the Administrative tent staffer told Mr. Mulaire she did not know of a way to do that and did not know of a way to find out.

To HHS OIG Again

On May 30, 2021, Mr. Mulaire filed a second OIG complaint reiterating four additional concerns: (i) noise in tent 3 was damaging children’s hearing; (ii) Servpro was apparently unable or unwilling to supervise its employees; (iii) HHS lacked an effective reporting system for disclosing problems with Servpro to HHS management; and (iv) HHS apparently lacked the ability to oversee or interest in monitoring Servpro.

HHS OIG has not responded to Mr. Mulaire’s complaints to date.

Further Discouragement

Near the end of their time at Fort Bliss, Ms. Elkin and Mr. Mulaire attended an “all hands” meeting in which federal detailees in the dormitory tents were told they were being phased out. During the meeting, several detailees spoke up to express concern about leaving the children with only the contract staff. A PHS officer, who helped conduct the meeting, told the detailees to send their concerns to the “suggestion box.” After the meeting, a group of detailees, including Ms. Elkin and Mr. Mulaire, approached the PHS officer with further concerns. Ms. Elkin noted that management had not responded to reported concerns and raised the possibility of reporting the concerns to someone outside of HHS management, such as OIG. The officer replied: “You can’t go outside the chain of command.” Needless to say, the federal whistleblower laws say otherwise.

The only response either Ms. Elkin or Mr. Mulaire received from HHS management about any of their reported concerns came two days after leaving Fort Bliss. At that time, Mr. Mulaire received a call from an individual identifying himself as staff member of the Contracting Officer Representative (COR). His only question was, other than loud music, how else Mr. Mulaire

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suggested to wake up the children. When Mr. Mulaire asked if he could mention his other, more serious concerns (discussed above) to make sure that the COR was aware of them, the representative said, “no sir.” The representative also commented that reporting multiple problems would likely be “perceived as a crying wolf situation.” Mr. Mulaire never heard from the COR again.

* * *

In sum, the time our clients spent at Fort Bliss was alarming. Each day seemed to bring new examples of deficiencies in the care of the children and resulting risks to their health. Instances of gross mismanagement of the site were pervasive.

Having witnessed these things, as well as the despair of children who felt (often accurately) that they were being ignored or forgotten, our clients felt the need to speak out, yet were met with non-responsiveness at best and unlawful deterrence at worst.

They volunteered for this detail as dedicated civil servants to further the mission of HHS and ORR to protect the well-being of the children at the Emergency Influx Sites. They are escalating these concerns now in service of that same mission. While they are encouraged by reports that some conditions may have improved recently, including the numbers of children currently housed at Fort Bliss, many of the problems they witnessed will continue to harm the hundreds of children at the site if they are not addressed.

Whatever one might think about immigration policy, the reality is that these children are here now and are in HHS’s custody. HHS has a responsibility to make sure they are safe and treated humanely.

We request and urge you to investigate promptly.

Very truly yours,

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cc: Cindy Huang, Director - HHS Office of Refugee Resettlement